



XXVI IFSO WORLD CONGRESS OF BARIATRIC & METABOLIC SURGERY

Sleeve X Duodenal Switch

Caetano Marchesini

Former President of the Brazilian Society for Bariatric and Metabolic Surgery

Member of The Brazilian College of Surgeons

Member of IFSO

International Member of ASMBS





X



Sleeve Gastrectomy

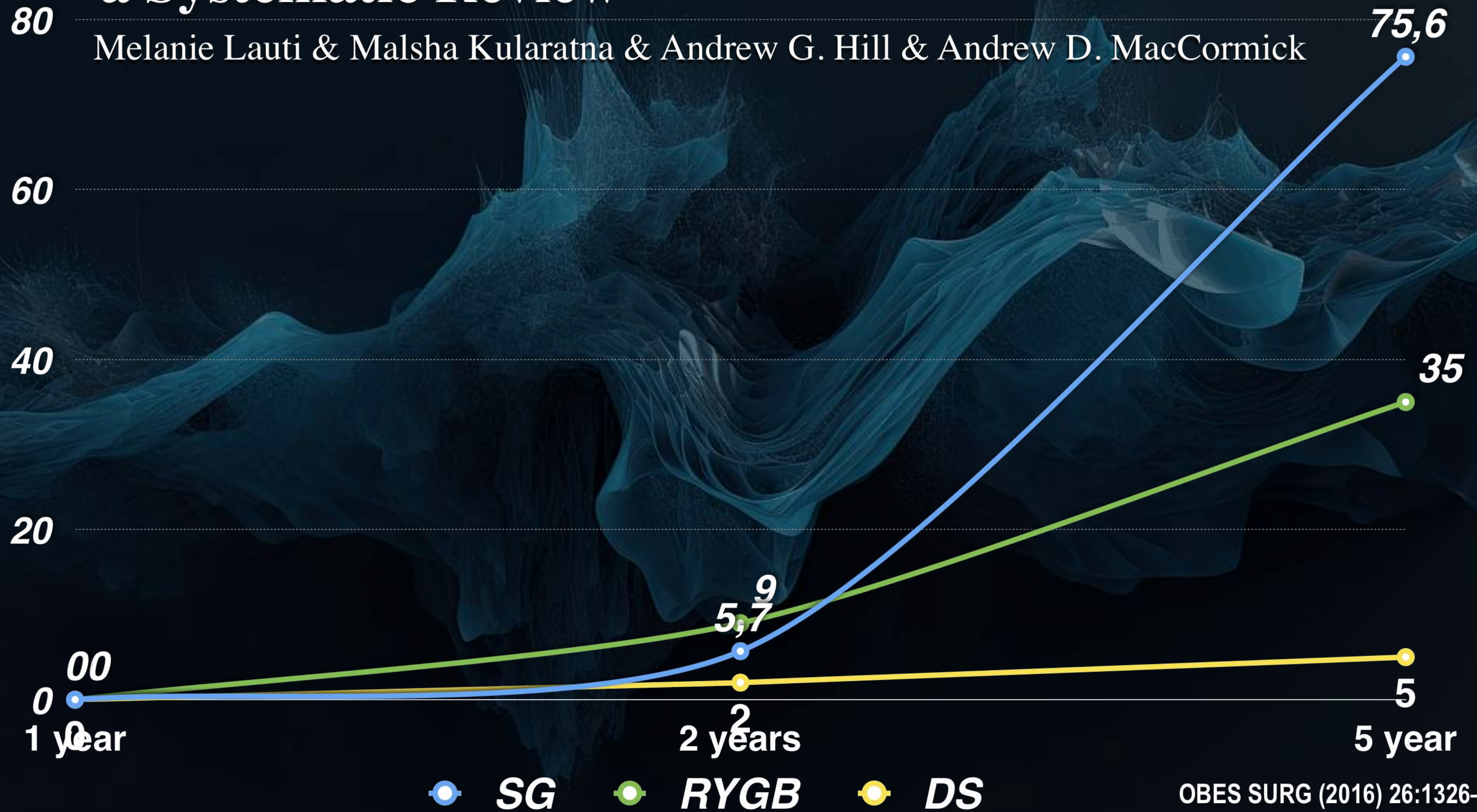


- 🍷 Technically simpler procedure
- 🍷 Preservation of anatomical alimentary tract continuity
- 🍷 Acceptable long-term metabolic outcomes



