

# RYGB- is there a “Best” technique?

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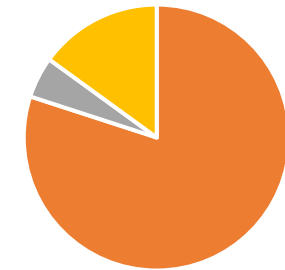


## I have the following potential conflicts of interest to report:

Advisory board- *Johnson & Johnson, NovoNordisk*  
Education activities- *Johnson & Johnson, NovoNordisk, Sandoz*

### Reimbursement to my academic institution

Case mix



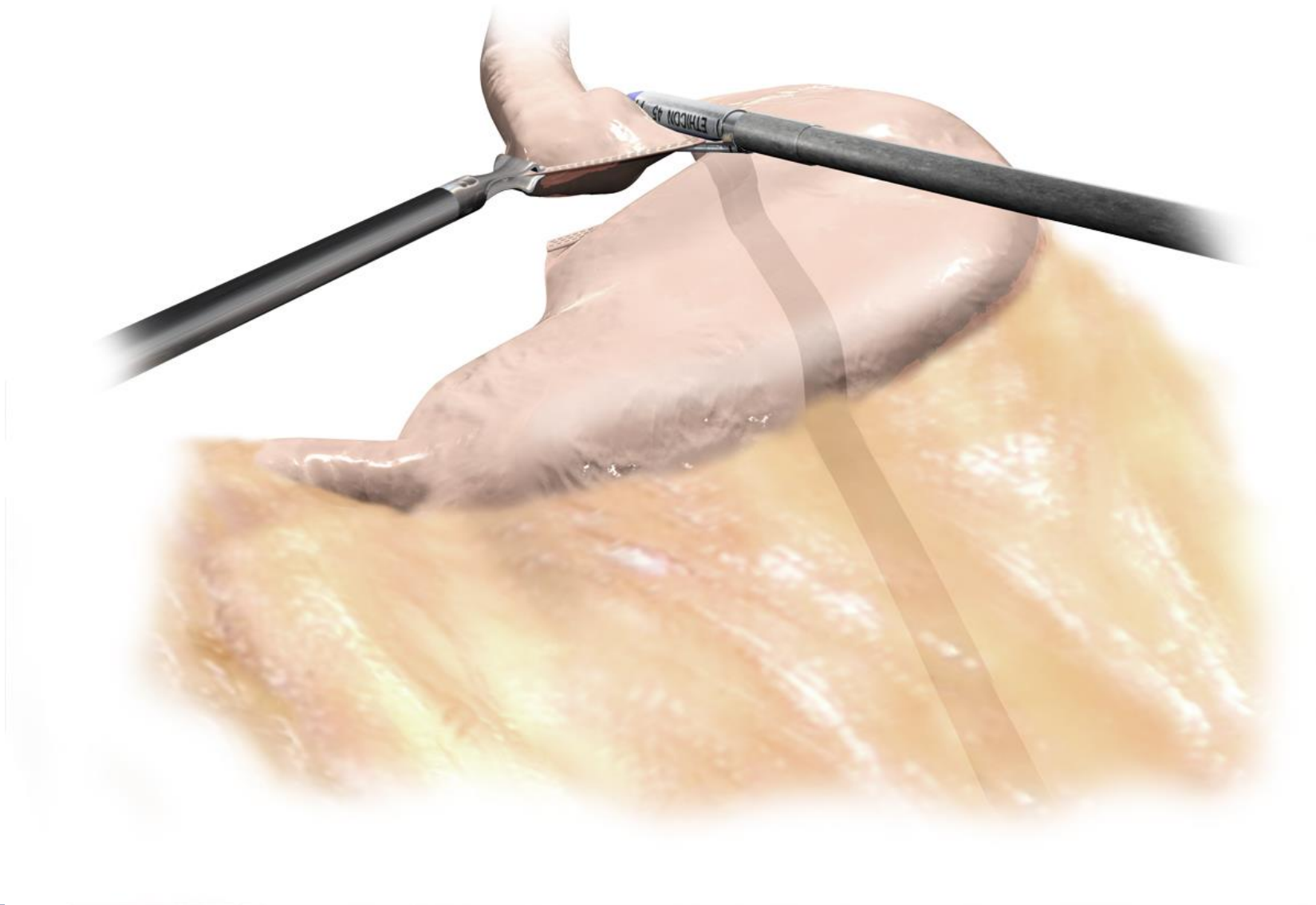
RYGB SG Revisions

# The Lönroth bypass

Sahlgrenska, Gothenburg, Sweden



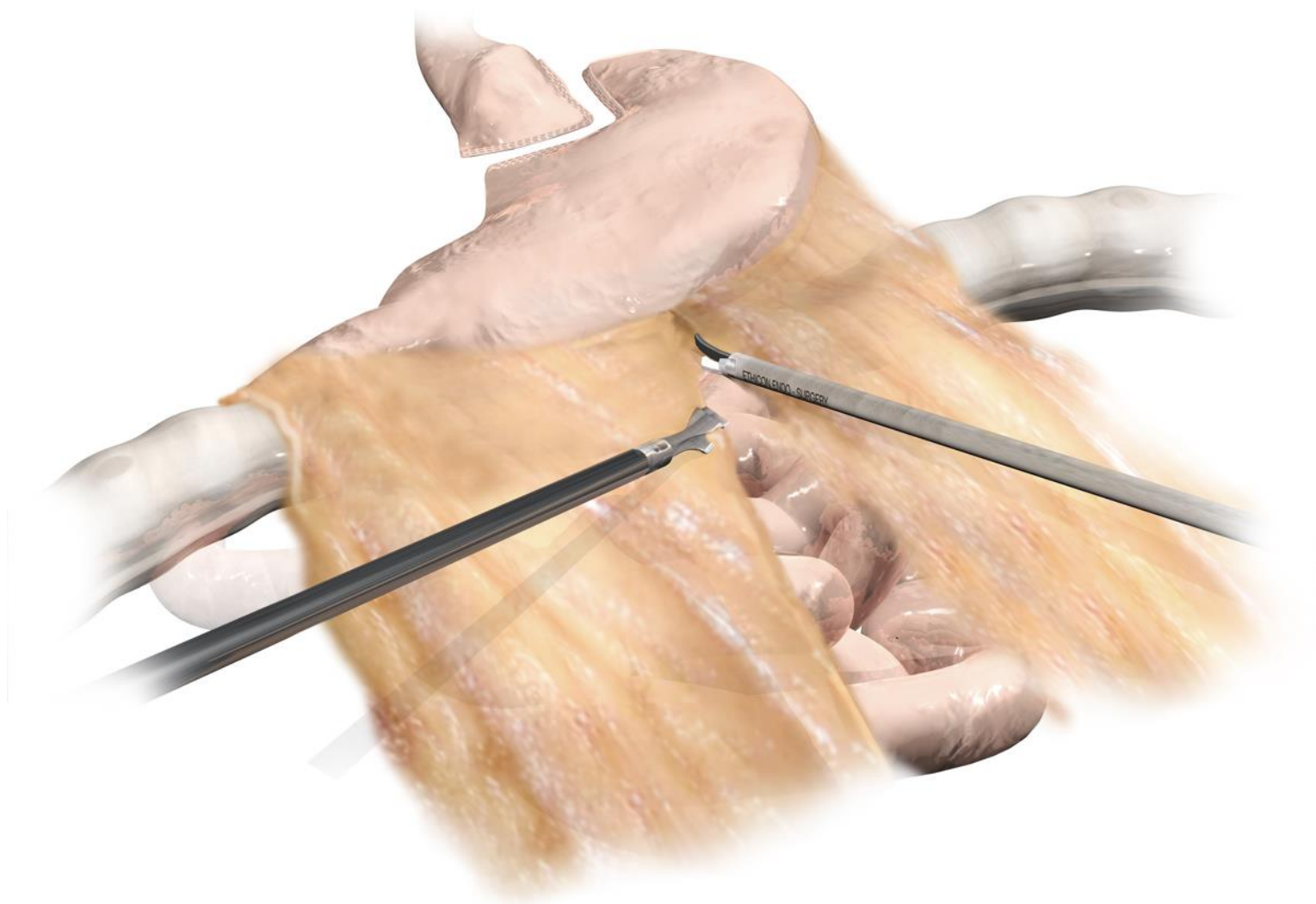
- "Easy" to perform (keep it simple, stupid)
- Easy to inspect (safety)
- Results should be reproducible in many surgical settings (robust)
- Optimized use of mechanisms of action (GI hormonal etc.)
- Feasible to reverse



