

NOVEL LAPAROSCOPIC REVERSABLE GASTRIC BAYPASS WITH FUNDECTOMY AND ESPLORABLE STOMACH (Lesti model)

TECNICAL ASPECTS AND RESULTS OF 853 PATIENS at 10 years

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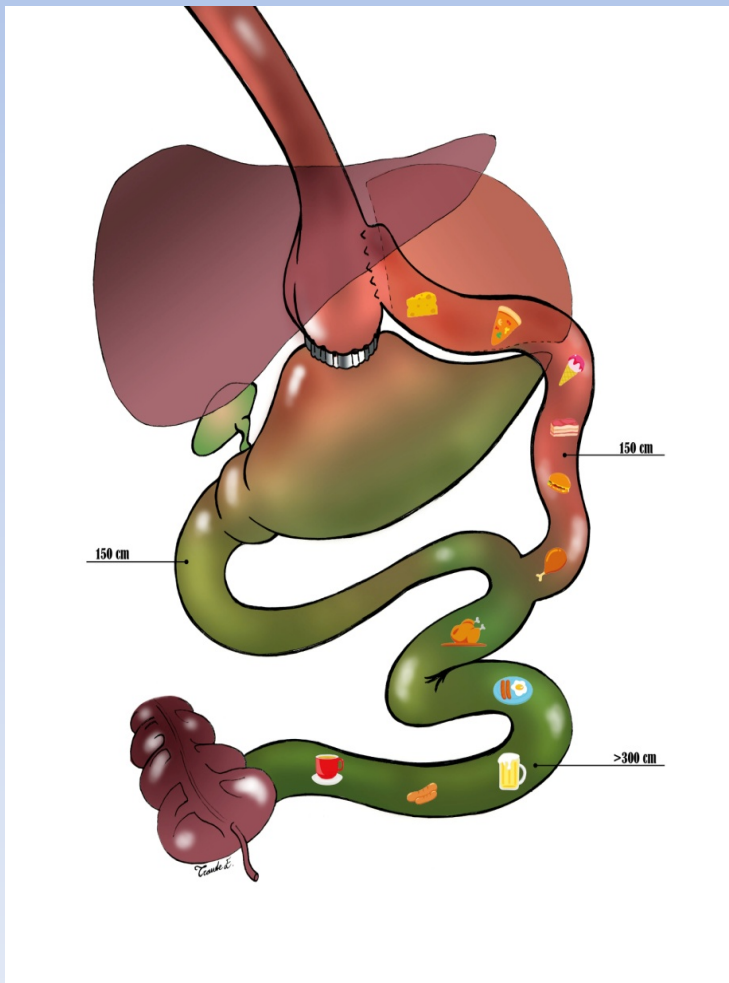
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Il disegno mostra la tasca gastrica chiusa dal dispositivo DCB(dual component band) in connessione con la ansa alimentare lunga 120/150 cm(in rosso).La bile ed i succhi gastrici percorrono la ansa biliare lunga 120/150cm(in verde)La rimozione del fondo gastrico determina la riduzione della grelina ormone che stimola ed induce il senso di fame



