

# The Mid-term Effects of Transit Bipartition with Sleeve Gastrectomy (A retrospective study in China)

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I have no potential conflict of interest to report

## Criteria for RY-TB when we start

1. BMI  $\geq$  27.5 kg/m<sup>2</sup>

2. T2DM < 15 years

**OR**

GERD (LA: A or B)

3. No further pregnancy plan

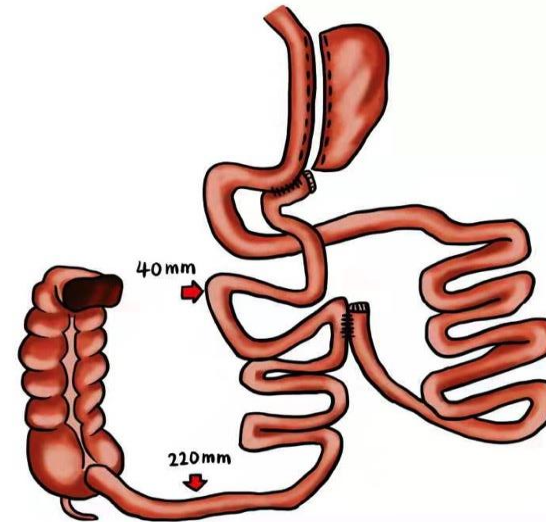
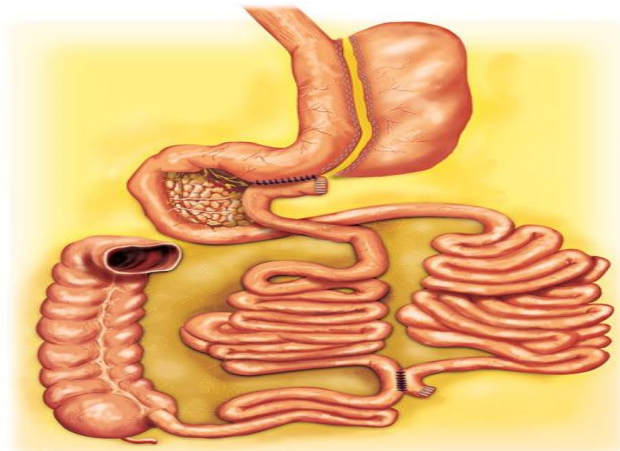
## 27 cases followed more than three year from 2019/09/27

Descriptive Statistics	n=27	
	Mean±SD	Range
Sex (F/M)	23/4	-
Age (years)	35.0±7.7	24-58
Weight (Kg)	100.8±16.5	77.5-130.0
Height (cm)	165.4±6.5	153-179
BMI (kg/m <sup>2</sup> )	<b>36.8±5.5</b>	28.6-48.2
Hypertension	18 (66.7%)	-
T2DM	<b>24(88.9%)</b>	-
OSAHS	11(40.7%)	-

