CENTER OF EXCELLENCE FOR THE STUDY AND OBESITY TREATMENT

EAC-BS European Accreditation Council for Bariatric Surgery

IFSO European Chapter – Bariatric and Centre of Excellence Metabolic Surgery – European Accreditation Council

Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (RYGB)

Retrospective Long-term Results in a series of LOAGB 2,200 patients vs. RYGB 477 patients

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Minimising the Inter and Postoperative Risks of Gastric Bypass

Stenosis

Leak

Chronic Marginal Ulcer

Bleeding

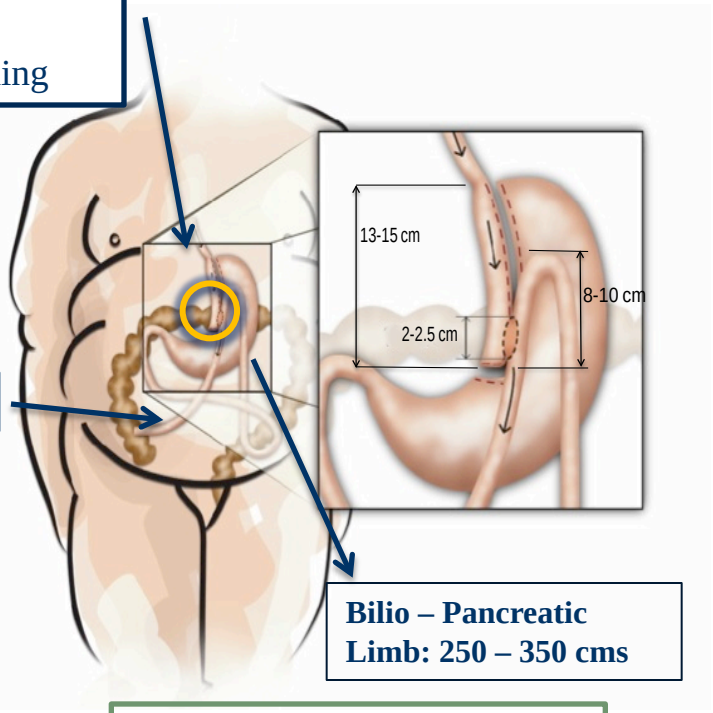
Severe Dumping

Regain or Faillored Weigth Loss

Obstruction
Internal Hernia
Stenosis
Leak
Bleeding
Volvulus

Two Anastomosis GB
12 Possible Risk Factors

Stenosis
Leak
Bleeding



Obstruction

Bilio – Pancreatic Limb: 250 – 350 cms

Possible Alkaline Reflux???

One Anastomosis GB
4 Possibles Risk Factors

Laparoscopic Roux-en-Y gastric bypass: initial 2-year experience.

Suter M, Giusti V, Heraief E, Zysset F, Calmes JM.
Surg Endosc 2003;17: 603-9.

-Complication (20.5%)

-Reoperation (8.4%):

leak	**(4.6%)**
Internal Hernia	**(2.8%)**
subphrenic abscess	**(0.9%)**
Mortality	**(0.9%)**

CONCLUSIONS:

It is a very **complex operation**. Long and steep learning curve (100-150 pts). Weight loss and correction of comorbidities are similar to open surgery.

However, only surgeons with extensive experience in advanced laparoscopic as well as bariatric surgery should attempt this procedure.

Laparoscopic management of complications following laparoscopic Roux-en-Y gastric bypass for morbid obesity.

Papasavas PK, Caushaj PF, McCormick JT, Quinlin RF, Hayetian FD, Maurer J, Kelly JJ, Gagner DJ.

Surg Endosc. 2003;17:610-4.

Complications	**(25.2%)**
Reinterventions	(13.8%)
Gastrojejunostomy stricture	(8.9%)
Intestinal Obstruction: **adhesions (6), internal hernia in transverse mesocolon (3), jejuno jejunostomy stricture (3), cicatrix Roux limb at transverse mesocolon (3).**	(7.3%)
Gastrointestinal bleeding	(4%)
Gastrojejunostomy leak	(1.6%)
Symptomatic gallstone disease	(2.8%)
Gastric remnant	(0.8%)

Negative laparoscopy to rule out anastomotic leak

3 deaths, 2 attributable to anastomotic leak.

Laparoscopic Roux-en-Y gastric bypass (LRYGB): 1500 Cases and 5 year Follow-up

C. Boza, J. Salinas, A. Raddatz, …

Obes. Surg. 2008;18 (8):975

Early Complications	**(8.5%)**
• **Intestinal Obstruction**	**(1.7%)**
• Gastroyeyunal Stenosis	(1.7%)
Late Complications	**(12.3%)**
• **Intestinal Obstruction**	**(2.8%)**
• Gastroyeyunal Stenosis	(4.6%)

4000 Case Series of Simplified Lap Gastric Bypass. Outcomes and Complications

M. Galvao, A. Ramos, A. Carlo, …

Obes. Surg. 2008;18 (8):916

Complications	**(11.3%)**
• Marginal Ulcer	(1.2%)
• Gastroyeyunostomy Stenosis	(4.6%)
• Leakage	(0.9%)
• Digestive Bleeding	(0.5%)
Revisional Surgery	**(4.3%)**
• Non satisfactory weigth loss	(2.7%)
• Complications	(0.8%)
• Silastic Ring Migration	(0.8%)

Small Bowel Obstruction After Antecolic Antegastric Laparoscopic Roux-en-Y Gastric Bypass Wihtout Division of Small Bowel Mesentery: A Single Centre, 7-Year Review

M. Abasbassi, H. Pottel, B Deylgat

Obes. Surg. (2011) 21: 1822-1827

"The true rate of Internal Hernias may be underestimated in the literature. A summary recent literature regarding IH Antecolic Antegastric Roux-en Y Gastric Bypass shown a rate between 1.5% and 14.4%"

Causes of 30-day Bariatric Surgery Mortality: With Emphasis on Bypass Obstruction.

E. E. Mason; K. E. Renquist; Y-H. Huang; M. Hamal; I. Samuel;
Obes. Surg. 2008,17: 9-14

“In Bypass obstruction, the usual sequence of events begins with postoperative paralytic ileus... "Bypass obstruction" is the most urgent of all closed segment bowel obstructions... Contrast the earliest deaths at 2 days after bypass obstruction with the earliest death at 4 days following a leak”

Marginal Ulcer after Roux-en-Y Gastric Bypass

B. Dillemans, S. Van Cauwengerg, J. Mulier

Obes. Surg. 2009;19 (8): 958

In 54 (4,9%) of 1.104 patients, a marginal ulcer was diagnosed, an one 11% requiring surgical operation

Laparoscopic revision gastric bypass surgery for chronic marginal ulcers: a 10 year experiencie

F. Tercero, Khan A., Nimen A., Brokne K., Higa K.

Obes. Surg. 2008;19 (8): 958

38 laparoscopic revisions, 30 primary revisions and 42 therapeutic endoscopies were performed for intractable marginal ulcers from 1998 to 2008…

It is associated with significant morbidity and high recurrence rate.

