WORKSHOP
Johnson & Johnson

22 Dicembre 2020
Ore 14:00 – 14:30

MiniByPass (OAGB), SADis, SAGI

"One anastomosis procedures" per nuove risposte all' "emergenza terapeutica" nel trattamento dell'Obesità Patologica

Indicazioni, risultati e limiti

Faculty: Maurizio De Luca, Mario Musella, Marco Raffaelli

Johnson & Johnson
INSTITUTE

ETHICON

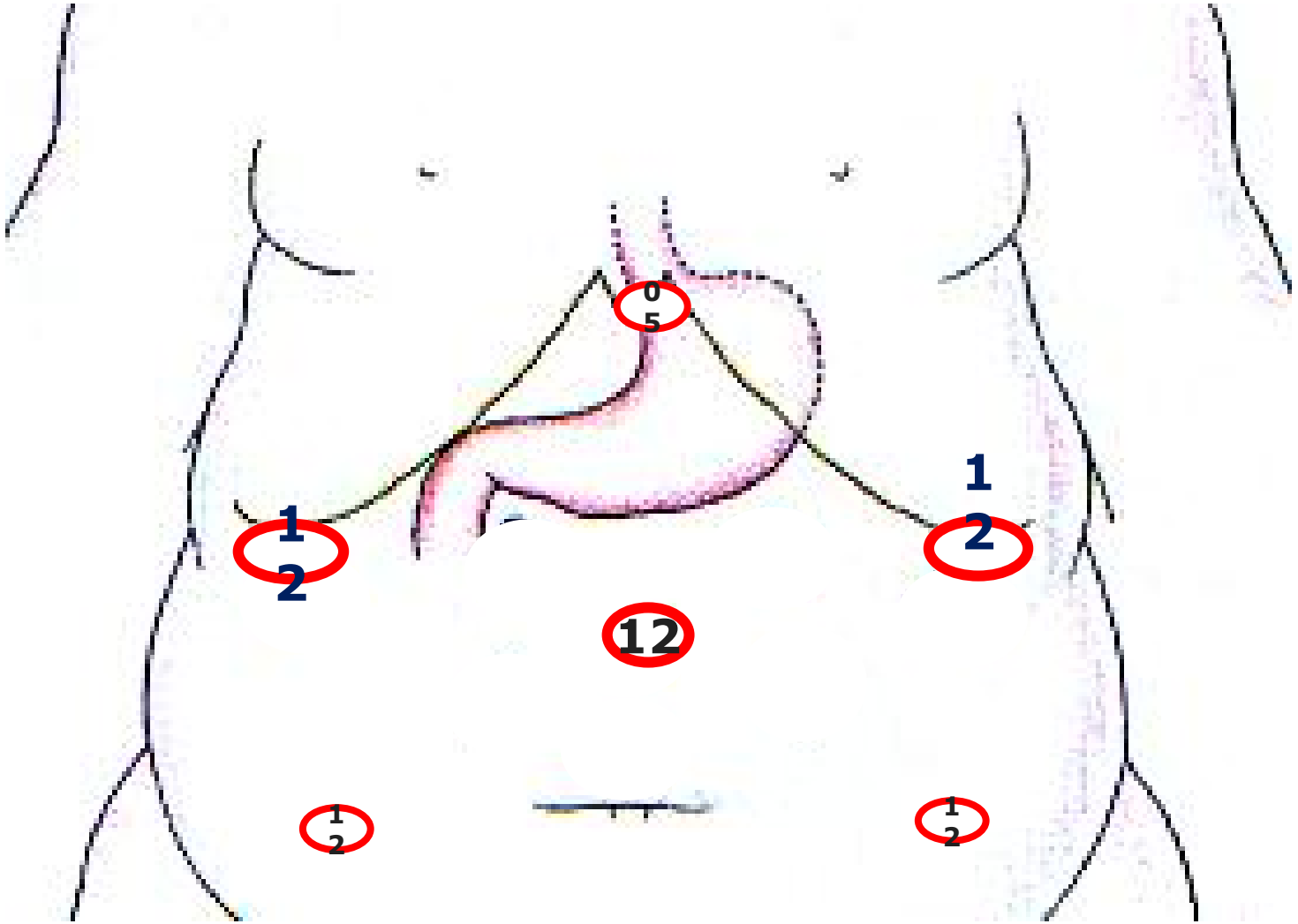
Faculty

Maurizio De Luca
Ospedale
“San Valentino” Montebelluna (TV)

