



# Sleeve-DJB as a single stage procedure for $>50$ BMI

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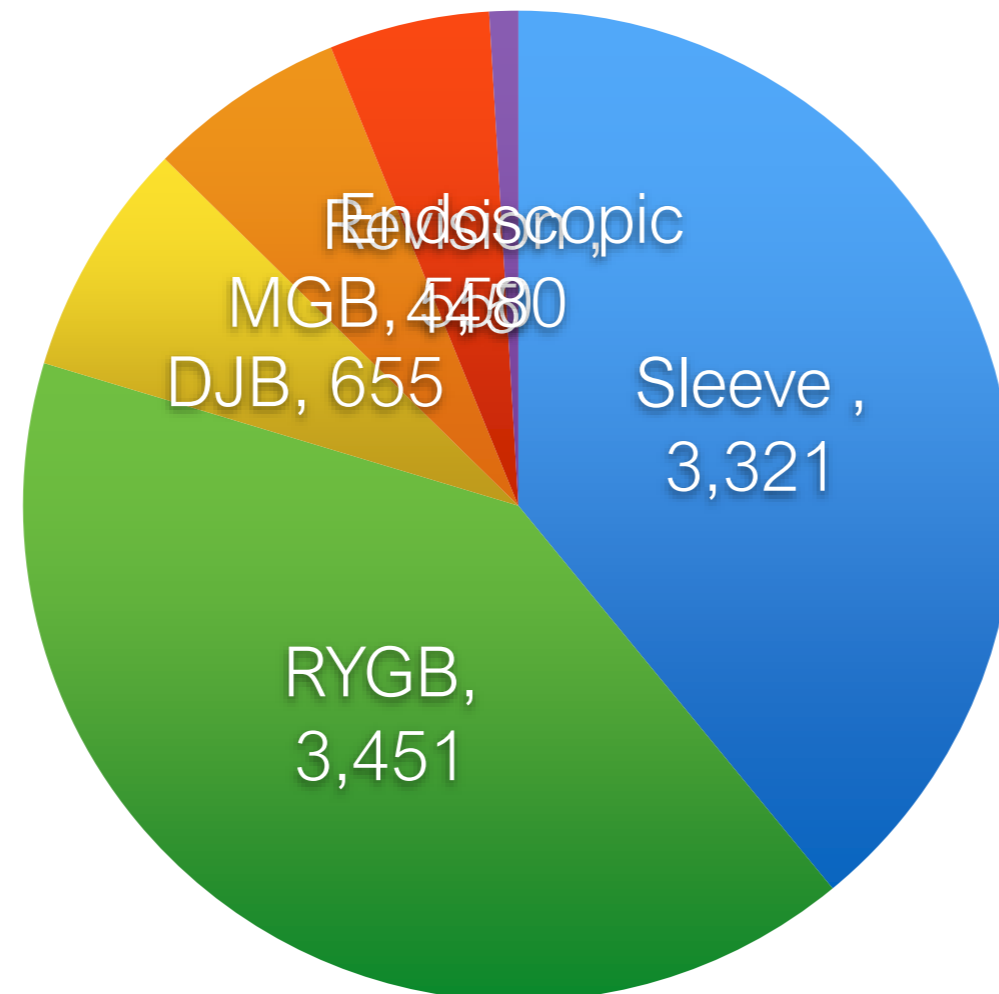
**Coimbatore,Chennai**



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# Case Mix





> [Obes Surg.](#) 2009 Oct;19(10):1341-5. doi: 10.1007/s11695-009-9873-z. Epub 2009 Jul 21.

