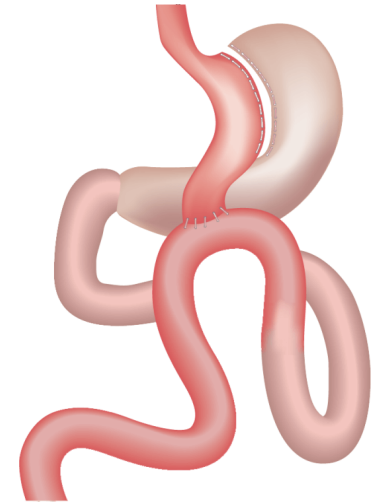
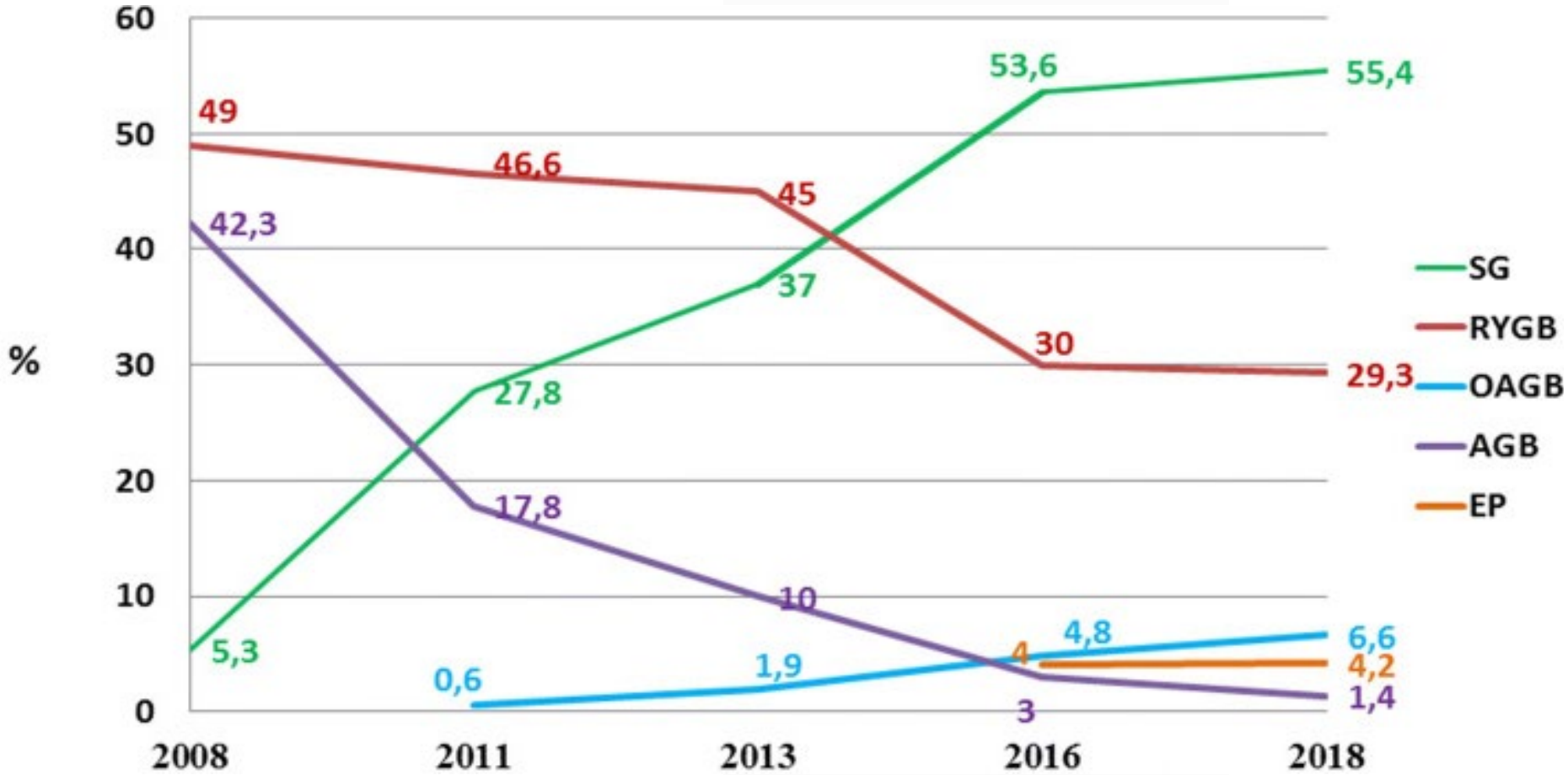
One anastomosis gastric bypass (OAGB) con ansa biliopancreatica fissa verus tailored: follow up a 5 anni