Mario Musella
Università degli Studi
“Federico II” Napoli

Marco Raffaelli
Policlinico Universitario
“Agostino Gemelli” Roma

Surgical Technique



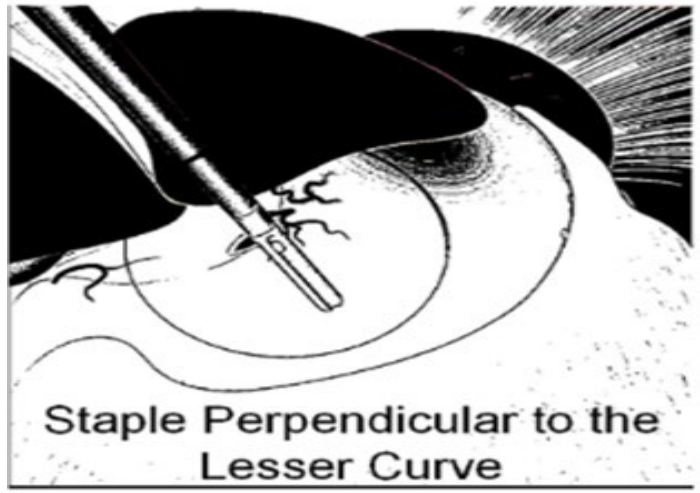
Int J Surg. 2019 Jan;61:38-41.

The Mini-Gastric Bypass original technique.

Rutledge R, Kular K, Manchanda N.

- the pouch should be started **at or beyond the Crow's Foot** about 3-4 cm proximal to pylorus

- keep about **1 cm away from the Bougie**



- leaving some fundus is very acceptable and surgeons are instructed to **avoid the EG by about 1-2 cm**

Int J Surg. 2019 Jan;61:38-41.

The Mini-Gastric Bypass original technique.

Rutledge R, Kular K, Manchanda N.

- *No need to divide the omentum*
- ***1.5 – 2 meters** distal to the ligament of Treitz*
- ***Non-obstructive gastrojejunostomy** between the posterior wall of the gastric pouch and the anti-mesenteric border of the jejunum with a blue 45 or 60 mm cartridge*

Fig. 3. MGB Gastric Pouch, what's important !.

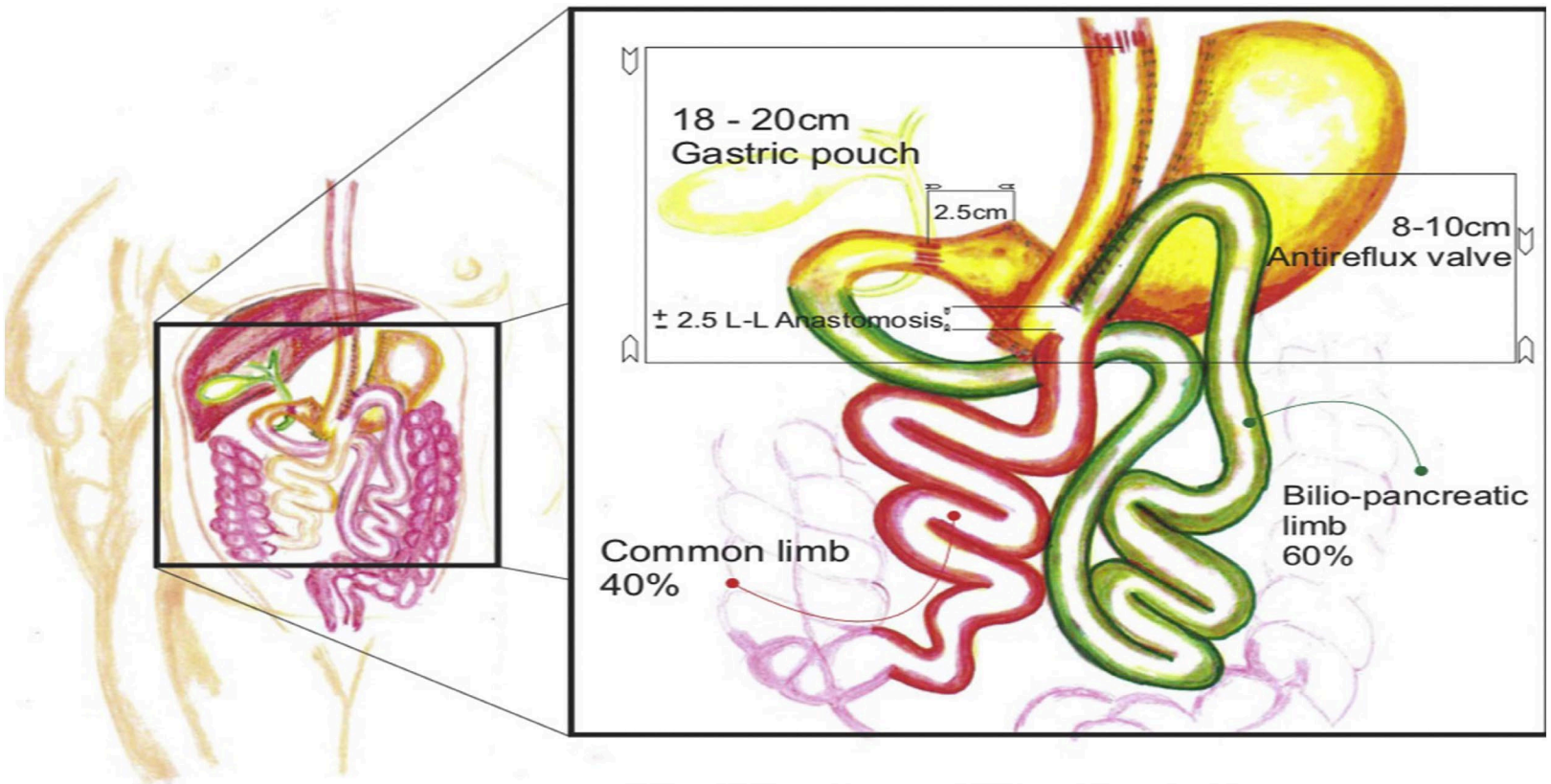
Fig. 4. Stapled anastomosis.