Laparoscopic Reoperative Bariatric Surgery: Experience from 27 consecutive patients.

Michel Gagner et al.
Obes. Surg., 2002; 12: 254-260

“ 10 to 25% of patients undergoing bariatric surgery will require a revision, either for unsatisfactory weight loss or for complications…
In Gastric Bypass intervention, the revisional index varies between 3 to 15%.”

Reinterventions for Weigth Regain After RYGastric Bypass

A. Guweidhi, F. Horber

Obes. Surg. 2009;19 (8): 976

Following at 208 patients in the fouth year after lap-standard Roux-en-Y Gastric Bypass…
showing a total of 39 (21%) of the reinterventions

Long-Term Results of Laparoscopic Roux-en- Y Gastric Bypass: Evaluation After 9 Years

J.Himpens . Anneleen Verburgghe . Guy- Bernard Cadiere . Wouter Everaerts . Jan Willem Greve

OBES SURG 2012; 22: 1586-1593

- **Percentage of excess BMI lost 56.2 ± 29.3%**
- **Patient satisfaction remained good in 76% of cases**
- **High rate and internal hernia 9.3%**

- **Conclusions:**
- **THE LRYGB ACCEPTABLE FOR EXCESS WEIGHT LOSS, OF HIGHER RATE OF INTERNAL HERNIAS**
- **NOT ACHIEVE FULL MONITORING TO ALL PATIENTS**

Laparoscopic Roux-en-Y gastric bypass: 10-year follow-up

K. Higa, T. Ho, F. Tercero, T. Yunus, K. Boone

SOARD, 2011; 7: 516-525

***Mean excess weight loss (EWL) was 57% at 10 years**

***33.2% failed to achieve an EWL of >50%**

***35% of the patients had ≥ 1 complication during follow-up**

- **Internal Hernia rate was 16%**
- **Gastro-yeyunal stenosis rate was 4.9%**
- **Marginal ulcer rate was 4.5%**

***Only 18% remained nutritionally intact during follow-up**

CONCLUSION: ”ALTHOUGHT OUR GOAL HAS BEEN TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF OUR PATIENTS, MEASUREMENTS OF SUCCESS REMAIN NEBULOUS”

Roux en Y Gastric Bypass: Our experience in 477 Patients With 11-Year Follup-up

TECHNIQUES

- **OPEN RETROCOLIC RETROGASTRIC ROUX –EN-Y (Mc LEAN):……92**
- **OPEN RETROCOLIC DISTAL ROUX –EN-Y (SALMON)……..26**
- **OPEN RETROCOLIC ANTEGASTRIC ROUX –EN-Y (CAPELLA):……103**
- **HAND MADE ASISTED LAPAROSCOPIC OR (CAPELLA):……182**
- **TOTALLY ANTEGASTRIC ANTECOLIC LAPAROSCOPIC:……74**

- **TOTAL:……477**

FOLLOW-UP

- **ONLY 86 PATIENTS (18%) WAS POSSIBLE ACHIEVE FULL MONITORING TEN-YEARS FOLLOW-UP**

Roux en Y Gastric Bypass: Our Experience in 477 Patients With 11-Year Follow-up (1994-2002)

Early Major Complications and Mortality

Perioperative	Nº	%
Intra-abdominal bleeding	4	0.8%
Gastro-intestinal bleeding	3	0.6%
Intrabdominal abscess	4	0.8%
Gastric pouch fistula	2	0.4%
Gastric remmanent leak	1	0.2%
Gastro-jejunal leak	10	2%
Small bowell oclusion	3	0.6%
Internal hernia with obstruction	12	2.5%
Malrotación at Roux en Y level+obstruccion	2	0.4%
Mortality (bronquial breaking)	1	0.2%
SUBTOTAL	42	8.8%

Roux en Y Gastric Bypass: Our experience in 477 Patients With 11-Year Follup-up (1994-2002)

Late Major Complications

Middle and Long term	Nº	%
Internal Hernia	6	1.2%
Gastro-jejunal stenosis	6	2.9%
Severe Marginal ulcer	12	2.5%
Gastro-gastric comunication (chronic ulcer)	3	0.6%
Gastric pouch cancer	1	0.2%
Severe Dumping syndrom	14	2.9%
Neuropaty (Vit B1 deficit)	2	0.4%
Malnutrition	4	0.8%
Weight Regain	62	13%
SUBTOTAL	110	24.5%

Laparoscopic Roux-en-Y vs. Mini-Gastric bypass for the treatment of morbid obesity: a prospective randomized controlled clinical trial.

Lee WJ, Yu PJ, Wang W, Chen TC, Wei PL, Huang MT.

Ann Surg 2005;242:20-8.

METHODS

Eighty patients randomized **LRYGBP** (n= 40) or **LMGBP** (n= 40); followed 2 years. Late complication, EWL, BMI, GIQLI, and comorbidities.

RESULTS

- **One conversion** (2.5%) in **LRYGBP** group
- **Operation time** in **LMGBP** group (205 vs 148, **p< 0.05)**
- **Operative morbidity** LRYGBP group (20% vs 7.5%, **p< 0.05)**
- **Residual excess weight** <50% at 2 years postoperatively was achieved in 75% LRYGBP and **95%** of LMGBP **(p< 0.05)**

CONCLUSION

Single-Loop Gastric Bypass is superior to Roux en Y GB in Randomized Controlled Trial

Laparoscopic Mini-Gastric bypass vs. Roux-en-Y gastric bypass: 5 years results and final report of randomized trial

Lee WJ, Chen J, Ser K.

Obes. Surg. 2009;19 (8):967.

This study demonstrates that LMGBP is an effective treatment for morbid obesity and can **improve quality of live similar to RYGBP.** LMGBP is simpler and safer procedure than LRYGBP, and **no proven disadvantage after five year follow-up.**

Primary Results of Laparoscopic Mini-gastric Bypass in a French Obesity Surgery Specialized University Hospital

J.M. Chevalier, G.Chakhtoura, F. Zinzindoué, Y. Ghanem, I. Ruseykin, J.M. Ferraz.
Obes. Surg 2009; 19 (8): 968

METHODS

264 patientes compared with 350 **LRYGBP**

RESULTS

Complications: 4.5%;

SIGNIFICANTLY, NO PATIENT COMPLAINED OF BILIARY REFLUX.

CONCLUSION

After two-year regular follow-up, mini bypass seems an attractive alternative in the surgical treatment of morbid obesity.

The Single- Loop Gastric Bypass: A Powerful Alternative to Standard RYGBP

R. Tacchino, F. Greco, D. Matera.
Obes. Surg 2008; 18 (8):920.

METHODS

40 patientes (20 **LSLGBP** vs. 20 **LRYGBP**), collected prospectively 2 years follow-up.