## Laparoscopic sleeve gastrectomy with duodenojejunal bypass: technique and preliminary results

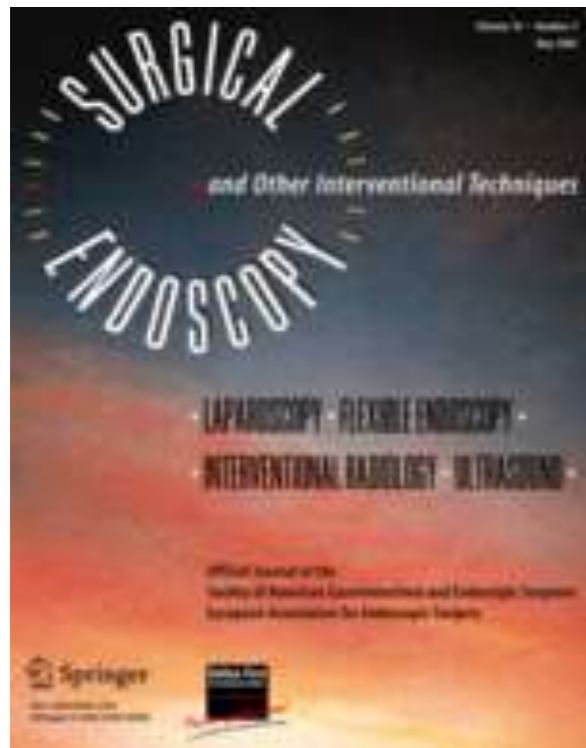
Kazunori Kasama<sup>1</sup>, Nobumi Tagaya, Eiji Kanehira, Takashi Oshiro, Yosuke Seki, Makoto Kinouchi, Akiko Umezawa, Yuka Negishi, Yoshimochi Kurokawa

> [Obes Surg.](#) 2017 Mar;27(3):795-801. doi: 10.1007/s11695-016-2372-0.

## Five-Year-Results of Laparoscopic Sleeve Gastrectomy with Duodenojejunal Bypass for Weight Loss and Type 2 Diabetes Mellitus

Yosuke Seki<sup>1</sup>, Kazunori Kasama<sup>2</sup>, Hidenori Haruta<sup>2</sup>, Atsushi Watanabe<sup>2</sup>, Renzo Yokoyama<sup>3</sup>, Jose Paolo Cabreira Porciuncula<sup>4</sup>, Akiko Umezawa<sup>5</sup>, Yoshimochi Kurokawa<sup>5</sup>





## Laparoscopic duodenojejunal bypass with sleeve gastrectomy: preliminary results of a prospective series from India

Raj P. Praveen · R. Kumaravel · C. Chandramaliteswaran · V. Vaithiswaran · C. Palanivelu



OBES SURG  
DOI 10.1007/s11695-011-0507-x

CLINICAL RESEARCH

## Is Laparoscopic Duodenojejunal Bypass with Sleeve an Effective Alternative to Roux En Y Gastric Bypass in Morbidly Obese Patients: Preliminary Results of a Randomized Trial

P. Praveen Raj · R. Kumaravel · C. Chandramaliteswaran · S. Rajpandian · C. Palanivelu

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# Super-Obesity and beyond ???





› [Surg Endosc.](#) 2009 May;23(5):1032-7. doi: 10.1007/s00464-008-0113-8. Epub 2008 Sep 24.

## **Two-stage laparoscopic biliopancreatic diversion with duodenal switch as treatment of high-risk super-obese patients: analysis of complications**

G Silecchia<sup>1</sup>, M Rizzello, G Casella, M Fioriti, E Soricelli, N Basso

› [Surg Obes Relat Dis.](#) 2012 Mar-Apr;8(2):140-4. doi: 10.1016/j.soard.2011.04.232.  
Epub 2011 Jun 12.

## **Sleeve gastrectomy as a bridge to a second bariatric procedure in superobese patients--a single institution experience**



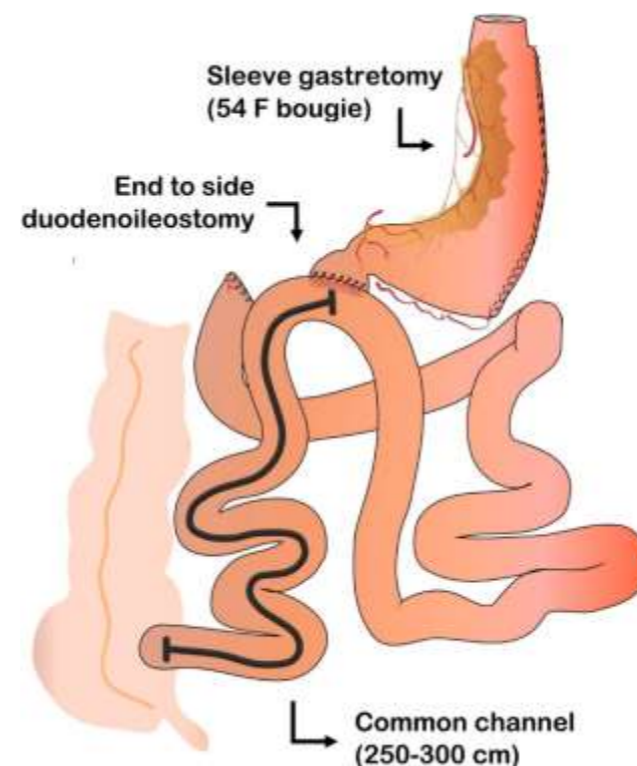


> [Obes Surg.](#) 2021 Dec;31(12):5117-5126. doi: 10.1007/s11695-021-05709-y. Epub 2021 Sep 14.

