



Influence of Pouch Size & diameter of Gastro-jejunostomy in long term weight loss MGB-OAGB

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Mini Gastric Bypass (MGB)

becoming

popular bariatric procedure

safety, efficacy and reversibility.

Pouch, G-J, BP LIMB STILL CONTROVERSIAL

Prospective review

571 Tailored MGBs followed for 14 years

Total number of tailored MGB followed for 14 years w.e.f Aug 2009

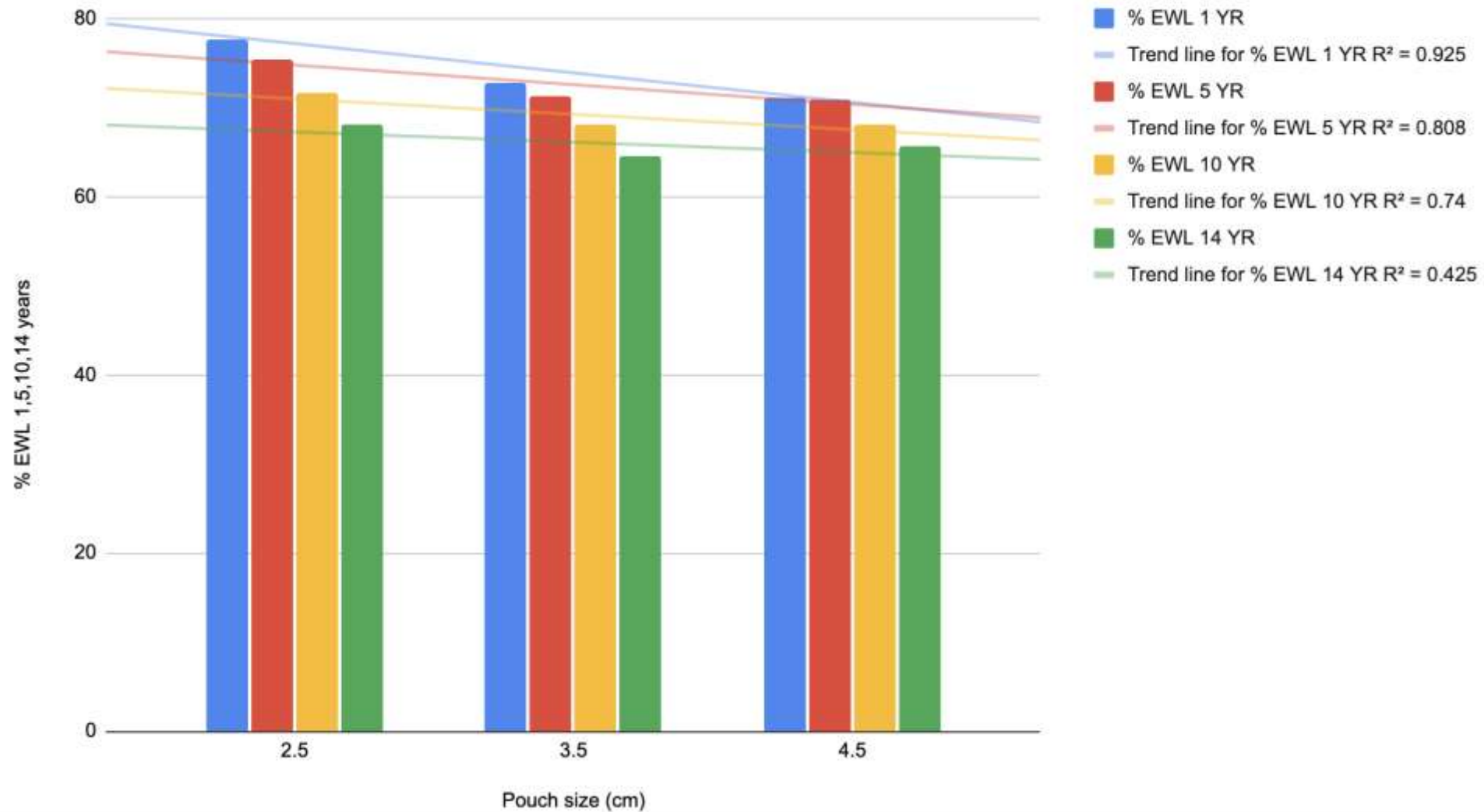
years	Patients in follow up (number)	Follow up %
1 year	568	99
5 years	496	87
10 years	433	76
14 years	376	66