Weight Regain Following Sleeve Gastrectomy: a Systematic Review

Melanie Lauti & Malsha Kularatna & Andrew G. Hill & Andrew D. MacCormick



Manometric and pH-monitoring changes after laparoscopic sleeve gastrectomy: a systematic review

Andrea Balla & Francesca Meoli & Livia Palmieri & Diletta Corallino & Maria Carlotta Sacchi & Emanuela Ribichini & Diego Coletta & Annamaria Pronio & Danilo Badiali & Alessandro M. Paganini

Conventional manometry

- Significantly decreased of the LES pressure
- 85% presented **de novo** hypotensive LES
- Shorter length of LES

High-resolution impedance manometry (HRiM) 24-hours

- Worsening in esophageal body peristalsis
- Decreased distal contractile integral (DCI)
- Ineffective esophageal motility (IEM)

24-hours pH-monitoring

- Of the ten studies included in this publication, only two showed a decrease in the DeMeester score after vertical gastrectomy.


24-hours impedance-pH monitoring

- Statistically significant increase in the total number of acid and non-acid reflux episodes
- De Novo GERD in 50%
- Only one author showed an improvement of GERD (17%) after surgery Although the improvement was significant, the mean score persisted pathological, and this was observed in all groups

**De Novo
GERD**

17.8 to 69%


Gastroesophageal Reflux Disease as an Indication of Revisional Bariatric Surgery—Indication and Results—a Systematic Review and Metanalysis

Sonja Chiappetta¹  · Panagiotis Lainas^{2,3} · Radwan Kassir^{4,5} · Rohollah Valizadeh⁶ · Alfonso Bosco¹ · Mohammad Kermansaravi⁷

915
Patients

- ★ A total of 48 of 772 studies examining 17.437 patients were included in this systematic review and meta-analysis ;
- ★ Techniques included: SG/OAGB/BPDDS/ SADJB-SG/ VBG/GB/RYGB ;
- ★ 83.5% of patients that needed a RBS due to GERD where primary submitted to a Sleeve Gastrectomy

The Outcomes of Laparoscopic Biliopancreatic Diversion with Duodenal Switch on Gastro-esophageal Reflux Disease: the Mayo Clinic Experience


Joseph N. Badaoui¹ • Todd A. Kellogg¹ • Barham K. Abu Dayyeh² • Justin W. Maroun¹ • Travis J. McKenzie¹ • William S. Harmsen³ • Michael L. Kendrick¹ • Omar M. Ghanem^{1,4} 

- ★ 44.7% of our cohort had its GERD **symptoms resolved** after the procedure
- ★ Pre-surgical diabetes mellitus (DM) was shown to be an influencing factor in GERD outcome for this particular population.
- ★ A higher %TWL at a 6- and 12-month post-operative interval was shown to be associated with better GERD outcomes