## Long-Term (> 6 Years) Outcomes of Duodenal Switch (DS) Versus Single-Anastomosis Duodeno-Ileostomy with Sleeve Gastrectomy (SADI-S): a Matched Cohort Study

Amit Surve<sup>1</sup>, Daniel Cottam<sup>2</sup>, Legrand Belnap<sup>1</sup>, Christina Richards<sup>1</sup>, Walter Medlin<sup>1</sup>

**Conclusions:** Most long-term outcomes of SADI-S were either similar or significantly better than DS. Part of the reasons could be the surgeon's learning curve and the small sample sizes of both groups.



Obesity Surgery (2021) 31:3296–3302  
<https://doi.org/10.1007/s11695-021-05441-7>

REVIEW



## Single-Anastomosis Duodenal Switch: Conceptual Difference between East and West

Cong Li<sup>1</sup> • Shibo Lin<sup>1</sup> • Hui Liang<sup>1</sup>



# SADIS-E vs SADIS-W

- |                        |                      |
|------------------------|----------------------|
| • Lower BMI            | • Super Obese        |
| • Metabolic outcomes   | • Weight loss        |
| • More restriction     | • Lesser restriction |
| • Lesser malabsorption | • More malabsorption |





> [Obes Surg.](#) 2019 Jul;29(7):2012-2021. doi: 10.1007/s11695-019-03836-1.

## Limb Length in Gastric Bypass in Super-Obese Patients-Importance of Length of Total Alimentary Small Bowel Tract

Kamran Shah <sup>1</sup>, Bent Johnny Nergård <sup>2</sup>, Morten Wang Fagerland <sup>3</sup>, Hjörtur Gislason <sup>2</sup>

**Methods:** This is a retrospective cohort analysis on 671 super-obese patients operated in a 10-year period. Patients were classified into three groups: (1) 155 patients; roux limb 150 cm, BP-limb 60 cm; (2) 230 patients; roux limb 60 cm, BP-limb 200 cm; and (3) 286 patients; roux limb 150 cm, BP-limb 200 cm. EWL, TWL, BMI, failure, weight regain, comorbidity resolution, nutritional status, and complications were assessed.

**Conclusion:** Lengthening of the BP-limb gives significantly higher weight loss, lower rate of EWL failure, and lesser weight regain along with better resolution of obesity-associated comorbidities.