OBES SURG
DOI 10.1007/s11695-016-2428-1

ORIGINAL CONTRIBUTIONS

Laparoscopic One-Anastomosis Gastric Bypass: Technique, Results, and Long-Term Follow-Up in 1200 Patients

Miguel A. Carbajo[1] · Enrique Luque-de-León[1] · José M. Jiménez[1] · Javier Ortiz-de-Solórzano[1] · Manuel Pérez-Miranda[1] · María J. Castro-Alija[1]



Modification of Dr. Carbajo
One Anastomosis Gastric Bypass
(OAGB/BAGUA)

Indications

Obesity Surgery (2018) 28:1188–1206
https://doi.org/10.1007/s11695-018-3182-3

ORIGINAL CONTRIBUTIONS

Mini Gastric Bypass-One Anastomosis Gastric Bypass (MGB-OAGB)-IFSO Position Statement

Maurizio De Luca[1] · Tiffany Tie[1] · Geraldine Ooi[1] · Kelvin Higa[1] · Jacques Himpens[1] · Miguel-A Carbajo[1] · Kamal Mahawar[1] · Scott Shikora[1] · Wendy A. Brown[1]

OAGB/MGB is an acceptable mainstream surgical option for suitable patients seeking bariatric or metabolic surgery

Agree 100.0% (n = 101) Consensus

OAGB/MGB is an acceptable surgical option for suitable patients with mild to moderate GERD.

Agree 86.14% (n = 87) Consensus

Limitations

- *Severe GERD;*
- *Severe Esophagitis (Grade C/D);*
- *Severe cirrhosis (Child C);*
- *Heavy smokers;*
- *General contraindications to bypass surgery (regular exploration of upper GI tract, multiple previous abdominal surgery)*

Malnutrition…

ELSEVIER

Surgery for Obesity and Related Diseases ■ (2019) 1–7

SURGERY FOR OBESITY AND RELATED DISEASES

Original article

Measuring the small bowel length may decrease the incidence of malnutrition after laparoscopic one-anastomosis gastric bypass with tailored bypass limb

Tien-Chou Soong, M.D.[a,b], Owaid M. Almalki, M.D.[b,c], Wei-Jei Lee, M.D., Ph.D.[b,*], Kong-Han Ser, M.D.[b], Jung-Chien Chen, M.D.[b], Chun-Chi Wu, M.D.[b], Shu-Chun Chen, R.N.[b]

- *Group I: common channel at least 400-cm long*
- *Group II: BP limb was 150-cm long for BMI ,35 kg/m^2*

with a 10-cm increase or decrease for every BMI unit increase

- *Comparable weight loss and diabetes remission with lower malnutrition in Group II*

Table 4
Weight loss and nutrition deficiency in both groups before and 1 year after surgery

	Group I (%)	Group II (%)	*P* value
Anemia, n			
preop	4.8	3.7	.259
1-yr postop	11.1	5.9	<.001*
SHPT, n			
preop	23.1	22.4	.450
1-yr postop	33.8*	21.7	<.001*
Hypoalbuminemia, n			
preop	.7	.9	.670
1-yr postop	2.8	1.5	<.001*

Preop = preoperative; postop = postoperative; SHPT = secondary hyperparathyroidism.
* $P < .05$.