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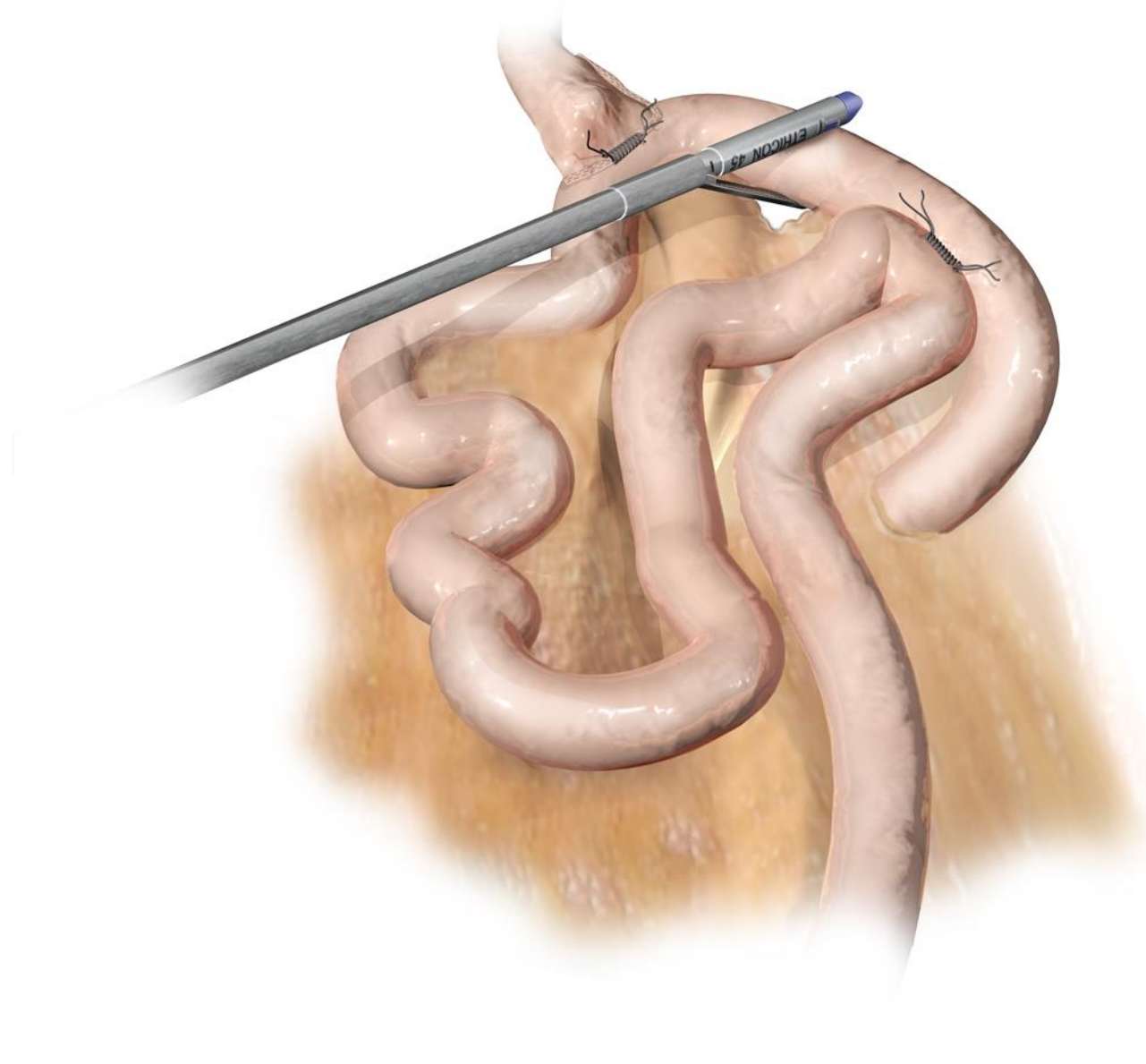