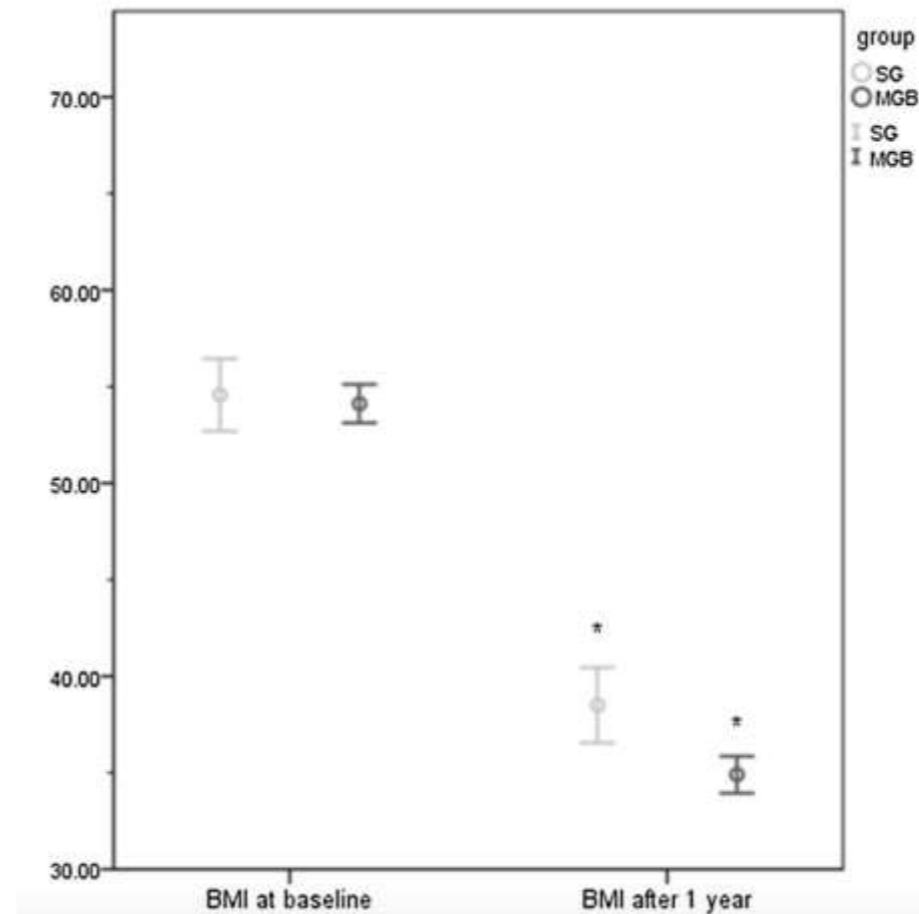
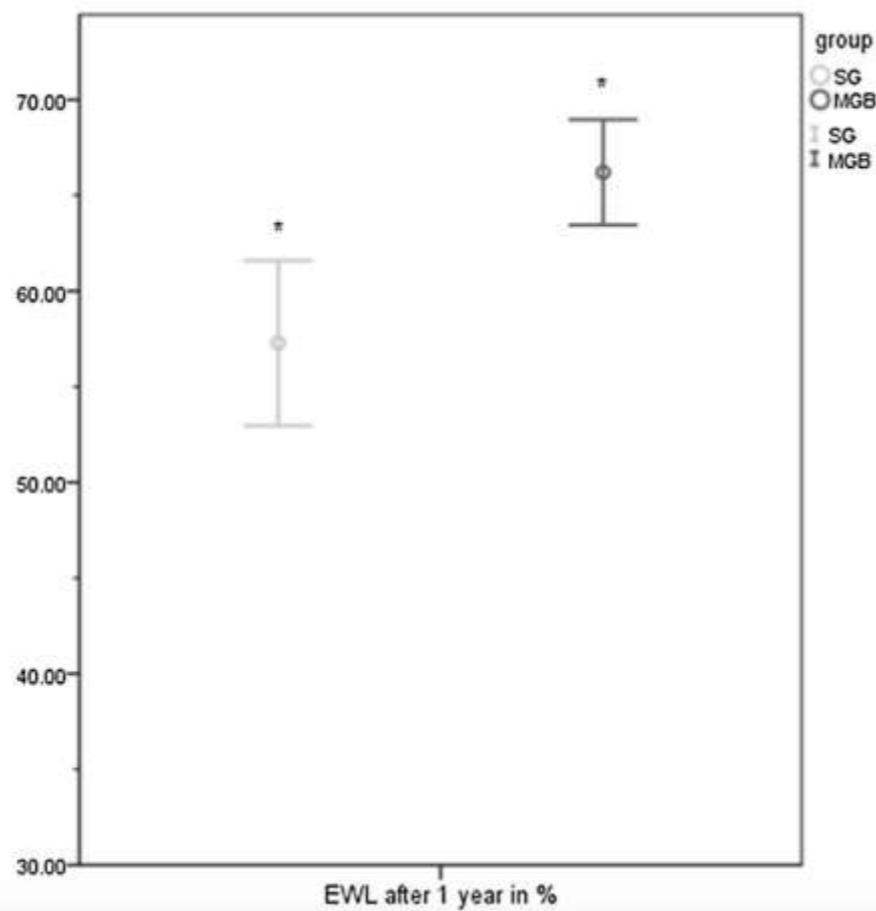