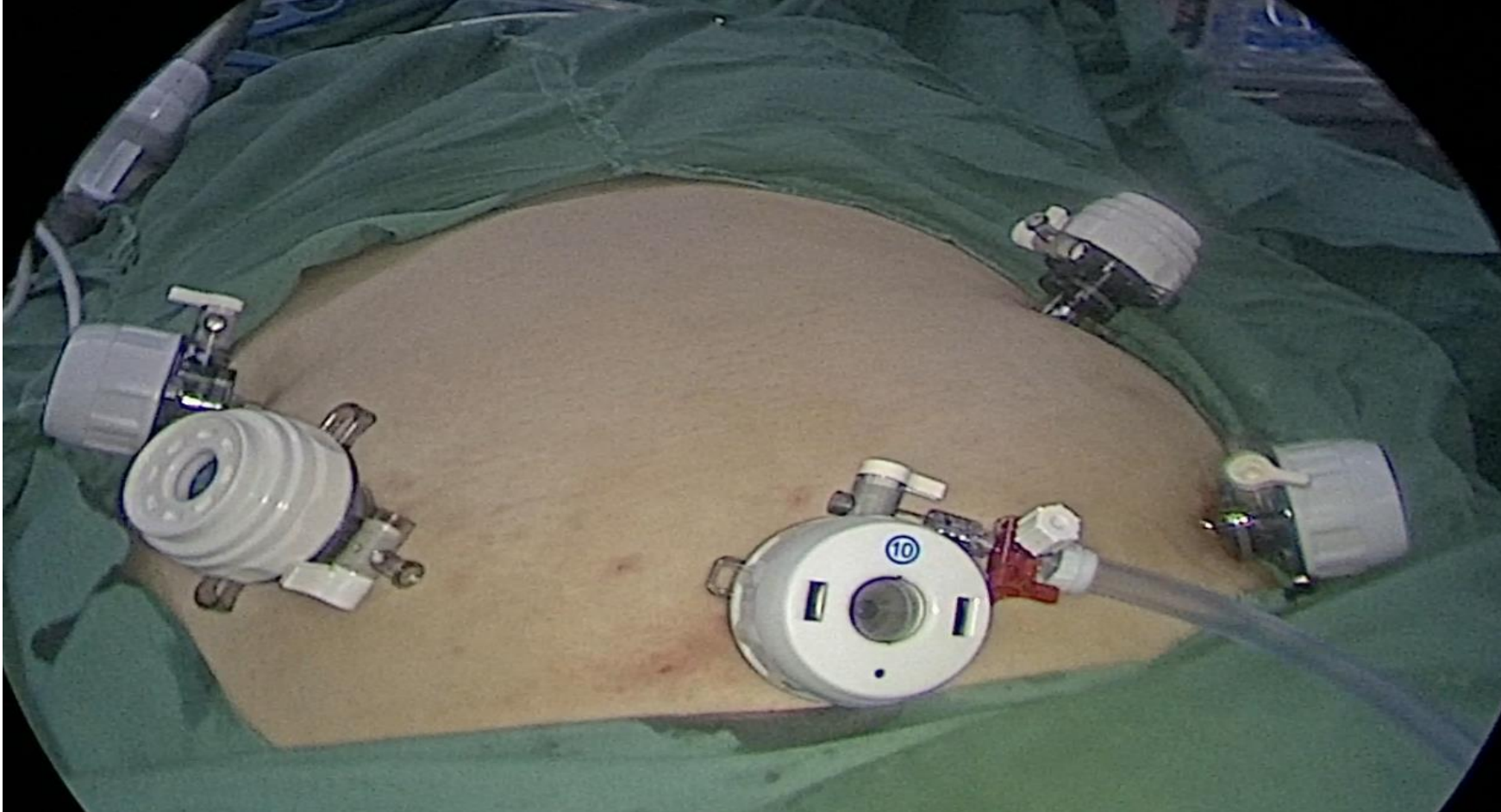
# Procedure: Roux-Y TB

Bougie = **36F**, Size of anastomosis **3 CM**

N	G-I anastomosis (from ileocecal)	Common Limb (ileocecal to I-I anastomosis)
First 2	260 cm	80 cm
25	260 cm	220 cm