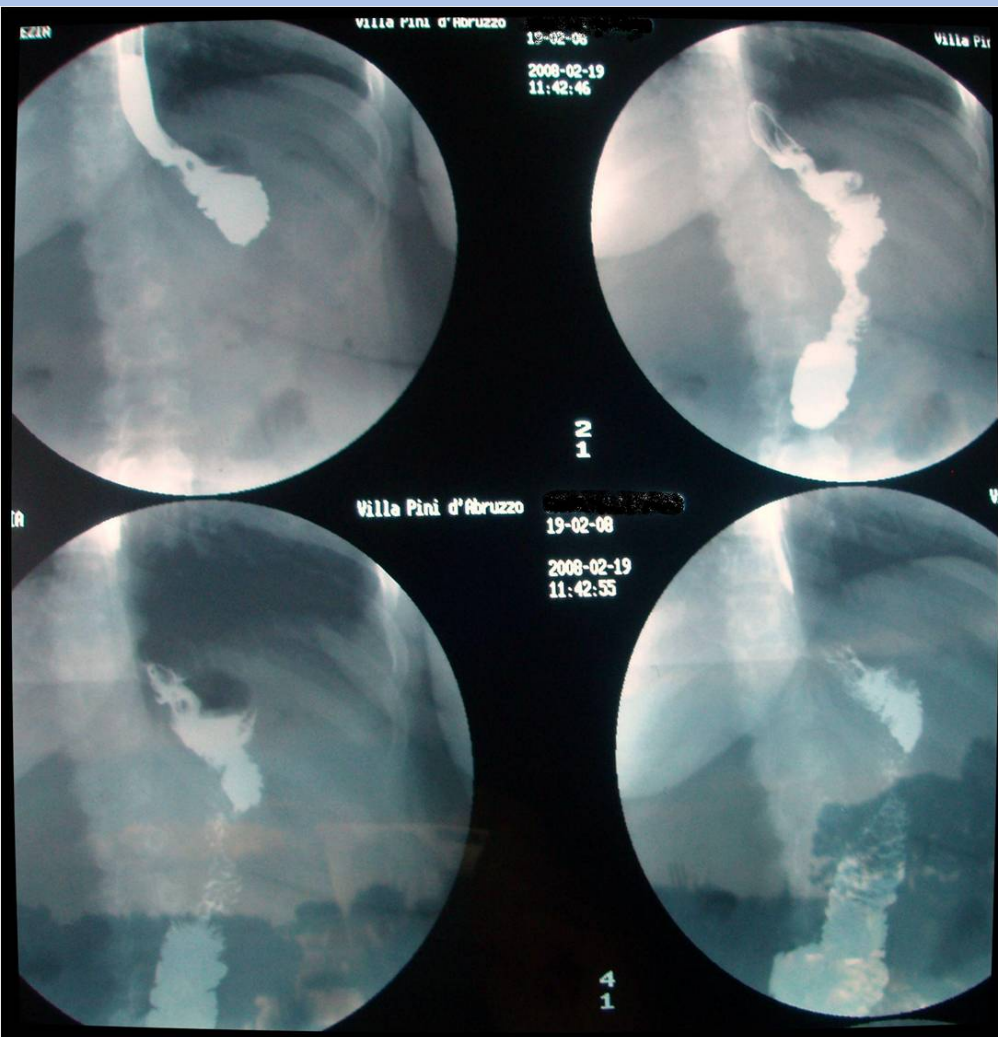
Grelina misurata : 28 pazienti

Grelina valore normale: 200-800 pm/l

Grelina pre-operatoria 660 pm/l.
Grelina post-op//30 gg 76 pm/l

Grelina post-op//180 gg: 130pm/l

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Il transito esofago gastrico, con il gastrografin mostra il passaggio nell'ansa alimentare.
Nulla passa nello stomaco escluso