	Complications	Number of patients	Management
Early Minor	Wound infection Nausea , vomiting Anastomotic bleed	1.2% 4.6% 1.4%	Conservative PPI's Conservative
Early Major	Excessive post- op bleed Diabetic ketoacidosis Leak Pneumonitis Intra-abdominal abscess Umbilical hernia obstruction	1.8% 0.6% 0.4% 1.2% 0.8% 0.4%	Relaparoscopy in 1 Medical Medical Percutaneous drainage
Late	Marginal Ulcer Moderate/Severe Anemia < 10 g/dl Low albumin (2.5-3.5) Low albumin (<2.5) Bile reflux Excess weight loss Gall-stone pancreatitis Port site hernia	1.8% 5.4% 2.4% 1.2% 2.4% 3.4% 1 case 2 cases	Antacids,PPI's Oral iron/injectables Conservative Reversal of 1 case Conservative Conservative

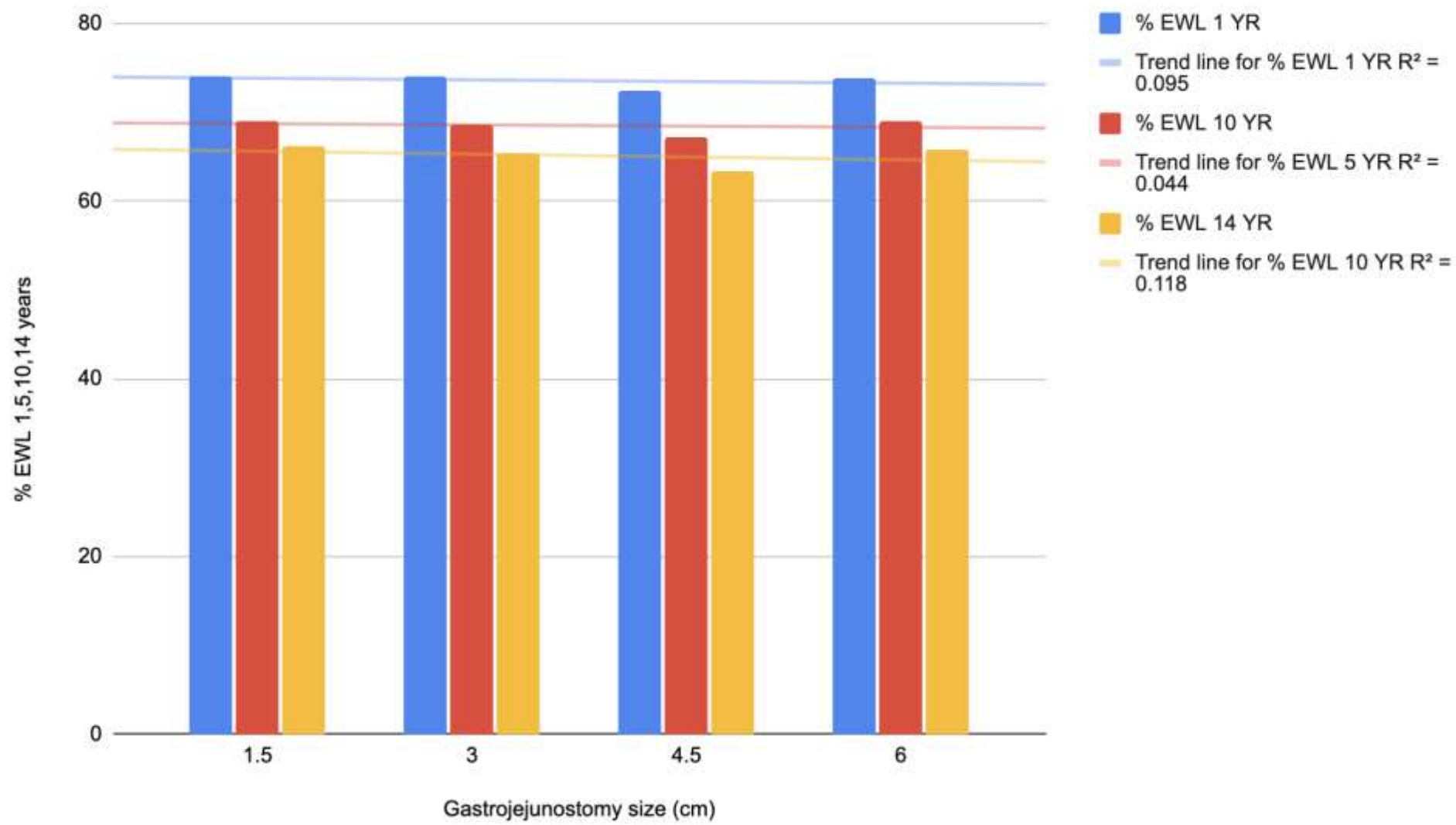
Perioperative Results MGB (n=571)

