
XXVIII IFSO World Congress
9-12 September 2025 | Santiago, Chile
COMBINED THERAPIES, THE DAWN OF A NEW ERA
IFSO
SANTIAGO 2025
Sleeve Plus: Sleeve DJB
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MD PhD
Yotsuya Medical Cube, Tokyo, JP
IFSO 2025 Santiago
Combined Therapies, The Dawn of a New Era
ifso2025.org

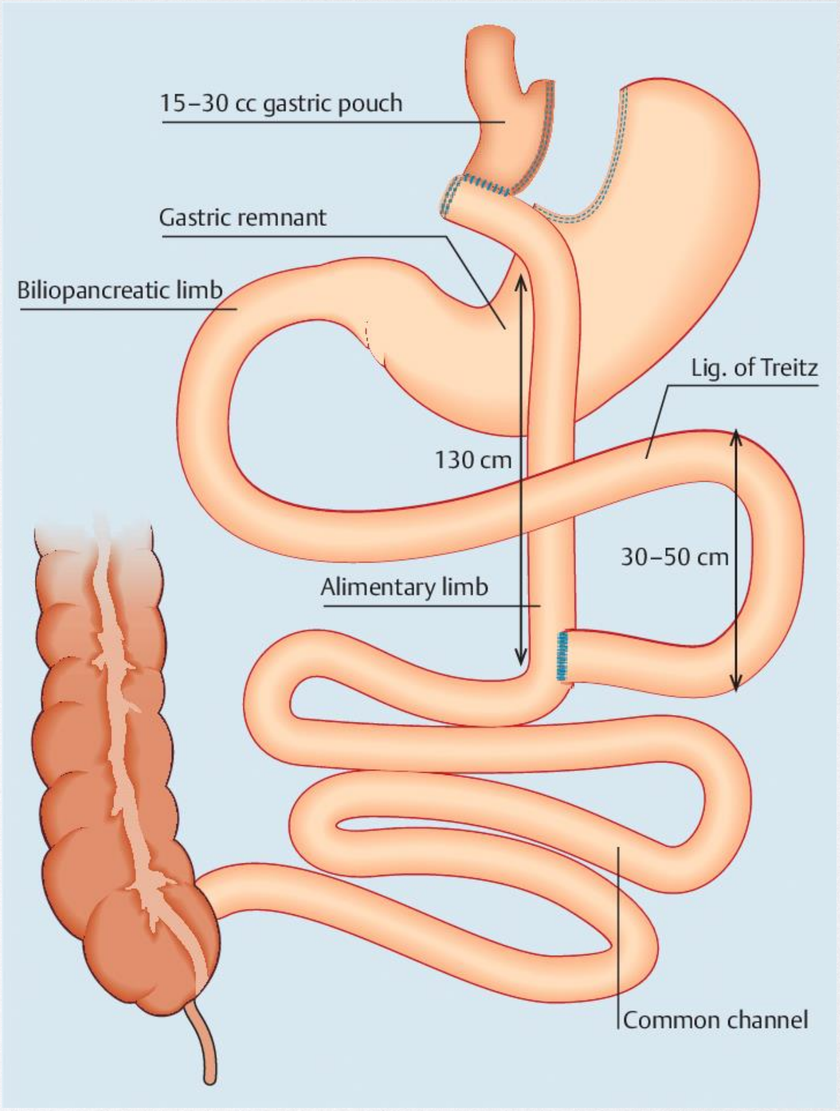
Disclosure Slide

XXVIII IFSO World Congress
9-12 September 2025
Santiago, Chile

Nothing to disclose

LRYGB

- the 1st in Japan 2002
- Brazilian female



DON'T FORGET GASTRIC CANCER!