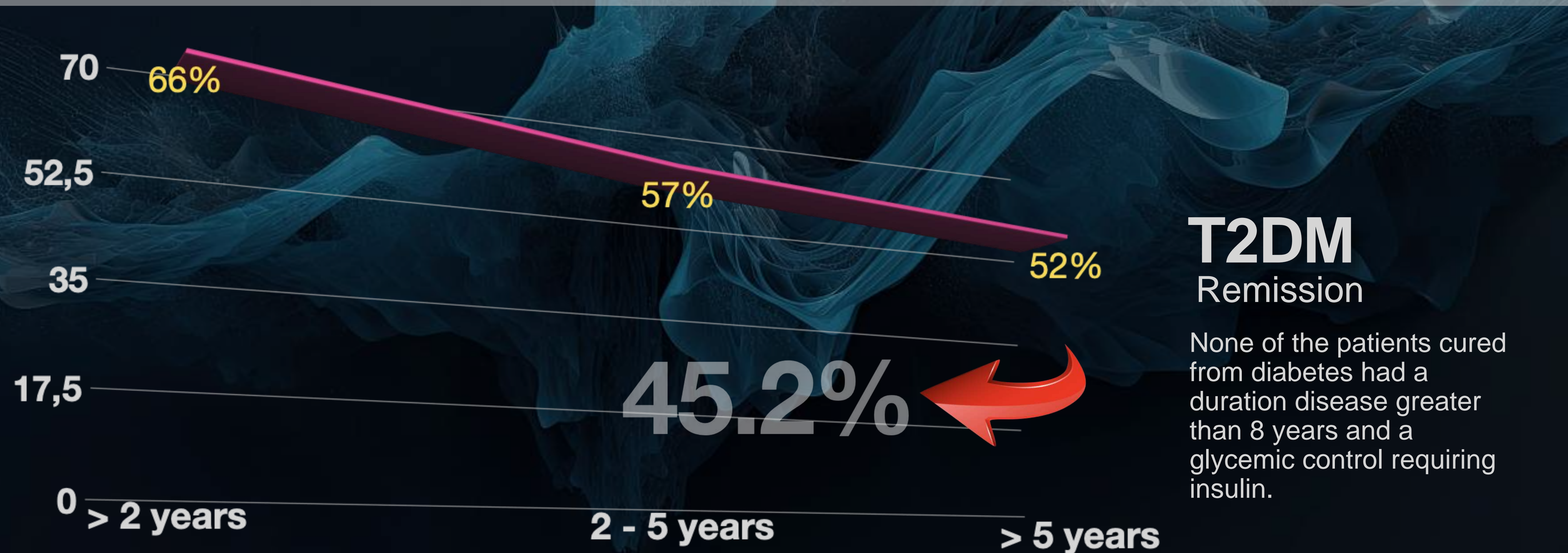


Metabolic
effects

Long-term Metabolic Effects of Laparoscopic Sleeve Gastrectomy

Danila Capoccia¹  • Federica Coccia¹ • Gloria Guarisco¹ • Moira Testa¹ • Roberta Rendina¹ • Francesca Abbatini² • Gianfranco Silecchia² • Frida Leonetti¹

Obesity Surgery (2018) 28:2289–2296



Obesity Surgery (2018) 28:2289–2296

Effect of Laparoscopic Sleeve Gastrectomy vs Roux-en-Y Gastric Bypass on Weight Loss, Comorbidities, and Reflux at 10 Years in Adult Patients With Obesity The SLEEVEPASS Randomized Clinical Trial

Paulina Salminen, MD, PhD; Sofia Grönroos, MD; Mika Helmiö, MD, PhD; Saija Hurme, MSc; Anne Juuti, MD, PhD; Risto Juusela, MD; Pipsa Peromaa-Haavisto, MD, PhD; Marja Leivonen, MD, PhD; Pirjo Nuutila, MD, PhD; Jari Ovaska, MD, PhD

10Y
remission

T2DM	26%
Dyslipidemia	19%
Hypertension	8%
Esophagitis	31%

Original Article

Long-term resolution of type 2 diabetes after biliopancreatic diversion and c

Richie Gopal Goriparthi, M.D., M.Sc.*, Amanda Martins, M.B.B.S., Priyanka Yerragorla, M.D., M.Sc., Gintaras



5 years

Table 3
Diabetes outcome comparison between IDD and NIDD

Diabetes type	Total	Complete remission		Partial remission		Improvement		Unchanged		Relapse	
		n	%	n	%	n	%	n	%	n	%
IDD	54	36	66.6	1	1.8	14	25.9	1	1.8	2	3.7
NIDD	97	95	97.9	0	0	2	2.1	0	0	0	0
Total	151	131	86.8	1	.7	16	10.6	1	.7	2	1.3

IDD = insulin-dependent diabetes; NIDD = non-insulin-dependent diabetes.

Long-term Remission of Type 2 Diabetes and Patient Survival After Biliopancreatic Diversion with Duodenal Switch

Michael Frenken¹  · Olga Kemmet² · Miriam Frenken³ · Ingo Röhrig⁴ · Lars Fischer⁵ · Achim Hellinger⁶ 