RESULTS

- BMI at 6 month were 33 vs. 37
- BMI at 12 month were 31 vs. 34
- BMI at 24 month were 31 vs. 34

CONCLUSION

•The LSLGBP provide an improved weight loss compared with the standard RYGBP, probably due to the fact that very few pancreatic enzymes reach the efferent limb, so that no pancreatic digestion occurs.

•The LSLGBP as an alternative procedure give us encouraging results and seems to be more powerful, faster and safer technique in the treatment of morbid obesity.

Obesity Surgery, **15**, 398-404
2005

One-Anastomosis Gastric Bypass by Laparoscopy: Results of the First 209 Patients

Miguel Carbajo[1]; Manuel García-Caballero[2]; Miguel Toledano[1]; Diego Osorio[2]; Cándido García-Lanza[1,3]; José Antonio Carmona[2,3]

[1]Department of Surgery, Hospital Campo Grande, Valladolid, Spain; [2]Department of Surgery, University Malaga, Malaga, Spain; [3]Department of Anesthesia

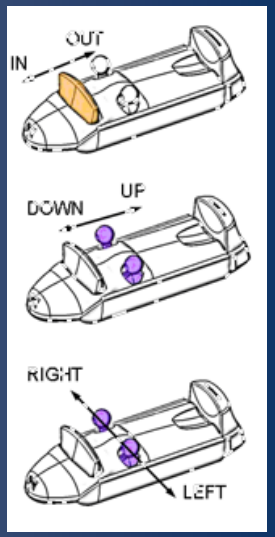
Background: One-Anastomosis Gastric Bypass (OAGB) by laparoscopy consists of constructing a divided 25-ml (estimated) gastric pouch between the esophago-gastric junction and the crow's foot level, parallel to the lesser curvature, which is anastomosed latero-laterally to a jejunal loop 200 cm distal to the ligament of Treitz.

Introduction

Obesity has become a major health problem and severe obesity is increasing.[1] Morbid obesity results in poor quality of life, and its serious co-morbidities

One Anastomosis Gastric Bypass by laparoscopy and robotic assistant

Brazo Robótico LAP-MAN



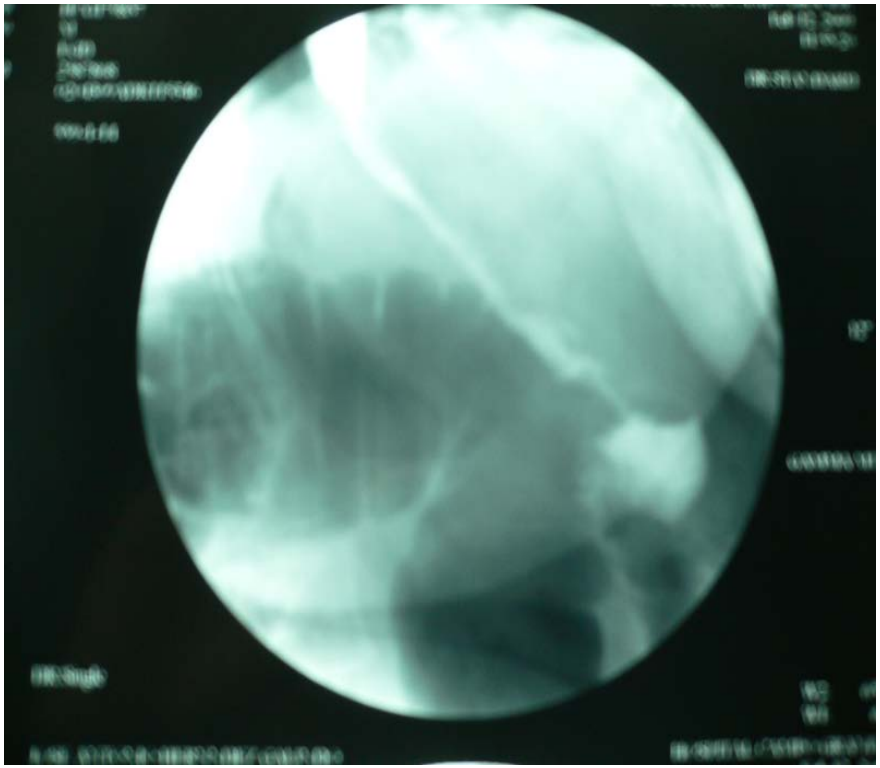
One Anastomosis Gastric Bypass by laparoscopy and robotic assistant

KEY STEPS OF THE PROCEDURE

1. INTESTINAL LOOP between 250 to 350 cm.
2. HISS ANGLE TOTALLY OPENED.
3. GASTRIC POUCH, 13 to 15 cm. Length, and 25-30 cc. Capacity (calibrated with a 36 French tube), and Radical dissection of the posterior gastric wall
4. ANTI-REFLUX MECHANISM, afferent loop suspended 8-10 cm to the gastric pouch.
5. GASTRO-ILEAL ANASTOMOSIS, 2 to 2.5 cm. width.

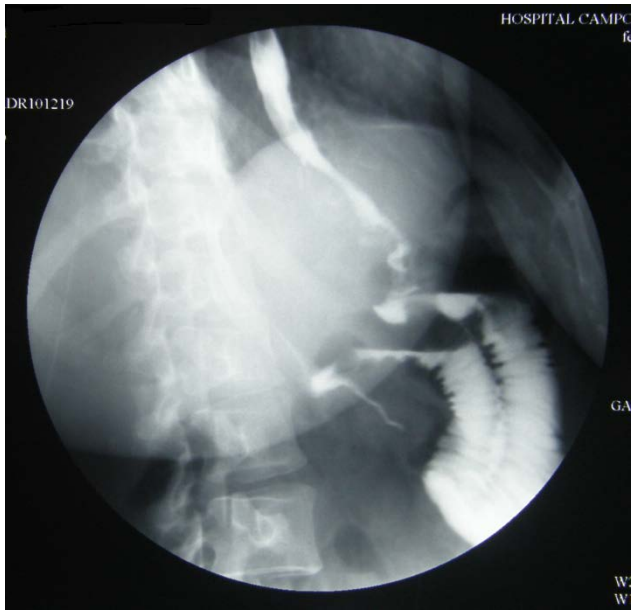
One Anastomosis Gastric Bypass by laparoscopy and robotic assistant

