



S.I.C.O.B.

XXVIII
CONGRESSO NAZIONALE

SICOB ONLINE

21-22 DICEMBRE 2020

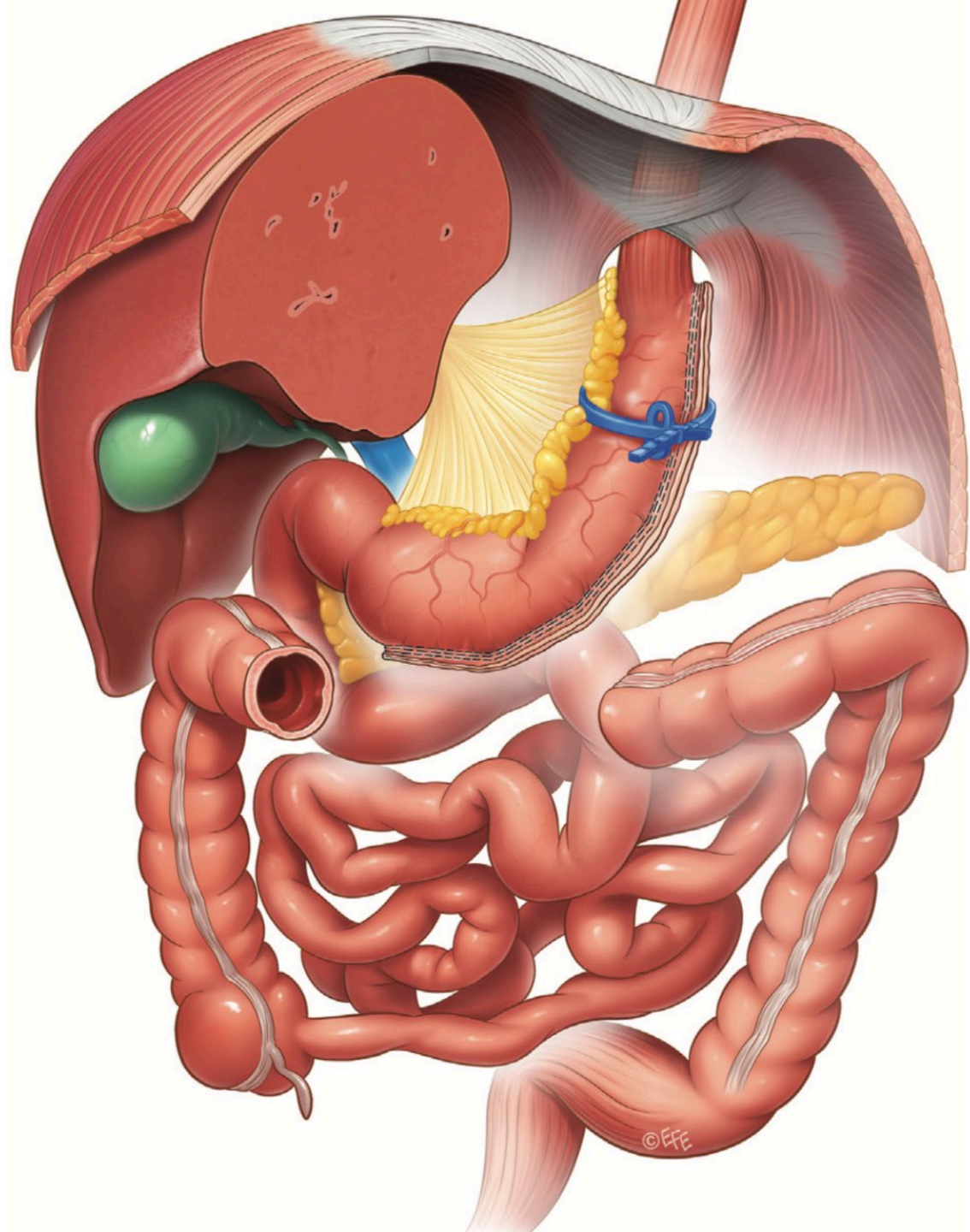
Presidenti: P. Gentileschi, A. Giovanelli,
M.G. Carbonelli, F. Micanti



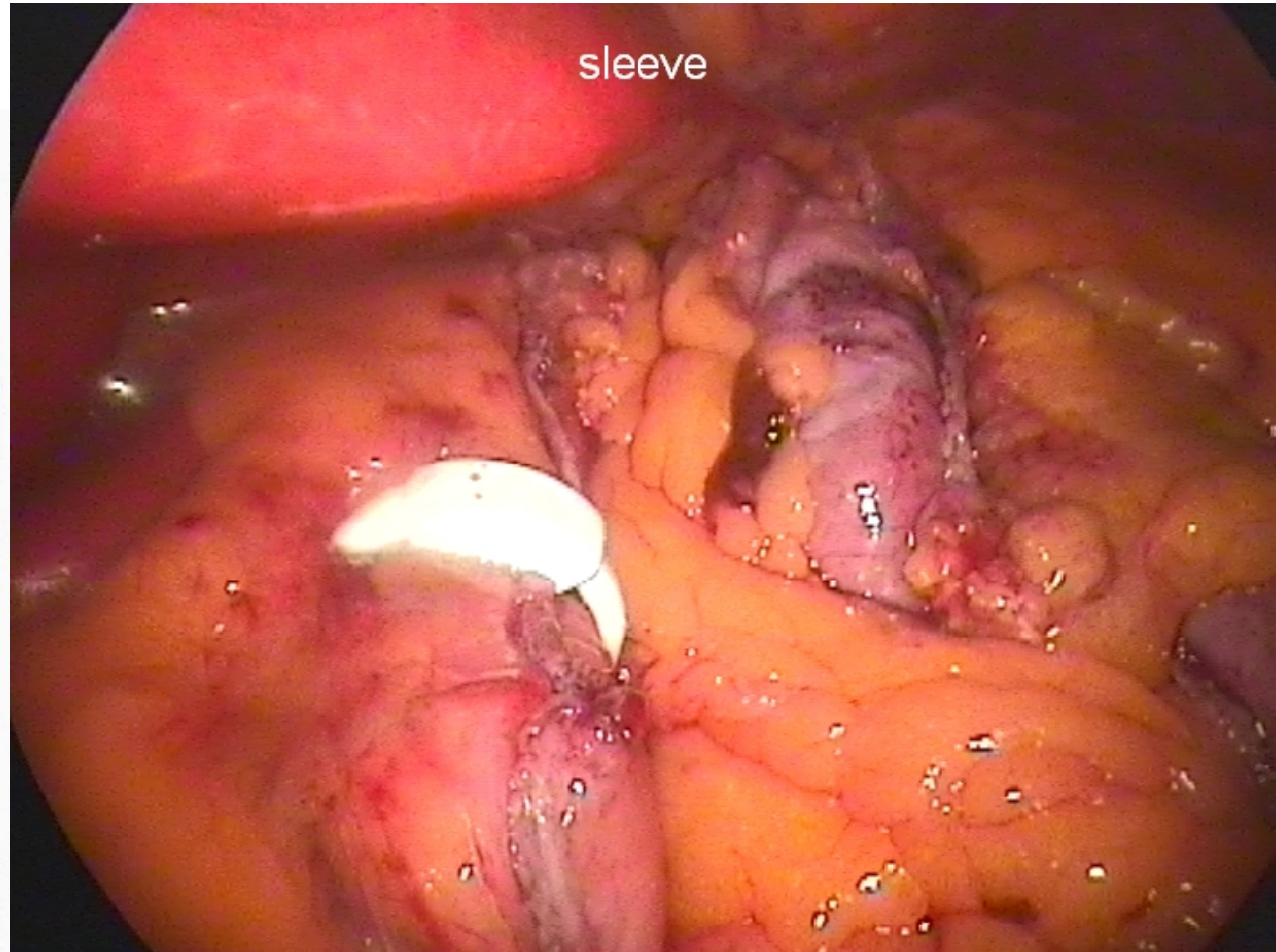
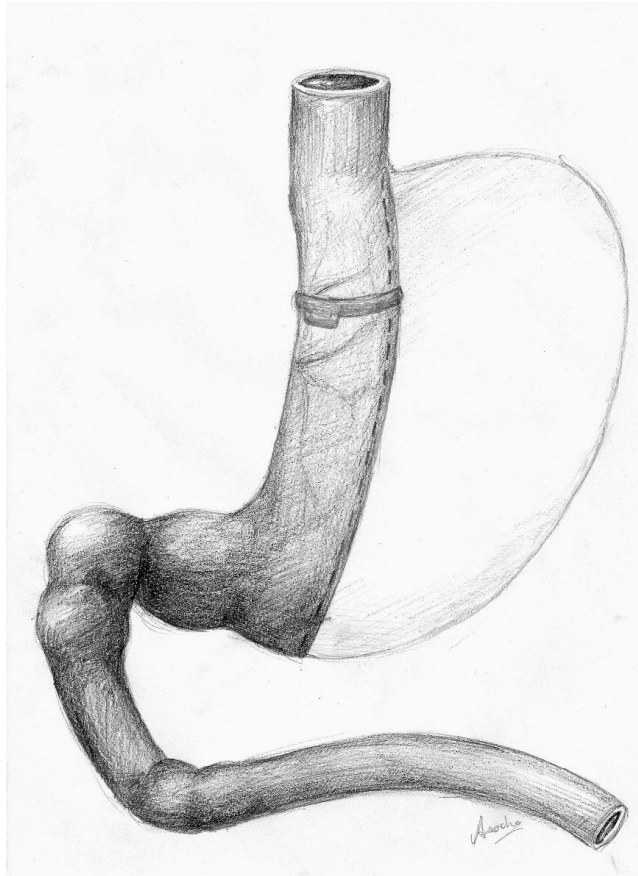
La Sleeve Gastrectomy Bendata

