

Single-anastomosis sleeve jejunal bypass (SASJ) outperforms sleeve gastrectomy in intermediate term follow-up



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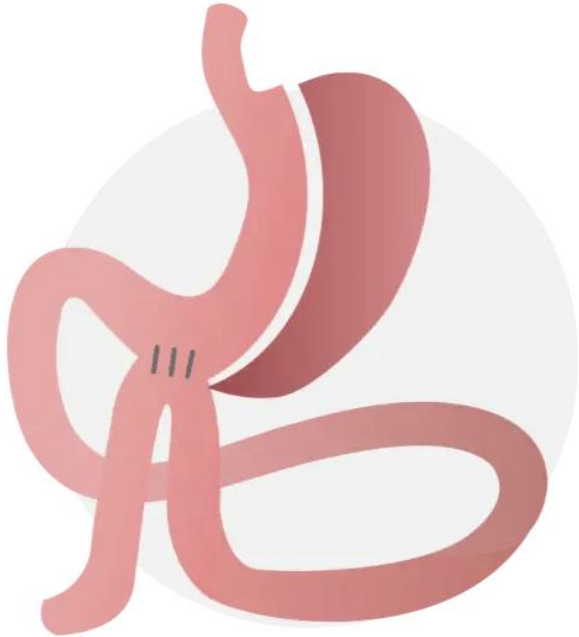
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SASJ vs sleeve gastrectomy: techniques



SASJ

- Minimal common limb: 350cm
- B-P limb: 40% total bowel length
- G-J opening: 3-4cm



Sleeve

- 36-38Fr gastric tube
- Sero-seromuscular sutures



Patient Characteristics

Enrolling time: Jan 2022~12 2023

Retrospective

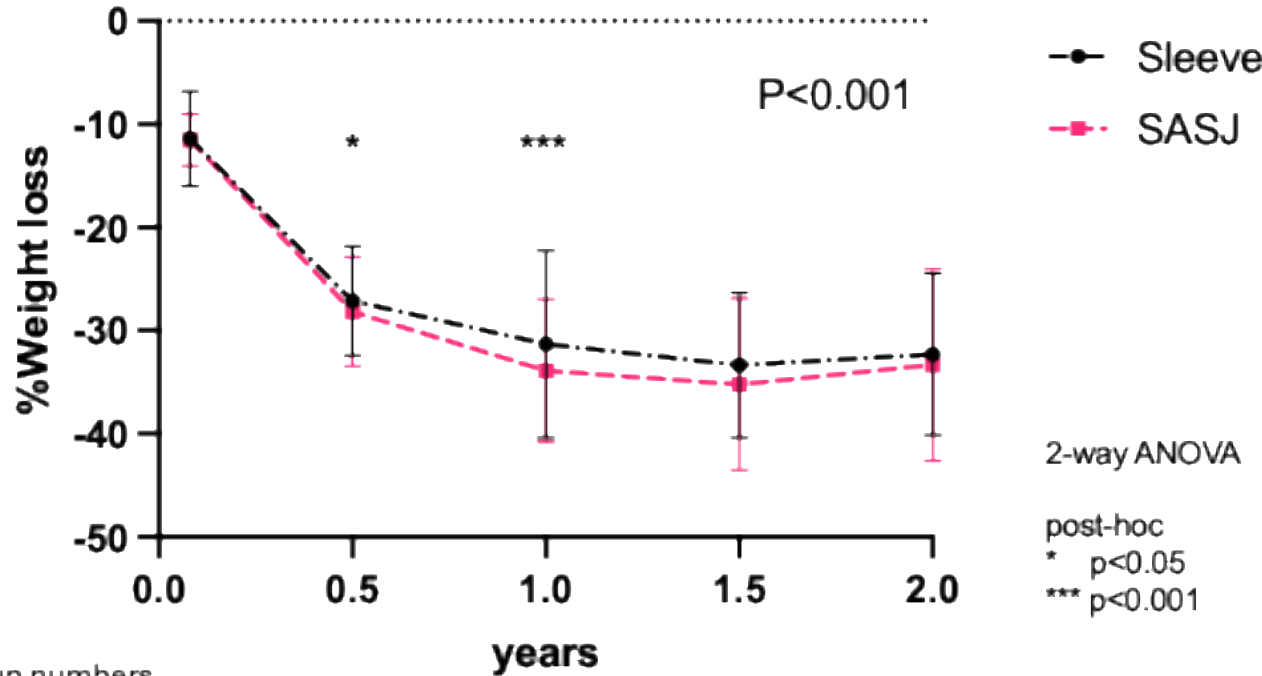
Non-randomized

Exclusion: BMI 32.5, revisional surgery

	Sleeve	SASJ	p
Patient numbers	432	396	
preop BMI	38.2+-4.6	38.9+-5.0	0.043
Female	251(58.1%)	263(66.4%)	0.15
Hypertension	99(23.0%)	135(34.9%)	<0.001
Hyperlipidemia	112(26.0%)	113(29.3%)	0.308
T2DM	33(7.6%)	69(18.0%)	<0.001
OSA	33(7.6%)	37(9.6%)	0.381
Total bowel length		673.3+-110.9	
B-P limb		270.4+-66.3	
re-admission	6 (1.4%)	5 (1.3)	1
re-operation	2 (0.5%)	2 (0.5%)	1