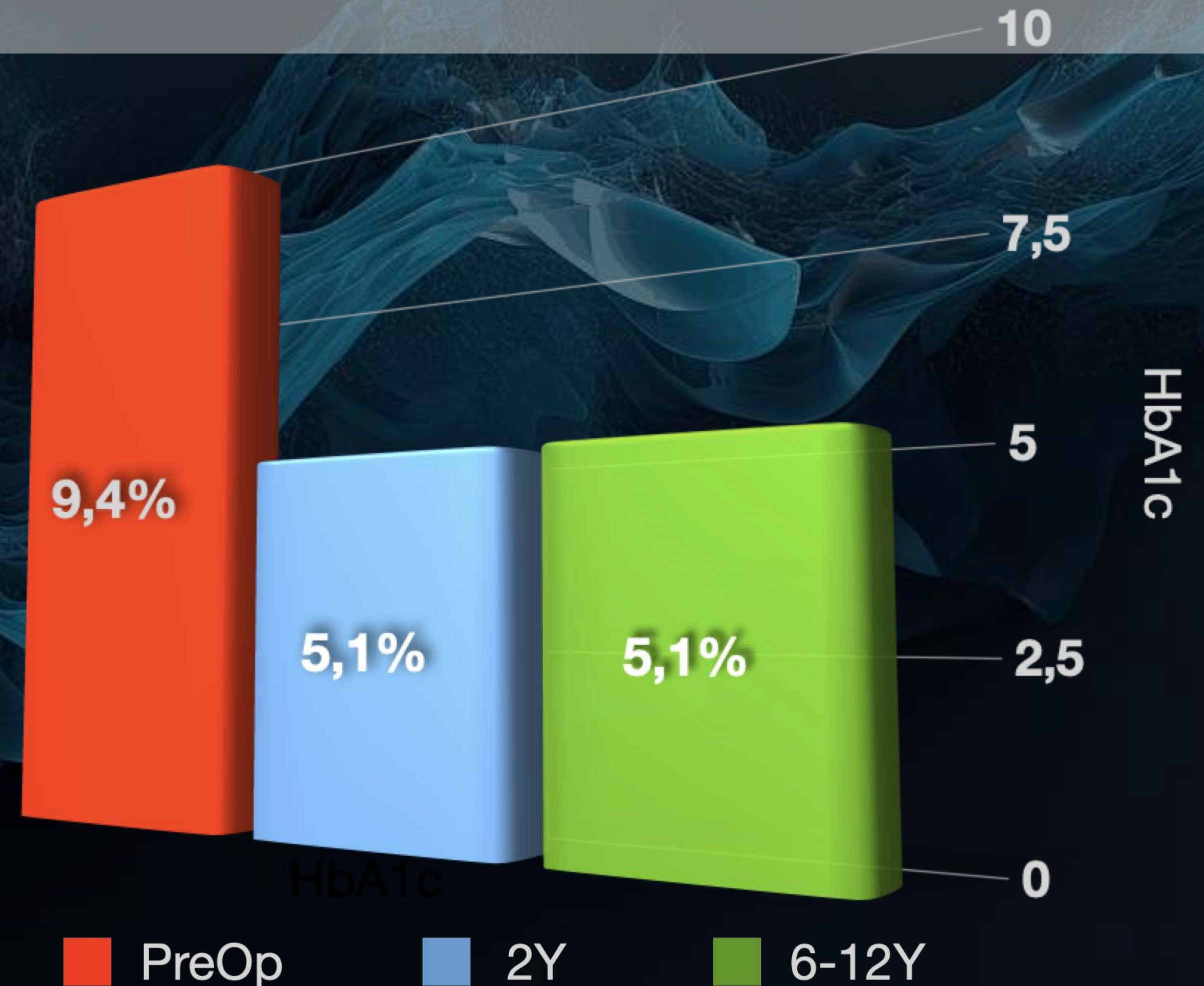
91
Patients

4 groups

- ⊙ group 1: oral drugs only; 93%
- ⊙ group 2: insulin < 5 years; 88%
- ⊙ group 3: insulin 5–10 years; 45%
- ⊙ group 4: insulin > 10 years; 40%

Primary endpoint was T2DM remission rate 6–12 years after BPD-DS

- ★ Late relapse - 3 patients (5%)
- ★ Follow-up 62/91 patients 77%
- ★ Remission rate is highly dependent on preoperative diabetes severity.





Nutritional Complications

Micronutrient Supplementation after Biliopancreatic Diversion with Duodenal Switch in the Long Term (5 years)

Philipp Nett & Yves Borbél & Dino Kröll

- ➔ *adjustments of micronutrient supplementation were required in 72.1 %;*
- ➔ *Common deficiencies include iron, vitamin B12, fat soluble vitamins ADEK, calcium, zinc, selenium, folate, copper;*
- ➔ *81.4 % were diagnosed with a de novo or recurrent micronutrient deficiency including either vitamins, minerals, or both;*
- ➔ *Severe hypoalbuminemia that was switched to a RYG (2.3%)*
- ➔ *Readjustments of the micronutrient supplementation were necessary mostly within the first year after BPD-DS and included an increase of the initial dosage of about 50 % for folate to about 300 % for vitamin B12;*
- ➔ *initial prescription of micronutrient supplementation and further adjustments during the follow-up were insufficient to avoid long-term micronutrient deficiencies.*