Dr. Domenico Benavoli

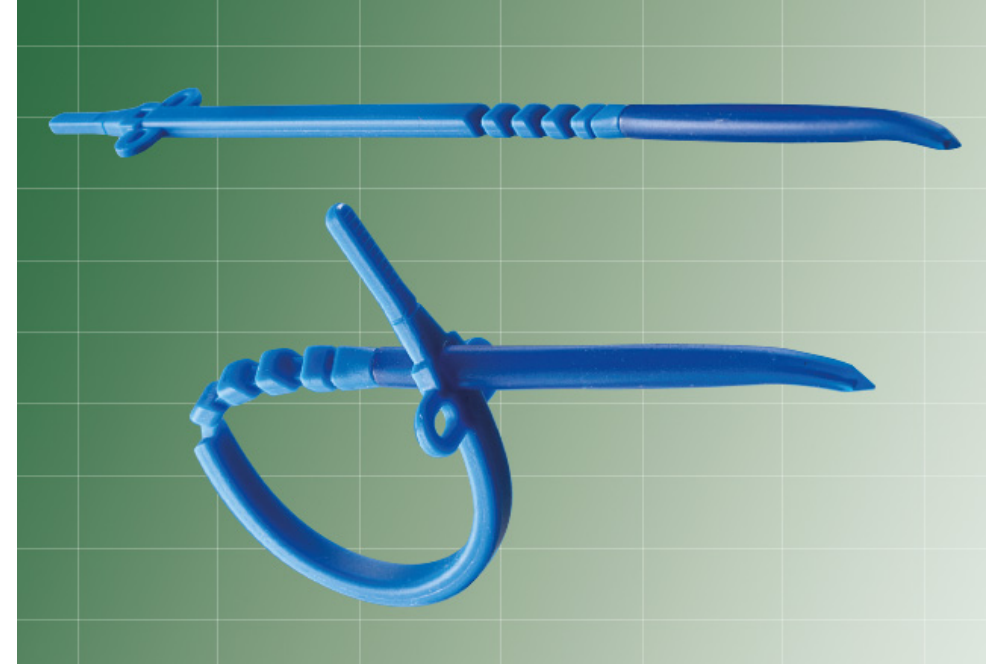
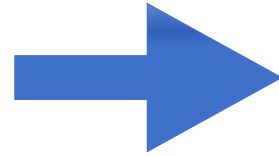
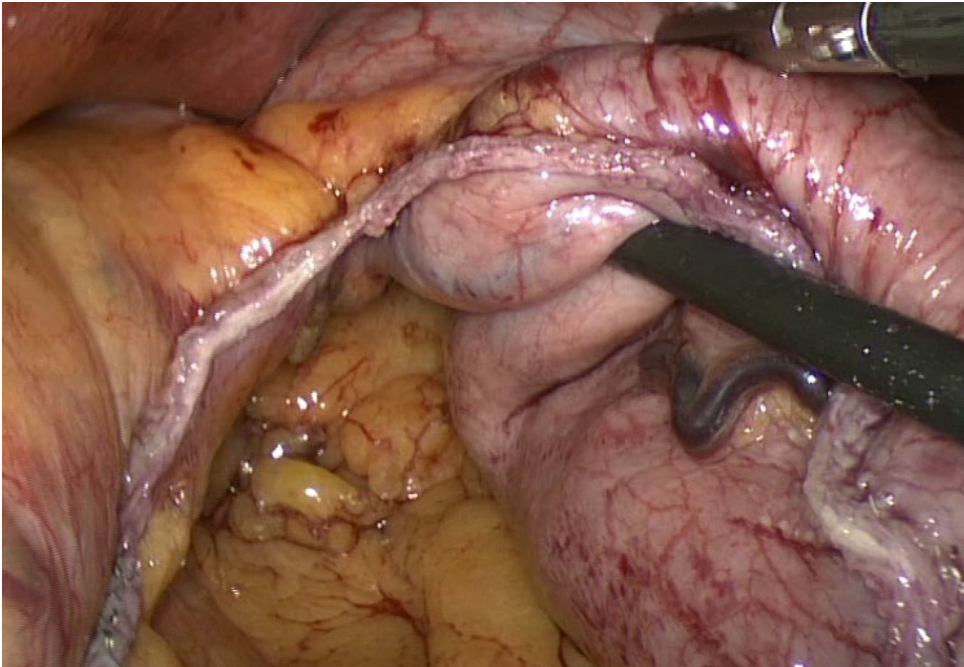
UOSD Chirurgia Mininvasiva e Dell'Apparato Digerente



Banded Sleeve Gastrectomy ?