# Trocar location

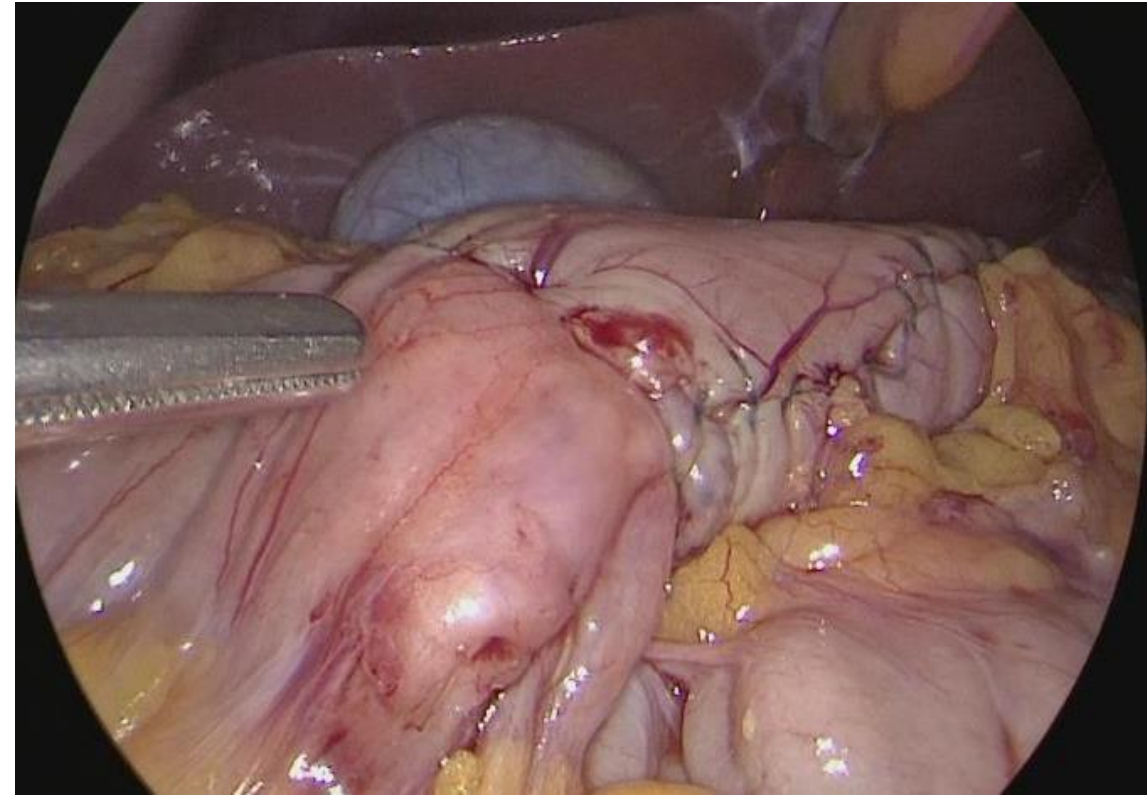
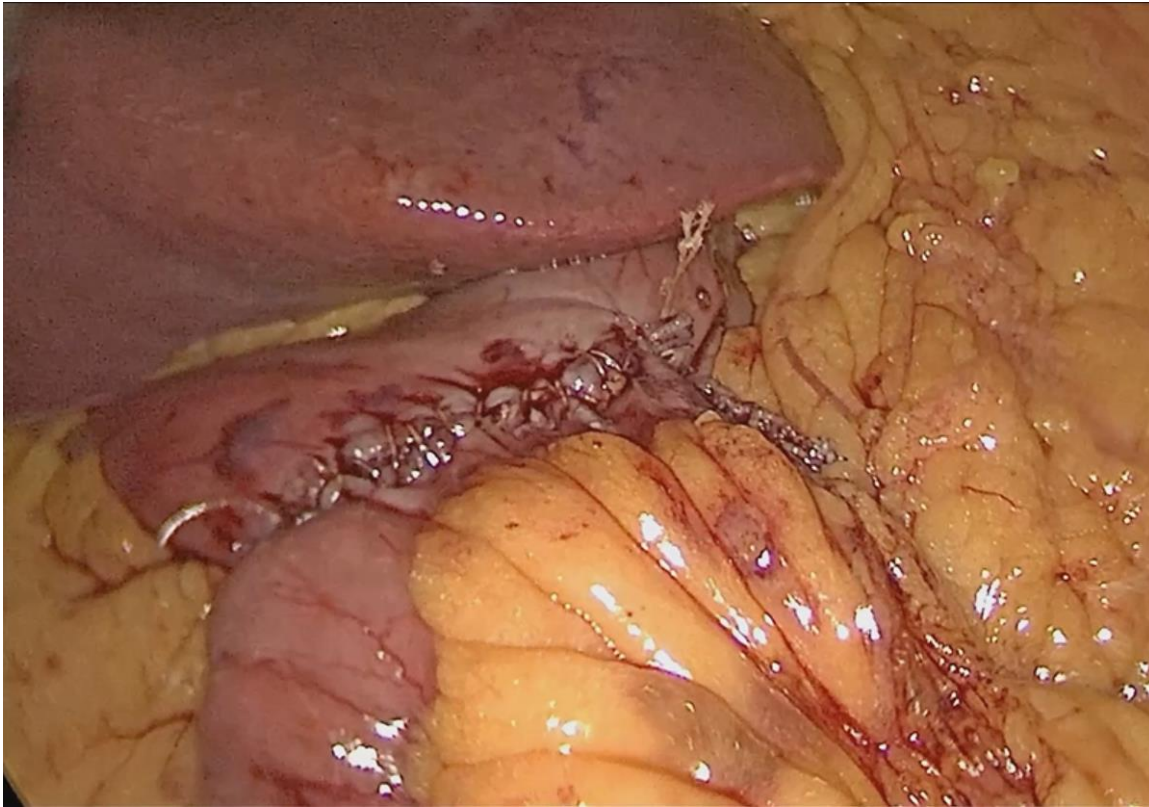