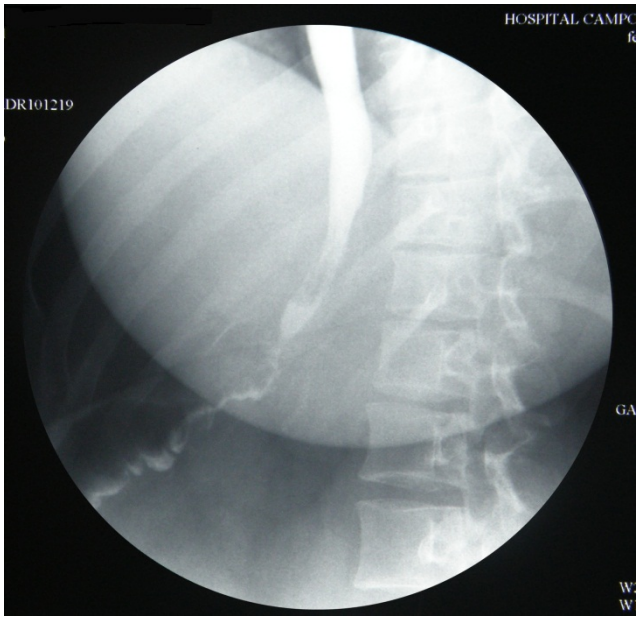
Post-operative X-Ray control



One Anastomosis Gastric Bypass by laparoscopy and robotic assistant

Radiologic control at 5 years





Laparoscopic One Anastomosis Gastric Bypass: 11-Year Experience in 2,200 patients

Patients Characteristics (June 2002 to February 2013)

Age		**43** (12 - 74)
Gender	Female	**1353** (61.5%)
	Male	**847** (38.5%)
BMI		**46** (32 - 86)
EBW (kg)		**65** (30 - 220)

Laparoscopic One Anastomosis Gastric Bypass: 11 - Year Experience in 2,200 patients

Patients Characteristics

Primary Surgery	**1271** (57.7%)
Previous Open Surgery	**524** (23.8%)
Associated Procedures	**360** (16.3%)
Previous Bariatric Procedures	**43** (2.1%)

Laparoscopic One Anastomosis Gastric Bypass: 11 - Year Experience in 2,200 patients

Hospital stay

Hospital Stay	Uncomplicated patients	2167 (98.50%) 1 day (15-120 h.)
	Complications	33 (1.5%) 9 days (4-32 d.)

Laparoscopic One Anastomosis Gastric Bypass: 11 - year Experience in 2,200 patients

Surgical Early Complications

Intraoperative complications resolved by Lap.	Bleeding	**6** (0.29 %)
Inmediate Postoperative Re-operations resolved by Open Surgery **4** (0.19%)	Leaks	**1** (0.04 %)
	Intestinal Obstruction	**1** (0.04 %)
Inmediate Postoperative Re-operations resolved by Lap. Surgery **16** (0.79%)	Bleeding	**10** (0.4 9%)
	Leeks	**1** (0.04 %)
	Intestinal Obstruction	**3** (0.19 %)
	Acute Gastric Distension	**1** (0.04 %)
TOTAL		**23 (1.0%)**

Laparoscopic One Anastomosis Gastric Bypass: Our Experience in 2,200 patients robotic assistant

No Surgical Complications: 12 Patients

Complications Treated Conservatively	
Leaks	8 (0.396%)
Acute Pancreatitis	1 (0.04 %)
Infected Hematoma	1 (0.04 %)
Total	10 (0.49%)

Laparoscopic One Anastomosis Gastric Bypass: Our Experience in 2,200 patients

Late Complications

Gastro-intestinal stenosis 9 (0.40%)	Pneumatic Dilatation	7 (0.32%)
	Prosthesis	2 (0.09%)
Acute Anastomosis Ulcer 8 (0.36%)	Medical Treatment	8 (0.36%)
Malnutrition	Medical treatment	5 (0.22%)
Tiamina deficit	Medical treatment	1 (0.04%)
Revisional surgery	**0 (0%)**	**0 (0 %)**
TOTAL		23 (1.0%)

Laparoscopic One Anastomosis Gastric Bypass: Our Experience in 2,200 patients

Weight Loss

Percent of mean EWL at:	1 year	84% (55 -112%)
	2 year	88% (58 – 115%)
	3 year	81% (55 – 103%)
	4 year	79% (51 – 102%)
	5 year	77% (48 – 100%)
	10 year	70% (46 – 98%)

Laparoscopic One Anastomosis Gastric Bypass: Our Experience in 2,200 patients

Severe Comorbidities Resolution Index

Dyslipidemia	97 %
Type 2 Diabetes	92 %
Arterial Hipertension	90 %
Sleep Apnea	99 %

Laparoscopic One Anastomosis Gastric Bypass: 11 Year Experience in 2,200 patients

Postop. Endoscopic Studies at 5-Year Follow-Up

Postoperative UGI endoscopic (control) studies were planned for all patients completing at list 5-year follow-up.

1.090 patients completed at list 5-Year Follow-up

265 (24.5%), accepted underwent UGI endoscopic studies

Results: NO significant acute or chronic lesions were found:

. Endoscopic findings not shown *chronic marginal ulcer, erosive esophagitis, or severe alkaline reflux.*

. Minor or middle sign of pouch gastritis were found in 21 patients (7.9%)

. H. Pylory was diagnosis in 9 patients (3.4%)

UGI: upper gastrointestinal

Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

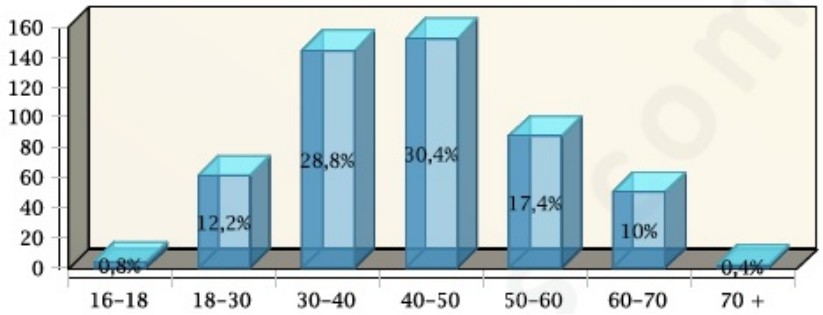
IFSO- European Database Control

(Since January 2010)

EAC-BS

Primary Charts

Age distribution



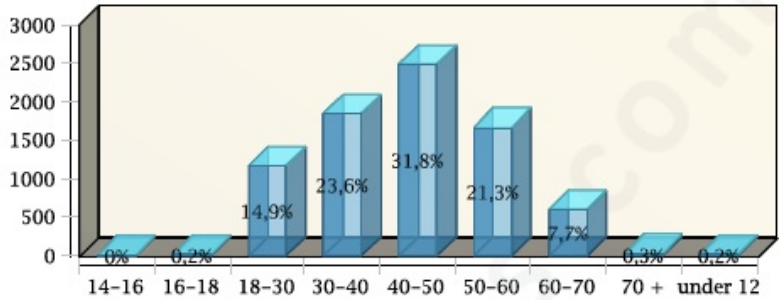
TOTAL OPERATIONS 500

LOAGB

EAC-BS

Primary Charts of Gastric By Pass

Age distribution



TOTAL OPERATIONS 7200

SRYGB (All Types)

Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

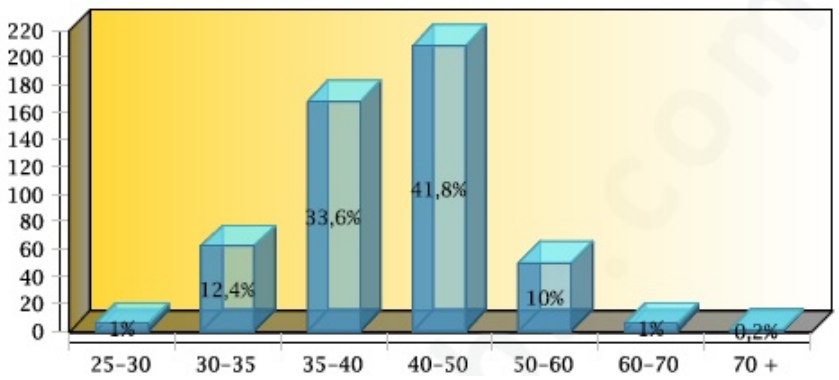
IFSO- European Database Control

(Since January 2010)

EAC-BS

Primary Charts

BMI distribution



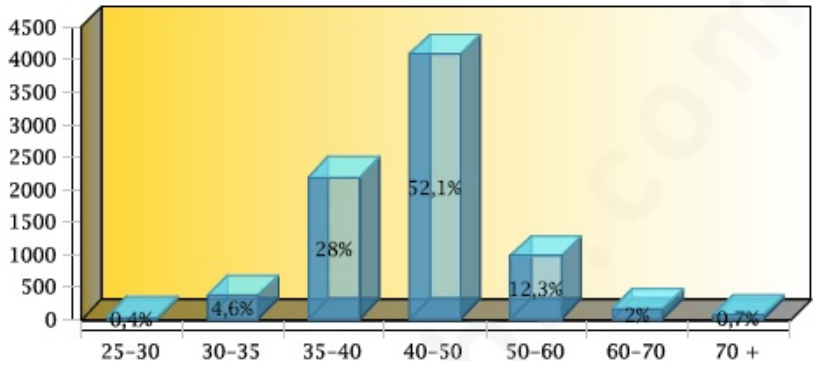
TOTAL OPERATIONS 500

LOAGB

EAC-BS

Primary Charts of Gastric By Pass

BMI distribution



TOTAL OPERATIONS 7200

SRYGB (All Types)

Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

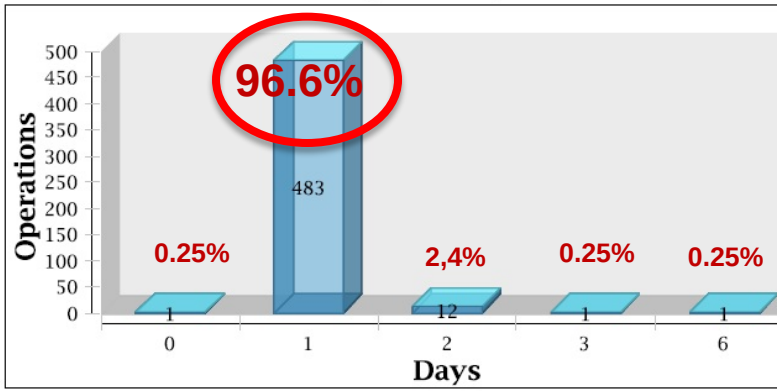
IFSO- European Database Control

(Since January 2010)

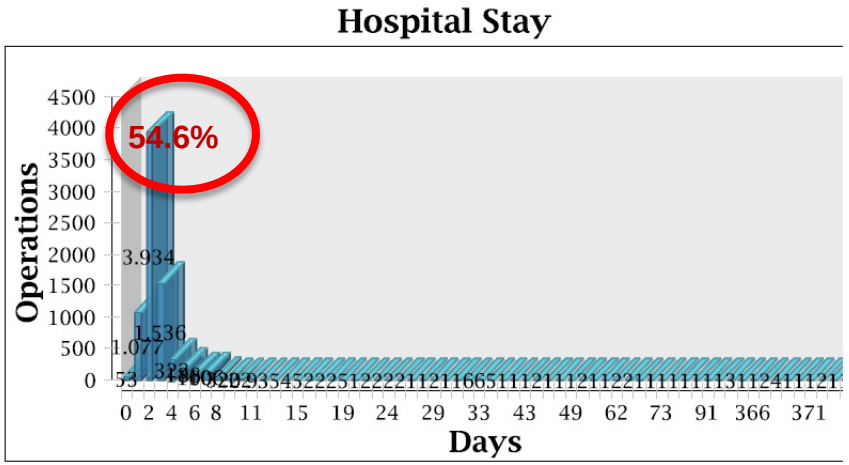
EAC-BS

EAC-BS

Primary Charts



Primary Charts of Gastric By Pass



TOTAL OPERATIONS 500

LOAGB

TOTAL OPERATIONS 7200

SRYGB (All Types)

Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

(Since January 2010)

EAC-BS

Primary Charts

0.2%

Operative Outcome complications

	Complications	Total	Percenta
1	Bleeding	1	0.2%

TOTAL OPERATIONS 500

LOAGB

EAC-BS

Primary Charts of Gastric By Pass

0.6%

Operative Outcome complications

	Complications	Total	Percenta
1	Anastomotic Stricture	2	0.03%
2	Bleeding	19	0.24%
3	General Complications	4	0.05%
4	Intra abdominal abscess	1	0.01%
5	Leak	2	0.03%
6	Other Compliactions	10	0.13%
7	Vomiting	4	0.05%
8	Wound infection	2	0.03%

TOTAL OPERATIONS 7200

SRYGB (All Types)

Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

IFSO- European Database Control

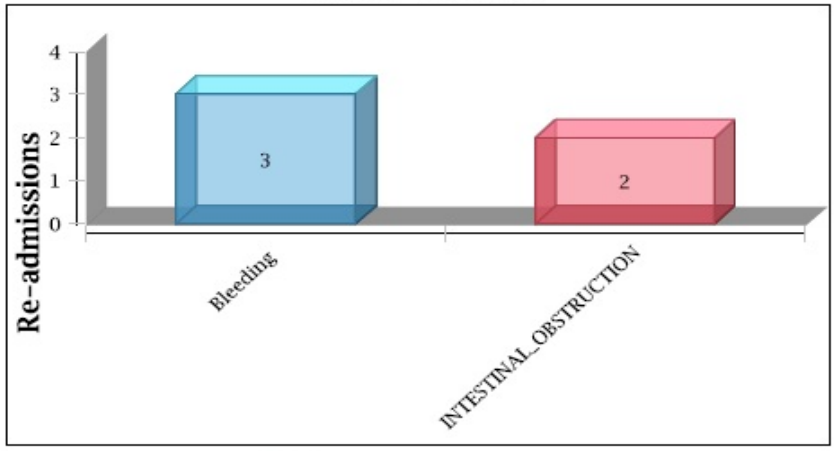
(Since January 2010)