DOTT.SSA STEFANIA NIGRO

U.O.C Chirurgia Generale Ind. Oncologico
A.O.U. Policlinico G. Martino, Messina
Centro Eccellenza Sicob Messina





Angrisani et al. Bariatric Surgery Survey 2018: Similarities and Disparities Among the 5 IFSO Chapters. Obes Surg 2021

Obesity Surgery
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ORIGINAL CONTRIBUTIONS

Tailored One Anastomosis Gastric Bypass: 3-Year Outcomes of 94 Patients

Theodoropoulos Charalampos[1] · Natoudi Maria[1] · Vrakopoulou Gavriella Zoi Vrakopoulou[1] · Triantafyllou Tania[1] · Dimitrios Raptis[2] · Zografos George[1] · Leandros Emmanouil[1] · Albanopoulos Konstantinos[1]

Table 4 Postoperative values of body weight associated parameters for the different BP limb length subgroups

BP limb (m)	Weight loss mean (SD) (kg)	BMI mean (SD) (kg/m^2)	%EWL mean (SD) (%)	Operation success (% of patients with %EWL > 50%)
6 months postoperatively				
2	39.0 (10.3)	30.4 (3.4)	72.8 (17.0)	91.1
2.5	48.5 (10.6)	37.5 (3.5)	58.7 (11.4)	75.9
3	52.8 (8.3)	44.1 (2.8)	48.7 (7.3)	33.3
18 months postoperatively				
2	51.7 (11.2)	26.0 (3.0)	96.4 (18.0)	100.0
2.5	66.5 (12.3)	30.9 (4.3)	80.7 (14.2)	100.0
3	85.1 (21.0)	33.2 (4.5)	77.4 (12.8)	100.0
36 months postoperatively				
2	52.8 (11.0)	25.5 (3.1)	98.7 (17.7)	100.0
2.5	69.5 (18.3)	29.8 (6.4)	84.3 (21.8)	93.1
3	88.0 (24.7)	32.3 (6.2)	80.2 (17.2)	100.0

BP biliopancreatic, *EWL* excess weight loss, *BMI* body mass index, *SD* standard deviation

Table 8 Nutritional deficiencies for the different BP limb length subgroups

Deficiency	BP limb length subgroups			*P* value
	2 m ($n = 56$) n (%)	2.5 m ($n = 29$) n (%)	3 m ($n = 9$) n (%)	
Iron	20 (35.7)	3 (10.3)	3 (33.3)	0.840
Vitamin B_{12}	7 (12.5)	4 (13.8)	2 (22.2)	0.735
Folic acid	11 (19.6)	5 (17.2)	2 (22.2)	0.936
Vitamin D	7 (12.5)	3 (10.3)	3 (33.3)	0.197
Trace minerals	7 (12.5)	6 (20.7)	3 (33.3)	0.249
Albumin	4 (7.1)	2 (6.9)	1 (11.1)	0.907

BP biliopancreatic

Ansa biliopancreatica tailored basata sul BMI

BMI < 50 → ABL 200 cm
50< BMI < 60 → ABL 250 cm
BMI > 60 → ABL 300 cm

Weight loss after one-anastomosis/mini-gastric bypass – The impact of biliopancreatic limb: A retrospective cohort study

Mohammad Kermansaravi,[1,2] Mohadeseh Pishgahroudsari,[1] Ali Kabir,[1] Mohammad Reza Abdolhosseini,[1] and Abdolreza Pazouki[1,2]

Table 1: Demographic and clinical characteristics of all patients who underwent mini-gastric bypass surgery with 12-month follow-up data (*n*=653)