GASTRIC CANCER WORLDWIDE

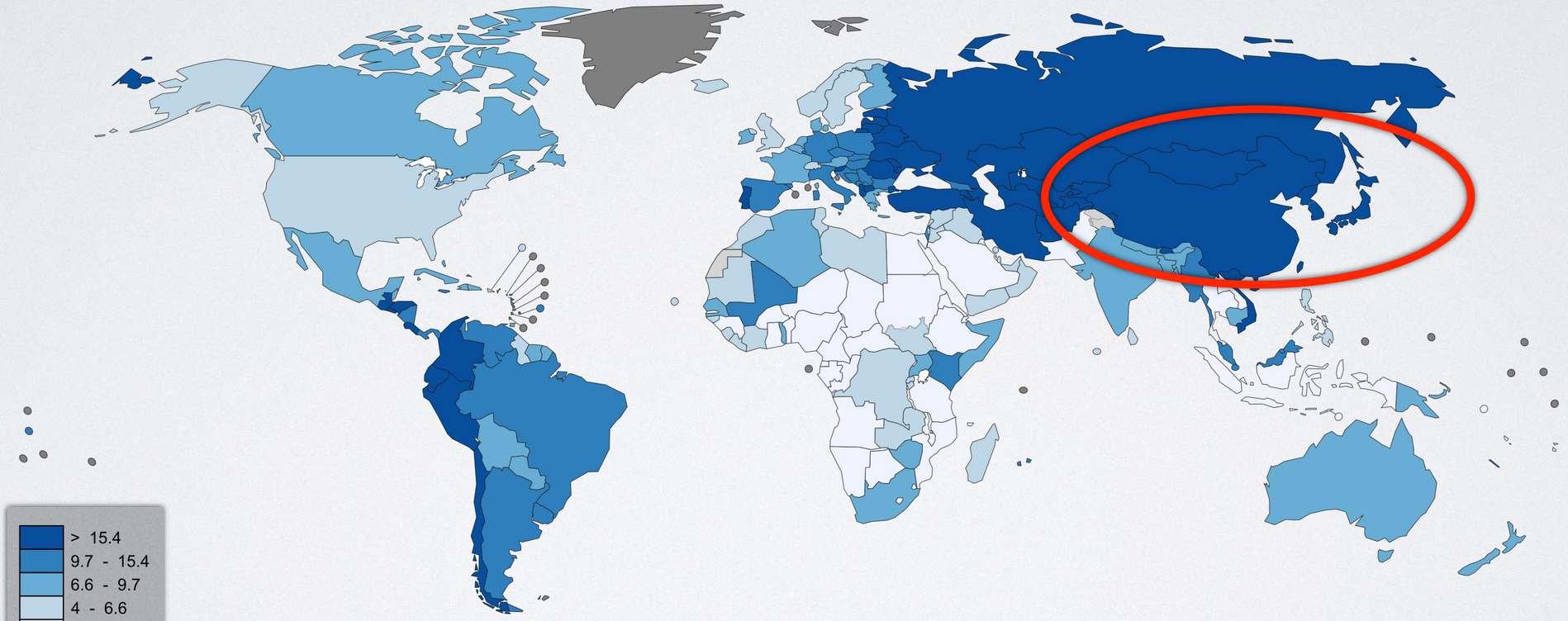
1,000,000 New case in a year

5th Most common malignancy in the world

3rd Leading cause of cancer death

GASTRIC CANCER WORLDWIDE

Incidence in Male

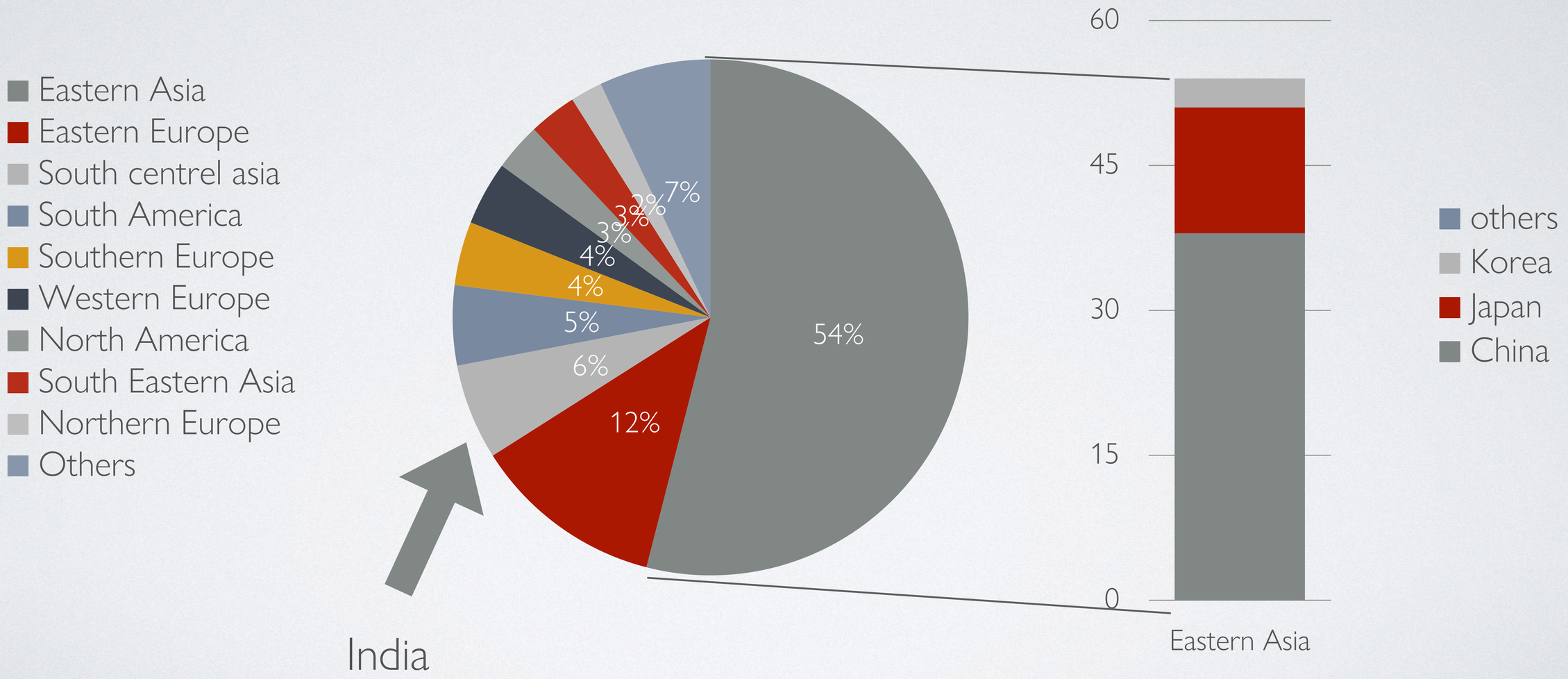


The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

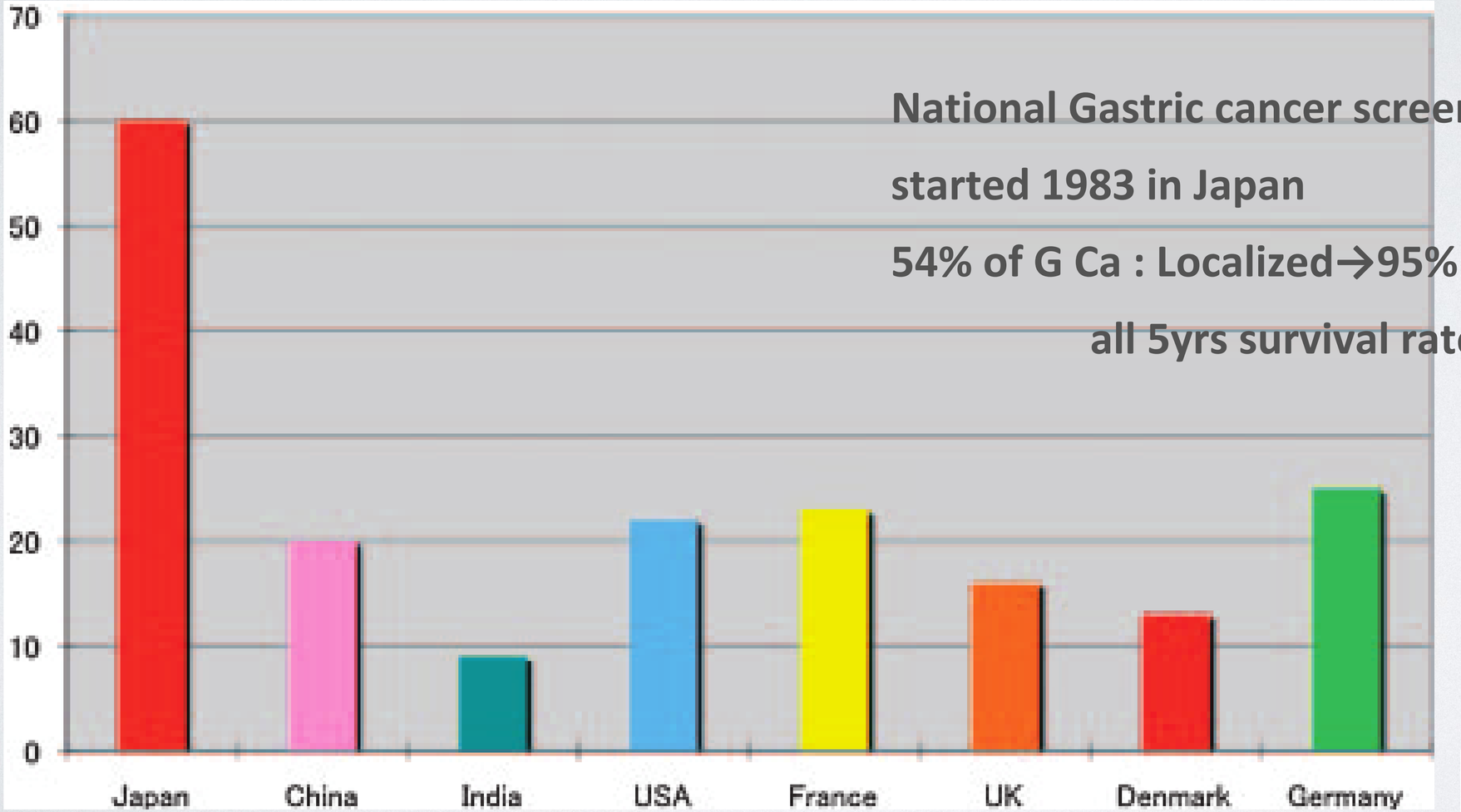
Data source: GLOBOCAN 2012
Map production: IARC
World Health Organization

World Health Organization

GASTRIC CANCER WORLDWIDE



GASTRIC CANCER
5YRS SURVIVAL RATE



National Gastric cancer screening

started 1983 in Japan

54% of G Ca : Localized→95% survival@5yrs

all 5yrs survival rate: 70%@2021

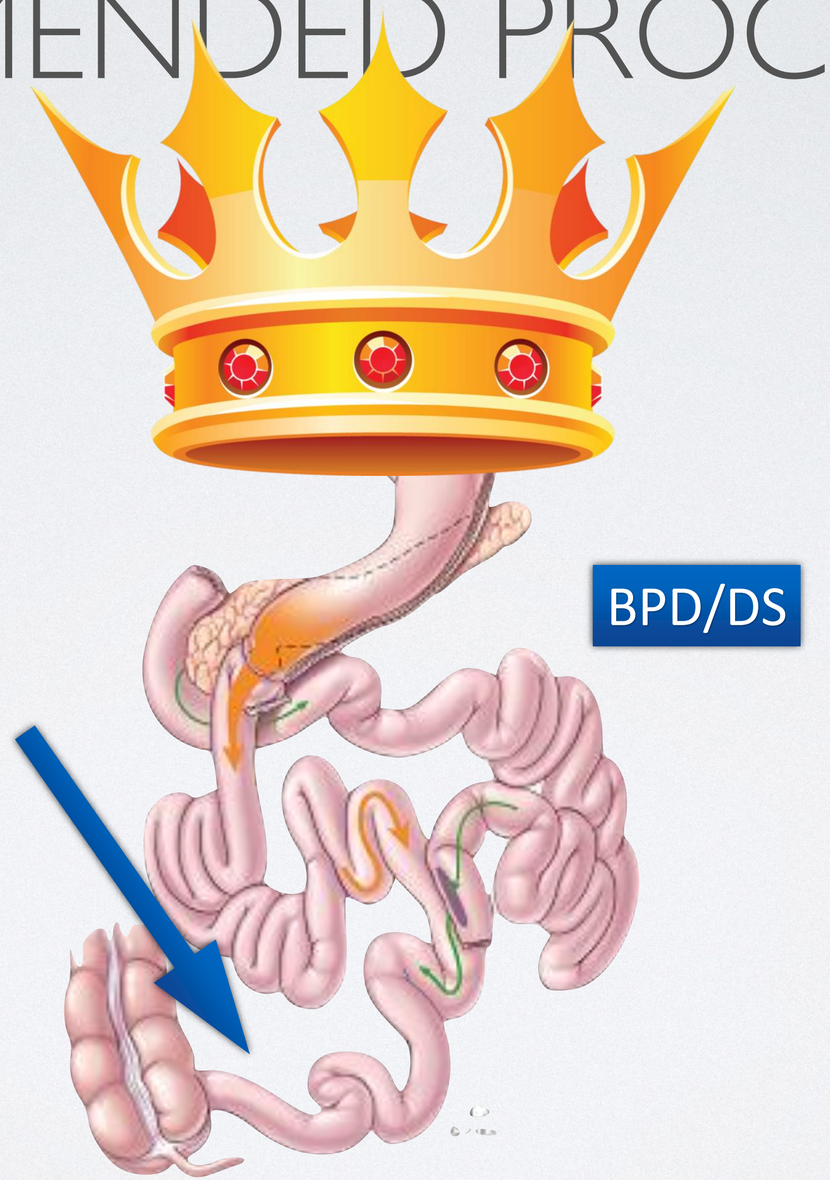
Strategies for eliminating death from gastric cancer in Japan

July 2014 · Proceedings of the Japan Academy Ser B Physical and Biological Sciences 90(7):251-8

WHY S-DJB
NOT BPD/DS?

- 2005 the first Lap Sleeve gastrectomy in Japan
- 2005 Japanese society abandoned RYGB!
- 2005 the 1st Lap BPD/DS in Japan (scheduled revision from LSG)
  with Prof. M. Gagner → hypo-protainemia, anemia

MOST EFFECTIVE AMONG ASMBS RECOMMENDED PROCEDURES



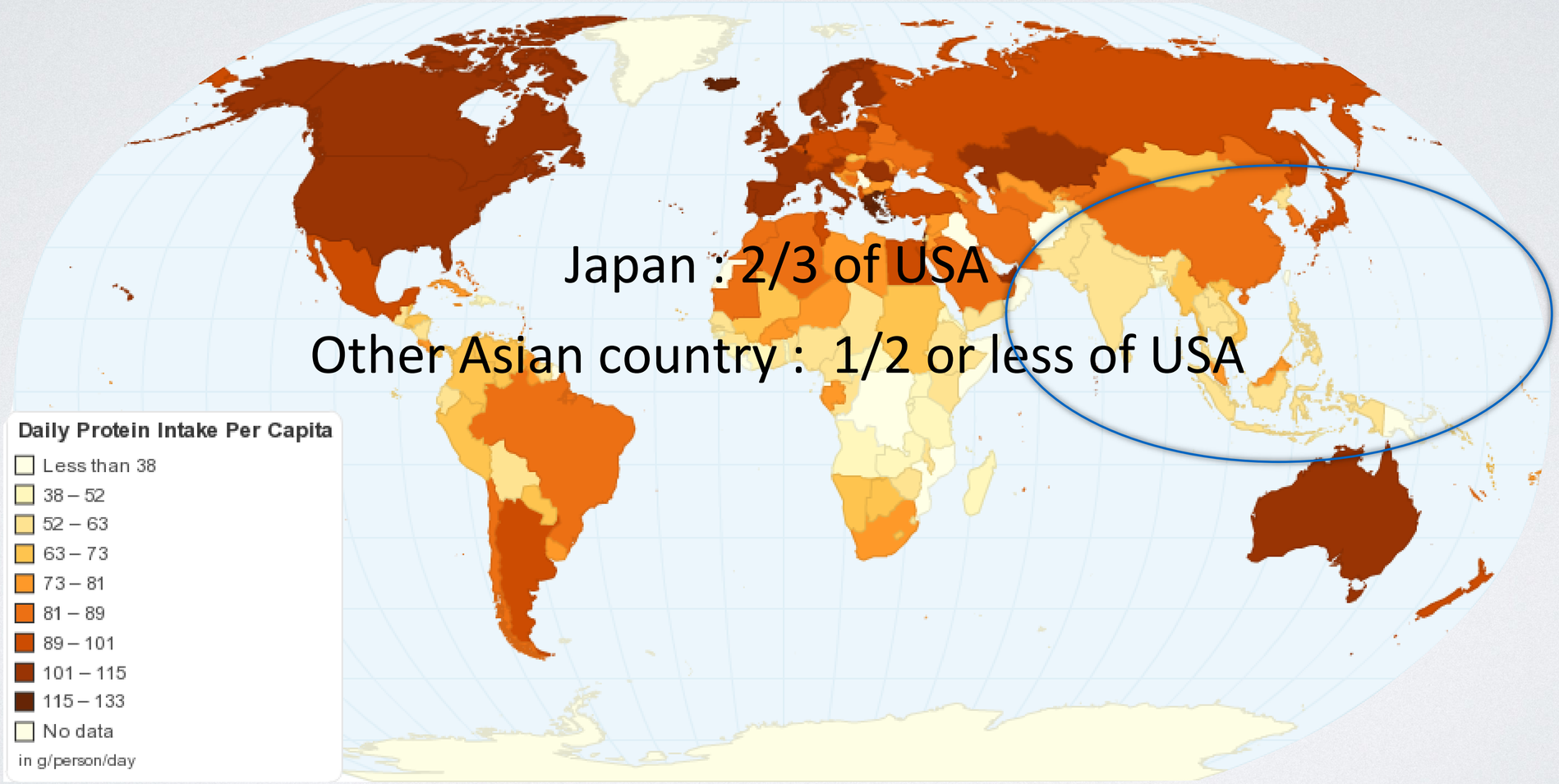
BPD/DS

100cm

PROBLEMS OF BPD, BPD/DS, SADI

Protein Malnutrition

PROTEIN INTAKE PER DAY



ChartsBin statistics collector team 2011, *Daily Protein Intake Per Capita*, ChartsBin.com, viewed 22nd August, 2017, <http://chartsbin.com/view/1155>.