Mean operative time (min)	46 ± 11.5
Hospital stay (days)	2.3 ± 1.0
Post-op flatus passage (days)	1.2±2.3
Analgesic use (units)	1.3±0.6
CPAP/BiPAP needs	23%
Need for PPIs	11.6%
30-day mortality	0

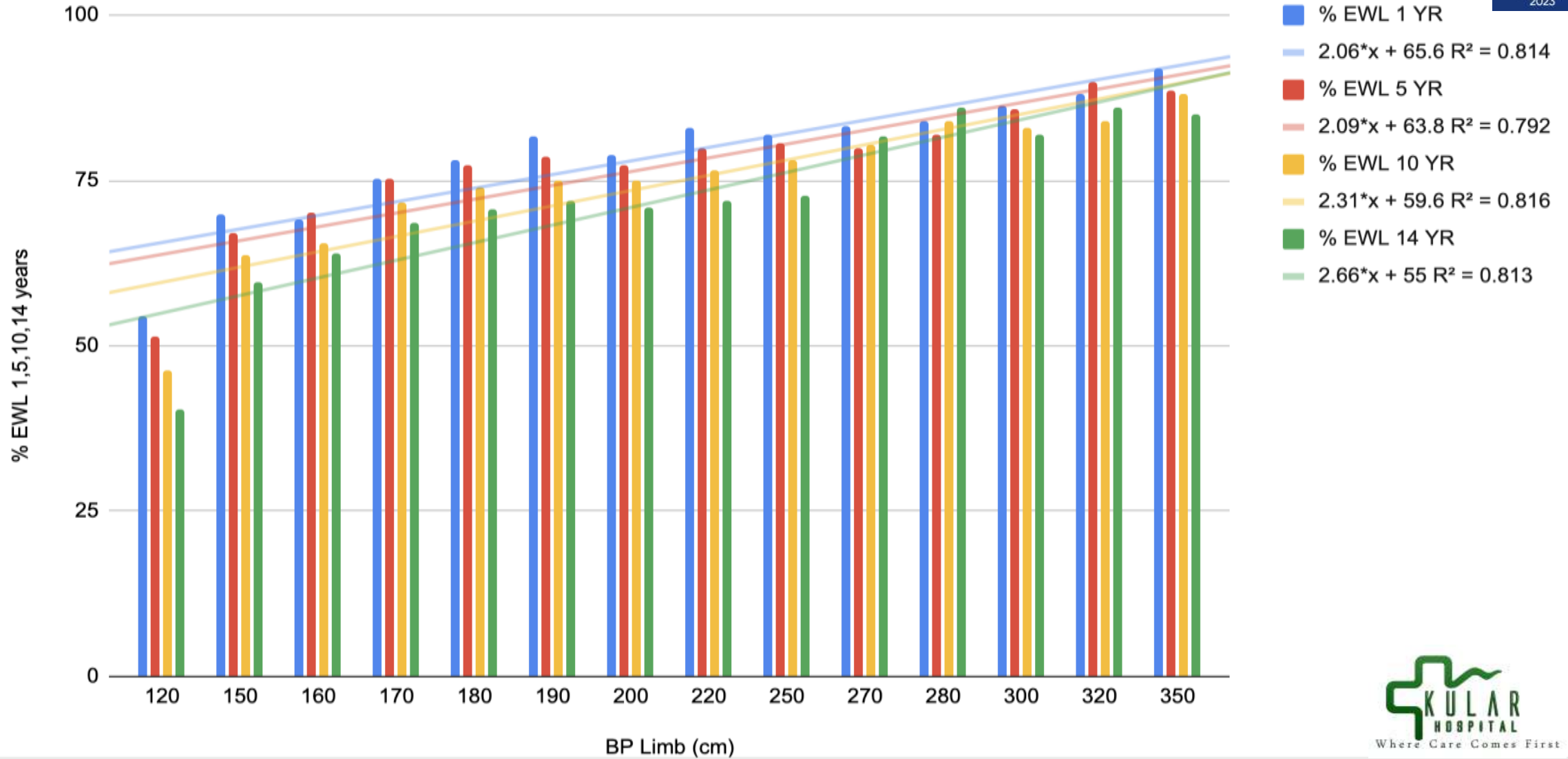
Pouch size & % EWL at 1,5,10,14 years



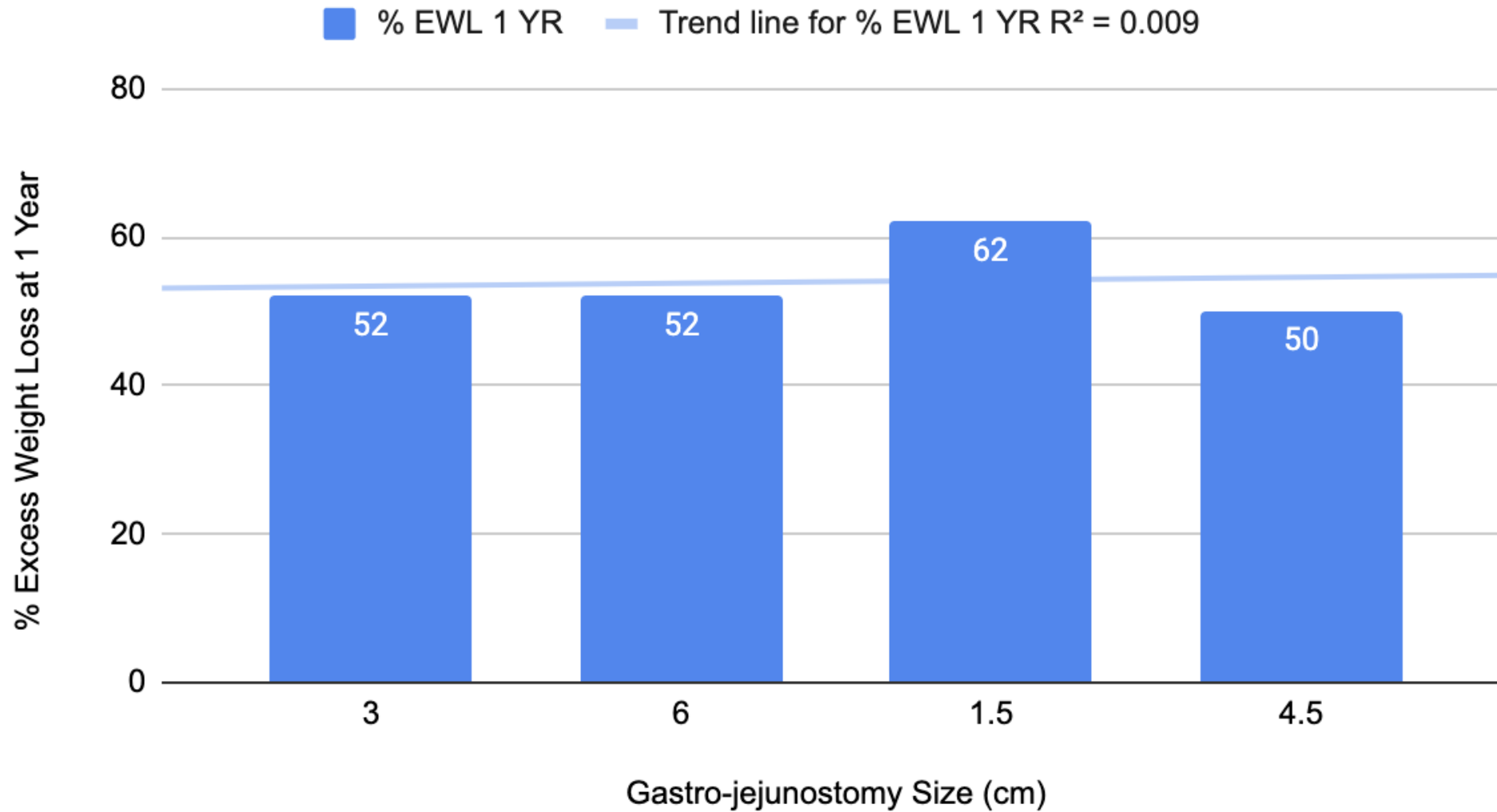
Gastrojejunostomy size vs % EWL at 1,5,10,14 years



