

International Conference on

Digestive Diseases

December 08-09, 2016 Dubai, UAE

Duodenal diversion and surgical treatment of type 2 diabetes in mildly obese patients: What metabolic surgery has to learn from general surgery?

R C Luciani and K Tardy

Groupement Hospitalier Les Portes du Sud, France

Many recent prospective studies have undoubtedly proven metabolic surgery to be the most effective treatment of T2DM compared with medical management. Therefore bariatric surgeons have now to question the best surgical procedure to achieve diabetes improvement or even resolution not only in severely obese patients but also in mildly obese ones without exposing them to the risk of malnutrition. To achieve this goal, metabolic surgery can surely benefit from the previous results of general surgery in regards to the very different effects of the various types of reconstruction after gastrectomy (Billroth I versus Billroth II and Roux en Y) both in diabetic and non diabetic patients. This presentation reviews the results of general and oncological gastric surgery and their implications in the field of diabetology. According to these data duodenal diversion reconstruction after gastrectomy significantly improves T2DM in diabetic patients while it seems on the opposite to worsen glucose metabolism in non diabetic ones. These conclusions should lead to exclude restrictive procedures without duodenal diversion in the surgical management of T2DM avoiding much malabsorption and weight loss in thin diabetic patients

Biography

R C Luciani has completed PhD from the University Claude Bernard Lyon France in 1988. He has published papers in the field of Laparoscopy including colo-rectal surgery nephrectomy and hepatectomy since 1991. He has been a Speaker at IRCAD WebSurg Stasbourg France and a Founding Member of MGB /OAGB club. He is at present mostly involved in Bariatric Metabolic Surgery.

r.c.luciani@orange.fr

Notes: