



The Great Debate SADI vs OAGB



LUTFI



BILLY



Disclosures 2018-2019

- Medtronic/Covidien - Speaker
- Gore- Speaker
- Arthrex – Consultant
- Standard Bariatric – Consultant
- Lexington Medical – Consultant
- GT Metabolic – Stock Holder

SADI vs OAGB - The High BMI Sleeve nightmare

Weight Recurrence GERD etc etc etc

- Several Important points to consider when selecting your operation
- We have two great operations to choose from
 - Both have excellent management of diabetes
 - Both have a track record of excellent weight loss in high BMI patients
 - Both are well known salvage operations for failed sleeves
 - SADI is known for better weight loss and better resolution of diabetes
 - Which one is best for this type of patient?

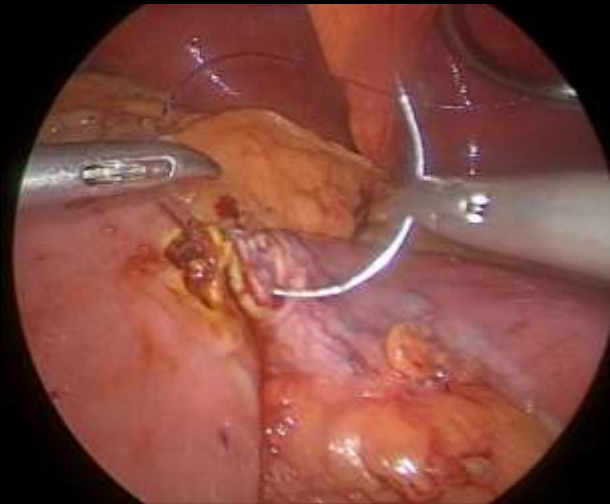
Parameter A – NECESSARY SKILLS

- Attractiveness of the operation – Which operation do you really want to do
- What Skillset do you need
- Which is more likely to have a complication due to operative dissection?

Sleeve to SADI-S

Necessary Basic Skills

Posterior Gastric Dissection
Posterior Duodenal Dissection
Vascular Anatomy
Anterior Pancreatic Dissection
Hand Sewn Duodenal Ileostomy



Sleeve to OAGB

Necessary Basic Skills

Transect/Staple Below the Crows' Foot
Measure Bowel
Loop Gastro-Jejunostomy
(Stapled or Hand Sewn)

Whatever Can Go Wrong Will Go Wrong Are you Prepared

SADI-S

Duodenal Stump Blowout – Can you repair this”

Retro Duodenal Bleeding – Can you stop it?

Pancreatic Injury (dissecting a plane between the Pancreas and the Duodenum)

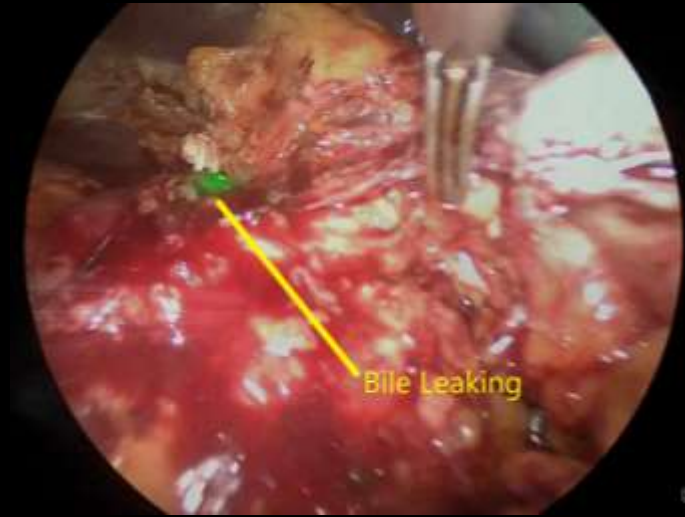
Duodenal Injury – Leak

Anastomotic leak (Duodenal – Ileostomy)

Internal Hernia – Few close the Mesenteric defect

Obstruction at Anastomosis – Excise and do over?

Common Bile Duct Injury



Whatever Can Go Wrong Will Go Wrong Are you Prepared

OAGB

Anastomotic Leak - Gastro-Jejunostomy
Obstruction Anastomosis - Excise and do over
Internal Hernia - Easy to close

Familiarity

The majority of Bariatric Surgeons have these skills
Stapling a pouch
Gastrojejunostomy



Parameter B
Limitations of the OAGB Operation
The Fear of Bile Reflux

OAGB
One Year Later

Parameter C

SADI vs OAGB

PATIENT SELECTION

- What can we conclude about this patient
- BMI 50 after a bariatric operation
 - How compliant was this patient to regain weight to a BMI over 50?
 - Dietary choices?
 - Eating Habits?
 - Behavior?
 - Vitamin Supplementation?

SADI vs OAGB PATIENT SELECTION

- SADI-S
- Is giving a non compliant patient an operation that requires an even higher level of patient compliance ever a good idea?
 - Malnutrition?
 - Hypoalbuminemia
 - Anasarca
 - Ascites.
- OAGB
- Expect patient non compliance
 - Less likelihood of revision for complications related to non compliance



REVISION!

Final Thoughts

- We treat a large group of diversely different patients
- The ideal operation is not about the procedure with the best weight loss or the one that exerts the biggest hammer
- “Not every patient can own drive and maintain the Ferrari”
- The issues which are important with evaluation of each patient
 - Nutrition
 - Follow up
 - Technical Difficulty
- We must adapt to determining the best operation for the reality of who each patient is