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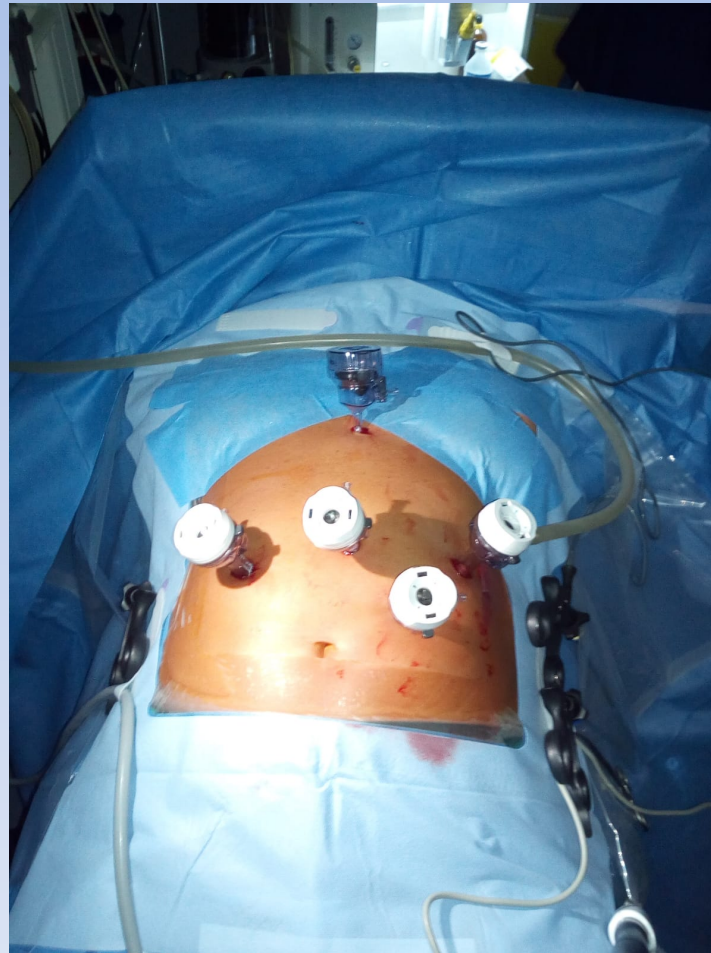


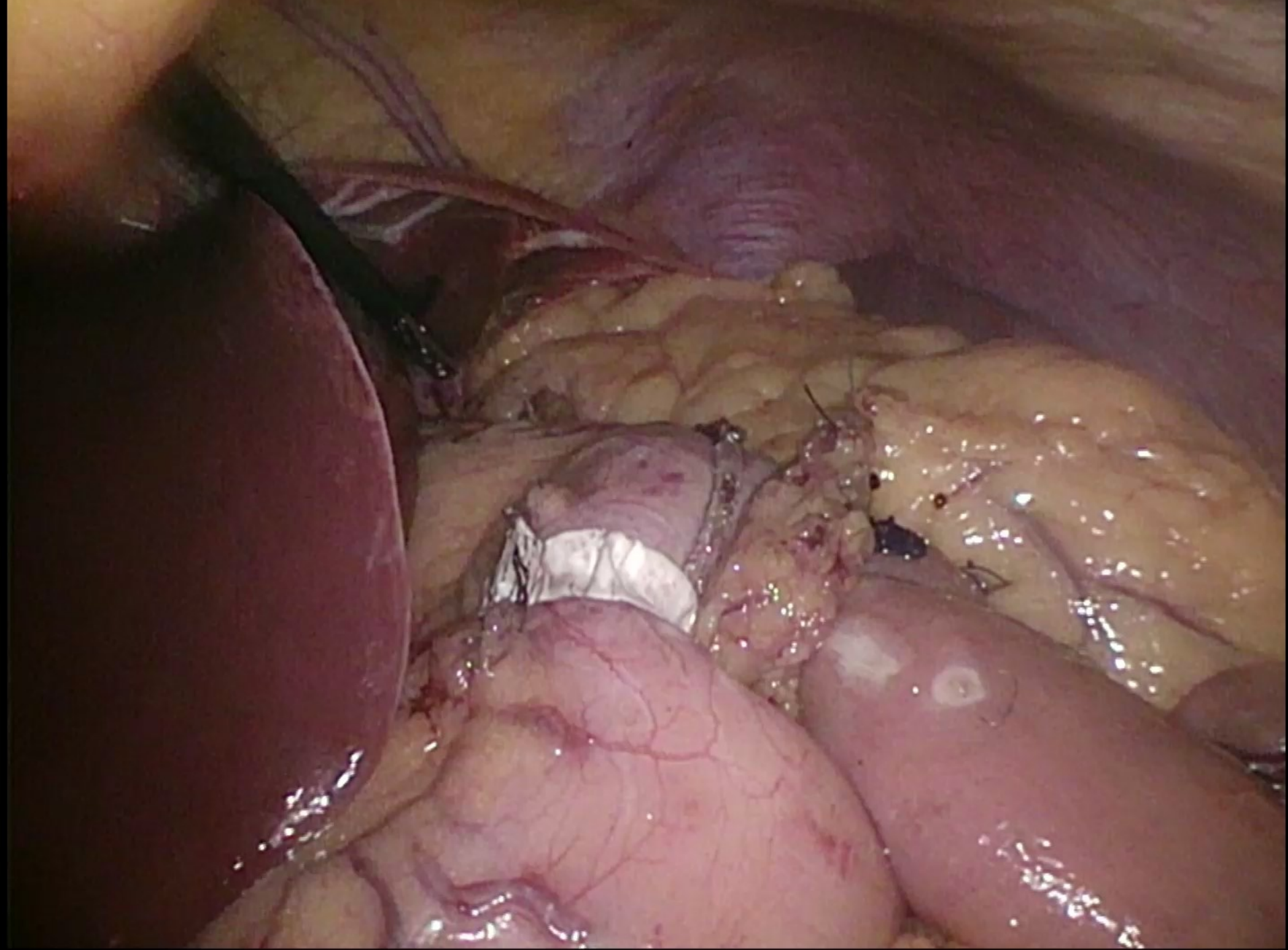
Tutti i pazienti sono stati sottoposti ad una gastroscopia dopo il primo anno .
Raramente abbiamo riscontrato presenza di bile nella tasca gastrica