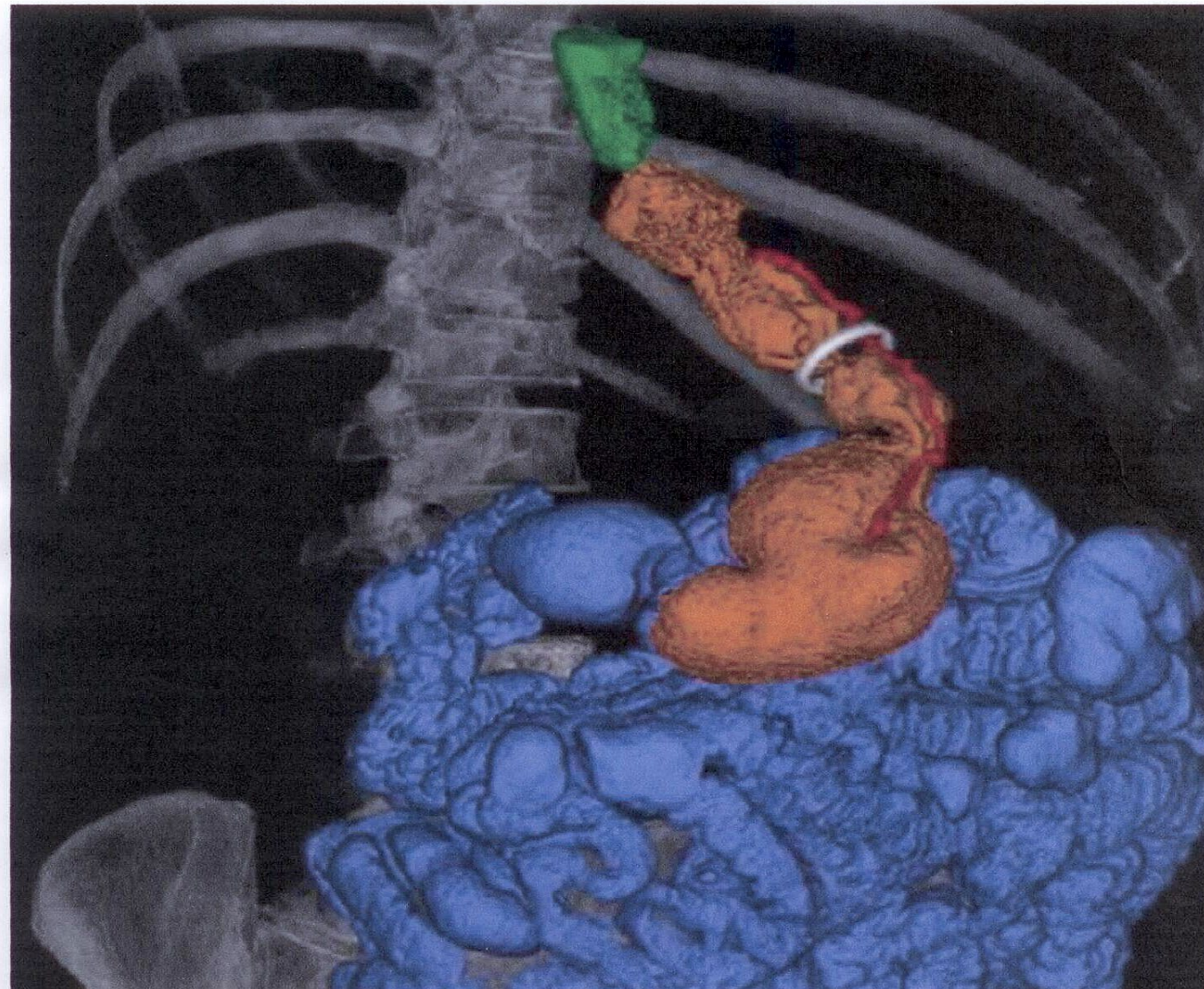


Banding the Sleeve

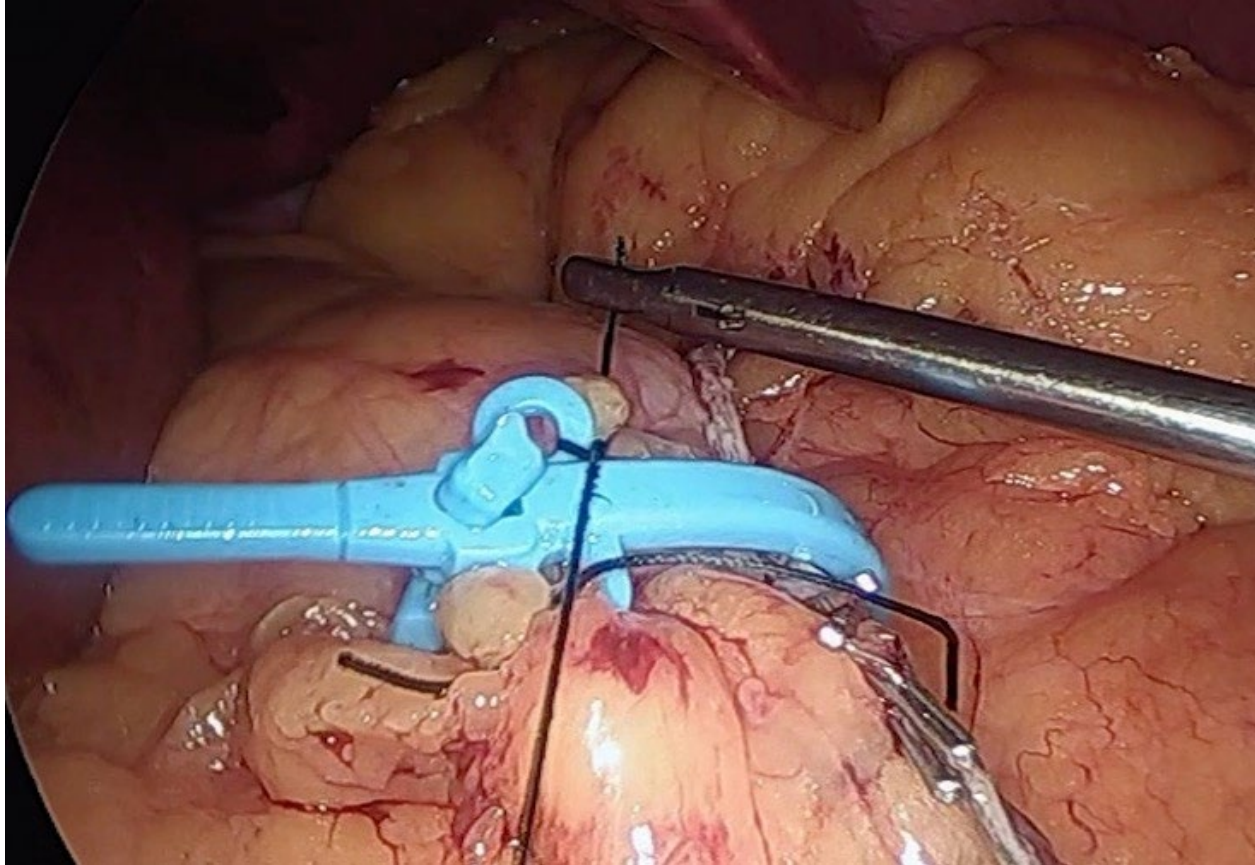
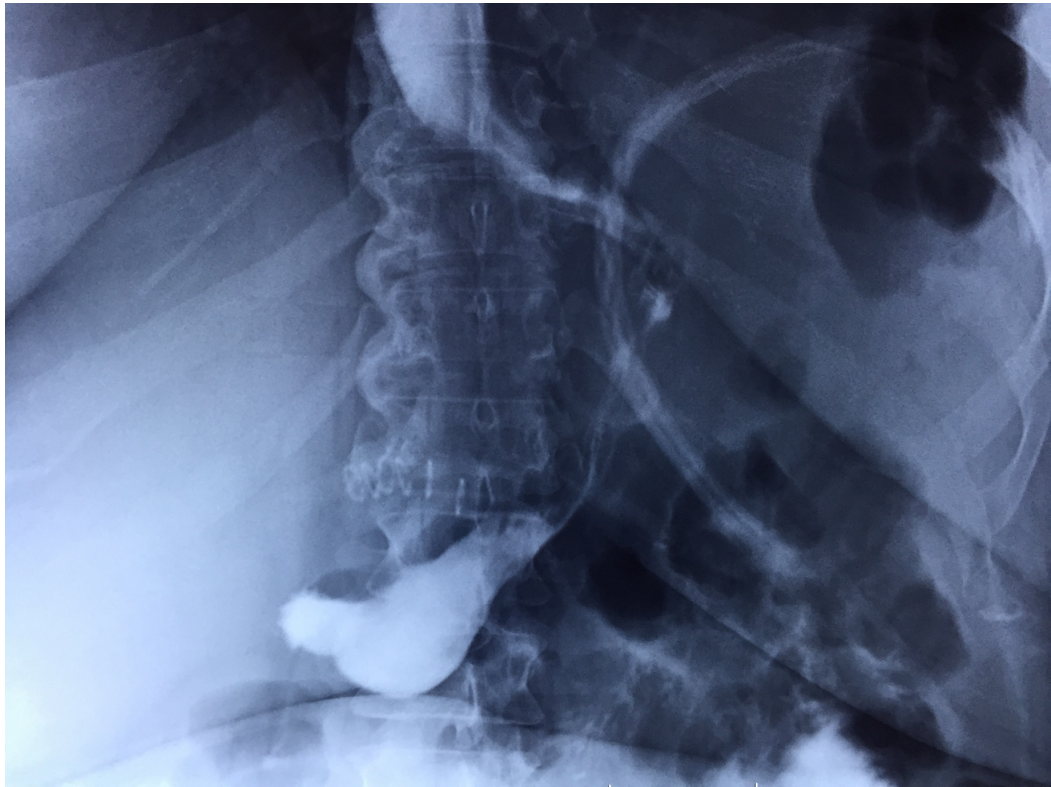