Original article

Long-term outcomes after Roux-en-Y gastric bypass: 10- to 13-year data

Nabeel R. Obeid, M.D.^{a,*}, Waqas Malick, B.S.^a, Seth J. Concors, M.D.^b, George A. Fielding, M.D.^a, Marina S. Kurian, M.D.^a, Christine J. Ren-Fielding, M.D.^a

Surgery for Obesity and Related Diseases 12 (2016) 11–22

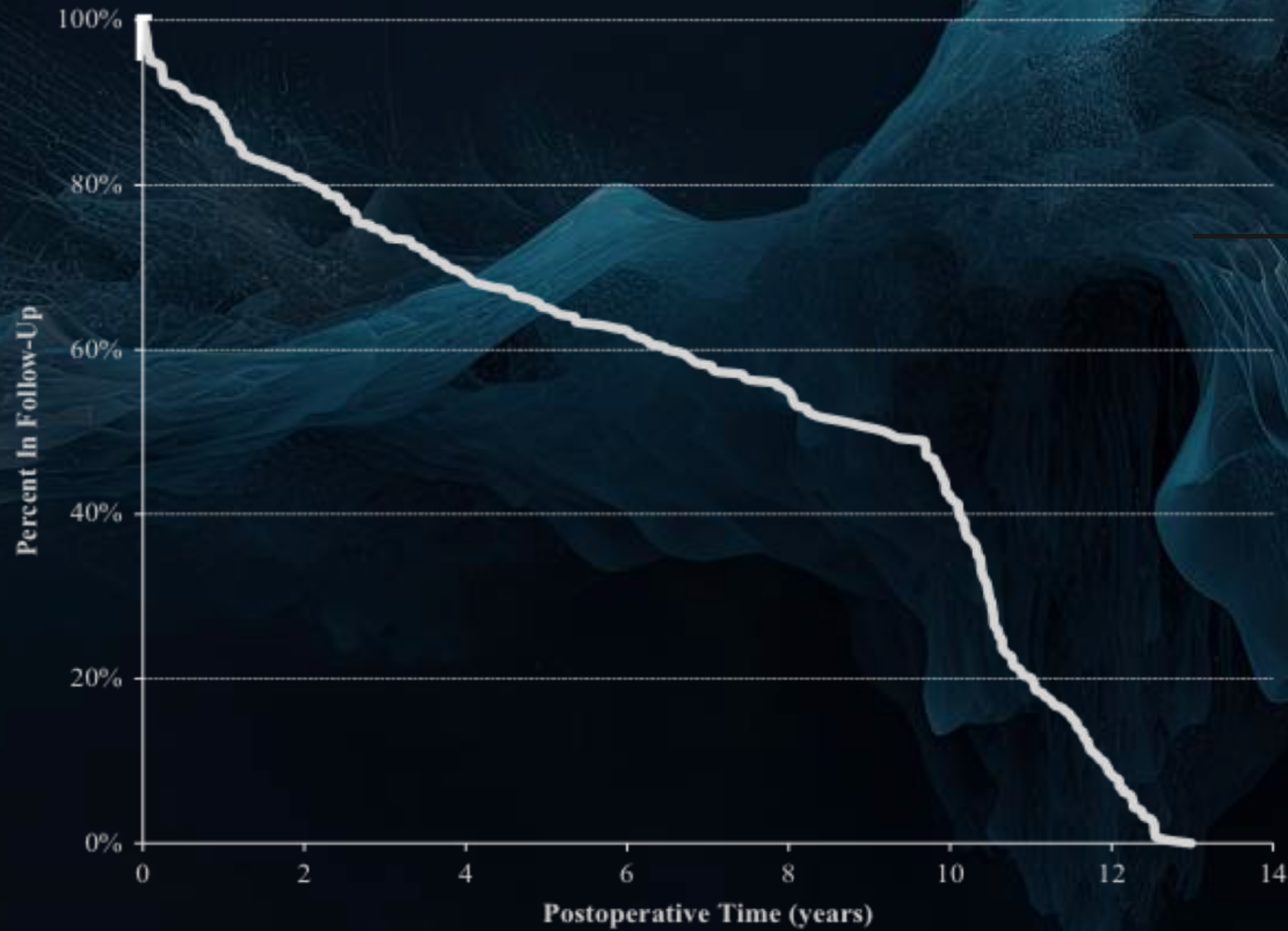
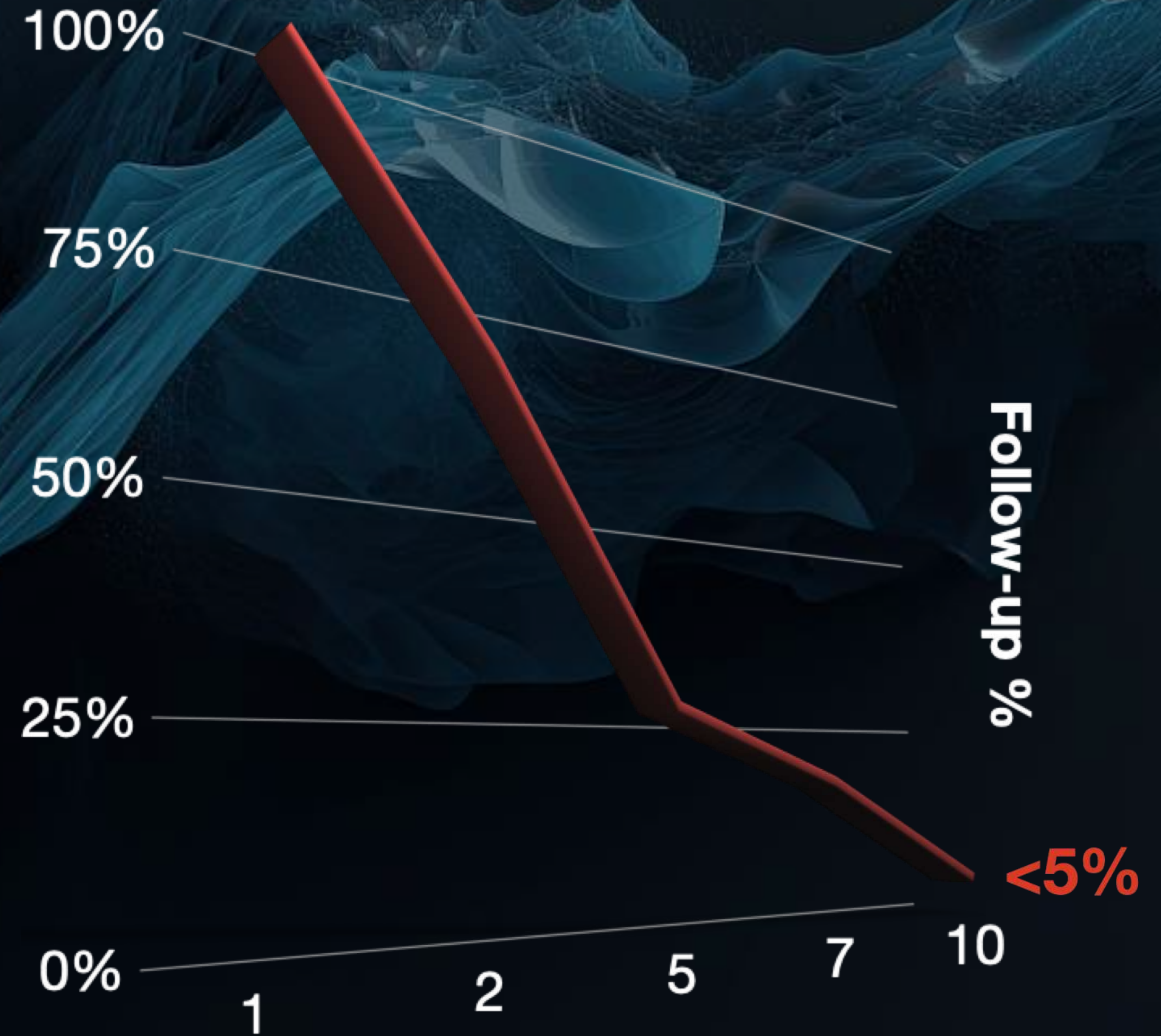


Fig. 1. Kaplan-Meier curve for percentage follow-up over time.

Our Personal Experience
1,234 DS since 1997



Concluding

	Sleeve Gastrectomy		BPD/DS
Weight Regain	 High Rate	 Low Rate	
GERD	 High Rate	 Low Rate	
Long-term Metabolic Effect	 Medium to Low	 High	
Nutritional & Surgical Complications	 Low	 High	



XXVI IFSO WORLD CONGRESS

OF BARIATRIC & METABOLIC SURGERY

Grazie Mille