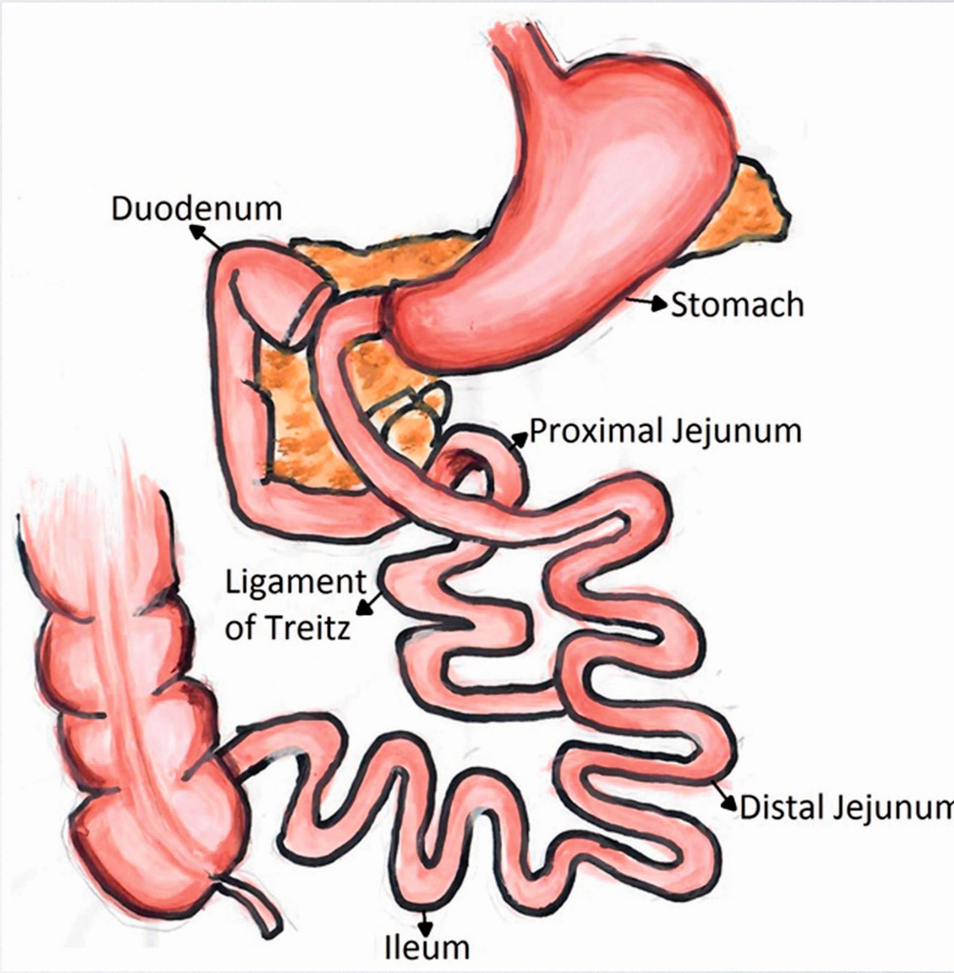
TOO MUCH HYPO-ABSORPTIVE PROCEDURES ARE NOT RECOMMENDED IN ASIA

ORIGIN OF S-DJB

Case Reports > Surg Obes Relat Dis. 2007 Mar-Apr;3(2):195-7.
doi: 10.1016/j.soard.2007.01.009.

Duodenal–jejunal bypass for the treatment of type 2 diabetes in patients with body mass index of 22–34 kg/m2: a report of 2 cases

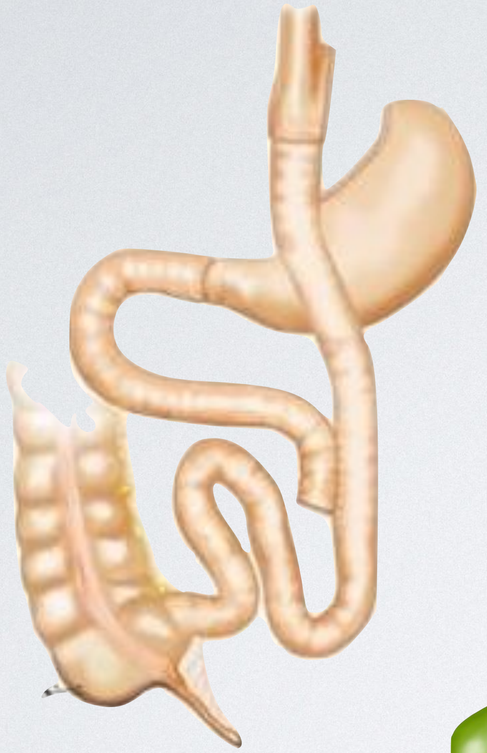
Ricardo V Cohen [1], Carlos A Schiavon, José S Pinheiro, Jose Luiz Correa, Francesco Rubino

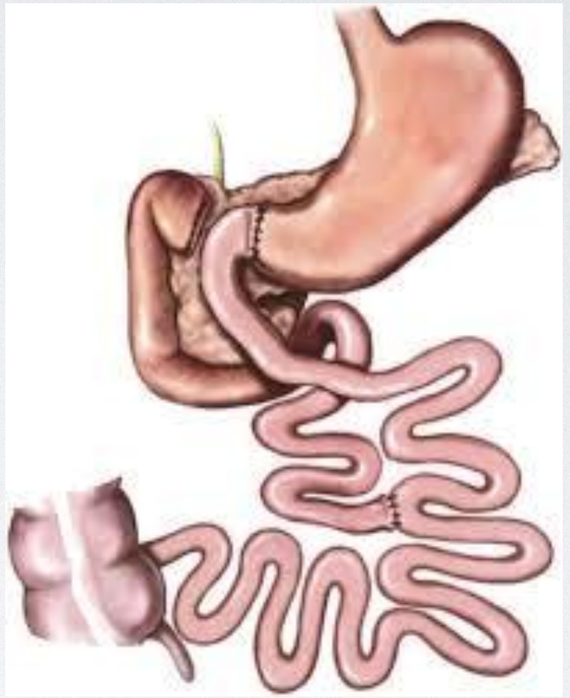


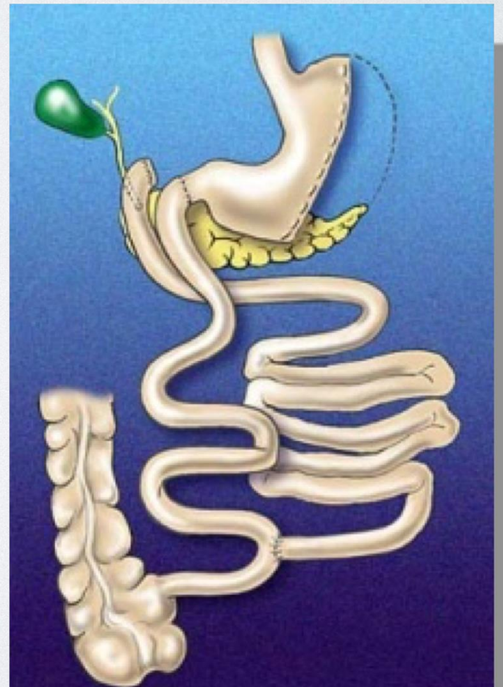
The first International symposium of Metabolic Surgery

- 2006 Sydney
- Director: Ricardo Cohen (Brazil)
- F. Rubino, M.Gagner, J. Himpens, M. Lakdawara, K. Kasama etc

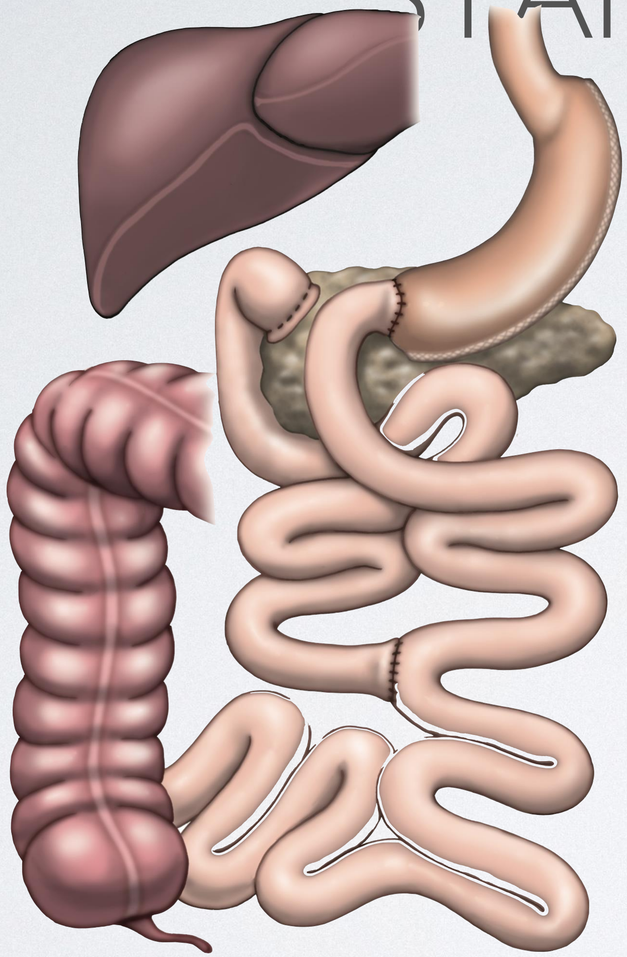
S-DJB







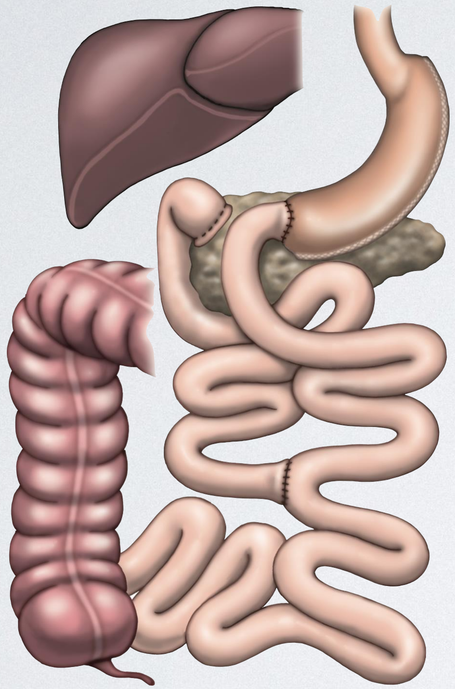
SLEEVE DJB
STARTED IN 2007



Roux en Y DJB

- alternative to BPD/DS
  - Long common channel DS
  - Slimer gastric tube
- Avoid bypassed stomach
- “Asian BPD/DS”

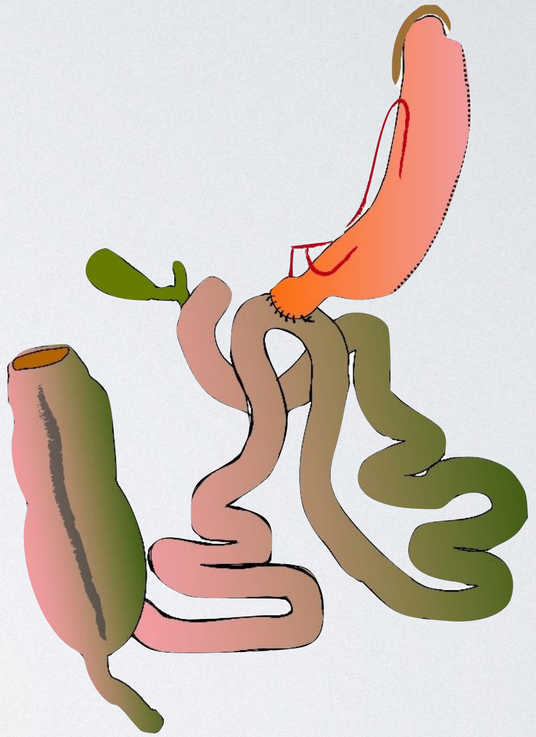
RY OF LOOP?