Ring MiniMizer: un anello in silicone radiopaco con quattro posizioni di chiusura (8-7,5-7-6,5 cm)

Technical Aspects



High resolution image 3d of a Banded Sleeve Gastrectomy



Banded Sleeve Gastrectomy—Initial Experience

J. Wesley Alexander · Lisa R. Martin Hawver ·
Hope R. Goodman



Fig. 2 Upper gastrointestinal series 1 year after BSG. Note the very mild dilation of the pouch above the band

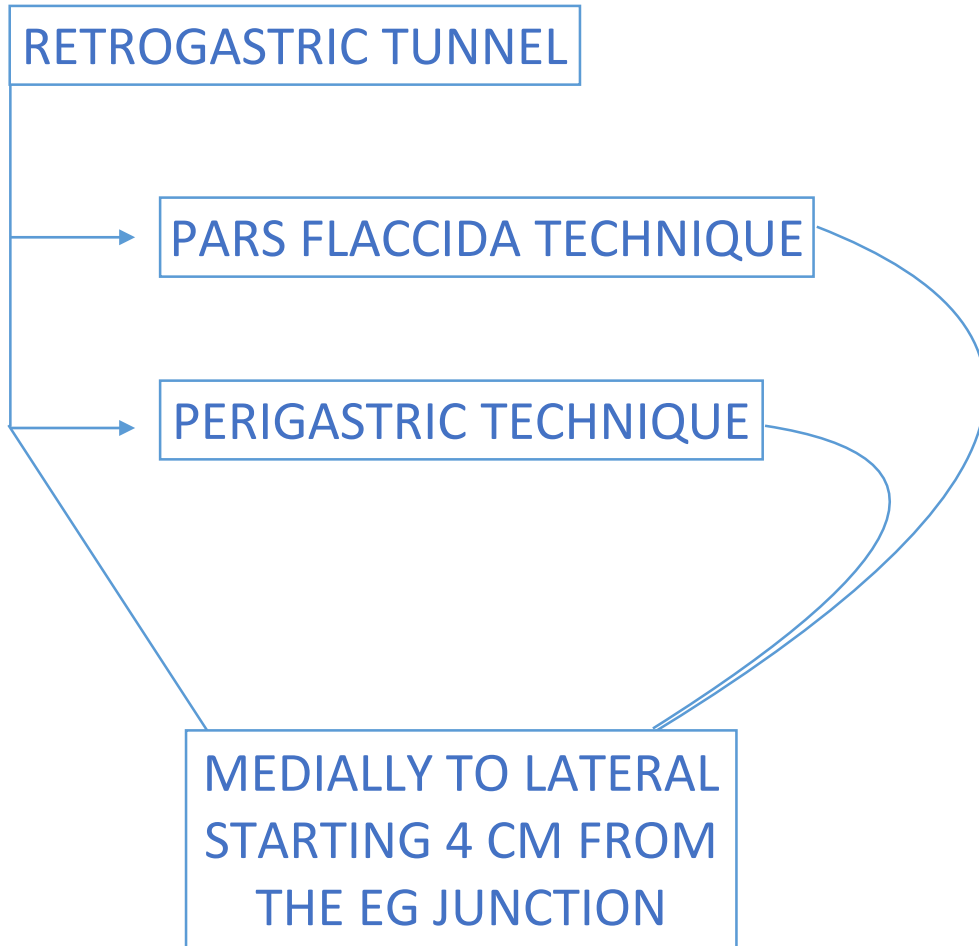
Laparoscopic Adjustable Banded Sleeve Gastrectomy as a Primary Procedure for the Super-Super Obese (Body Mass Index > 60 kg/m²)

Sanjay Agrawal • Els Van Dessel • Faki Akin •
Sebastiaan Van Cauwenberge • Bruno Dillemans



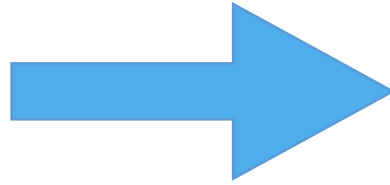
Fig. 2 Laparoscopic adjustable gastric banded sleeve gastrectomy