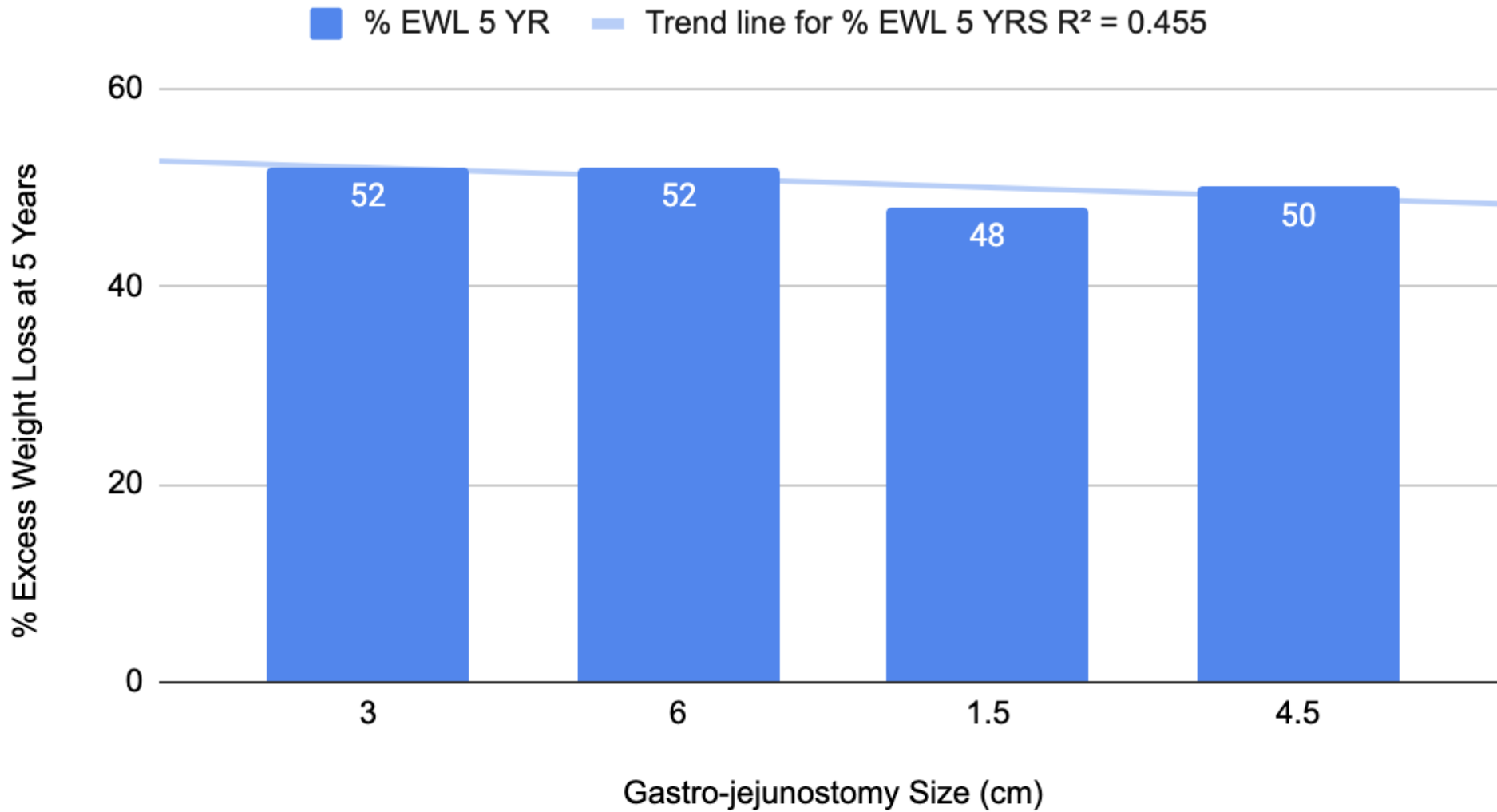
BY.LENGTH, % EWL 1 YR, % EWL 5 YR, % EWL 10 YR and % EWL 14 YR