Surg Endosc (2017) 31:1156–1162  
DOI 10.1007/s00464-016-5085-5

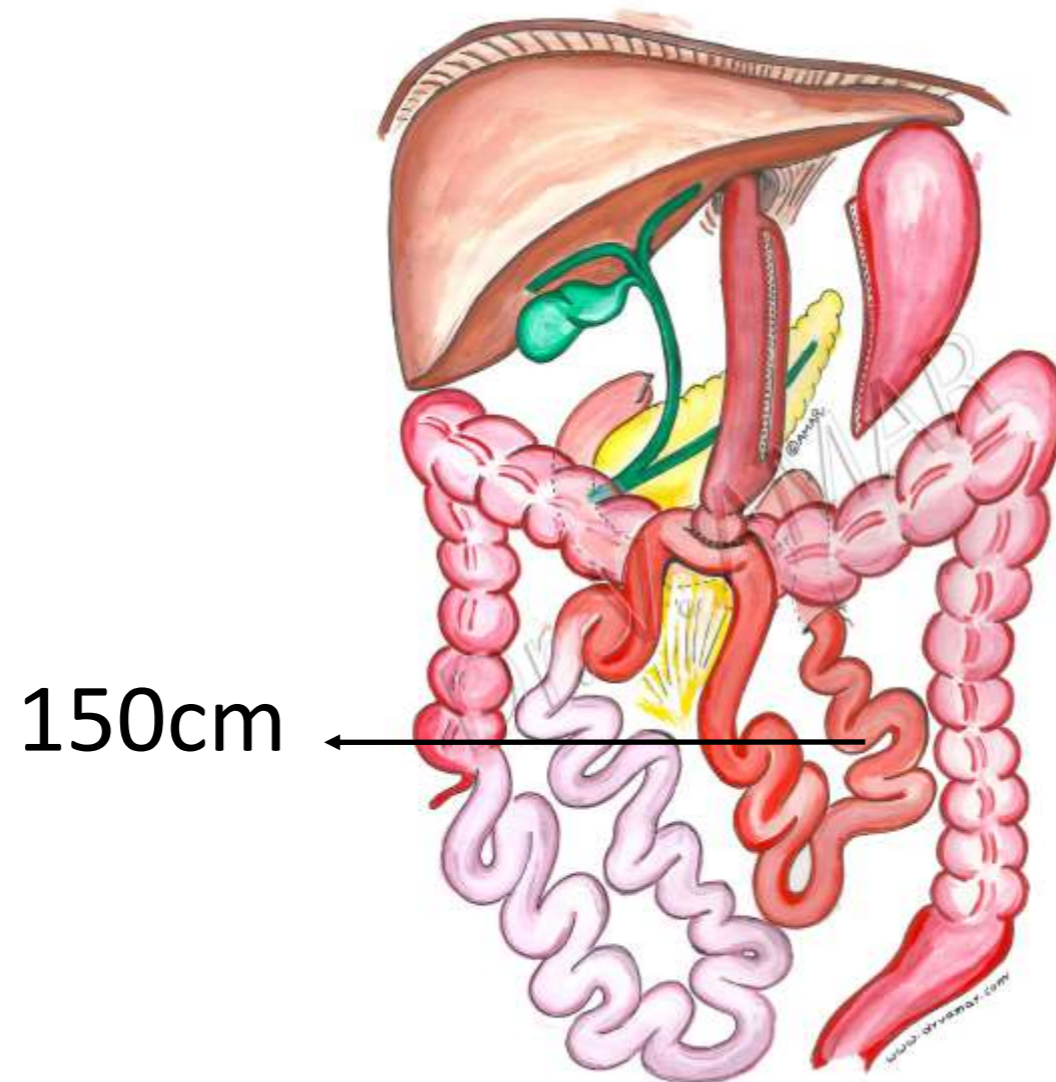


## Comparison of mini-gastric bypass with sleeve gastrectomy in a mainly super-obese patient group: first results

Andreas Plamper<sup>1</sup> · Philipp Lingohr<sup>2</sup> · Jennifer Nadal<sup>3</sup> · Karl P. Rheinwalt<sup>1</sup>



# Sleeve + DJB



Obesity Surgery (2020) 30:1258–1264  
<https://doi.org/10.1007/s11695-019-04359-5>



ORIGINAL CONTRIBUTIONS



## One Anastomosis Gastric Bypass Performed with a 150-cm Biliopancreatic Limb Delivers Weight Loss Outcomes Similar to Those with a 200-cm Biliopancreatic Limb at 18 -24 Months