Technical Aspects

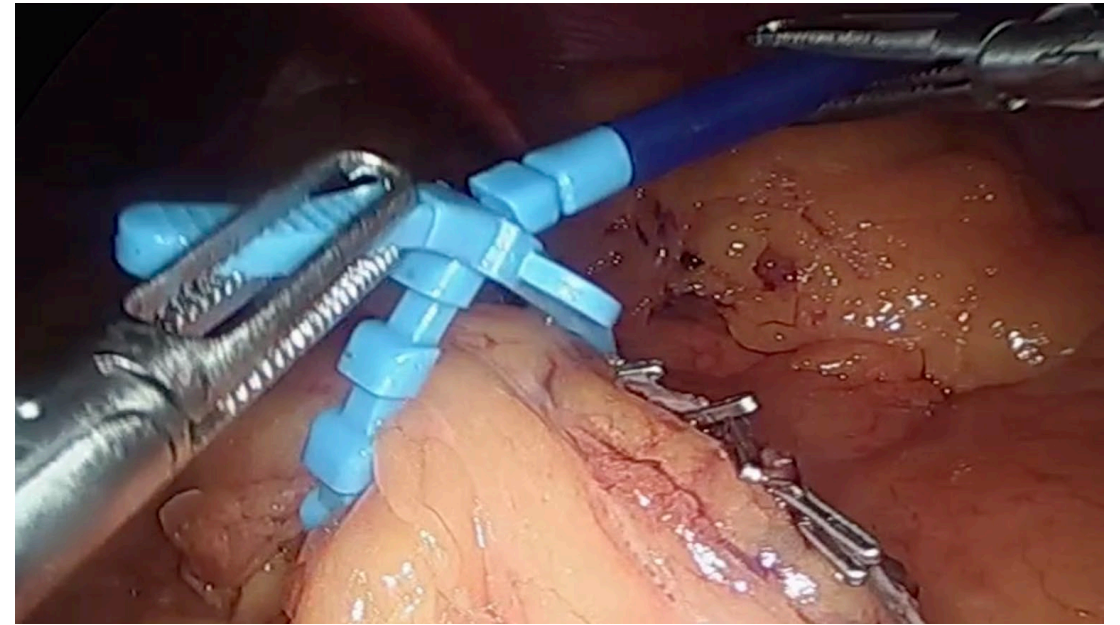
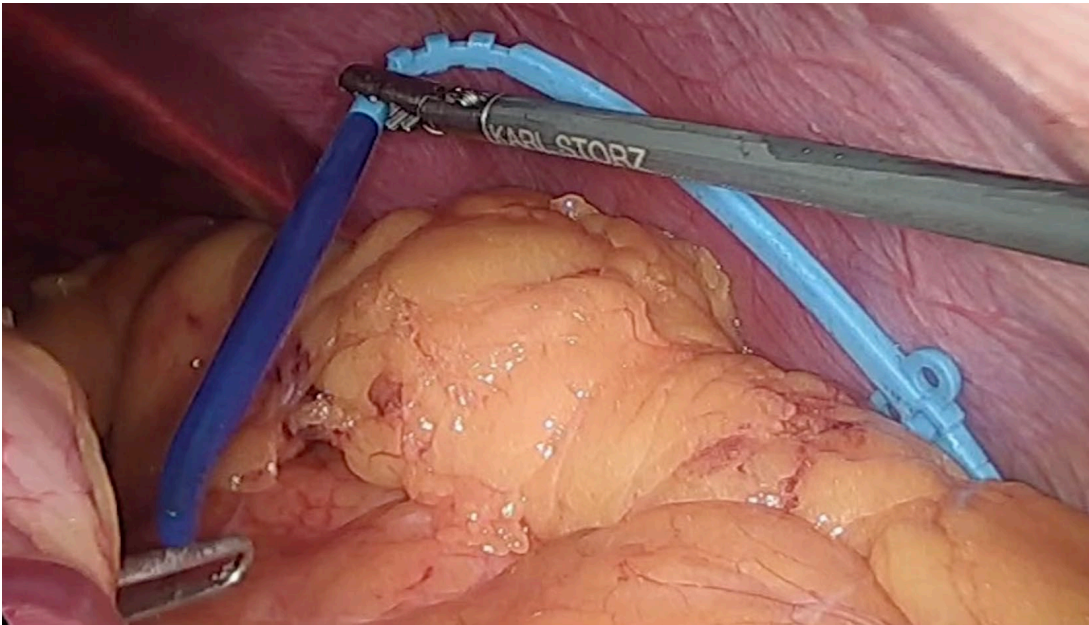