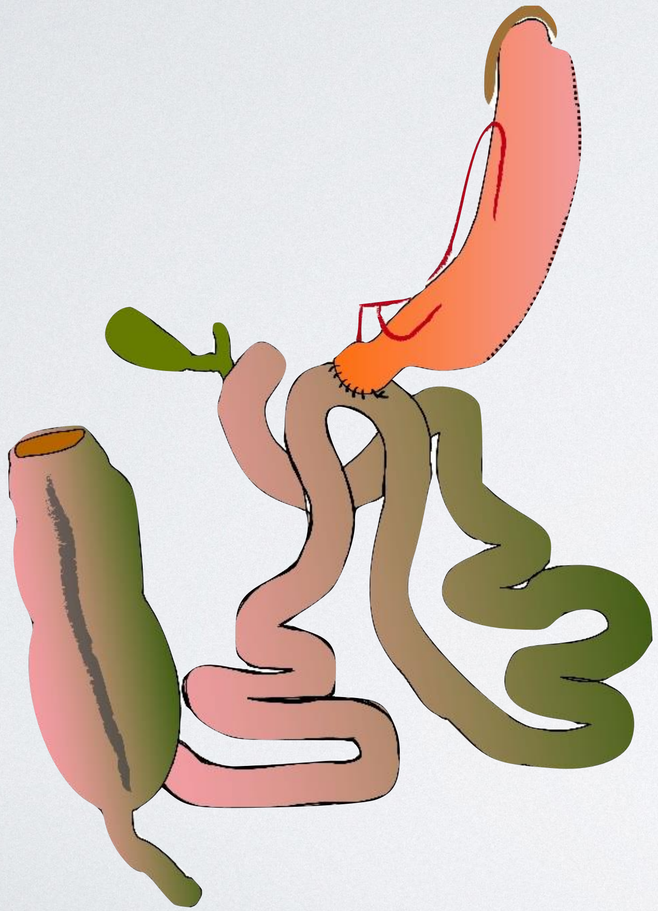
Loop is easier, short ope time.

Bile exposure to the stomach?

ASIAN SADI-S



MY RECENT S-DJB



Count the total length of the small intestine

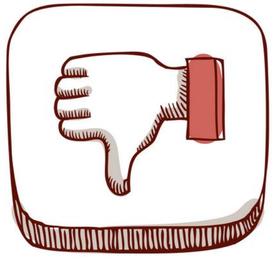
- Loop DJB
- BP limb: 1/3 of total length of small intestine (approximately 2m)
- A limb: half of BP limb (approximately 1m)
- Common channel: : At least 4mHalf

Pros and Cons of LSG-DJB

- No remnant stomach

- DJB effect (anti-diabetic)
- Ghrelin effect
- No bile reflux

- Dumping synd. ↓
- Marginal ulcer ↓
- Anastomotic stenosis↓



- Technically challenging
- OP time ↑

- Anastomotic leakage
- SBO
- Int. hernia

- Access to biliary tract
- GERD

OUTCOME OF DJB

Original Sleeve DJB

- Long term results
- DM remission for Low BMI?
- Compare to Sleeve alone
- Compare to LRYGB

OUTCOME OF DJB

- **Long term results**
- DM remission for Low BMI?
- Compare to Sleeve alone
- Compare to LRYGB

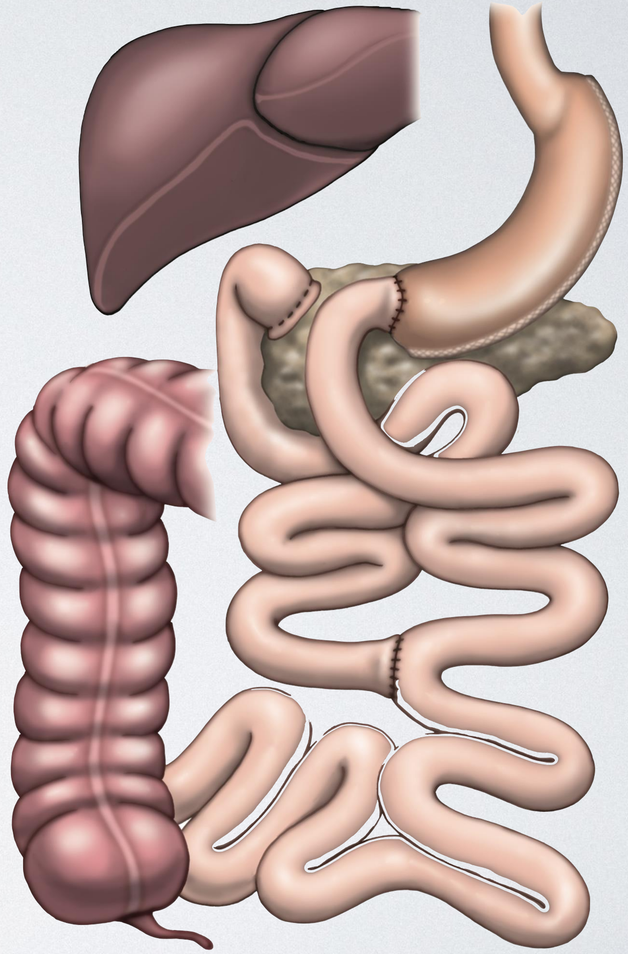
LONG TERM RESULT

- Longest f/u : 5 years paper

ORIGINAL CONTRIBUTIONS

Five-Year-Results of Laparoscopic Sleeve Gastrectomy with Duodenojejunal Bypass for Weight Loss and Type 2 Diabetes Mellitus

Yosuke Seki[1] · Kazunori Kasama[1] · Hidenori Haruta[1] · Atsushi Watanabe[1] · Renzo Yokoyama[2] · Jose Paolo Cabreira Porciuncula[3] · Akiko Umezawa[4] · Yoshimochi Kurokawa[4]

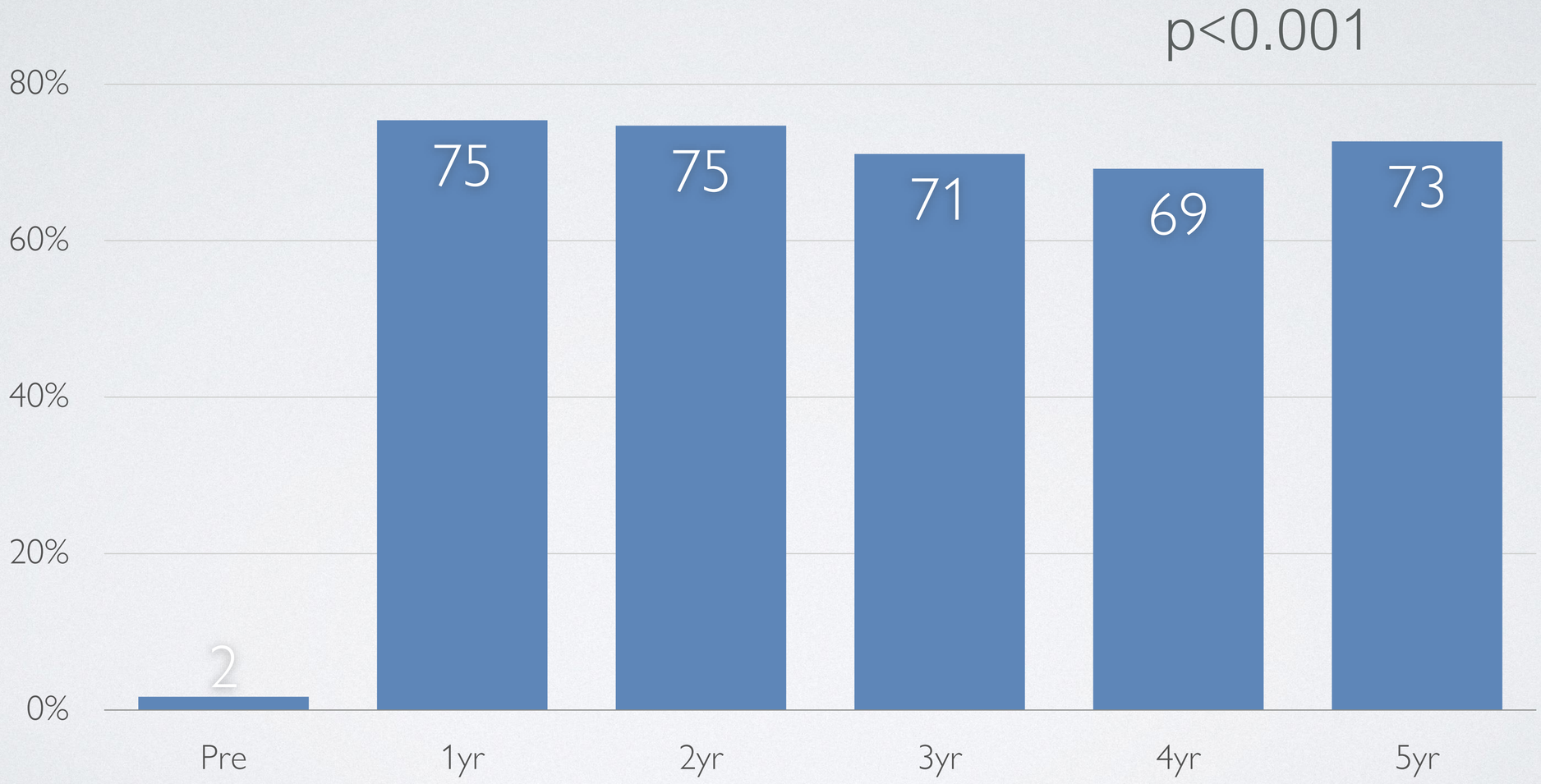


RESULTS: BMI

Seki, Kasama et al, Obesity Surgery 2016

RESULTS: %TWL

DM REMISSION RATE
“HBA1C<6.5% WITHOUT MED.”