# GI anastomosis types

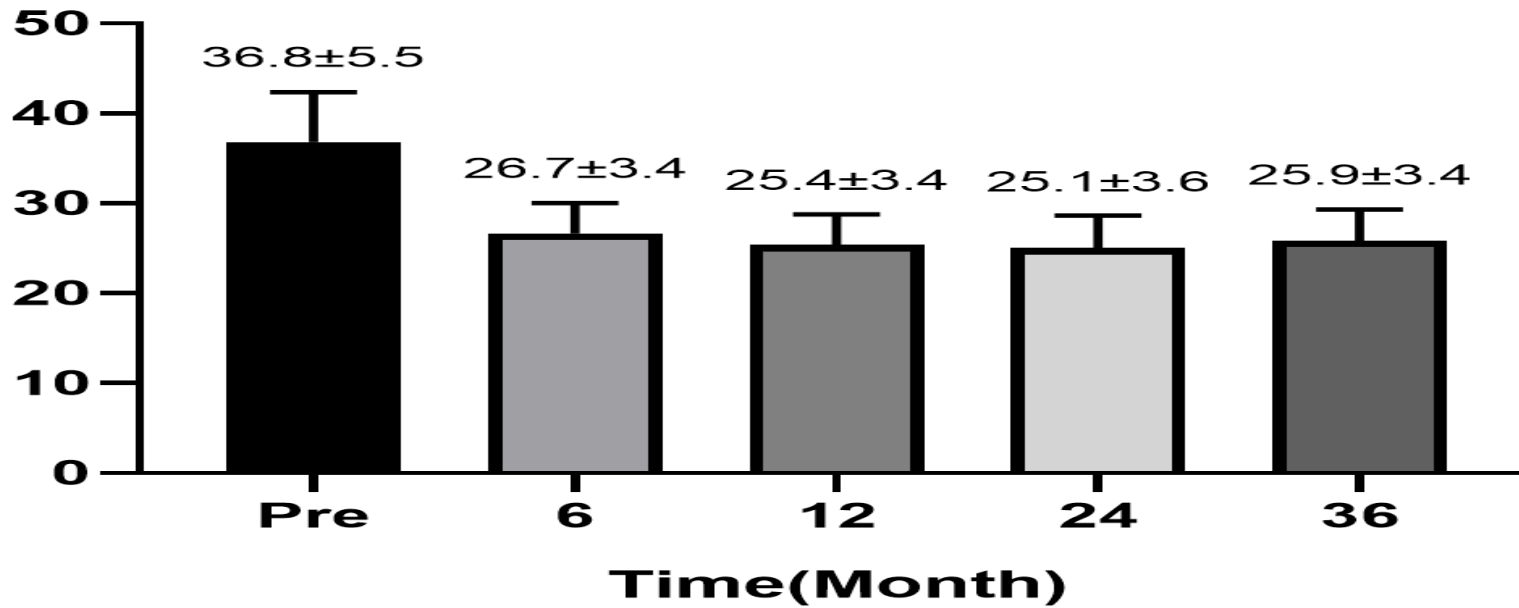
**Hand-Sewn N=3**

**Stapler N=24**



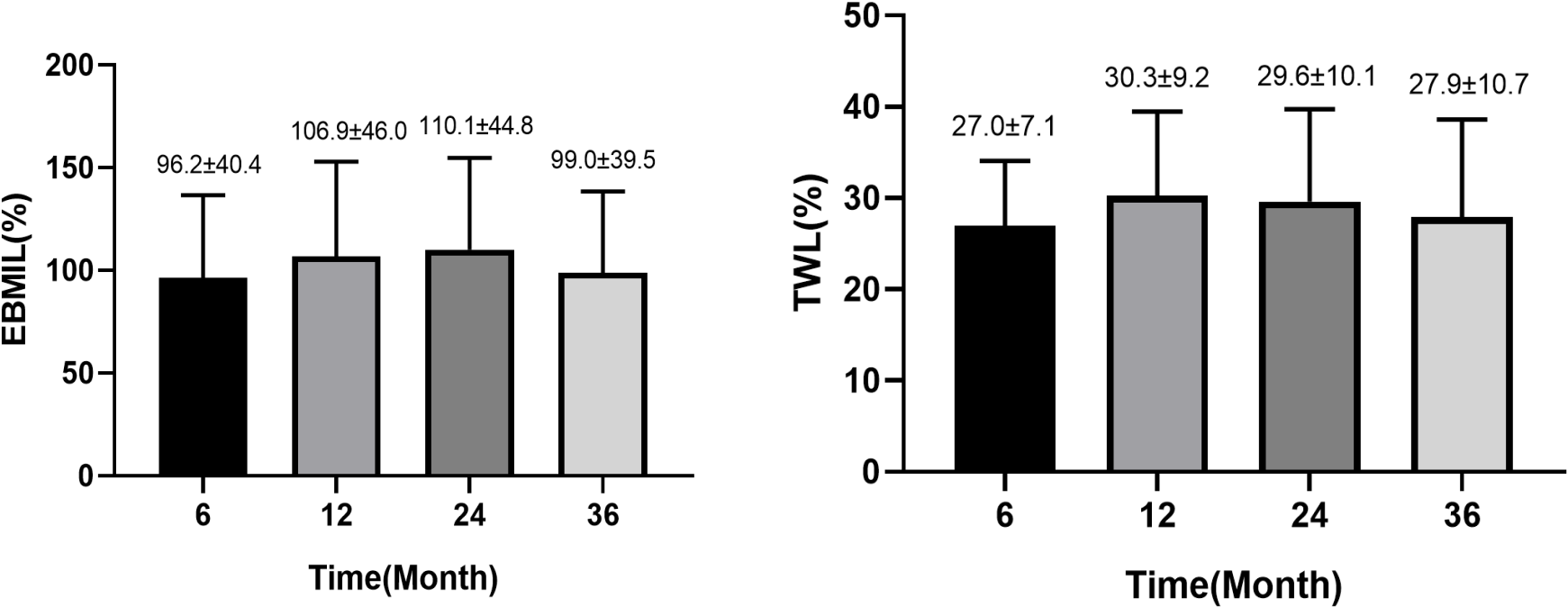
# Weight loss after 3 years