ONE SIZE FITS ALL

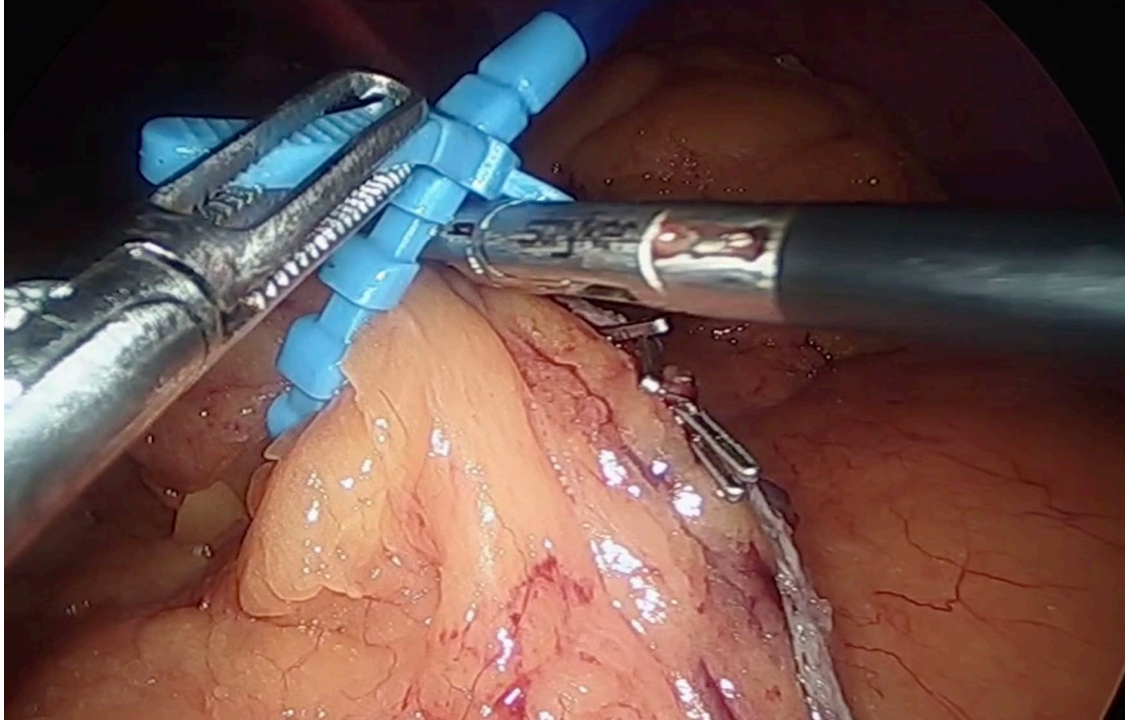
GRAB THE RING FROM
THE HARD BLUE SIDE
AND PULL IT OVER
THE SLEEVE



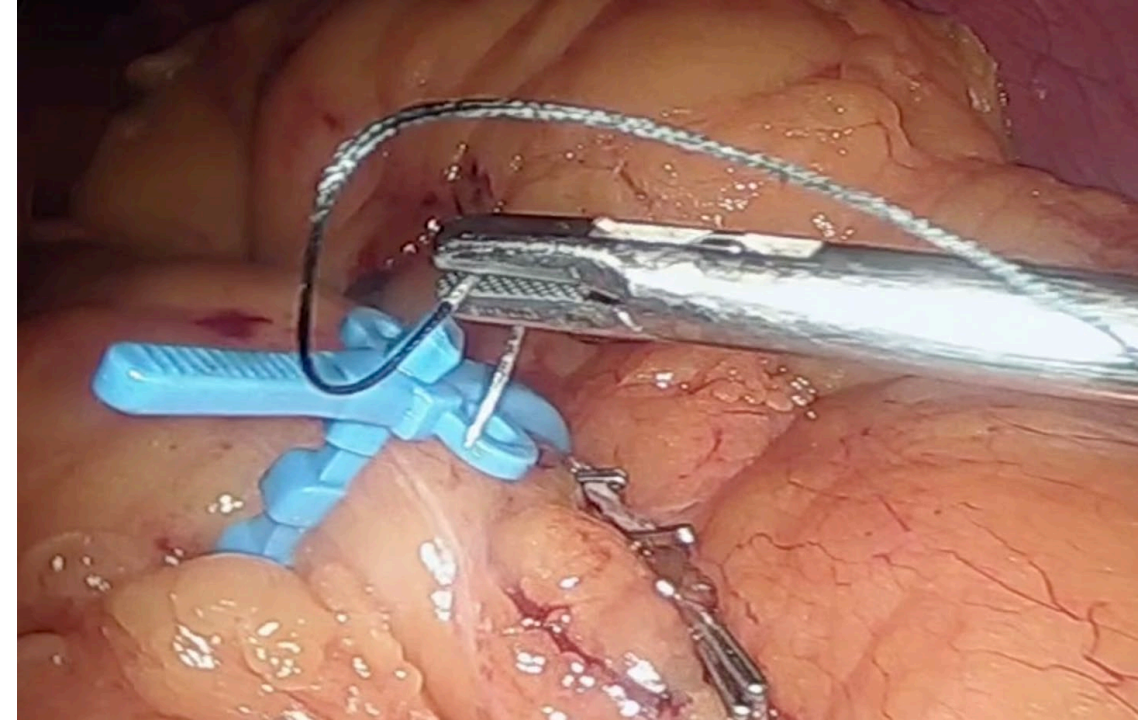
CLOSE THE RING OVER
THE BOUGIE (36 FR) AT
THE FIRST STEP

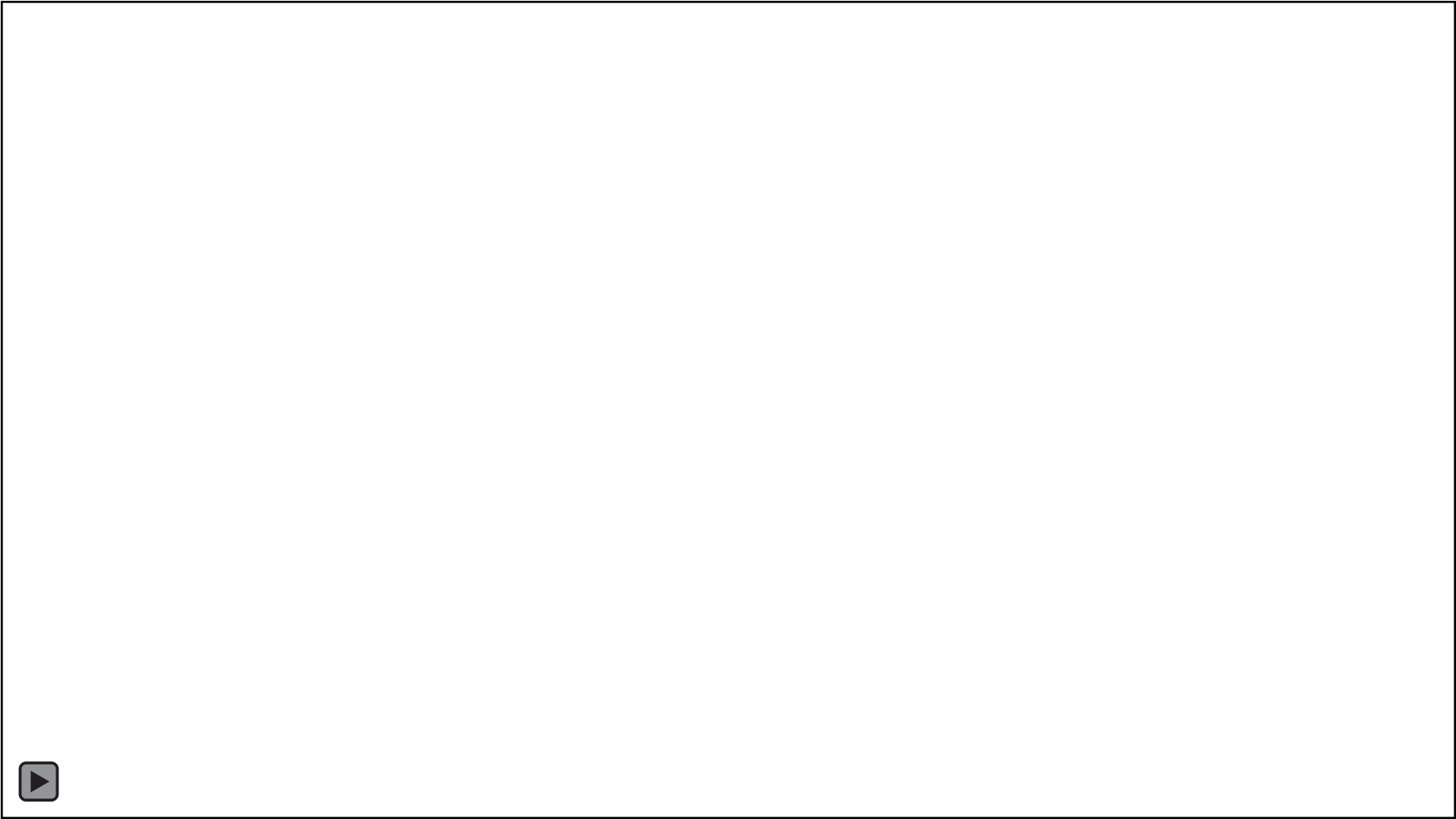


THE RING HAS TO BE LEFT IN PLACE IN A LOOSE FASHION (WE DON'T WANT TO CREATE A STRICTURE WHICH COULD INCREASE THE PRESSURE AND THE GASTRIC LEAK INCIDENCE)



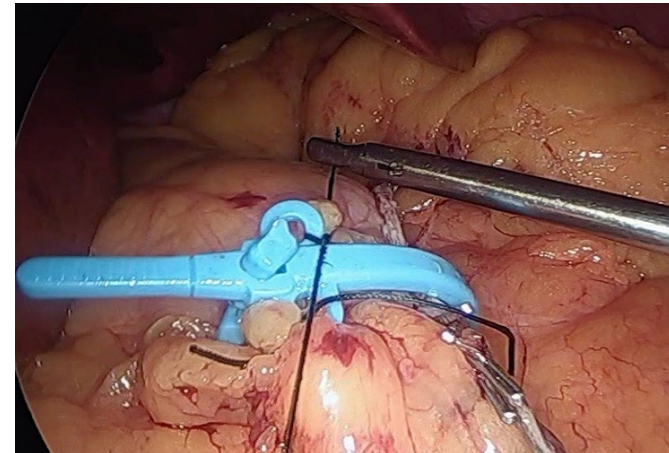
REMOVE THE BOUGIE AFTER METHYLENE BLUE TEST AND SECURE THE RING WITH TWO NON-ABSORBABLE SUTURES





RISULTATI

- **209 pazienti** (Febbraio 2014 – Gennaio 2020)
- 136 femmine (65%) e 73 maschi (35%)
- Età media di 43 anni (range, 18 – 65)
- BMI preoperatorio medio 48.4 kg/m² (range, 36.2 – 65.5)
- Tempo operatorio medio 72 minuti (range, 40 – 142)
- Tempo medio per il posizionamento dell'anello **8 minuti** (range, 5 – 22)
- Degenza ospedaliera media 2.8 giorni (range, 2 – 14)