Variables	*N*=653
Age (years), median (IQR)	37.00 (31.00, 46.00)
Female, *n* (%)	532 (81.6)
Weight (kg), median (IQR)	120.00 (108, 135)
BMI class (kg/m²), *n* (%)	
35-40	102 (15.6)
40-50	410 (62.9)
>50	140 (21.5)
T2DM, *n* (%)	111 (17)
Hypertension, *n* (%)	106 (16.3)
Dyslipidemia, *n* (%)	250 (38.3)
Sleep apnea, *n* (%)	17 (11.8)
BPL (cm), median (IQR)	200 (180, 200)
BPL group (cm), *n* (%)	
150-179	36 (5.5)
180-200	601 (92.2)
201-220	15 (2.3)

BMI=Body mass index; IQR=Interquartile range; T2DM=Type 2 diabetes mellitus; BPL=Biliopancreatic limb length

Variables	BPL groups			*P*
	150-179 cm (*n*=36)	180-200 cm (*n*=601)	201-220 cm (*n*=15)	
Vomiting, *n* (%)	0	24 (4.3)	3 (20)	0.006
Diarrhea, *n* (%)	0	24 (4.2)	1 (6.7)	0.437
Dumping, *n* (%)	2 (6.3)	17 (3)	1 (6.7)	0.457
Constipation, *n* (%)	0	17 (3)	0	0.482
Smelly stool, *n* (%)	5 (15.6)	109 (19.3)	2 (13.3)	0.748
Leakage	0	2	0	---
Bleeding	0	8	1	0.166
Mortality	0	0	0	---
Albumin (g/dL), median (IQR)	4.35 (4, 4.92)	4 (4, 4.70)	4 (4, 4.62)	0.370
Hb (mg/dL), median (IQR)	12.30 (11, 13.85)	12.90 (12, 13.85)	13.20 (11.87, 13.72)	0.506
EWL % (kg), mean±SD	96±32.58	84.63±18.10	68.37±12.34	<0.001
WL (kg), median (IQR)	38 (34.1, 44.50)	45 (37.65, 52)	59 (50, 63)	<0.001
TWL % (kg), median (IQR)	35.60 (31.14, 41.41)	37.19 (32.79, 41.67)	36.76 (34.48, 42.65)	0.408

653 pazienti con FOLLOW UP di 12 mesi
Ansa biliopancreatica tailored basata su BMI ed età

35 < BMI 39 → ABL 180 cm
40< BMI < 50 → ABL 200 cm
BMI > 50 → ABL 220 cm
Riducendo di 10 cm per ogni 5 anni d'età al di sopra dei 45 anni d'età

Surgical Endoscopy
https://doi.org/10.1007/s00464-020-08284-y

One-anastomosis gastric bypass (OAGB) with fixed bypass

STUDY PROTOCOL Open Access

Tailoring limb length b on total small bowel length in one asto osis gastric bypass surgery (TAILOR stu : study protocol

Obesity Surgery
https://doi.org/10.1007/s11695-020-04687-x

ORIGINAL CONTRIBUTIONS

Biliopancreatic Limb Length in One A omosis Gastric Bypass: Which Is the Best?

Francesco Pizza[1] · Francesco Saverio Lucido[2] · Dario D'Antonio[1] · Salvatore Tolone[2] · Claudio Gambardella[2] · Chiara Dell'Isola[3] · Ludovico Docimo[2] · Alberto Marvaso[1]

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ORIGINAL CONTRIBUTIONS

Areas of Non-Consensus Around One Anastomosis/Mini Gastric Bypass (OAGB/MGB): A Narrative Review

Mohammad Kermansaravi[1] · Amir Hossein DavarpanahJazi[2] · Shahab ShahabiShahmiri[2] · Miguel Carbajo[3] · Antonio Vitiello[4] · Chetan D. Parmar[5,6] · Mario Musella[4]

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than RYGB. But the main surgical maneuver in order to avoid malnutrition is to know the total small bowel length and adjust both BPL and CL to the features of patient and maintain a reasonable CL capable of maintaining long-term weight loss without malnutrition [17]. Also, marginal ulcer is often asso-

This may reduce the incidence of malnutrition after OAGB/MGB with tailored limb bypass, without compromising efficacy in weight loss and diabetes resolution [38].