Weight loss after surgery

% Weight loss SASJ vs LSG

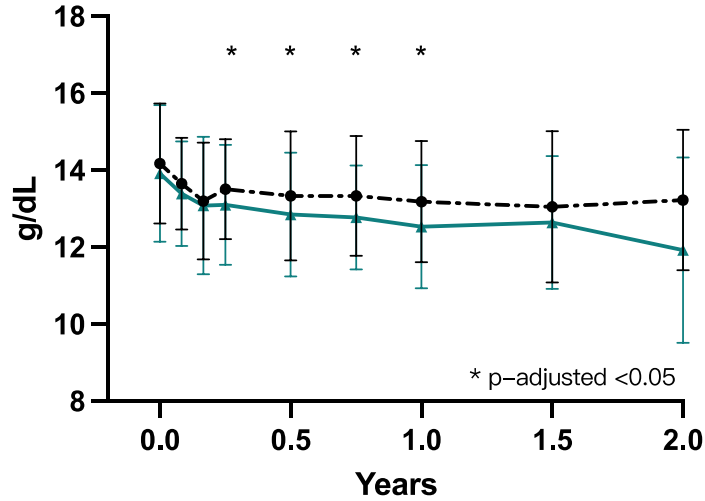


Follow-up numbers

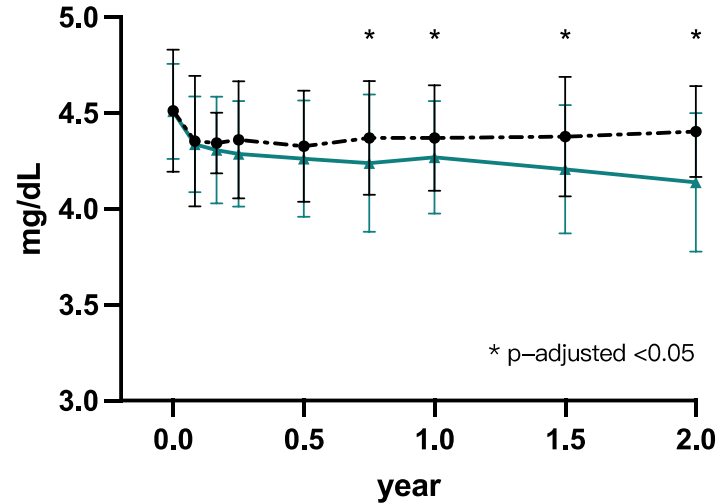
Sleeve	406	376	345	95	129
SASJ	387	361	239	64	77
total follow-up rate	95.8%	89.0%	70.5%	19.2%	24.9%