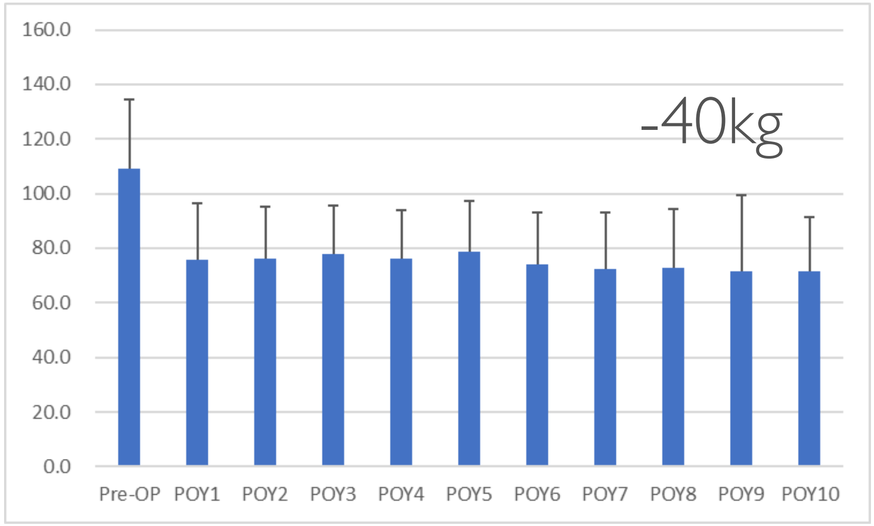


Seki, Kasama et al, Obesity Surgery 2016

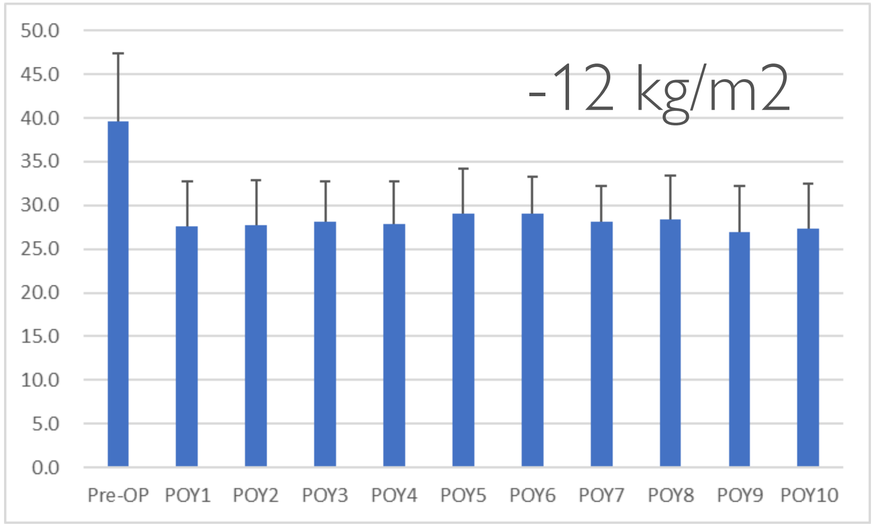
10 yrs Results (WL)

F/U rate: 92.1%@1y / 42.4%@5y / 22.6%@8-10y

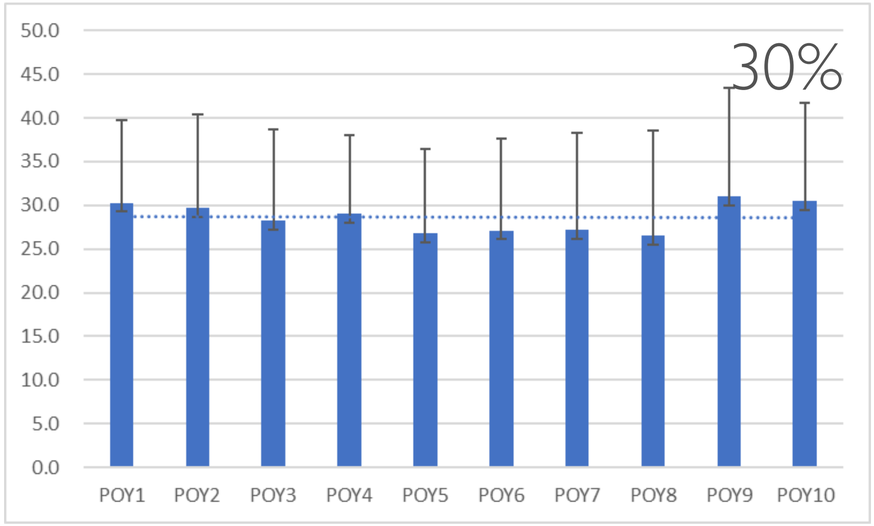
BW



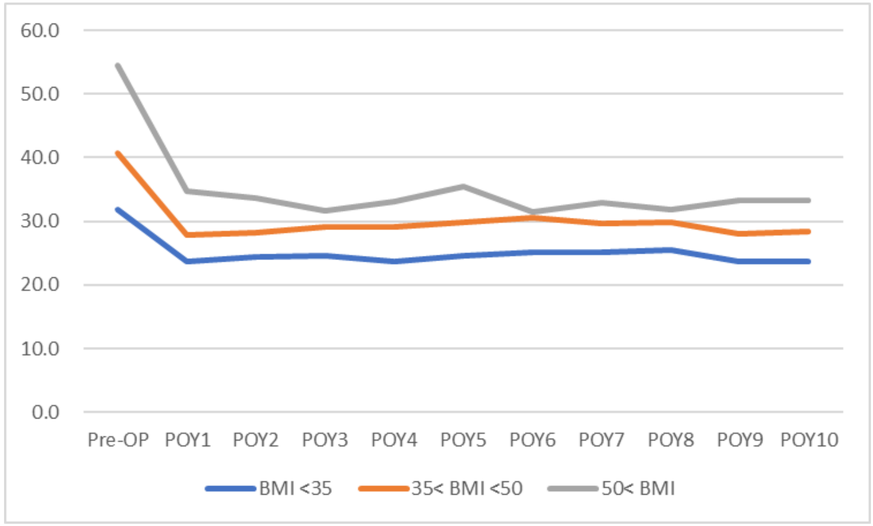
BMI

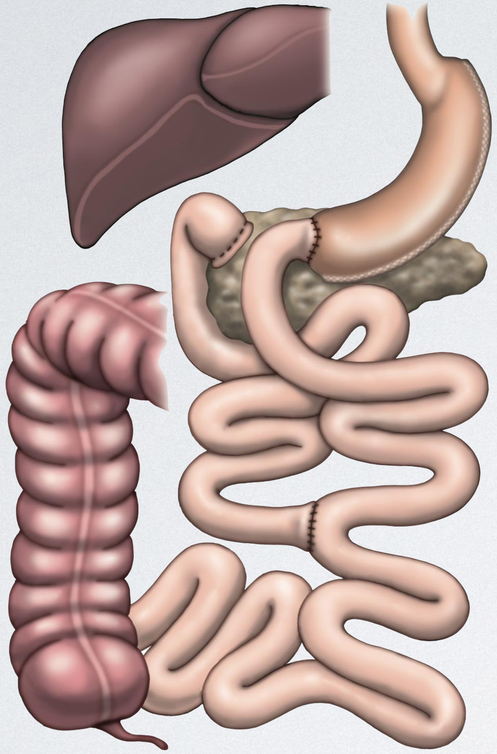


%TWL



BMI (stratified)





SLEEVE DJB
VS
LSG

COMPARISON WITH SLEEVE ALONE

OBES SURG
DOI 10.1007/s11695-017-2874-4

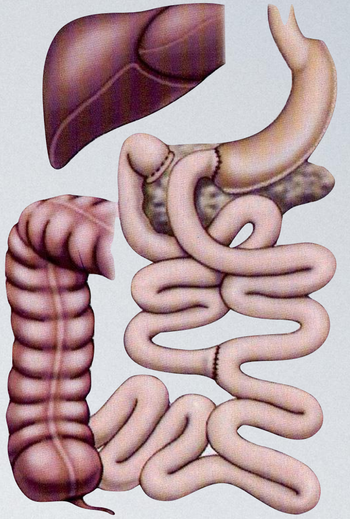
ORIGINAL CONTRIBUTIONS

Efficacy of Sleeve Gastrectomy with Duodenal-Jejunal Bypass for the Treatment of Obese Severe Diabetes Patients in Japan: a Retrospective Multicenter Study

Takeshi Naitoh[1] · Kazunori Kasama[2] · Yosuke Seki[2] · Masayuki Ohta[3] · Takashi Oshiro[4] · Akira Sasaki[5] · Yasuhiro Miyazaki[6] · Tsuyoshi Yamaguchi[7] · Hideki Hayashi[8] · Hirofumi Imoto[1] · Naoki Tanaka[1] · Michiaki Unno[1]

Obesity Surgery 2018

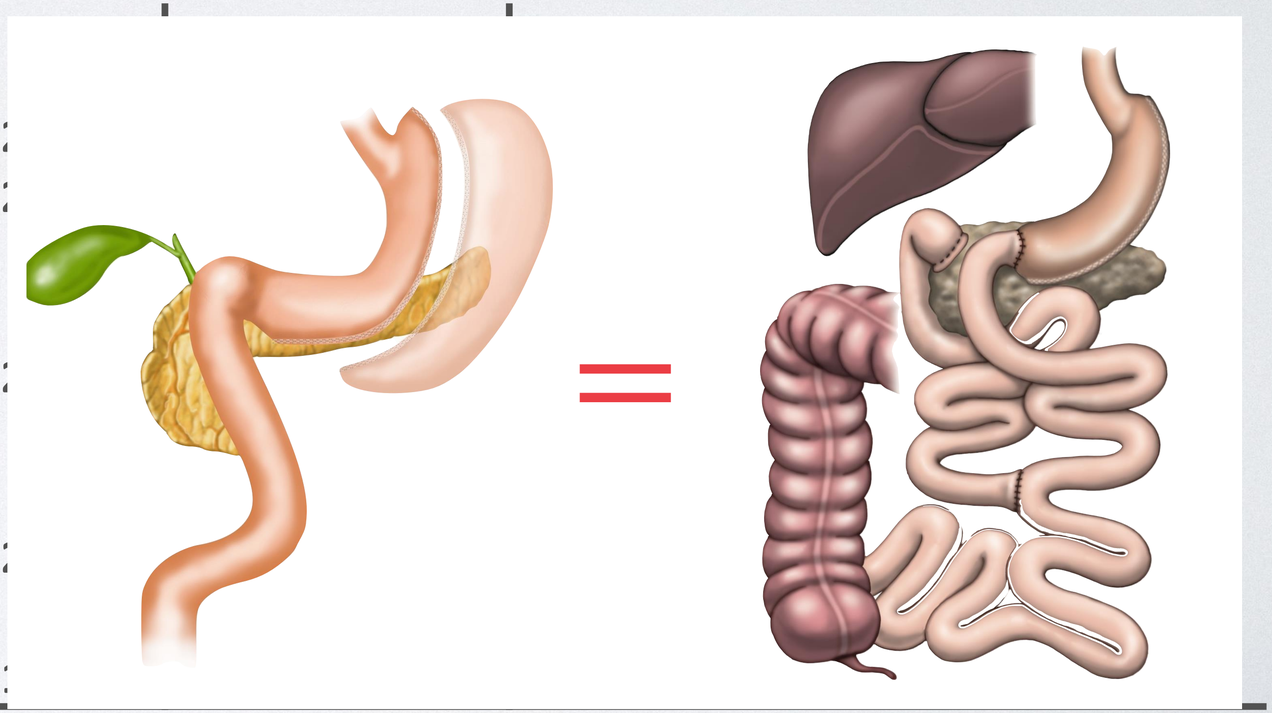
Sleeve VS Sleeve DJB



- All Japan (multi center)study
- Compare the anti-DM effect… LSG/DJB vs LSG
- 298 pts. (LSG/DJB121 vs LSG177)
- Japanese obese T2DM patients
- Determine predictive factors of DM remission