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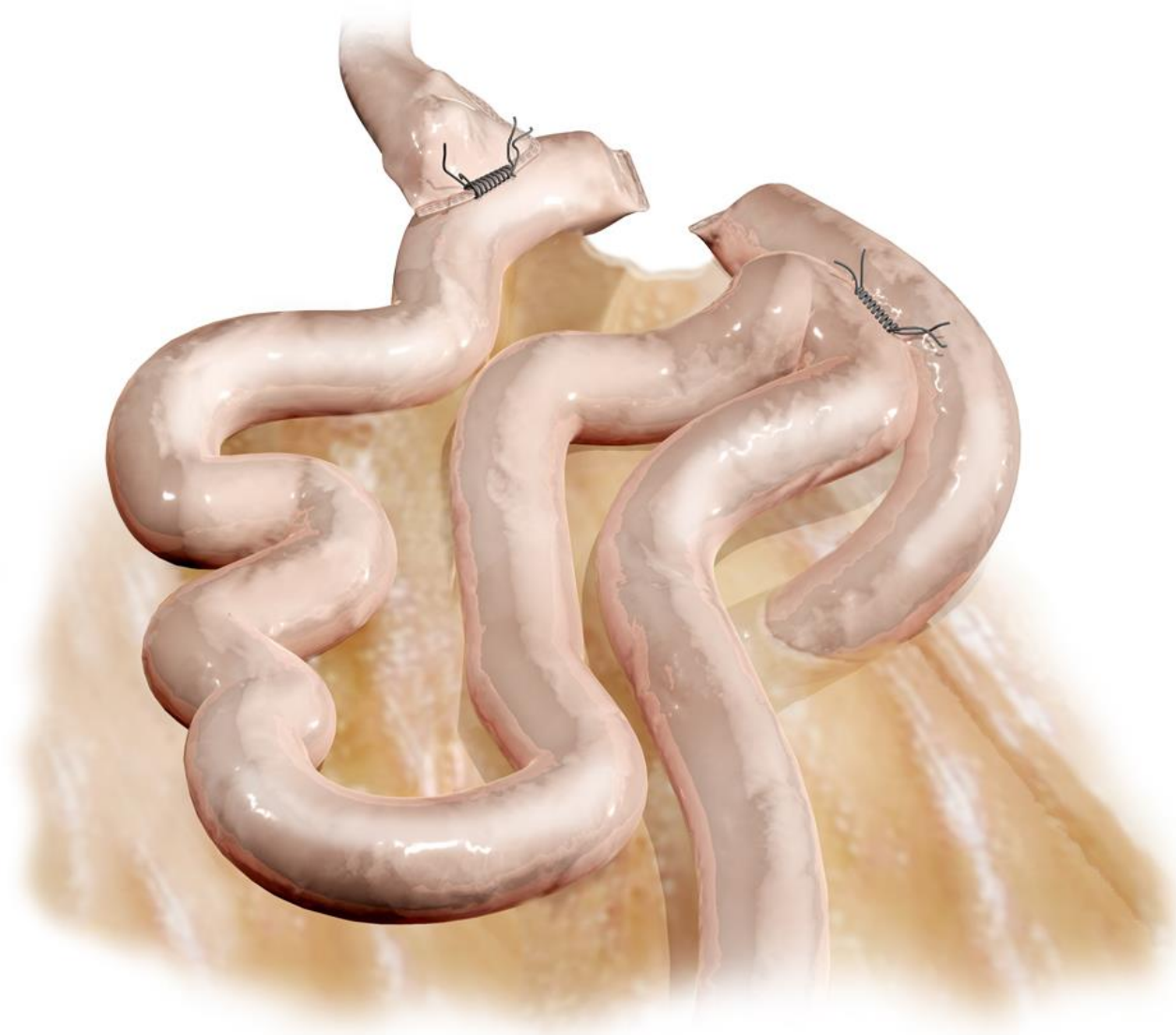