EAC-BS

Primary Charts

Re-admissions for early complications **1%**

Complications



Total Complications: 5

TOTAL OPERATIONS 500

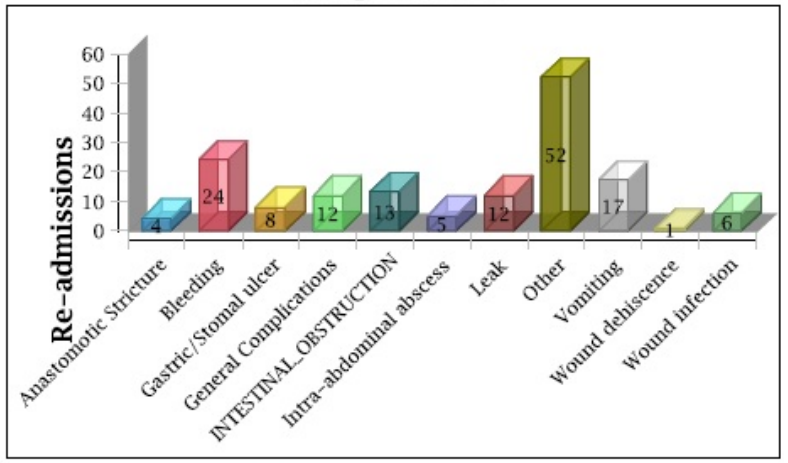
LOAGB

EAC-BS

Primary Charts

Re-admissions for early complications **2.1%**

Complications



Total Complications: 154

TOTAL OPERATIONS 7200

SRYGB (All Types)

Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

IFSO- European Database Control

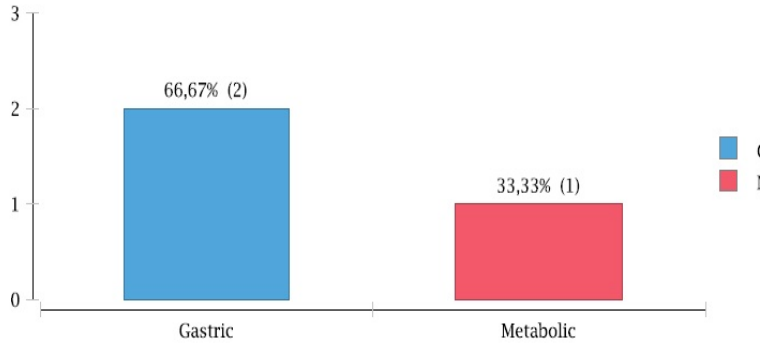
(Since January 2010)

EAC-BS

0.6%

Primary Charts

Complications not requiring admission

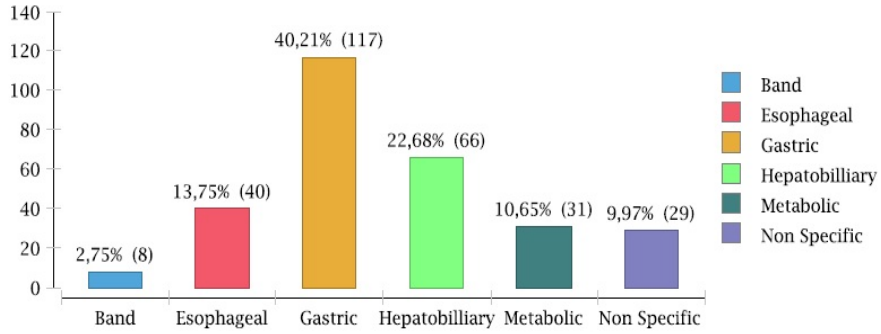


EAC-BS

4.0%

Primary Charts

Complications not requiring admission



TOTAL OPERATIONS 500

LOAGB

TOTAL OPERATIONS 7200

SRYGB (All Types)

Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

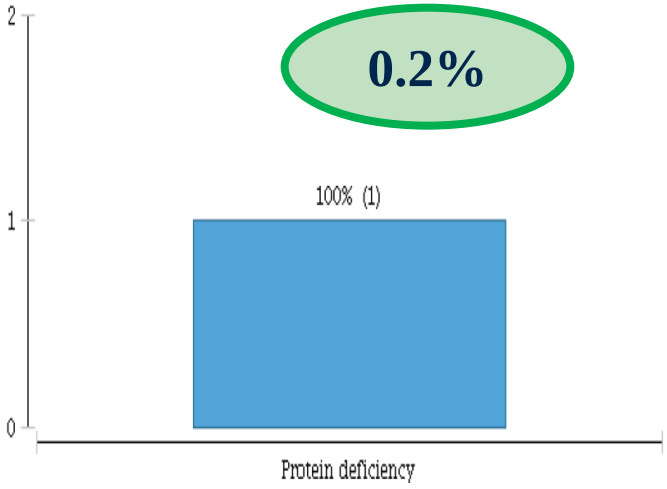
IFSO- European Database Control

(Since January 2010)

EAC-BS

Metabolic Complications

0.2%

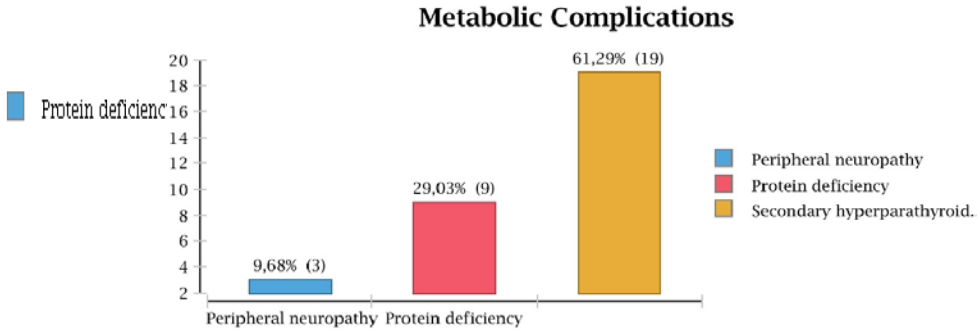


TOTAL OPERATIONS 500

LOAGB

EAC-BS

0.43%



TOTAL OPERATIONS 7200

SRYGB (All Types)

Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

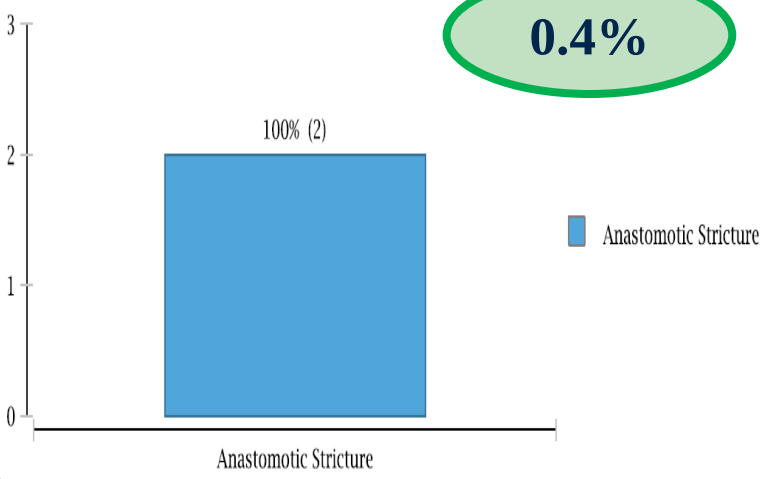
IFSO- European Database Control

(Since January 2010)