Obesity Surgery
https://doi.org/10.1007/s11695-018-3405-7

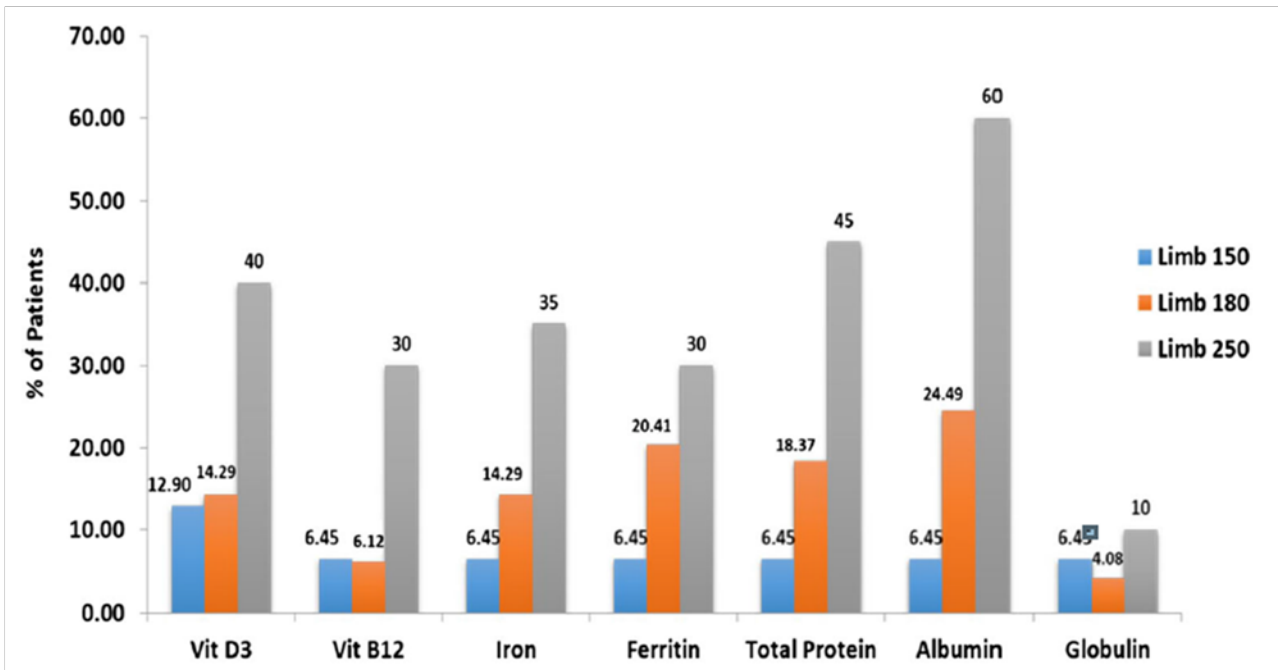
ORIGINAL CONTRIBUTIONS

MGB-OAGB: Effect of Biliopancreatic Limb Length on Nutritional Deficiency, Weight Loss, and Comorbidity Resolution

Anmol Ahuja[1] · Om Tantia[1] · Ghanshyam Goyal[1] · Tamonas Chaudhuri[1] · Shashi Khanna[1] · Anshuman Poddar[1] · Sonam Gupta[1] · Kajari Majumdar[1]

101 Patients were divided into three groups of 150 cm, 180 cm, and 250 cm BPL

- ***150-cm BPL length is adequate***
- ***180-cm BPL can be used in super obese***
- ***250-cm BPL should be used with utmost care as it results in significant nutritional deficiencies***



ELSEVIER Surgery for Obesity and Related Diseases ▮ (2014) 00–00

Original article

Bowel length: measurement, predictors, and impact on bariatric and metabolic surgery

Roberto M. Tacchino, M.D.*

Department of Surgery, Catholic University of the Sacred Heart, Rome, Italy

Received May 9, 2014; accepted September 11, 2014

- men had a longer small bowel than women
- The differences in length between fully stretched smallbowel and nonstretched small bowel and between fully stretched small bowel and laparoscopic bowel were 137 ±19 cm and 32.4 ± 11.4 cm, respectively
- Only height was significantly correlated with SBL

Obesity Surgery (2019) 29:3039–3046
https://doi.org/10.1007/s11695-019-04034-9

REVIEW ARTICLE

One Anastomosis Gastric Bypass in Morbidly Obese Patients with BMI $\geq$ 50 kg/m^2: a Systematic Review Comparing It with Roux-En-Y Gastric Bypass and Sleeve Gastrectomy

Chetan D. Parmar[1] · Catherine Bryant[1] · Enrique Luque-de-Leon[2] · Cesare Peraglie[3] · Arun Prasad[4] · Karl Rheinwalt[5] · Mario Musella[6]

Obesity Surgery (2019) 29:3062–3070
https://doi.org/10.1007/s11695-019-04019-8

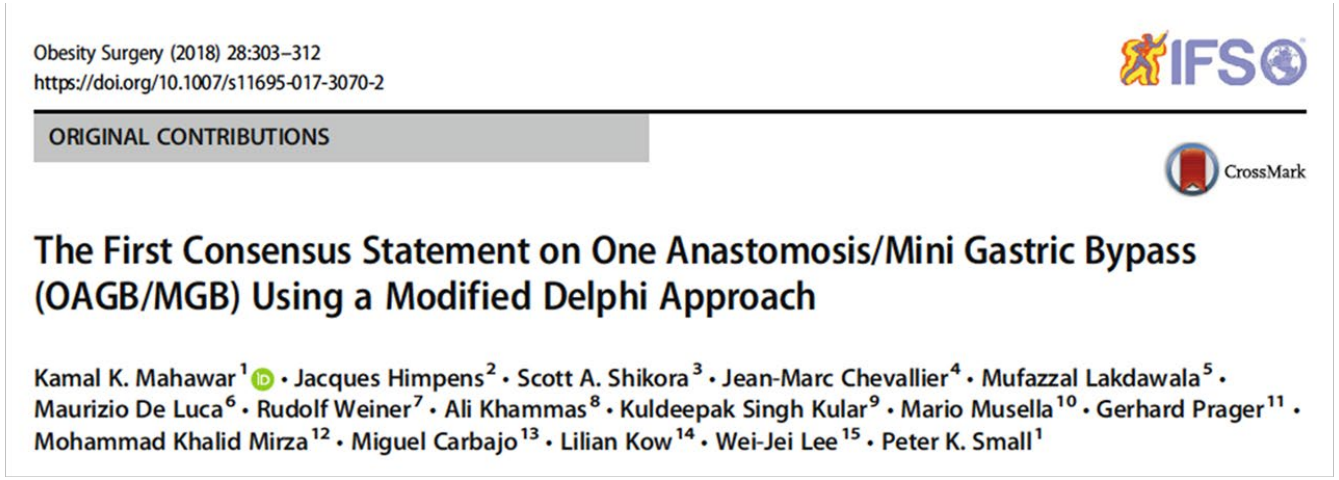
NEW CONCEPT

One Anastomosis Gastric Bypass–Mini Gastric Bypass with Tailored Biliopancreatic Limb Length Formula Relative to Small Bowel Length: Preliminary Results

Iman Komaei[1] · Federica Sarra[1] · Claudio Lazzara[1] · Michele Ammendola[2] · Riccardo Memeo[3] · Giuseppe Sammarco[2] · Giuseppe Navarra[1] · Giuseppe Currò[1,2]

Despite recommendations, the majority of bariatric surgeons do not routinely measure the SBL during the procedure due to technical difficulties and high risk of intestinal injury

Malnutrition…



Obesity Surgery (2018) 28:303–312
https://doi.org/10.1007/s11695-017-3070-2

IFSO

ORIGINAL CONTRIBUTIONS

CrossMark

The First Consensus Statement on One Anastomosis/Mini Gastric Bypass (OAGB/MGB) Using a Modified Delphi Approach

Kamal K. Mahawar[1] · Jacques Himpens[2] · Scott A. Shikora[3] · Jean-Marc Chevallier[4] · Mufazzal Lakdawala[5] · Maurizio De Luca[6] · Rudolf Weiner[7] · Ali Khammas[8] · Kuldeepak Singh Kular[9] · Mario Musella[10] · Gerhard Prager[11] · Mohammad Khalid Mirza[12] · Miguel Carbajo[13] · Lilian Kow[14] · Wei-Jei Lee[15] · Peter K. Small[1]

- **It is not necessary to measure the total small bowel length.**

Agree 79.21% (n = 80) Consensus

- **It is acceptable to routinely use a standard bilio-pancreatic limb length of up to 200 cm with careful monitoring.**

Agree 78.22% (n = 79) Consensus