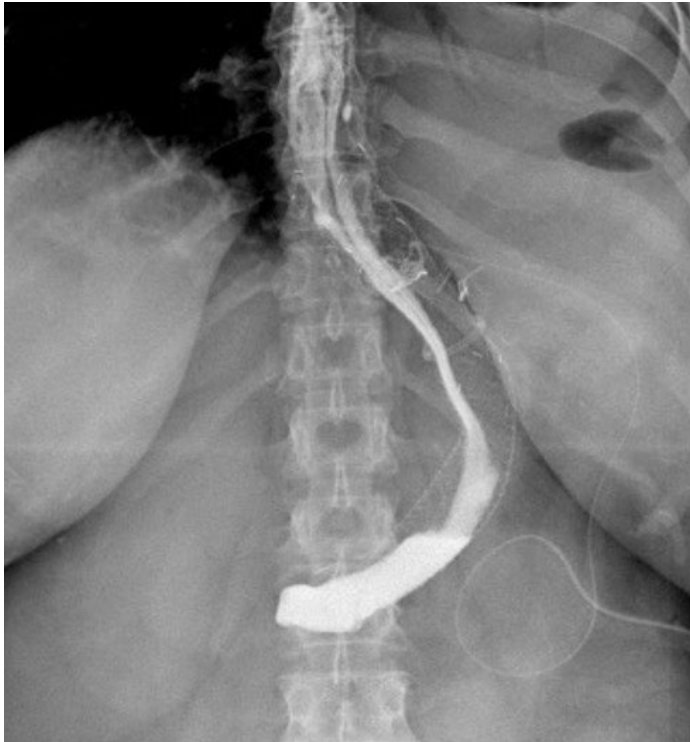


RISULTATI

- **7 complicanze maggiori nel periodo post-operatorio (3.3%)**

✓ 2 sanguinamenti maggiori (0.9%) linea di sezione gastrica e nel secondo caso all'inserzione di un trocar

✓ 5 leak gastrici (2.3%)



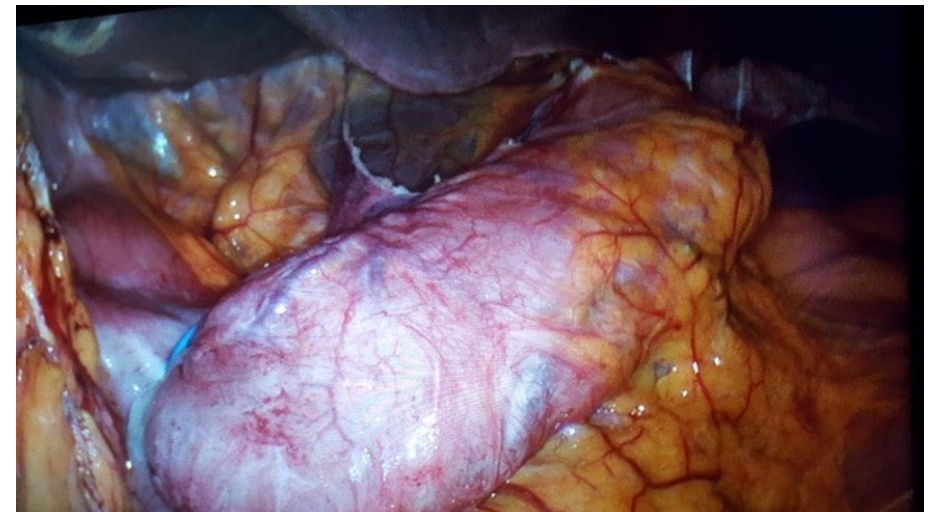
Transito post-posizionamento di Stent e Ring Minimizer

Trattamento

- I. 4 pazienti* trattati con drenaggio laparoscopico, rimozione dell'anello e posizionamento di stent esofago-gastrico.
- II. 1 paziente* con fistola gastrica è stato trattato con drenaggio laparoscopico e posizionamento di stent esofago-gastrico.

RISULTATI

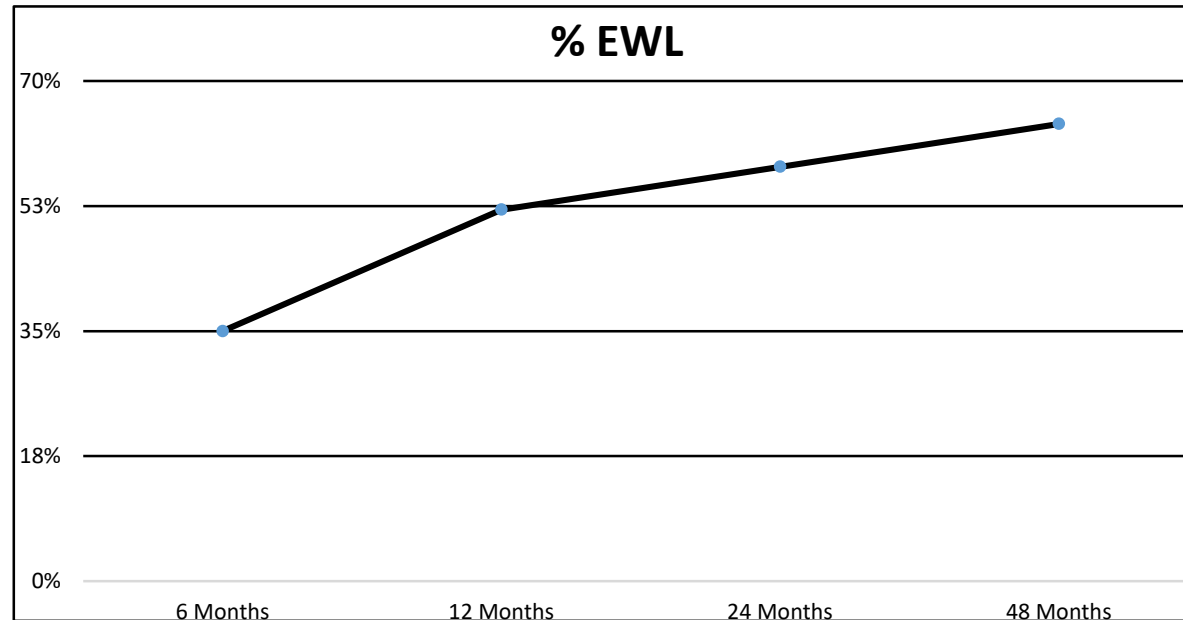
- No conversione alla chirurgia open
- No mortalità post-operatoria nei 209 pazienti
- **Complicanze maggiori** a lungo termine in due pazienti (**0,9%**).
 - ✓ Un'erosione dell'anello due anni dopo l'intervento chirurgico **trattata mediante rimozione endoscopica**
 - ✓ 1 dilatazione del tubulo gastrico con slittamento dell'anello **trattata mediante rimozione laparoscopica dell'anello**



Slippage del ring Minimizer

RISULTATI

- **Follow-up** a medio termine in 207/209 pazienti (**99%**)
- Il follow-up medio di 49.2 mesi (range, 2 – 72)
- **BMI** post-operatorio medio di **29.6 kg/m²** (range, 22 – 42)
- % EWL a 1 anno dopo l'intervento è stata del **52.0%**
- % EWL all'ultima visita di follow-up è stata del **64.0%**



Clinical Study

Laparoscopic Sleeve Gastrectomy versus Laparoscopic Banded Sleeve Gastrectomy: First Prospective Pilot Randomized Study

Valeria Tognoni,¹ Domenico Benavoli,¹ Emanuela Bianciardi,² Federico Perrone,¹
Simona Ippoliti,¹ Achille Gaspari,¹ and Paolo Gentileschi¹

¹Bariatric Surgery Unit, Department of Experimental Medicine and Surgery, University of Rome "Tor Vergata", Viale Oxford 81, 00133 Rome, Italy

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Gastroenterology Research and Practice