On the other hand, measuring the whole small intestine and choosing the appropriate length are not free of risks. Counting

Obesity Surgery
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ORIGINAL CONTRIBUTIONS

IFSO (International Federation for Surgery of Obesity and Metabolic Disorders) Consensus Conference Statement on One-Anastomosis Gastric Bypass (OAGB-MGB): Results of a Modified Delphi Study

Almino C. Ramos[1] · Jean-Marc Chevallier[2] · Kamal Mahawar[3] · Wendy Brown[4] · Lilian Kow[5] · Kevin P. White[6] · Scott Shikora[7] · IFSO Consensus Conference Contributors

Table 3 Module 3—technical standardization

Item/question	# votes	Response	% consensus
A biliopancreatic limb of 200 cm or longer may increase the risk of malabsorption and protein-calorie malnutrition and should only be done after measuring total bowel length.	47	Agree	91%
Measurement of the total bowel length can be used to define the percentage for the length of the biliopancreatic limb.	48	Agree	79%
Total bowel length should be measured for a safe and adequate OAGB-MGB whenever possible without adding risk to the patient.		No consensus Agree—62% Disagree—38%	

IL NOSTRO STUDIO

GRUPPO A
Standard 200 cm BPL

⟷

64 Pazienti

⟷

GRUPPO B
Tailored BPL
Bypassing 40% SBL

	Entire sample		200-cm BPL		Tailored BPL		
	Mean ± SD	Range	Mean ± SD	Range	Mean ± SD	Range	*p* value
Number	64 (100%)	–	32 (50%)	–	32 (50%)	–	–
Gender							
Male	13 (20.3%)	–	6 (18.8%)	–	7 (21.9%)	–	–
Female	51 (79.7%)	–	26 (81.2%)	–	25 (78.1%)	–	–
Age (years)	43.3 ± 9.4	24.0–65.0	42.3 ± 9.7	24.0–65.0	44.4 ± 9.1	28.0–62.0	0.369
Height (cm)	163.8 ± 8.2	150.0–193.0	164.2 ± 9.6	150.0–193.0	163.4 ± 6.8	154.0–182.0	0.685
Weight (kg)	119.0 ± 21.1	88.0–175.0	117.2 ± 18.9	88.0–175.0	120.8 ± 23.4	88.0–172.0	0.497
BMI (kg/m2)	44.2 ± 5.8	35.2–60.2	43.3 ± 4.4	36.5–54.1	45.0 ± 6.9	35.2–60.2	0.234
EBW (kg)	51.4 ± 16.7	26.0–94.6	49.5 ± 13.4	31.6–81.9	53.3 ± 19.4	26.0–94.6	0.364

Table 1. Baseline characteristics

Patient	Total small intestine length (cm)	BPL length (cm)	Common limb length (cm)
1	500	200	300
2	620	250	370
3	410	160	250
4	600	240	360
5	720	290	430
6	750	300	450
7	820	330	490
8	570	230	340
9	600	240	360
10	570	230	340
11	630	250	380
12	630	250	380
13	570	230	340
14	550	220	330
15	680	270	410
16	600	240	360
17	720	290	430
18	600	240	360
19	550	220	330
20	550	220	330
21	930	370	560
22	810	320	490
23	550	220	330
24	500	200	300
25	600	240	360
26	650	260	390
27	710	280	430
28	550	220	330
29	540	220	320
30	600	240	360
31	810	320	490
32	530	210	320
	Mean: 625.6 ± 110.5 cm	Mean: 250.0 ± 43.8 cm	Mean: 375.6 ± 66.8 cm

Table 2. Small bowel length, biliopancreatic limb length, and common limb length in tailored BPL group