DM remission in overall patients

Valuables	CR/PR	Improve/NC	Univariate analysis	Multivariate logistic regression analysis		
	n=247 (82.9%)	n=51	p value	OR	95%CI	p value
Surgical procedures			0.246			
LSG	143 (80.8%)	34				
LSG/DJB	104 (86.0%)	17				
Sex						
Male	118					
Female	129					
Age < 40 year-old	76					
BMI > 42 kg/m^2	138					
Complications (C-D≥3)	10					
Duration of diabetes < 4 years	123					
No-insulin use	200					
HbA1c ≤ 6.7 %	82					
sCPR ≥ 3.0 ng/mL	163					



ABCD score
(Diabetes Surgery Score)

Score	0	1	2	3
Bod[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
serum **C**PR level (ng/mL)	<2.0	2-2.9	3-4.9	>5
Duration of diabetes (years)	>8	4-7.9	1-3.9	<1

The lower the score,
the more severe diabetes

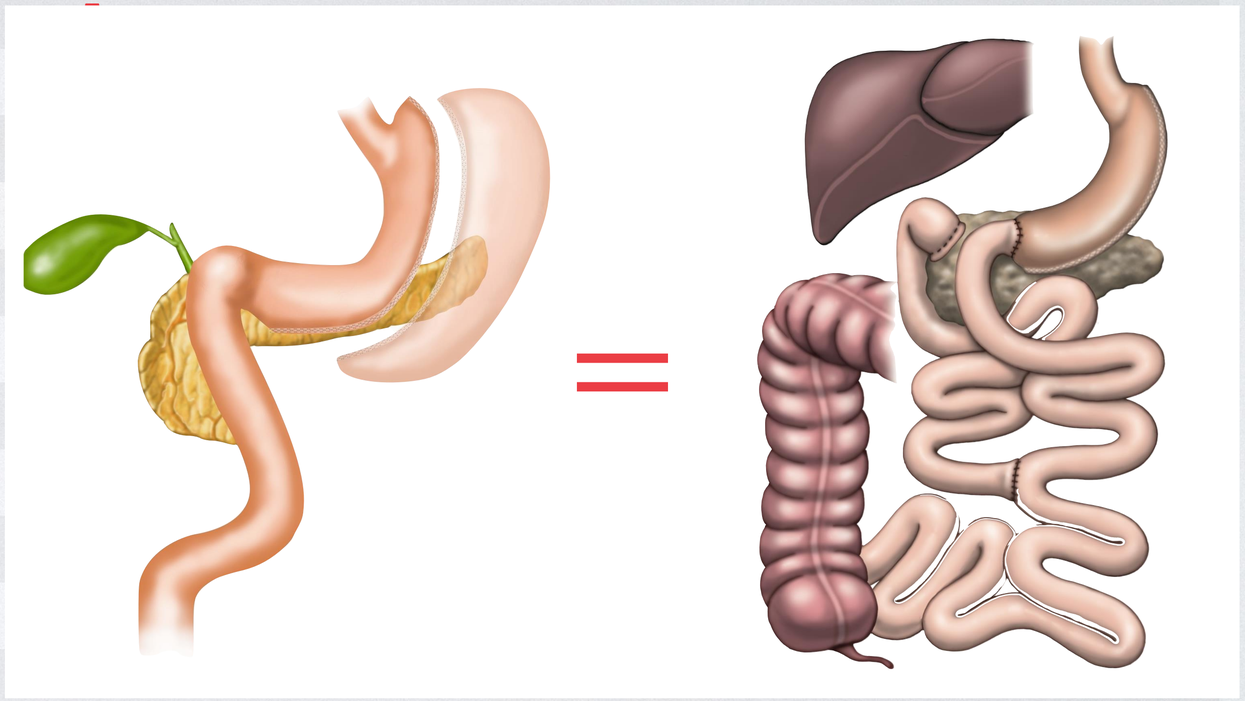
ABCD score: Sum of each score
CPR: C-peptide immunoreactivity

WJ Lee, Kasama, Obesity Surgery

DM remission in ABCD≥6 cases

Mild DM

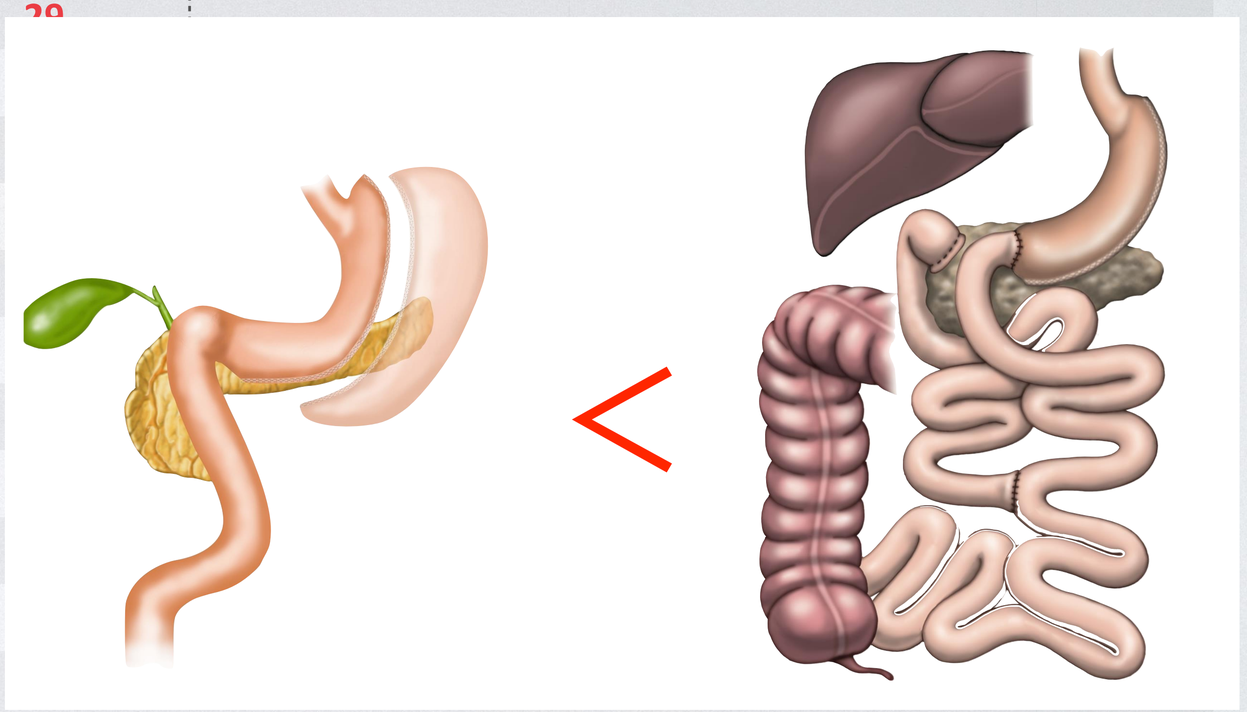
Valuables	CR/PR	Improve/NC	Univariate analysis	Multivariate logistic regression analysis		
	n=145 (94.8%)	n=8	p value	OR	95%CI	p value
Surgical procedures			0.829			
LSG	96 (95.0%)					
LSG/DJB	49 (94.2%)					
Sex						
Male	71					
Female	74					
Age < 40 year-old	69					
BMI > 42 kg/m^2	99					
Complications (C-D≥3)	6					
Duration of diabetes < 4	110					
No-insulin use	131					
HbA1c ≤ 6.7 %	58					
sCPR ≥ 3.0 ng/mL	124	7	0.876			



DM remission in ABCD≦5 cases

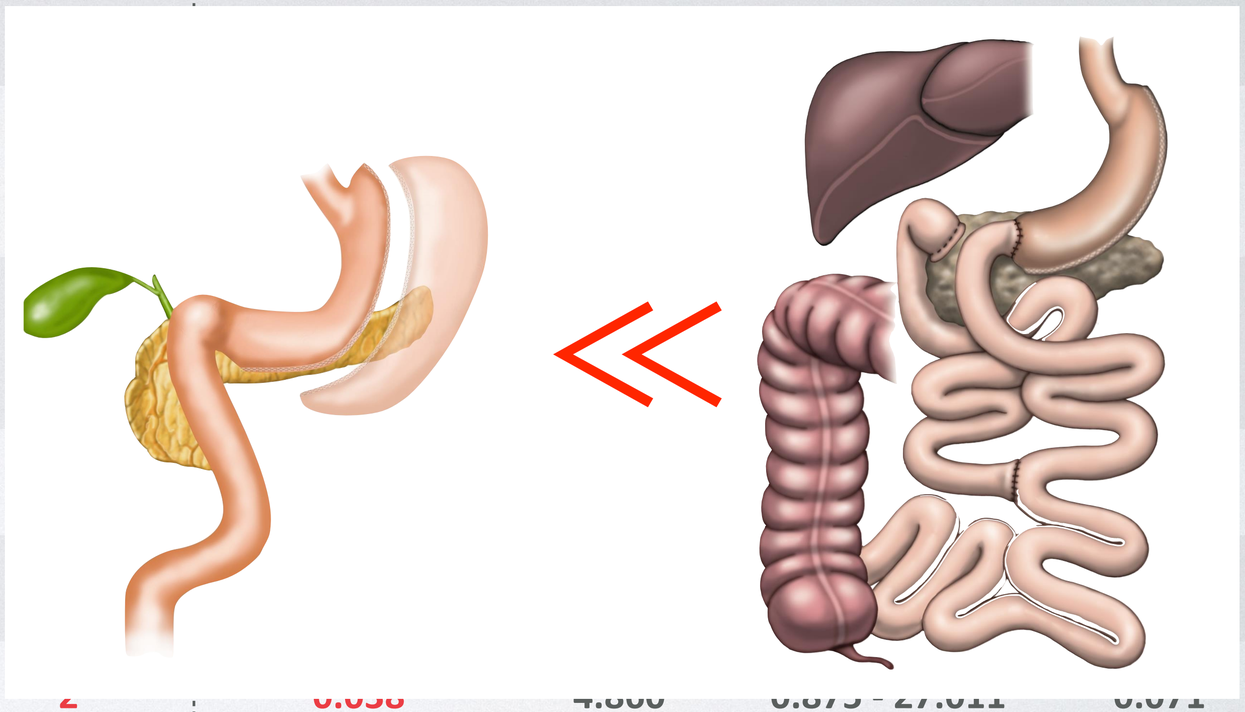
Severe DM

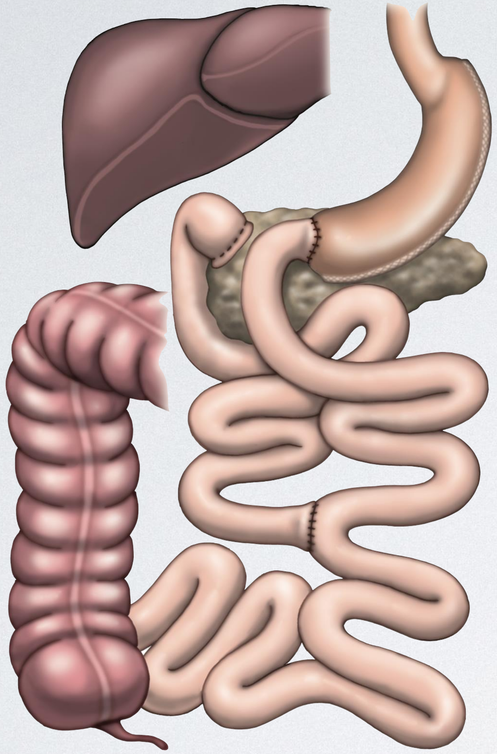
Valuables	CR/PR	Improve/NC	Univariate analysis	Multivariate logistic regression analysis		
	n=102 (70.3%)	n=43	p value	OR	95%CI	p value
Surgical procedures			0.019			
LSG	47 (61.8%)	29				
LSG/DJB	55 (79.7%)					
Sex						
Male	47					
Female	55					
Age < 40 year-old	7					
BMI > 42 kg/m^2	39					
Complications (C-D≥3)	4					
Duration of diabetes < 4	13					
No-insulin use	69					
HbA1c ≤ 6.7 %	24					
sCPR ≥ 3.0 ng/mL	39	12	0.234			



