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One anastomosis gastric bypass (mini-gastric bypass) for the treatment of morbid obesity

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The prevalence of obesity and related health problems, known as metabolic syndrome, is increasing. Worldwide, over 600 million adults are obese, with a body mass index (BMI) of 30 kg/m² or more. In many developing countries, the adoption of a Western lifestyle, characterized by decreased physical activity and high caloric intake, is contributing to an alarming problem. Countries of the Middle East and North Africa (MENA) Region now have the highest rates of diabetes in the world. Bariatric surgery is safe with observed in-hospital mortality rate less than 1% and recorded surgical complication rate between 3-7% which is much lower than that for many other planned operations. Mini gastric bypass (MGB) is gaining popularity throughout the world. Nowadays it represents the 3rd most common bariatric procedure after Roux-en-Y gastric bypass (RYGB) and sleeve gastrectomy. The recent survey of the MGB Surgeons Club recorded over 40,000 cases of MGB performed worldwide. Patients are selected to have MGB if they do not have symptomatic Gastro-oesophageal reflux disease/or Hiatus Hernia proven by the pre-operative endoscopy. A long gastric pouch was created. Dissection was started at incisura and the first firing was carried out with stapler pointing towards the left iliac fossa. A 36 French oro-gastric tube was used for pouch calibration in most cases. A loop of small bowel 150-200 cm from DJ flexure was then brought up to the gastric pouch in an ante colic, ante gastric fashion and anastomosed to it. Patients were allowed sips of water on day 0, 1.0 liters of water to drink on day 1 and allowed home on day 2 on pureed diet. Food consistency was gradually increased over the next few months. Routine supplementation with iron, calcium, vitamin D, vitamin B12 and multivitamins were given. Early complications are recorded in 3-4% of patients including leak, bleeding or re-operation. Mortality rate is less than 0.2%. The rate of marginal ulcers is between 4-7%. Excess weight loss recorded ranges from 65 to 80%. Resolution of diabetes and hypertension is recorded in 80 to 100%. One anastomosis gastric bypass (mini-gastric bypass) shows early safety and efficacy for the treatment of morbid obesity and associated health problems.

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