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Abbiamo avuto solo 3 ulcere anastomotiche in pazienti forti fumatrici

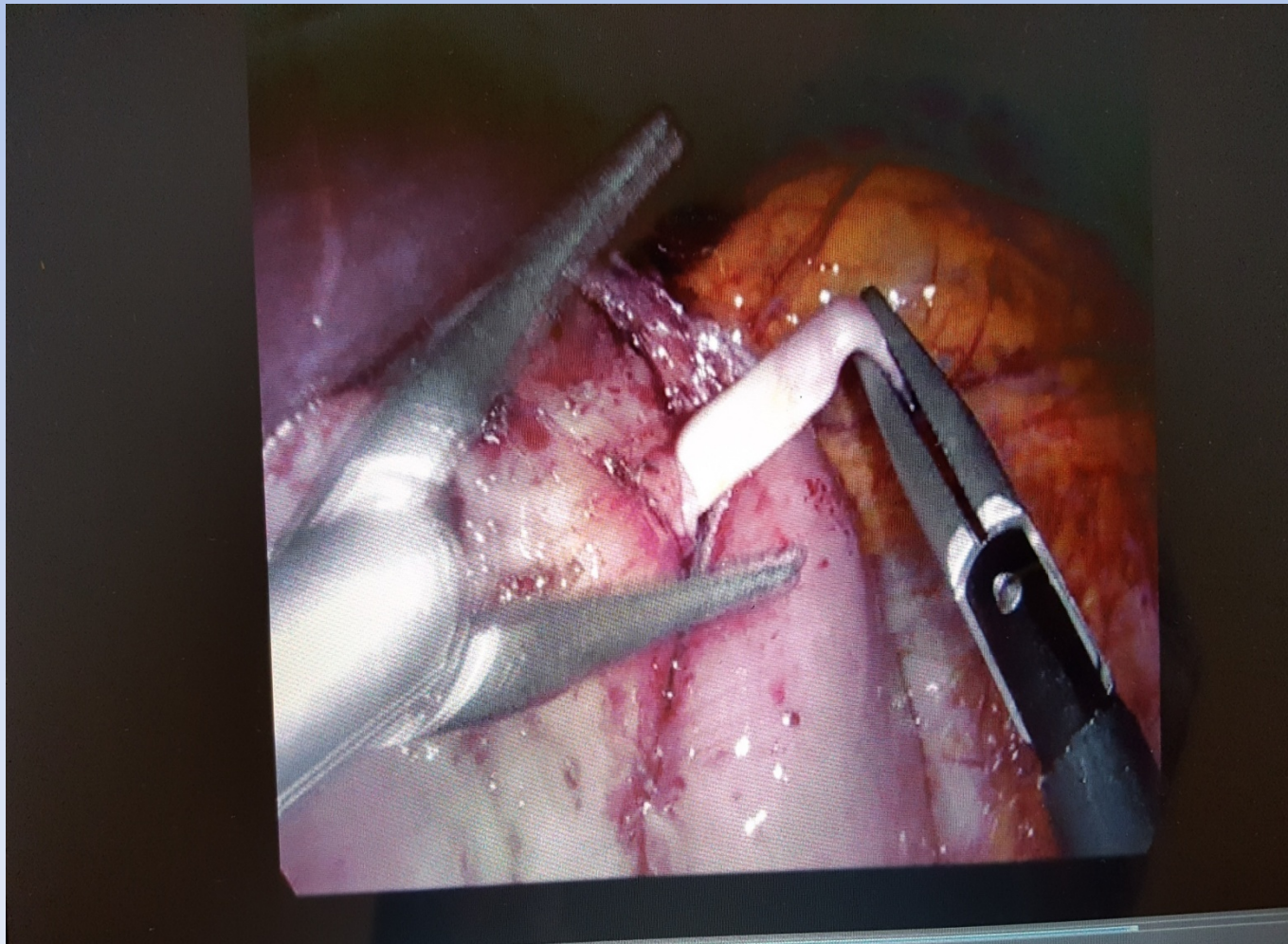
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The patient, a large smoker 40 cigarettes a day, at the fourth month of pregnancy, was suffering from an ulcer of the gastro-jejunal anastomosis totally occluding the passage of food. The patient had a birth 4 months later. The removal of the band was very easy