## Postoperative BMI Changes





# Weight loss (% EBMIL and % TWL)



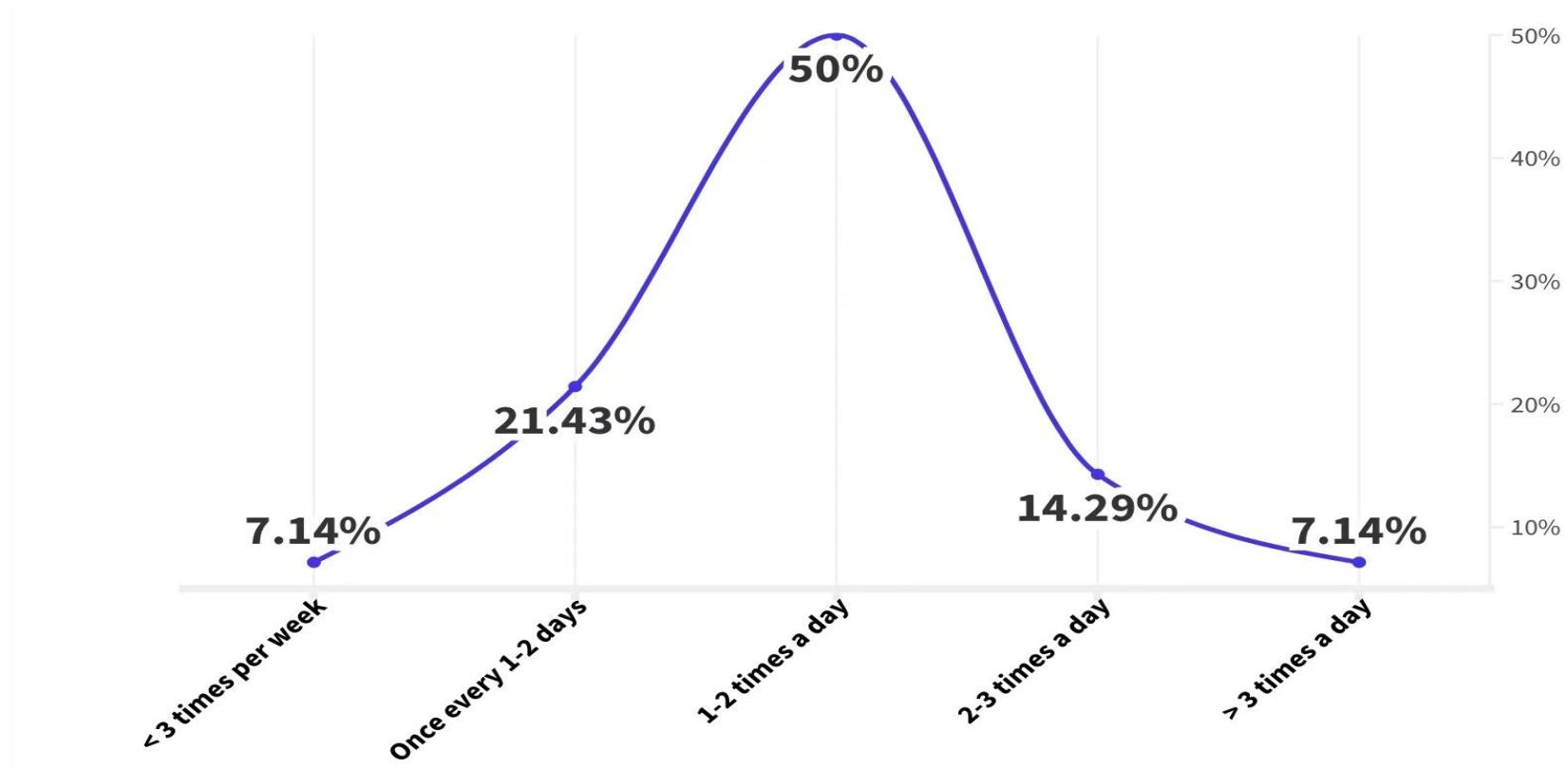
## 3 year follow up results (27 cases) of comorbidities

Descriptive Statistics	n (27)	Remission
Hypertension	18 (66.7%)	17/18 (94.4%)
T2DM	24(88.9%)	21/24 (87.5%)
OSAHS	11(40.7%)	10/11 (90.9%)

## GERD(GERD-Q score $\geq 8$ )

GERD present at baseline	3/27(11.1%)
Remission or improved	3(100%)
Unchanged	0
Worsened	0
De novo development of comorbidity	1(4.7%)

# Bowl Movement



# TB 30-D complication(N = 27)

Intra/post-operative findings	value
Intraoperative blood loss	15.1 ± 10
30-Day Postoperative Complications	
Bleeding (%)	0.00% (0/27)
Anastomotic leakage (%)	0.00% (0/27)
Bowel obstruction (%)	0.00% (0/27)
Pulmonary embolism (%)	0.00% (0/27)

# Long term nutrition complications

N = 27

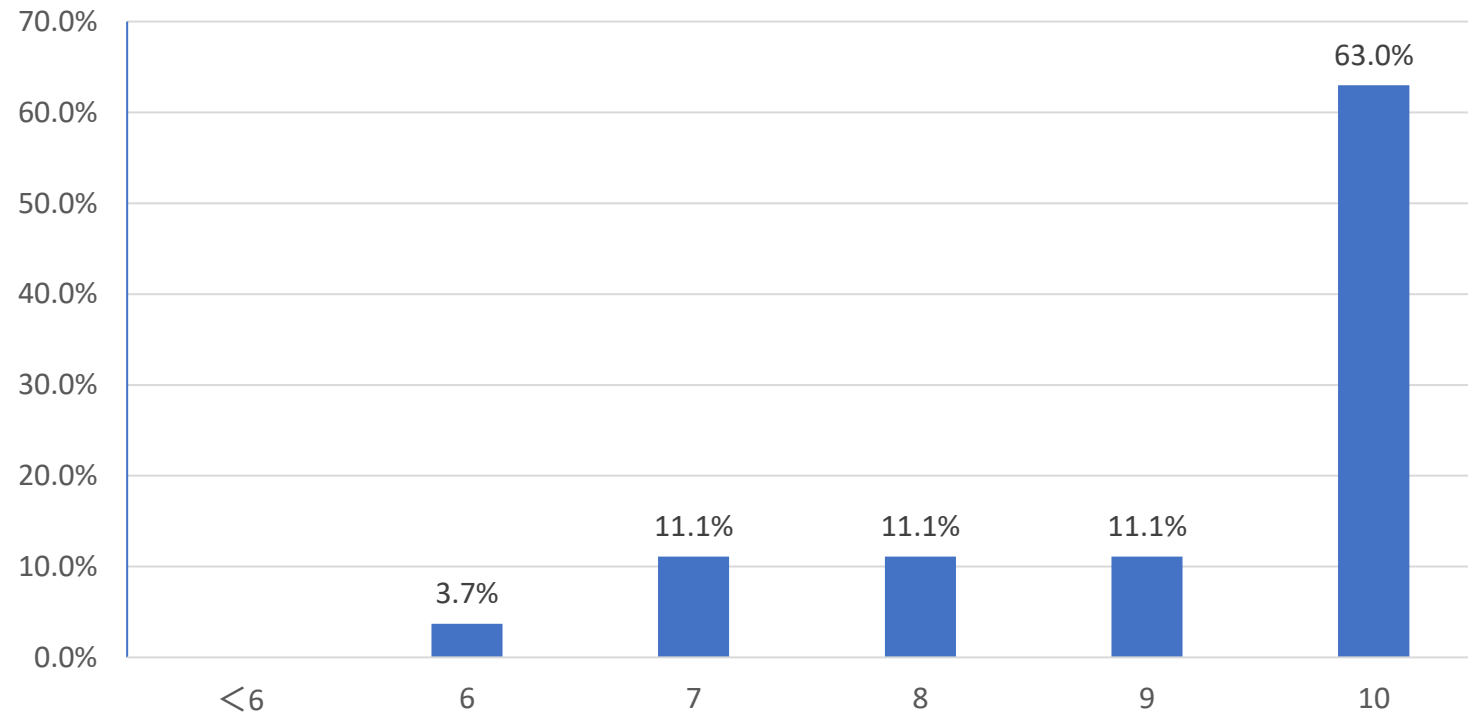
Anemia :4 (4/27, 14.8%) ,

Severity :2 mild , 2 medium , Occur at 2<sup>nd</sup> and 3th year after operation, related to stop taking vitamin , 3 cases corrected by oral Iron , but 1 not , need IV Iron