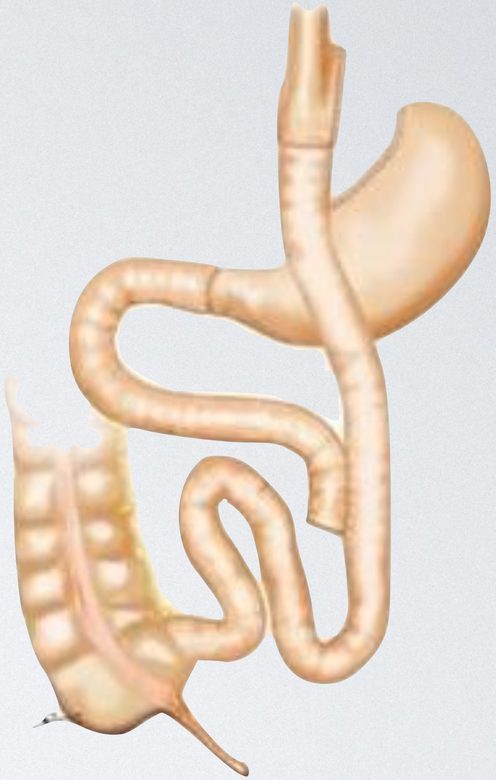
DM remission in insulin-use patients

Valuables	CR/PR	Improve/NC	Univariate analysis	Multivariate logistic regression ana		
	n=47 (60.3%)	n=31	p value	OR	95%CI	p value
Surgical procedures			0.007			
LSG	13 (41.9%)					
LSG/DJB	34 (72.3%)					
Age < 40 year-old	11					
BMI > 42 kg/m^2	24					
sCPR ≥ 3.0 ng/mL	22					
Duration of diabetes < 4	11	2	0.038	4.800	0.875 - 27.011	0.071
HbA1c < 6.7 %	6	1	0.124	10.145	0.975 - 105.582	0.053





SLEEVE DJB
VS
LRYGB



CLINICAL RESEARCH

Is Laparoscopic Duodenojejunal Bypass with Sleeve an Effective Alternative to Roux En Y Gastric Bypass in Morbidly Obese Patients: Preliminary Results of a Randomized Trial

P. Praveen Raj · R. Kumaravel · C. Chandramaliteeswaran · S. Rajpandian · C. Palanivelu

29 RYGB, 28 LSG-DJB
Pre-OP BMI: 48.3 in LSG-DJB, 49.3 in RYGB

OP time: longer in the LSG-DJB group

Weight loss (%EWL)@1yr: 82% in LSG-DJB, 80% in RYGB (N.S.)

Diabetes remission: 16/20 (80%) in LSG-DJB, 13/16 (81%) in RYGB

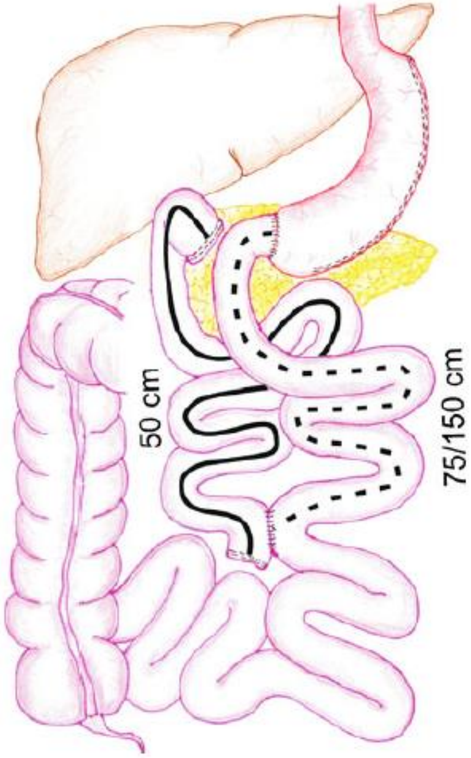


Fig. 1 Duodenojejunal bypass with sleeve gastrectomy

Raj P, et al. Obes Surg 2012

OBES SURG (2014) 24:109–113
DOI 10.1007/s11695-013-1067-z

ORIGINAL CONTRIBUTIONS

Laparoscopic Single-Anastomosis Duodenal–Jejunal Bypass with Sleeve Gastrectomy (SADJB-SG): Short-term Result and Comparison with Gastric Bypass

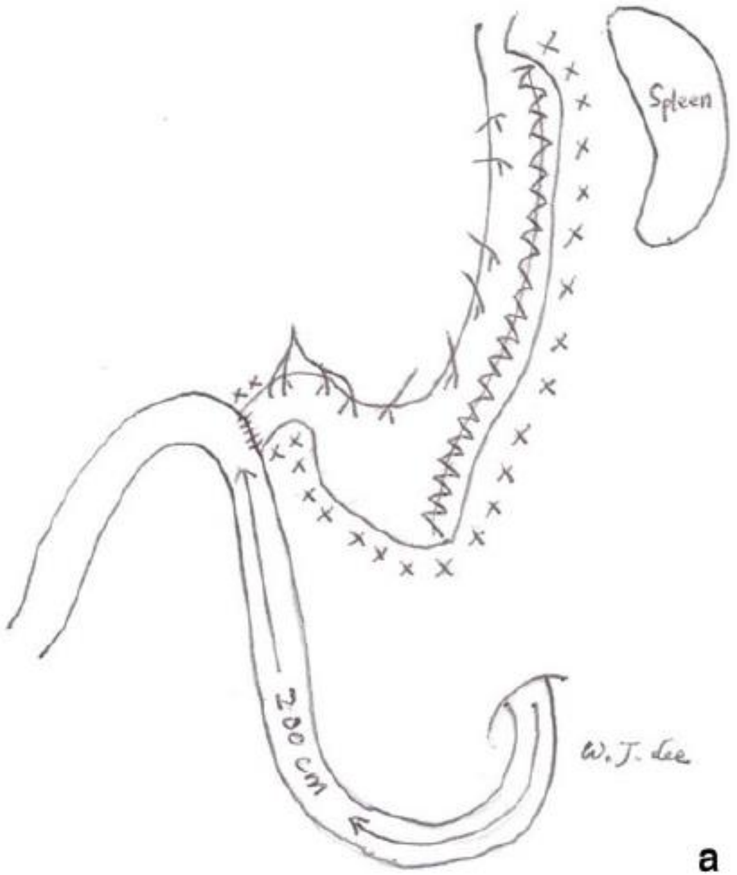
Wei-Jei Lee · Kuo-Ting Lee · Kazunori Kasama · Yosuke Seiki · Kong-Han Ser · Shu-Chun Chun · Jung-Chien Chen · Yi-Chih Lee

Comparative study
RYGB, MGB, SADJB-SG: n=50 each
BMI: 38

OP time: longer in the SADJB-SG group compared to RYGB

Weight loss: %TWL 32.7%@1yr (better than RYGB)

Resolution of comorbidities: better than RYGB without difference in nutritional status



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OBES SURG (2016) 26:2291–2301
DOI 10.1007/s11695-016-2118-z

ORIGINAL CONTRIBUTIONS

Loop Duodenojejunal Bypass with Sleeve Gastrectomy: Comparative Study with Roux-en-Y Gastric Bypass in Type 2 Diabetic Patients with a BMI <35 kg/m^2, First Year Results

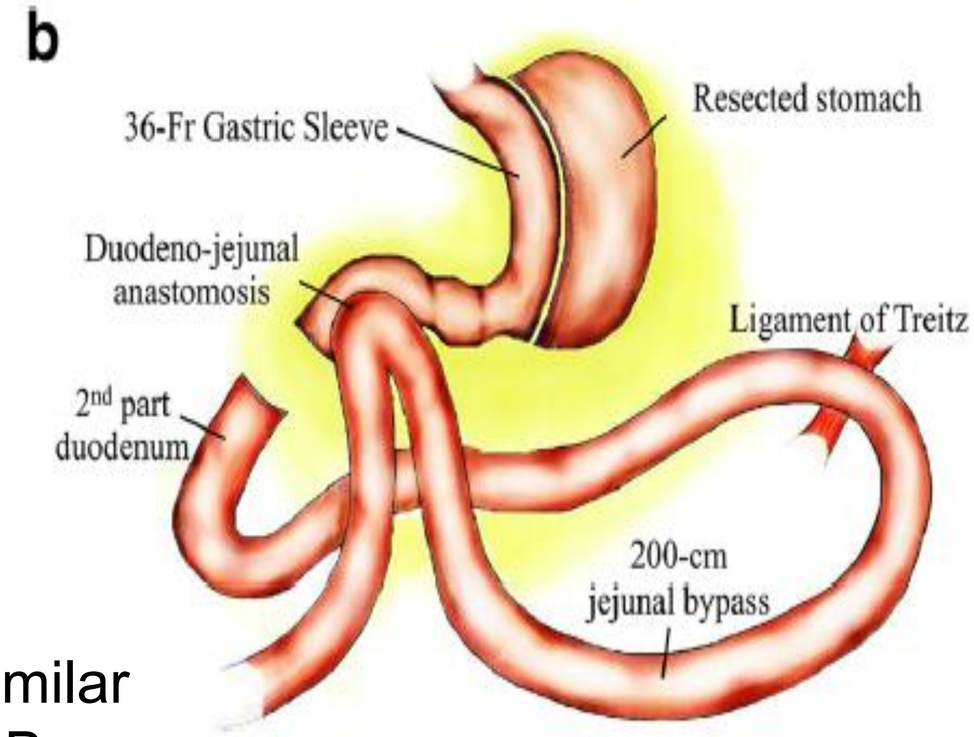
Chih Kun Huang[1] · Chi-Ming Tai[2] · Po-Chih Chang[2] · Kirubakaran Malapan[2] · Ching-Chung Tsai[2] · Kamthorn Yolsuriyanwong[3]

Case matched study
30 RYGB, 30 LDJB-SG
BMI<35 with T2D

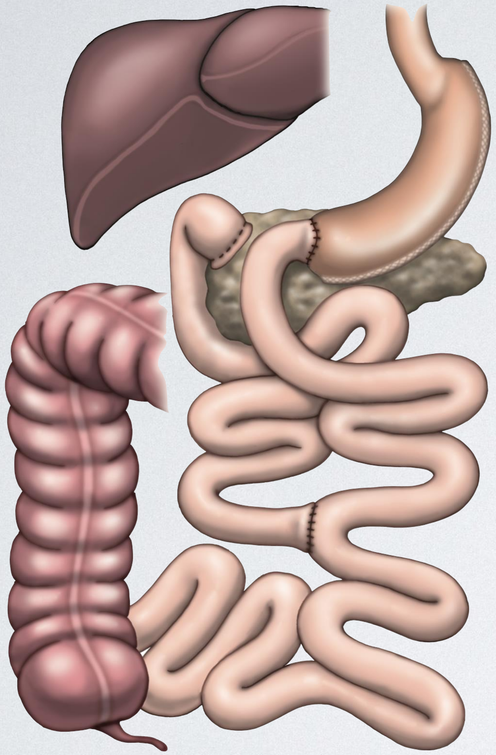
OP time:
longer in the LDJB-SG group

Weight loss: similar (N.S.)