Maureen Boyle<sup>1</sup> · Kamal Mahawar<sup>1</sup>

# 150 cms

Obesity Surgery (2022) 32:892–903  
<https://doi.org/10.1007/s11695-021-05848-2>



REVIEW



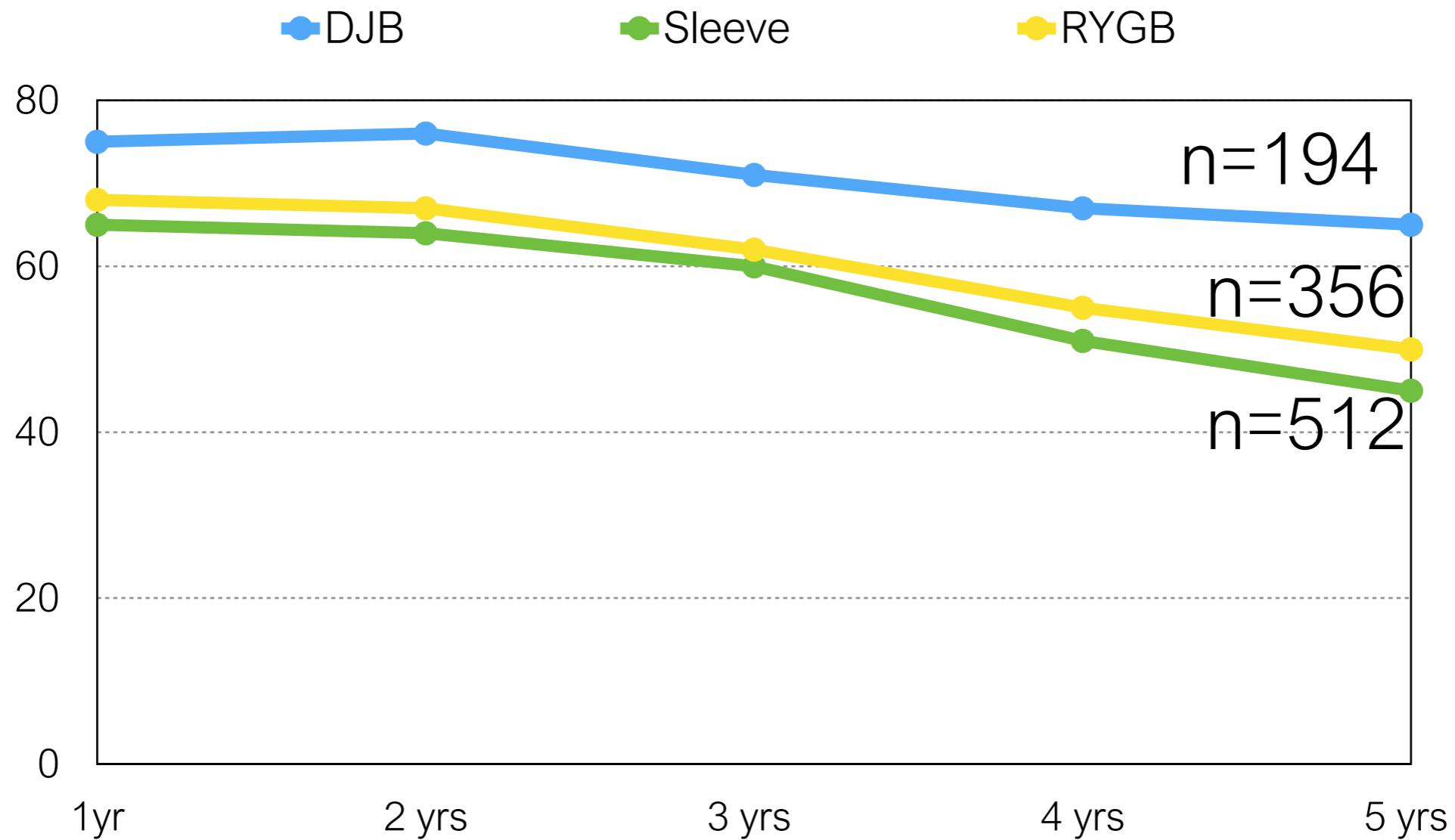
## Effect of Biliopancreatic Limb Length on Weight Loss, Postoperative Complications, and Remission of Comorbidities in One Anastomosis Gastric Bypass: a Systematic Review and Meta-analysis

Erfan Tasdighi<sup>1</sup> · Maryam Barzin<sup>1</sup> · Kamal K. Mahawar<sup>2</sup> · Farhad Hosseinpanah<sup>1</sup> · Amir Ebadinejad<sup>1</sup> · Nazanin Taraghikhah<sup>1</sup> · Anahita Mansoori<sup>3</sup> · Alireza Khalaj<sup>4</sup> · Mahtab Niroomand<sup>1</sup> · Majid Valizadeh<sup>1</sup> · Behnaz Abiri<sup>1</sup>