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NEW CONCEPT

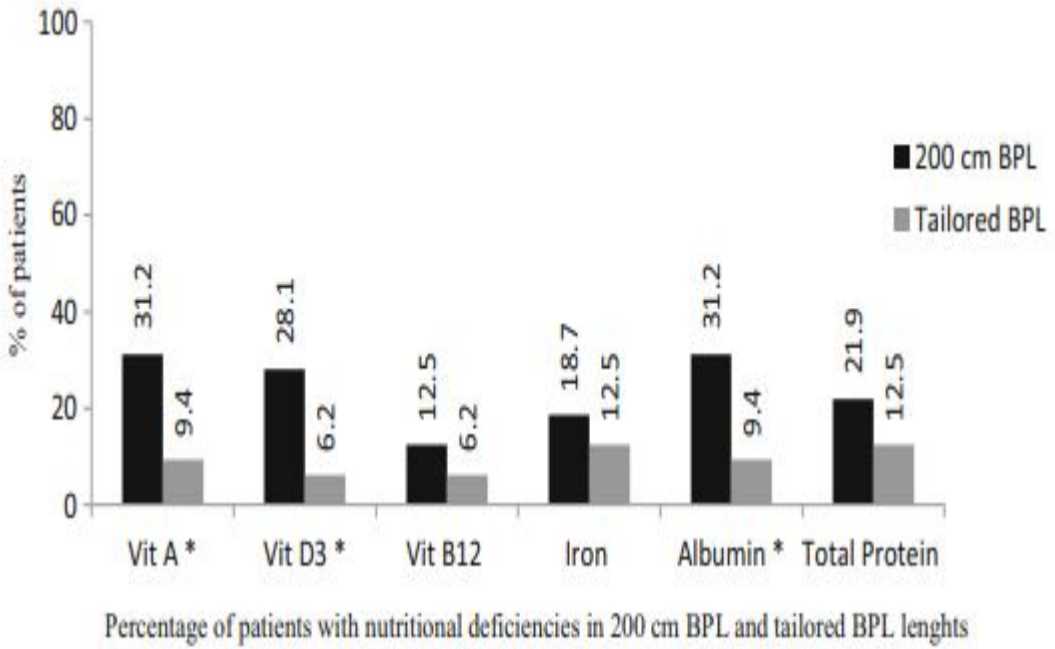
One Anastomosis Gastric Bypass–Mini Gastric Bypass with Tailored Biliopancreatic Limb Length Formula Relative to Small Bowel Length: Preliminary Results

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]

FOLLOW UP – 1 ANNO

	200-cm BPL		Tailored BPL		*p* value
	Mean ± SD	Range	Mean ± SD	Range	
Weight (kg)	77.6 ± 13.3	61.0–120.0	80.1 ± 14.9	54.0–116.0	0.476
BMI (kg/m2)	28.8 ± 4.1	20.7–38.0	29.9 ± 4.5	21.1–39.7	0.289
%EWL	66.2 ± 17.1	28.3–112.7	63.3 ± 13.7	31.2–95.7	0.467
TWL (kg)	39.6 ± 12.5	14.0–71.0	40.7 ± 13.4	15.0–80.0	0.756
%TWL	33.4 ± 7.9	14.5–51.4	33.3 ± 6.6	15.6–50.0	0.929

Table 3 Weight loss results in 200-cm BPL and tailored BPL groups at 1-year postoperative period.

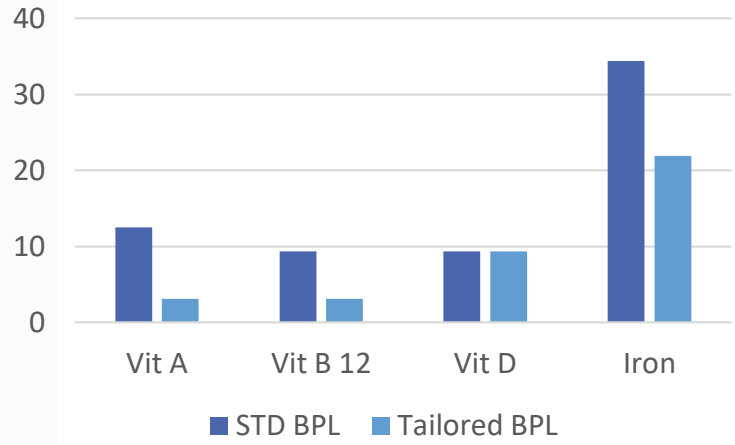


Percentage of patients with nutritional deficiencies in 200 cm BPL and tailored BPL lenghts

FOLLOW UP – TRE ANNI

	STD (Mean ± SD)	TAILORED (Mean ± SD)	p-value
BMI (Kg/m^2)	28,35 ± 7,51	24,63 ± 6,33	= 0,77
%EWL	67,3	80,1	< 0,05

