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Speaker	Lesti Giovanni Lesti under40 <input type="checkbox"/>
ARGOMENTO	Tecnologie emergenti in chirurgia bariatrica
<b>TITOLO DEL LAVORO</b>	<b>FUNCTIONAL LAPAROSCOPIC GASTRIC BYPASS WITH FUNDECTOMY AND GASTRIC REMNANT EXPLORATION (LRYGBfse): 10-YEAR FOLLOW-UP RESULTS</b>
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RELATORE	
INTRODUZIONE	The Laparoscopic Roux-en-Y Gastric Bypass (LRYGB) is the gold standard procedure for morbid obesity and its results are well known. Its major limitation is the difficult exploration of the gastric remnant and duodenum. The functional laparoscopic Roux-en-Y gastric bypass with fundectomy and gastric remnant exploration (LRYGBfse) was introduced in attempt to overcome this limitation. To date, its outcomes are debated and still unclear. The purposes of this study were to describe this novel technique and to analyze outcomes in term of weight loss, perioperative complications, and comorbid resolutions.
METODI	Multicenter prospective study. From January 2009 to December 2018 a series of morbidly obese patients underwent LRYGBfse. Outcomes in term of weight loss, Body Mass Index (BMI) decrease, percentage Excess Weight Loss (%EWL) improvement, and comorbid resolution were analyzed.
RISULTATI	Overall, 853 patients were enrolled in the study and prospectively followed. The preoperative mean body weight and mean BMI were $133.4 \pm 28.6$ kg and $48.2 \pm 7.8$ kg/m <sup>2</sup> , respectively. No major intra-operative complications were reported. The mean postoperative in-hospital length of stay was 4 days (range 3-10), and the mean ICU length of stay was 1 day (range 1-2). Postoperative overall morbidity and mortality rates were 0.7% and 0%, respectively. Overall, 429, 226, and 84 patients completed the 5, 7 and 10-years follow-up. Mean BMI and %EWL were significantly lower compared to baseline ( $p < 0.05$ ). Comorbid improvement or resolution was recorded in most of the patients. Banding removal was necessary in one patient 62 months after the index operation.
DISCUSSIONE	The LRYGBfse is feasible and effective with durable results at 10-year follow-up. Outcomes in term of weight loss, overall complications, and comorbid resolution seems comparable to the standard LRYGB. Endoscopic exploration of the gastric remnant with an easy access to the main duodenal papilla are unquestionable advantages.
BIBLIOGRAFIA	
Revisore	Non assegnato
Accettazione	Non ancora definito
Note	