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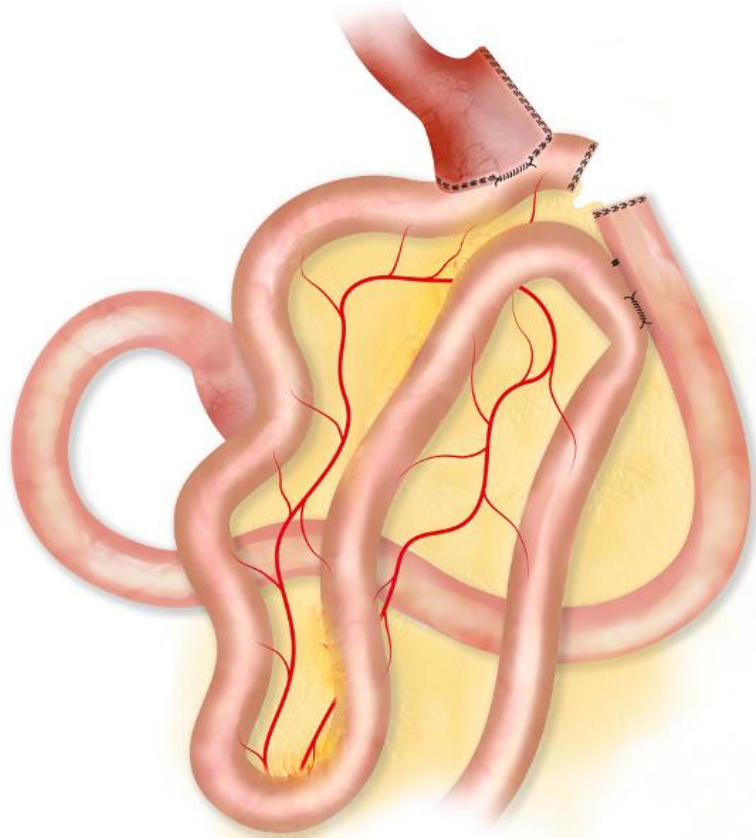


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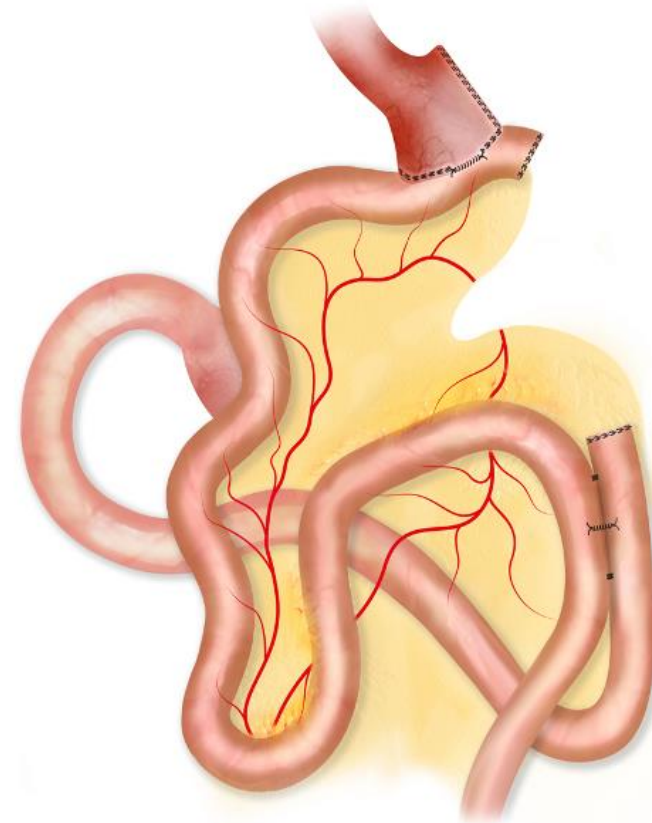