# Our data



\*accepted for publication



# Complications

	Sleeve-DJB	Sleeve	RYGB
Nutritional	PEM (1%) Iron def anaemia (4%) Calcium deficiency (3%) B12 deficiency 92%0	Iron def anaemia (3%) Calcium deficiency (2%)	Iron def anaemia (3%) Calcium deficiency (3%) B12 deficiency 92%(3%)
Surgical	Internal hernia (1)	Leak (2)	Alimentary limb obstruction (1)
Inadequate weightloss (<50% EWL)	4%	17%	12%

# Conclusion

- Sleeve gastrectomy with DJB is a effective procedure for <50 BMI Indians
- Effective
- Less nutritional complications
- Option for further malabsorption if necessary

This book provides a comprehensive review of literature of various aspects of bariatric surgery arriving at practical recommendations for simplifying day to day practice. This book is divided into 10 sections covering selection of patient, preoperative predictors of outcome, technical considerations, specific situations, post-operative pathways, management of complications, revisional surgery, and perioperative nutritional aspects. It covers specific situations in bariatric surgery such as GERD, hernia repair, gallstone disease, PCOD, NAFLD and end organ disease.

*Bariatric Surgical Practice Guide* is a quick resource for practicing bariatric surgeons, young and experienced, to understand all practical aspects of this surgery which is gaining importance worldwide at a rapid pace. Recommendations are based on existing literature as well as opinions of the authors who work at state-of-the-art clinical facilities.

Raj Kumar Gomes  
Editors  
**Bariatric Surgical Practice Guide**  
Recommendations

Raj Kumar Gomes Eds.



Bariatric Surgical Practice Guide

# Bariatric Surgical Practice Guide

Recommendations

Praveen Raj  
Editor in Chief

Saravana Kumar  
Rachel Gomes  
Editors

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Surgery

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- Gastric adjustable banding
- Sleeve Gastrectomy
- Restrictive > Malabsorptive
- Roux-en-Y gastric bypass (BWH)
- Duodeno Jejunal Bypass
- Malabsorptive > Restrictive
- BPD with duodenal switch
- Purely Malabsorptive

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## Clinics in Bariatric & Metabolic Surgery

Salient Features

- A first of its kind clinical case based clinical discussion in bariatric surgery
- Clinical cases covering all aspects of bariatric surgery from indications and selection to management of complications
- A simplified quick reference guide based on evidences and experience.

**Praveen Raj Palanivelu** MS (MCh) FRCS (MCh) is a pioneering bariatric surgeon from Coimbatore (India) with a significant scientific contribution. He is the Head of the GEM Obesity and Diabetes Surgery Center, which is one of India's largest volume bariatric surgical centers with over 3500 bariatric surgical procedures performed in the last 16 years. He has trained over 250 bariatric surgeons through his annual training courses. He is the Editor in Chief of the "Bariatric Surgery Practice Guide" published by Springer in 2017. He is currently the President of the International Excellence Federation (India chapter) since 2016 and the Honorary Secretary of the Obesity Surgery Society of India (OSSSI). He is been instrumental in bringing bariatric surgery under the Chief Minister's Insurance Scheme in the state of Tamil Nadu in India, a revolutionary first of its kind. It is also important to note that he is the only Doctorate (PhD) in Bariatric Surgery, probably in the whole of Asia.

**Siddhartha Bhattacharya** MS (MCh) FRCS (MCh) FRCS (MCh) is Consultant Bariatric Surgeon at the GEM Obesity and Diabetes Surgery Center, Chennai. He has multiple publications in reputed peer-reviewed journals. He has also received the "Best Paper Award" of the Association of Minimal Access Surgeons of India for the years 2016 and 2017, and also the "Best Paper Award" of the Obesity & Metabolic Surgery Society of India for the year 2018.

**S Saravana Kumar** (MCh) FRCS (MCh) is a Senior Consultant at GEM Obesity and Diabetes Surgery Center, Coimbatore. He has multiple publications in indexed journals. He is a co-editor for the book title "Bariatric Surgical Practice Guide". He is actively involved in training of young surgeons in bariatric surgery. He has been invited as a faculty to numerous national and international CMEs and conferences to deliver lectures in the field of bariatric surgery.

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# Clinics in Bariatric & Metabolic Surgery

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Clinics in Bariatric & Metabolic Surgery

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