NOVEL LAPAROSCOPIC REVERSABLE GASTRIC BYPASS WITH FUNDECTOMY AND ESPLOABLE STOMACH (Lesti model)

Time	Weight (kg)	BMI (kg/m ²)	%EWL
Pre-op	133.4 ± 8.9	48.2 ± 7.5	-----
1 year follow-up (853 pts)	83.2 ± 11.3	29.8 ± 2.9	74.2 ± 17.4
2 years follow-up (720 pts)	81.3 ± 12.5	28.2 ± 2.6	77.2 ± 16
3 years follow-up (571 pts)	81.7 ± 11.6	30.5 ± 6.2	76.4 ± 16.2
5 years follow-up (429 pts)	81.1 ± 12.8	31.2 ± 5.7	74.8 ± 17.3
7 years follow up (266 pts)	81.7 ± 11.50	32 ± 3.7	72.5 ± 16.8
10 years follow up (84 pts)	82.8 ± 11.50	33.4 ± 2.5	73.9 ± 16.3

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Comorbidities resolution at 10years (84paz.)

		Resolution	Improvement	No change
*Hypertension	(49.5%)	67,4%	26,1 %	6,5%
*Dyslipidemia	(47.3%)	72,3%	27,7%	-----
*GERD	(37.6%)	81,8%	18,2%	-----
*Diabetes	(24.6%)	62,5%	18,4%	19,1%
*OSAS	(19.4%)	60,5%	39,5%	-----
*Depression	(17.5%)		83,4%	16,6%