EAC-BS

Gastric Complications

0.4%



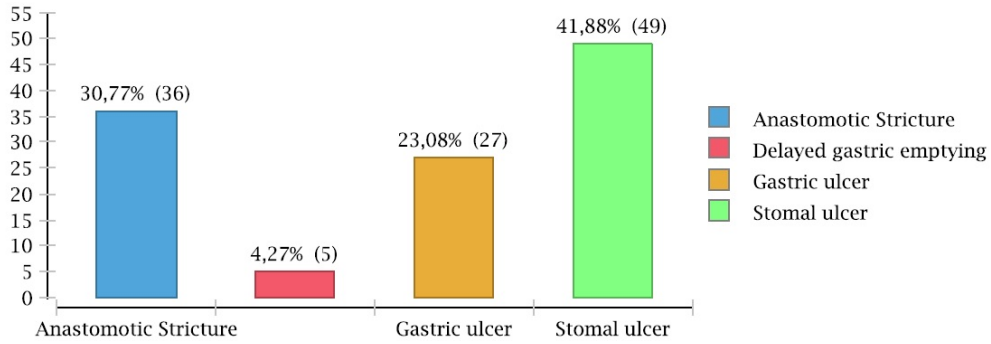
TOTAL OPERATIONS 500

LOAGB

EAC-BS

1.62%

Gastric Complications



TOTAL OPERATIONS 7200

SRYGB (All Types)

Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

IFSO- European Database Control

(Since January 2010)

EAC-BS

Esophageal Complications

0% COMPLICATIONS

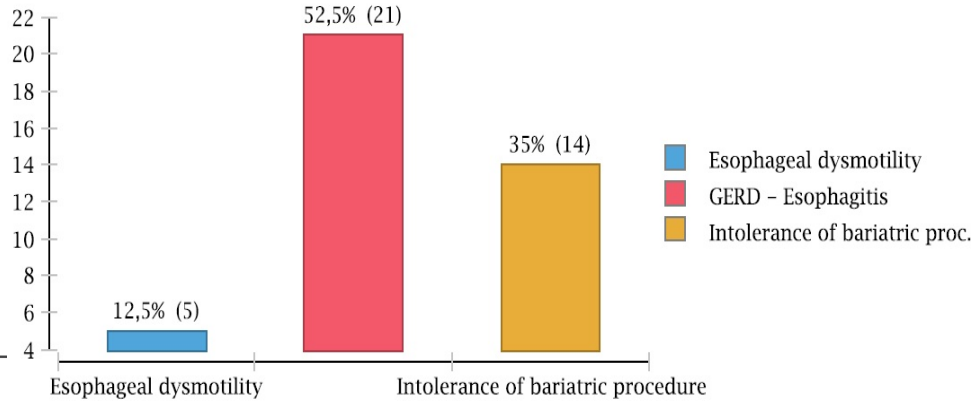
TOTAL OPERATIONS 500

LOAGB

EAC-BS

0.55%

Esophageal Complications



TOTAL OPERATIONS 7200

SRYGB (All Types)

Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

IFSO- European Database Control

(Since January 2010)

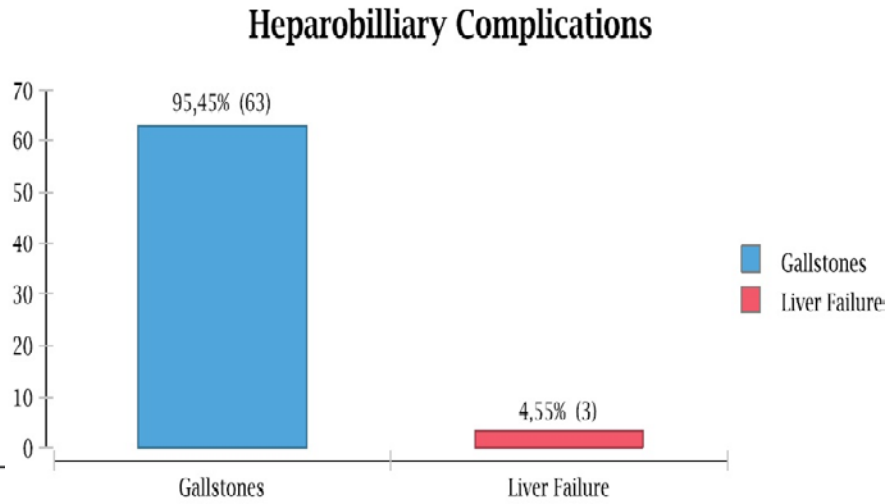
0.91%

EAC-BS

Heparobilliary Complications

0% COMPLICATIONS

EAC-BS



TOTAL OPERATIONS 500

LOAGB

TOTAL OPERATIONS 7200

SRYGB (All Types)

Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

IFSO- European Database Control

(Since January 2010)

EAC-BS

Re-admissions for late complications

Complications

0% COMPLICATIONS

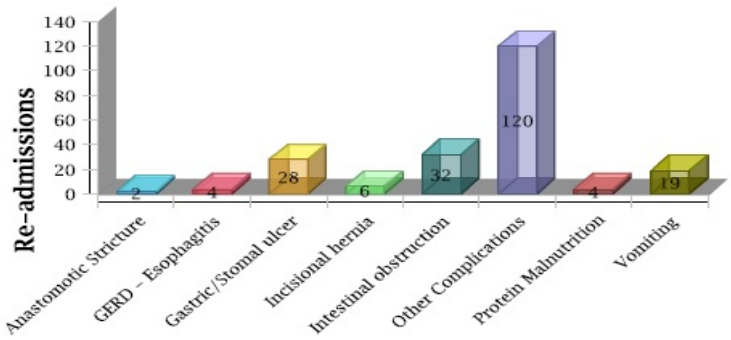
EAC-BS

Primary Charts

2.98%

Re-admissions for late complications

Complications



TOTAL OPERATIONS 500

LOAGB

TOTAL OPERATIONS 7200

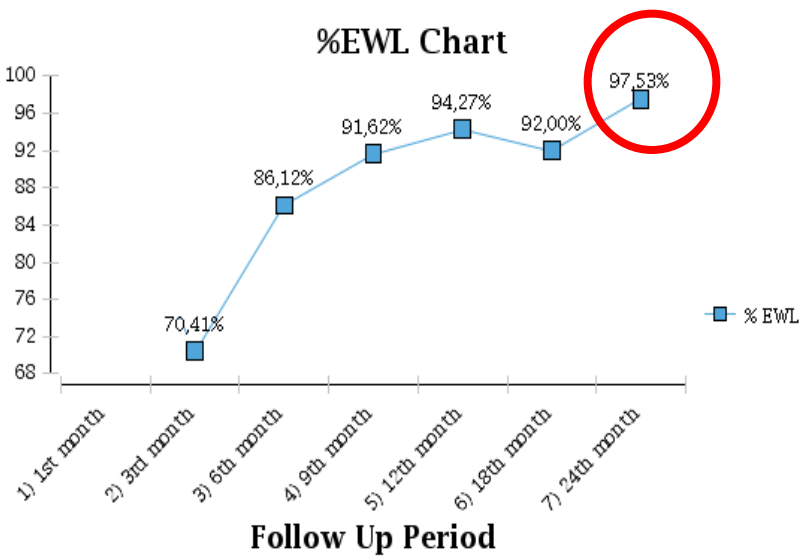
SRYGB (All Types)

Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

IFSO- European Database Control

(Since January 2010)

EAC-BS

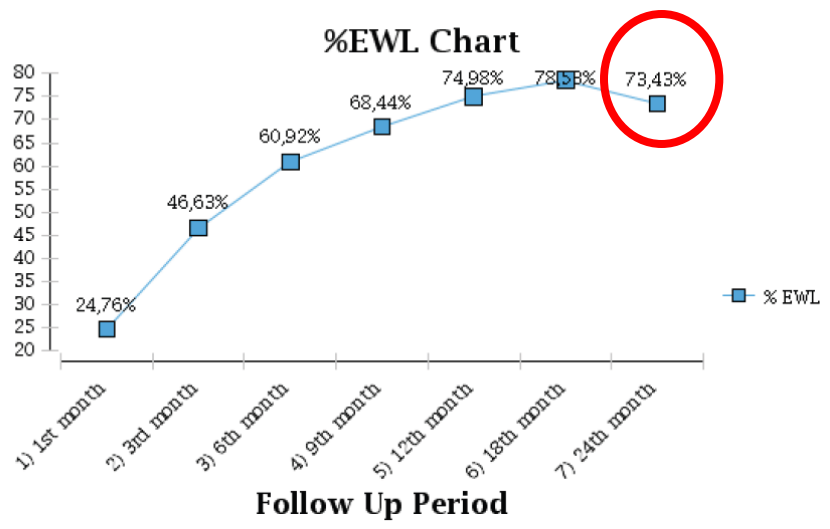


TOTAL OPERATIONS 500

LOAGB

EAC-BS

Primary Charts



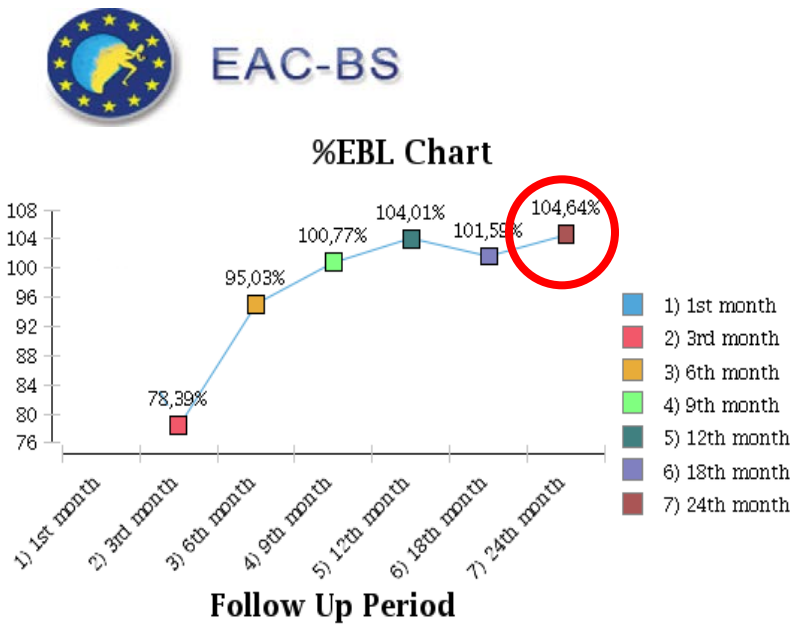
TOTAL OPERATIONS 7200

SRYGB (All Types)

Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

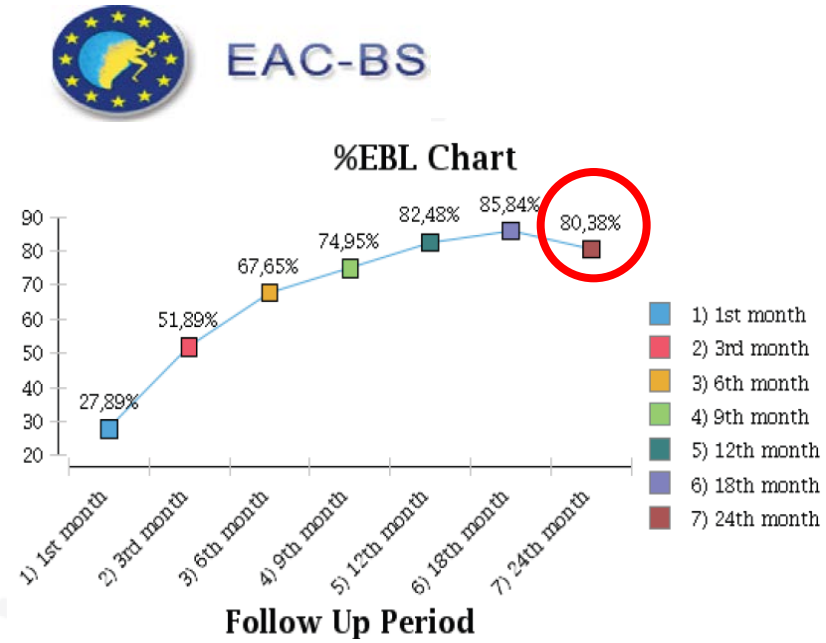
IFSO- European Database Control

(Since January 2010)



TOTAL OPERATIONS 500

LOAGB



TOTAL OPERATIONS 7200

SRYGB (All Types)

Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Conventional Lap Roux-en Y Gastric Bypass (LRYGB)

CONCLUSIONS - I

1. The LOAGB technique in our experience reduces the difficulty, operative time and length of hospital stay compared to conventional LRYGB; it also substantially decreases both early and late complication rates.

2. Despite being a simplified form of gastric bypass with the potential of decreasing perioperative morbidity and mortality (as has been shown), we acknowledge it still is a mixed (restrictive / malabsorptive) procedure, capable of producing complications that are common to these interventions or possibly even newer ones.

Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Conventional Lap Roux-en Y Gastric Bypass (LRYGB)

CONCLUSIONS - II

3. **The excellent results in our Long- time experience in regards to EWL, EBL, resolution of co-morbidities and quality of life (QOL) make LOAGB a safe and effective technique, and a powerful alternative for the treatment of morbid and super-morbid obesity.**

4. **Long-term results have shown LOAGB improves QOL as well (or even better) as conventional LRYGB, with no proven disadvantages after a 10-year experience.**

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