Resolution of comorbidities: similar
T2D remission: 46.7% in RYGB,
53.3% in LDJB-SG (N.S.)

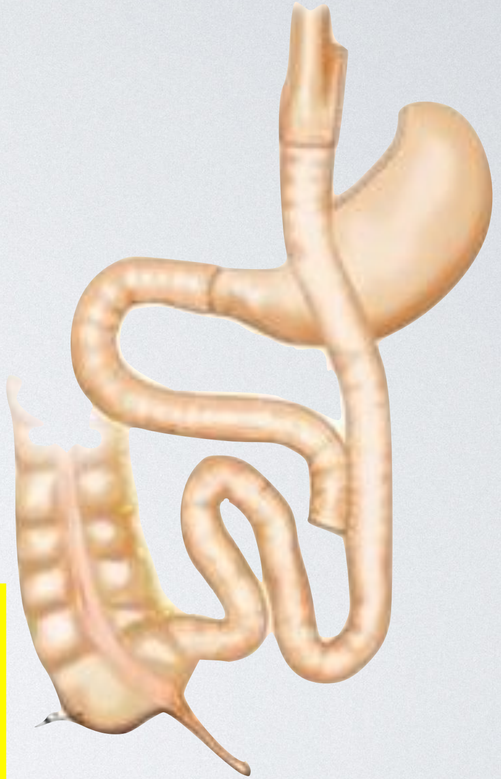


SLEEVE DJB VS LRYGB

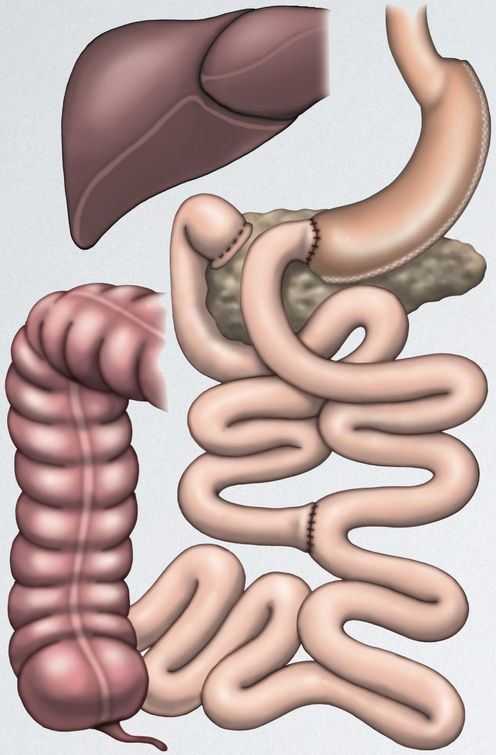


- Longer operation time

Time does not matter,
Safety matters



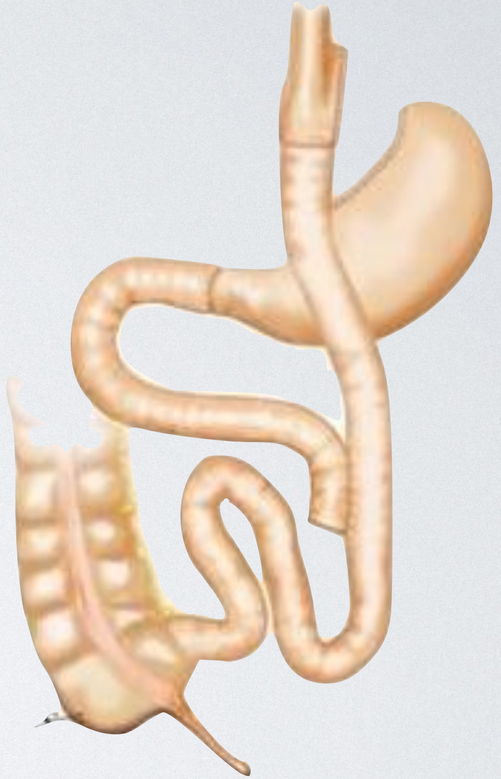
SLEEVE DJB VS LRYGB



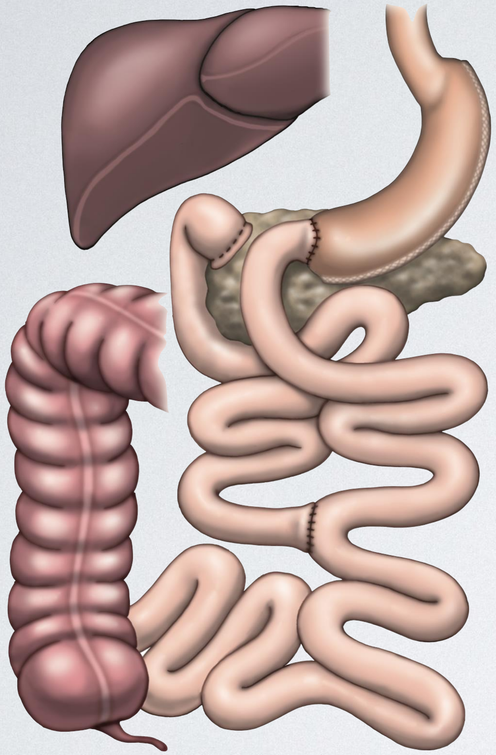
- More GERD in DJB

Biggest advantage of LRYGB

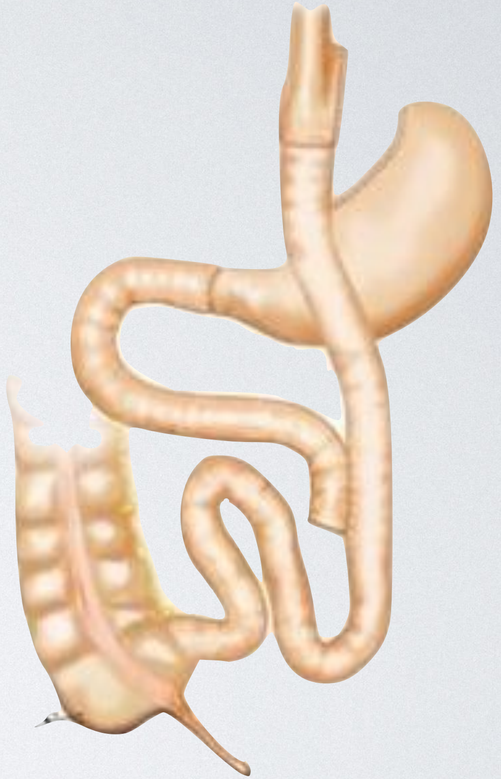
Pre ope GERD C~D: LRYGB is the best



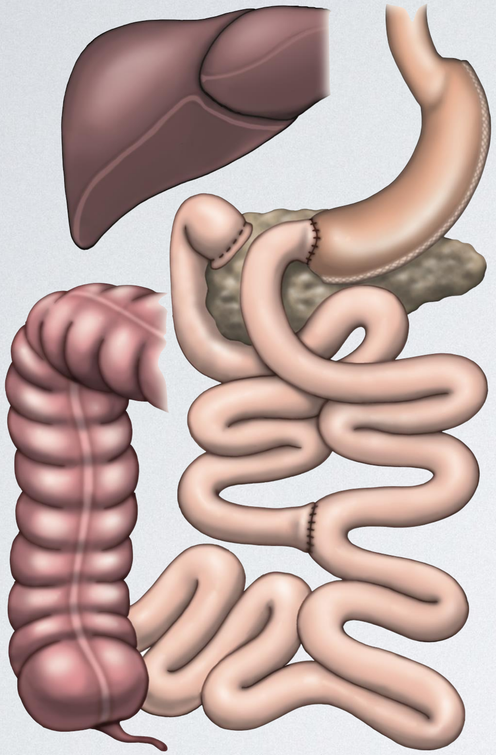
SLEEVE DJB VS LRYGB



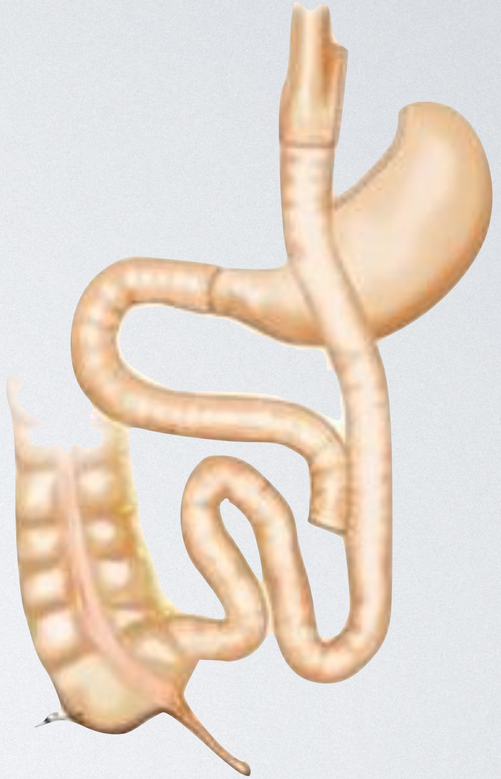
- **Less Ulcer** 0.3% in my case vs 1-16%
- **Less Stenosis** 0% in 250 cases vs 3-12%



SLEEVE DJB VS LRYGB



- Less Dumping
- Less Ulcer /Stenosis
- Less Glycemic variability (Less Hypoglycemia)
- Pylorus preserving effect



Complications of laparoscopic bariatric surgery in Japan

	LRYGB (n=233)	LAGB (n=91)	LSG (n=854)	LSGB (n=220)
Overall morbidity	25.3%	12.1%	8.5%	10.5%
Intraoperative (conversion)	0.4%	0%	0.2%	0%
Postoperative				
Hemorrhage(re-ope)	1.7%	1.1%	1.2%	3.2%
Leak	4.7%	0%	0.7%	1.4%
Abdominal abscess	0.4%	0%	0.5%	0%
Stomal stenosis	9.9%	0%	0%	0%
Gastric fistula	0.9%	0%	0%	0%
Prolapse	0%	2.2%	0%	0%
Port/tube trouble	0%	7.7%	0%	0%
Gastric tube stenosis	0%	0%	1.9%	0.9%
Wound infection	0.4%	0%	0.8%	0.9%
Others	6.9%	1.1%	3.2%	4.1%

Ohta2018

CONCLUSION

- Sleeve DJB is reliable in long term
- Mimicking BPD/DS and SADI in Asian way
- More effective than LSG and Less complication than LRYGB
- Bit technical demanding but able to overcome with practice