Hypoproteinemia: 0



# Postoperative Satisfaction(overall personal score)





**Pre-Op 300 pound**

**Post-Op  
4 yer**

**Post-Op 150p**

**Hemoglobin - Normal**

**Albumin 50g/L, Pre-Alb 0.334g/L**

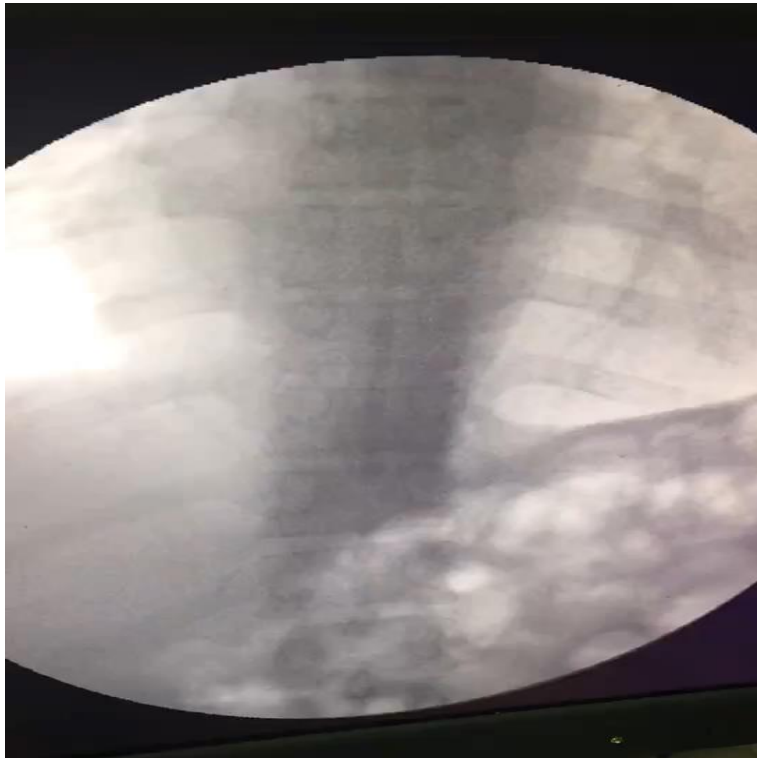
**HbA1C 4.6% (Pre-Op 9.1%)**

**FBG 4.3mmol/L (Pre-Op 9.6)**

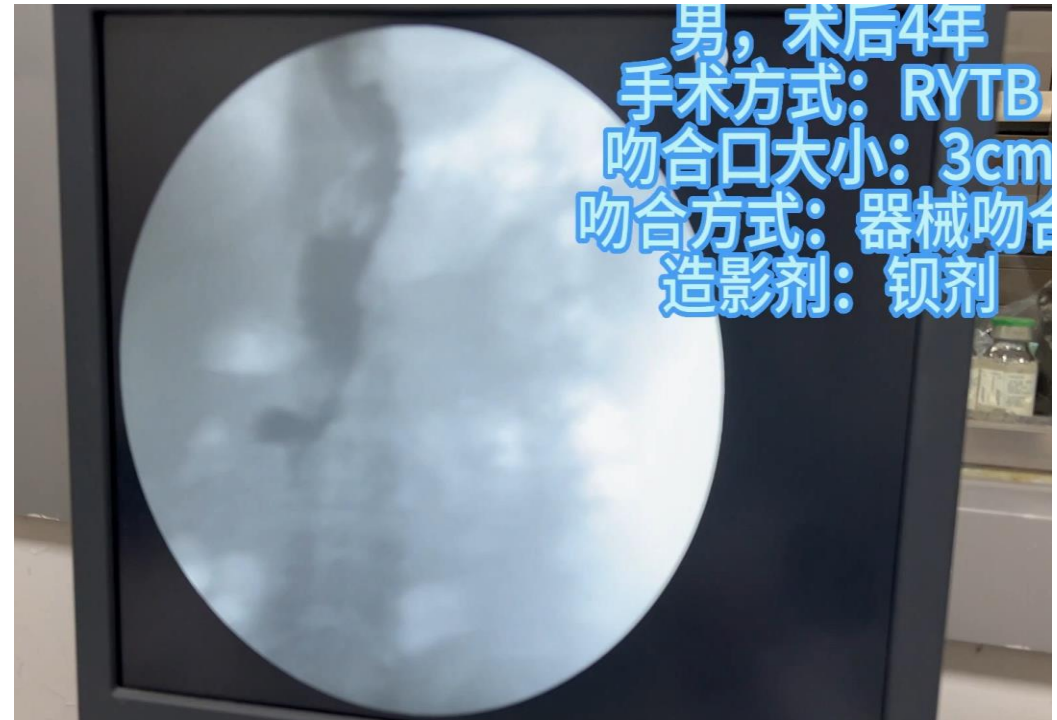
# Post-Operative Upper GI Series

RYTB 4 years, size of stoma 3CM, barium contrast

1 year

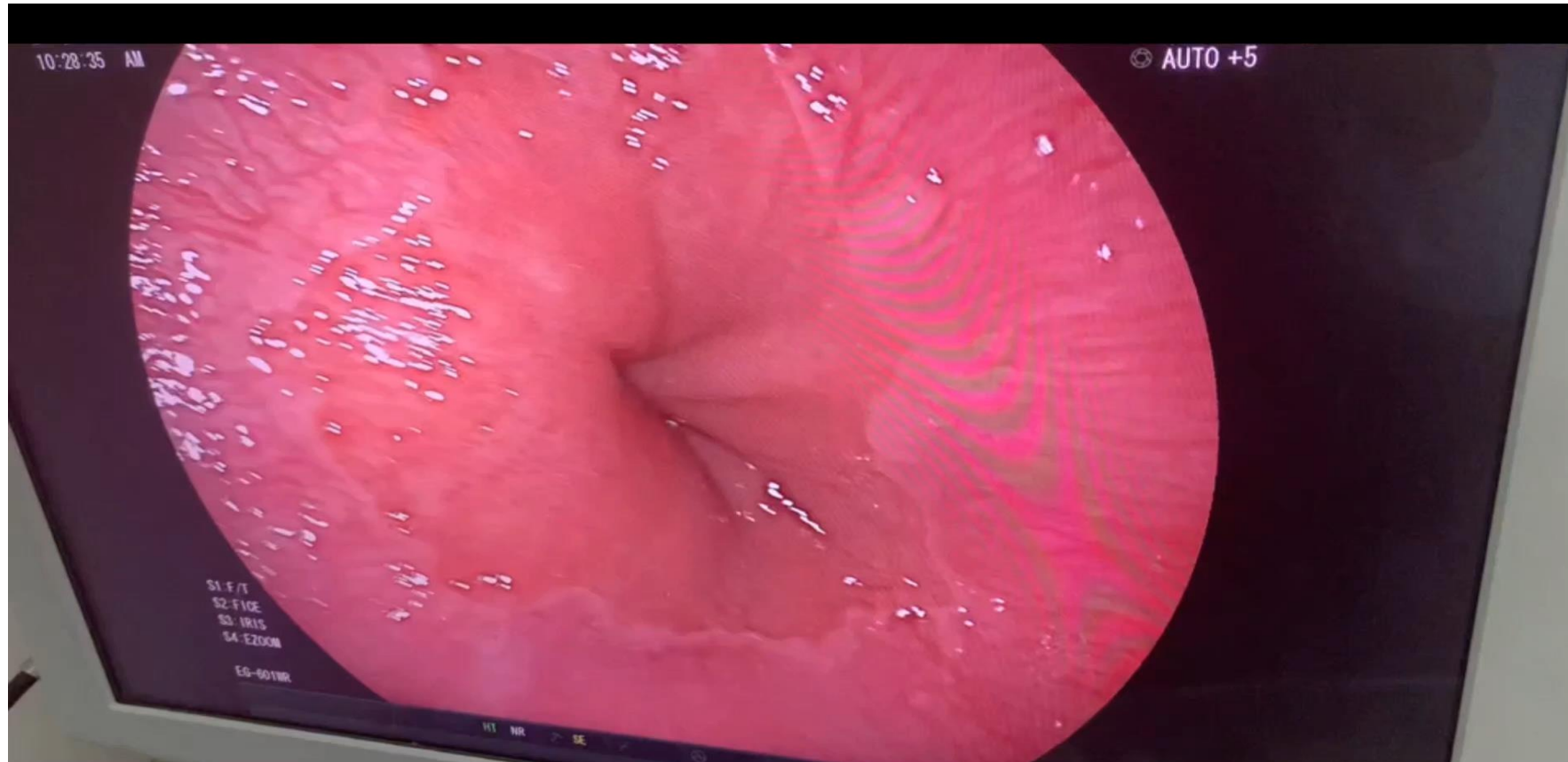


4 year



# Gastrosocopy

- The rare occurrence of **marginal ulcer or GERD** is still unclear because of the short follow-up time and very few cases.



# Summary

Ry-TB is a safe ,effective procedure with high patient satisfactory

Good follow up and insist on taking multi-vitamin ,iron may decrease long-term complication.

More cases ,long term follow up and RCT are needed



# *Thank!*



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