	STD (%)	TAILORED (%)	p-value
Vit A	12,5	3,13	= 0,67
Vit B 12	9,38	3,13	= 0,90
Vit D	9,38	9,38	/
Iron	34,38	21,88	< 0,05

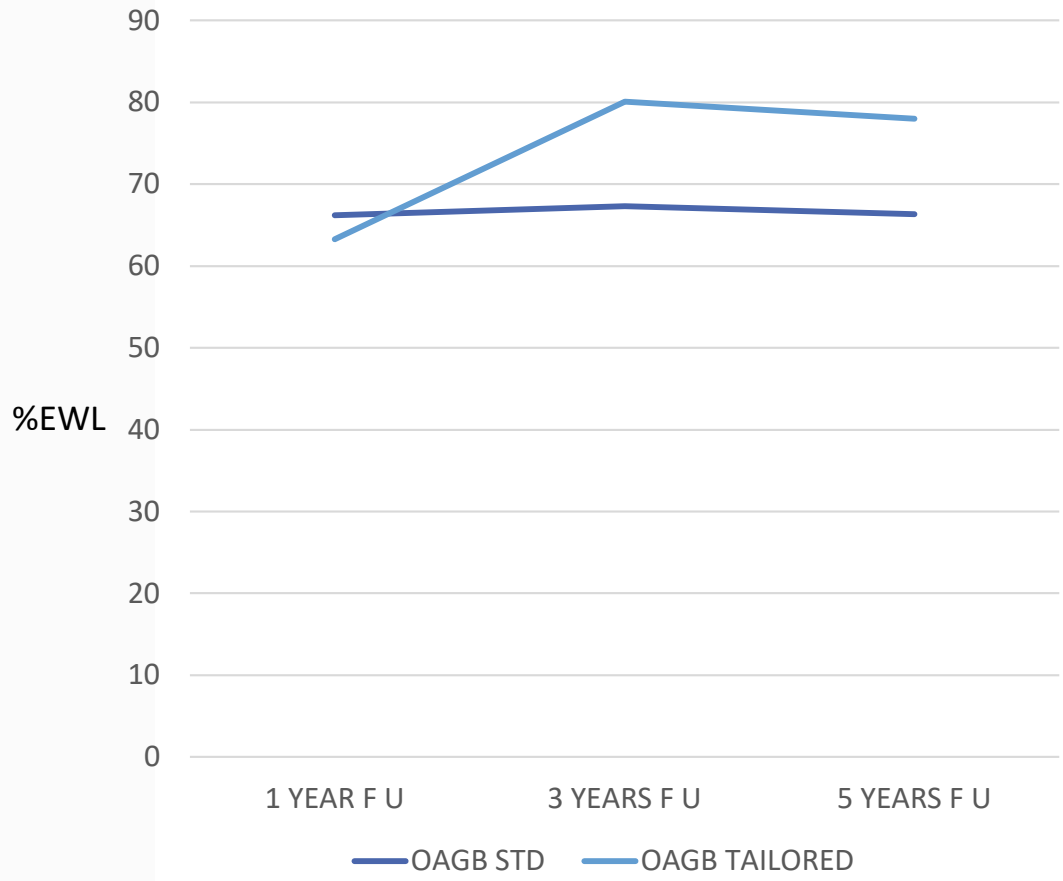


Percentage of patients with nutritonal deficiencies

FOLLOW UP – 5 ANNI

	STD (Mean ± SD)	TAILORED (Mean ± SD)	p-value
BMI (Kg/m^2)	28,44 ± 4,29	25,1 ± 5,15	= 0,19
%EWL	66,3	78	< 0,05

	STD (%)	TAILORED (%)	p-value
Vit A	12,5	3,13	= 0,67
Vit B 12	9,38	3,13	= 0,90
Vit D	9,38	9,38	/
Iron	34,38	21,88	< 0,05



CONCLUSIONI

Il nostro studio ha dimostrato che un'ansa biliopancreatica tailored è associata a meno deficit nutrizionali garantendo una perdita di peso simile rispetto a una fissa di 200-cm.

Usare un'ansa biliopancreatica tailored bypassando circa il 40% dell'intestino sembra essere efficace e sicuro. Sono necessari però altri studi randomizzati e con un campione più ampio per confermare i nostri risultati.


S.I.C.OB.
XXXII CONGRESSO
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Grazie