SASJ resulted in slightly lower Hgb and albumin

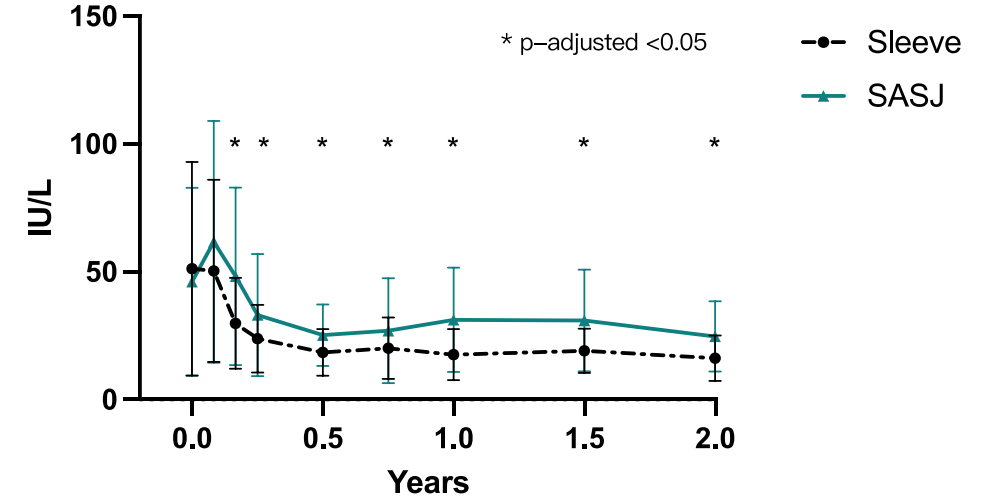
Hemoglobin



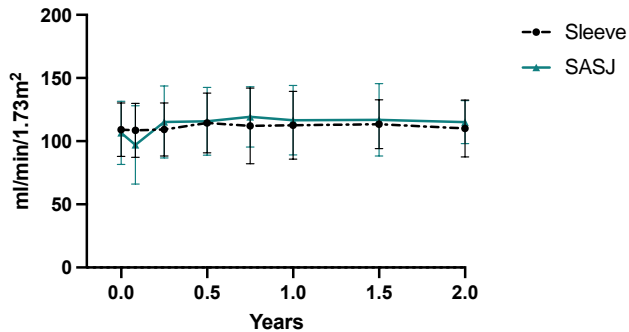
Albumin



ALT

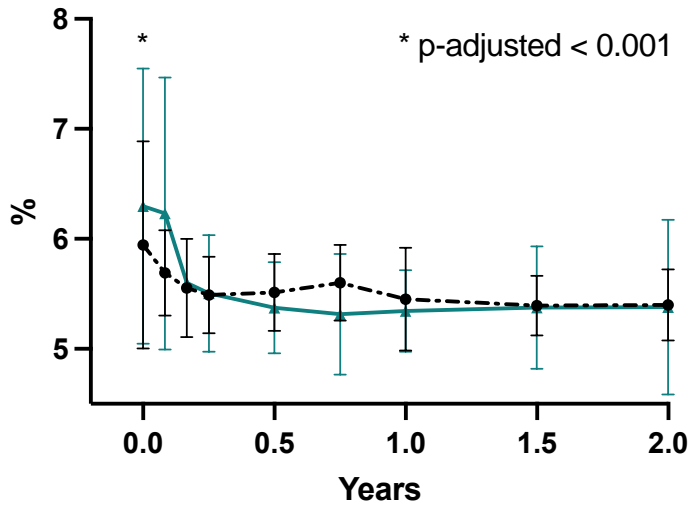


eGFR

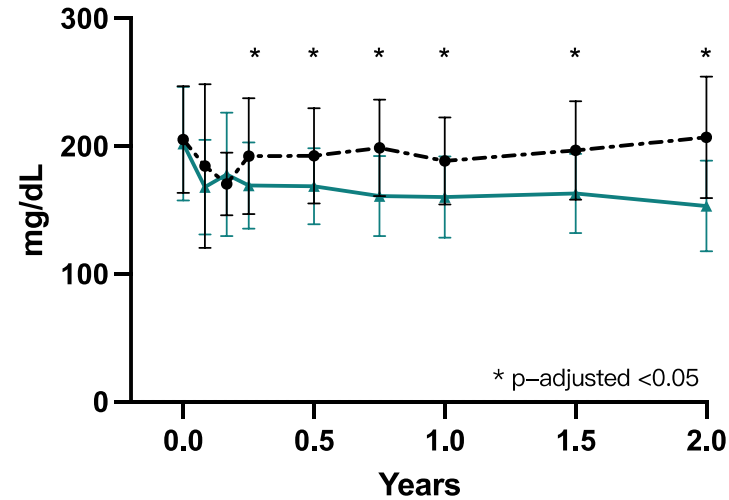


SASJ has better glycemic and cholesterol control

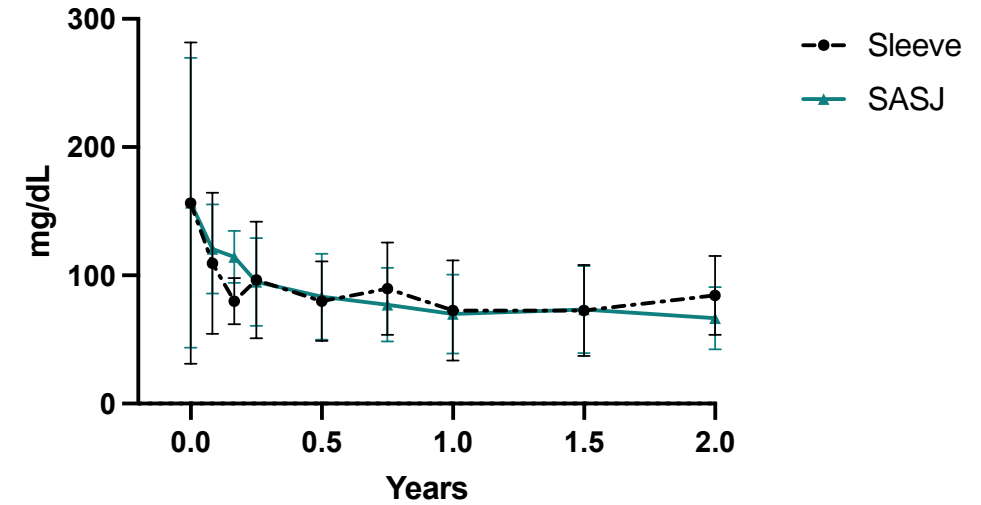
HbA1c



Cholesterol



Triglyceride



Conclusion

- SASI vs Sleeve
 - Slightly better weight loss in the short term
 - Better improvement in cholesterol
 - Trade-off: slightly lower hemoglobin and albumin