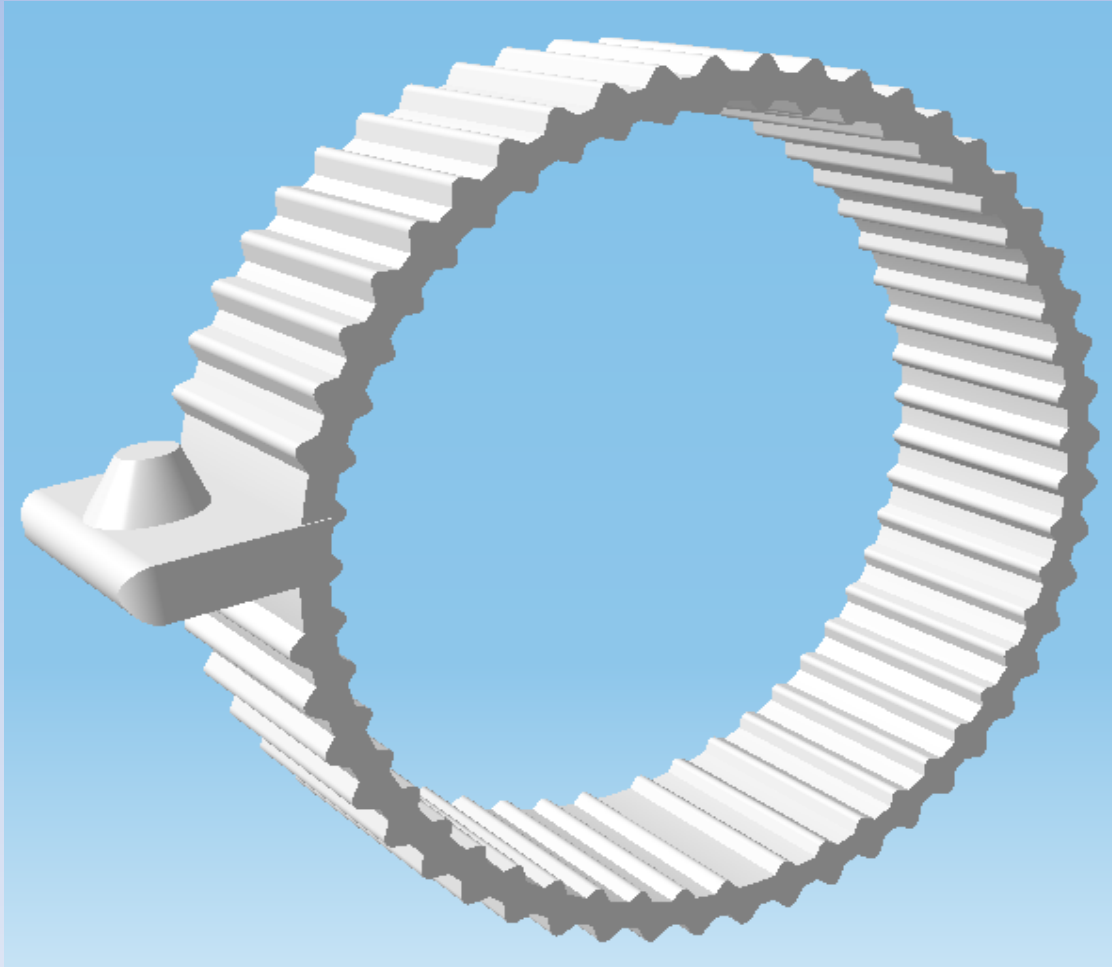
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MAJOR COMPLICATIONS

- The overall procedure-related morbidity rate was 1.1% (95% CI 0.4–2.3%)

Mortality	0
Leaks	0
Bleeding/reoperations	2
Ulcers (heavy smokers)	6
Internal hernias/reoperations	3
Stricture	0

DCB is made by a silicon strip inside a tube of ePTFE 4 cm longer. The two materials are fixed at the end. The ePTFE assumes an accordion shape. The silicon strip has three measures: 5,6,7 cm long



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****CONSIDERAZIONI**

- . Questo device ha una elasticità tale da chiudere delicatamente il passaggio dalla tasca gastrica allo stomaco rimanente sia ai cibi solidi che a quelli liquidi; e nello stesso tempo, non deve permettere il passaggio della bile dallo stomaco rimanente alla tasca gastrica. Per di più esso permette il passaggio dell'endoscopio sia da 5 che da 12 m