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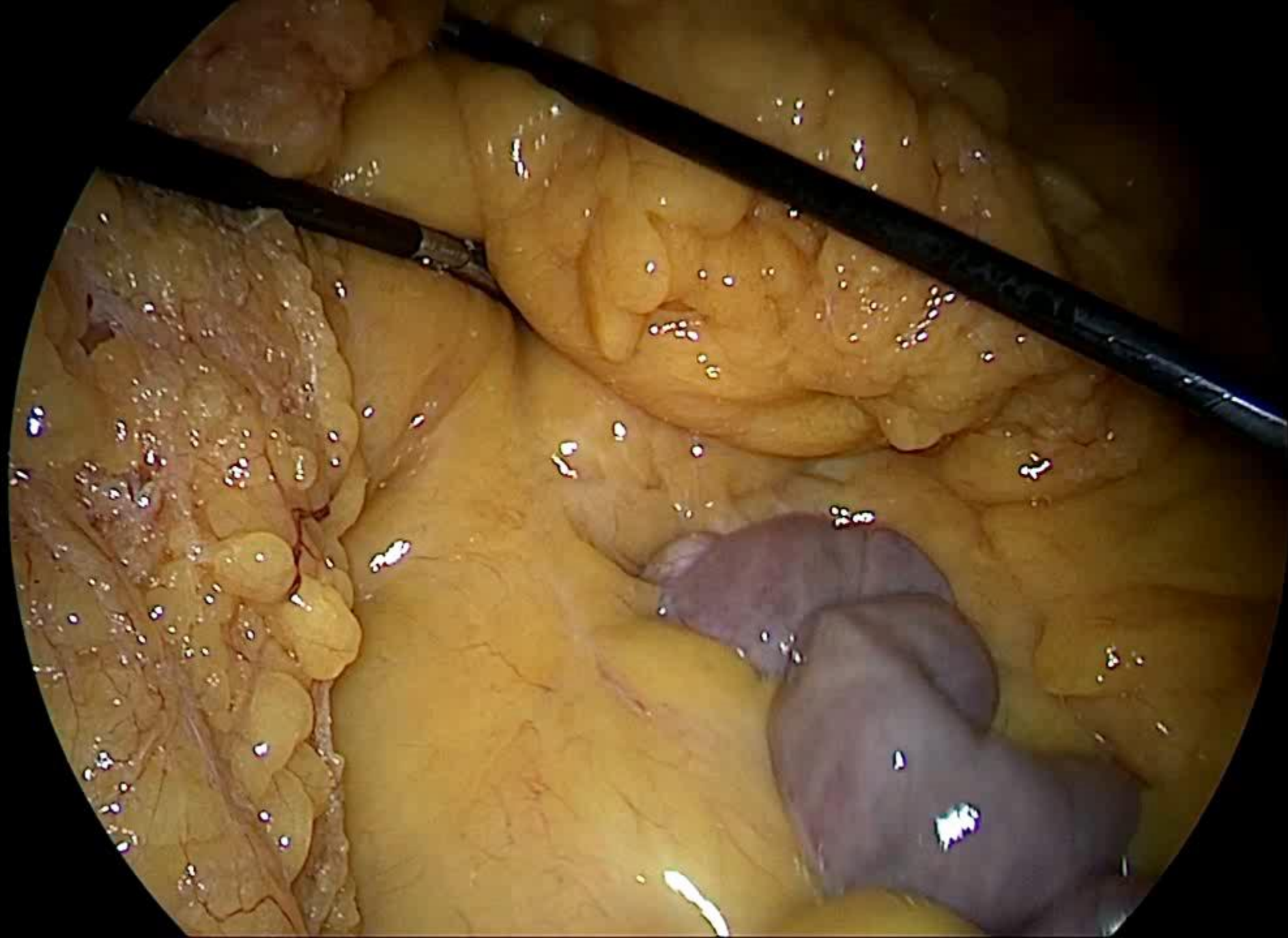
**Traditional**



**The current modified RYGB (2.0)**







# The devils are in the details!

We need to reduce and handle complications and side effects

Thank you!