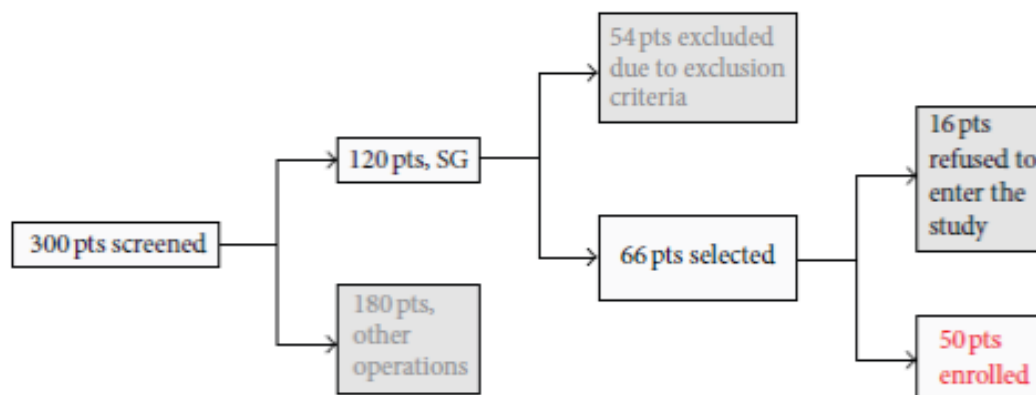


FIGURE 1: Diagram of patients selection.

TABLE 1: Demographic of patients enrolled in the study.

	Total	Group A	Group B
Number of patients	50	25	25
Sex	32 F/18 M	16 F/9 M	16 F/9 M
Mean BMI	45.99 ± 6.25 kg/m ²	47.03 ± 6.58 kg/m ²	44.95 ± 5.85 kg/m ²
T2DM	12	7	5
Hypertension	21	14	7
OSAS	8	6	2

TABLE 3: Mean BMI in the groups.

Follow-up	Group A	Group B	<i>p</i> value
Pre-op	47.03 ± 6.58 kg/m ²	44.95 ± 5.85 kg/m ²	0.244
3 months	37.86 ± 5.72 kg/m ²	37.58 ± 6.21 kg/m ²	0.869
6 months	33.64 ± 6.08 kg/m ²	32.03 ± 5.24 kg/m ²	0.325
12 months	29.72 ± 4.40 kg/m ²	27.42 ± 4.47 kg/m ²	0.186

Clinical Study

Banded Sleeve Gastrectomy Improves Weight Loss Compared to Nonbanded Sleeve: Midterm Results from a Prospective Randomized Study

Paolo Gentileschi,¹ Emanuela Bianciardi ,² Leandro Siragusa,³ Valeria Tognoni ,³ Domenico Benavoli ,³ and Stefano D'Ugo ⁴

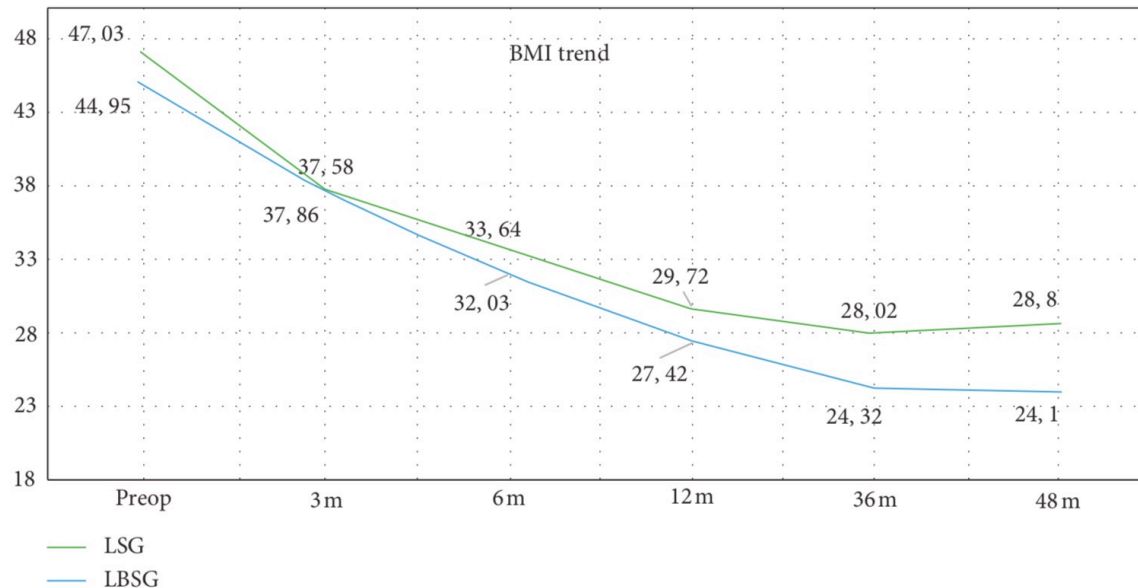


FIGURE 2: Variation of mean BMI during the follow-up. LSG: laparoscopic sleeve gastrectomy; LBSG: laparoscopic banded sleeve gastrectomy.

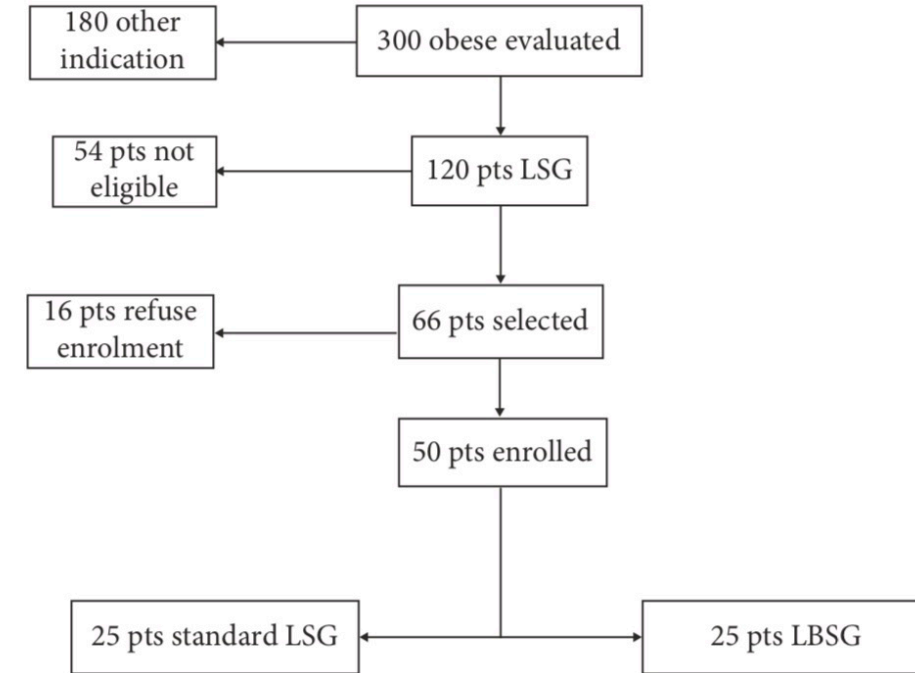


FIGURE 1: Flow diagram of patients' selection.

CONCLUSIONS

La Sleeve gastrectomy bendata ha una maggiore perdita di peso rispetto alla LSG standard

LBSG è una procedura sicura e fattibile. Il tempo richiesto per il posizionamento del dispositivo non ha influenzato in modo significativo il tempo chirurgico con un basso tasso di complicanze rispetto LSG standard. Vi è una crescente evidenza che il posizionamento degli anelli potrebbe essere uno strumento utile per il controllo del peso a lungo termine, una questione rilevante dopo LSG.