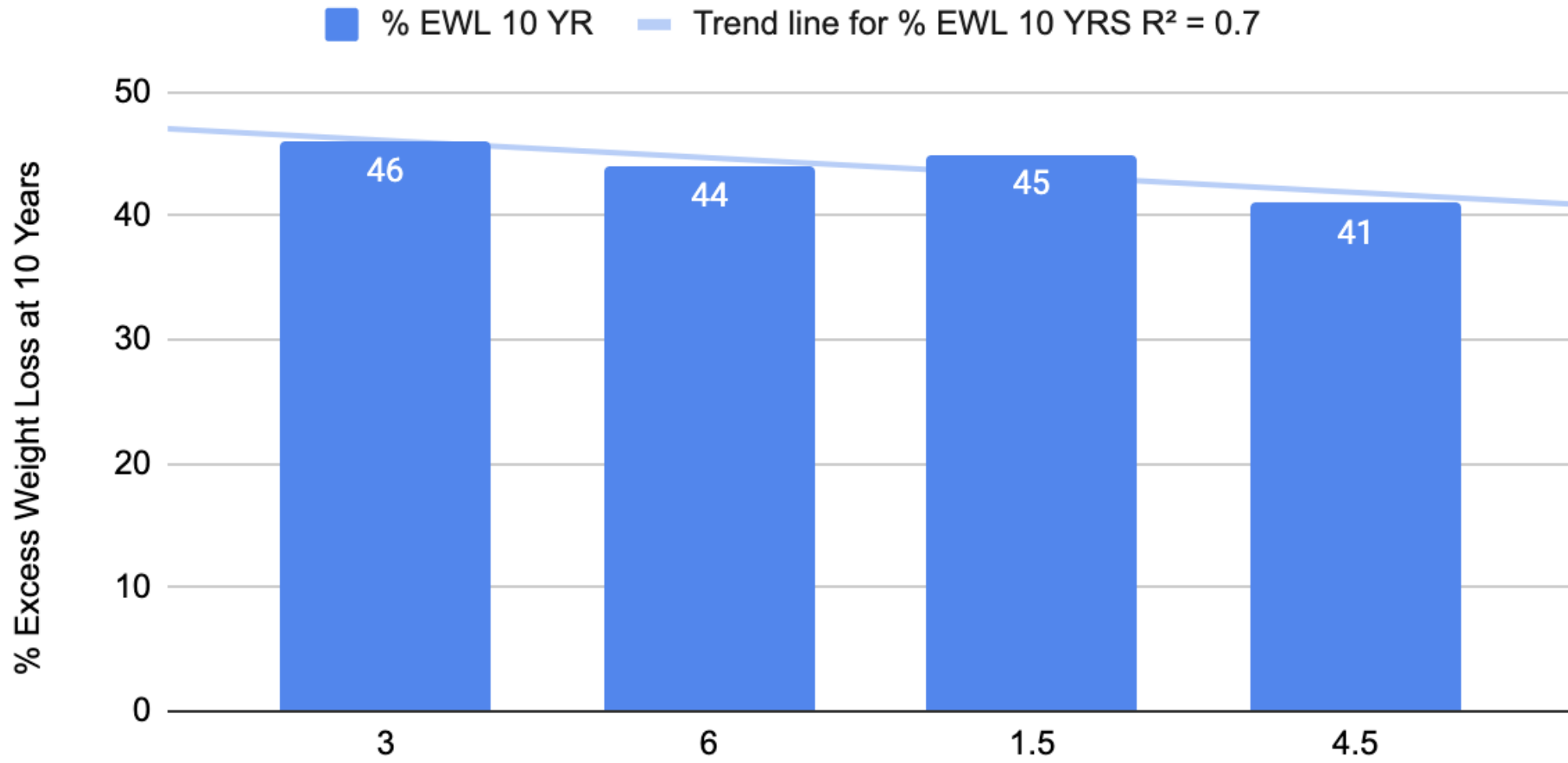
Gastro-jejunostomy Size (cm) & % EWL at 1 year



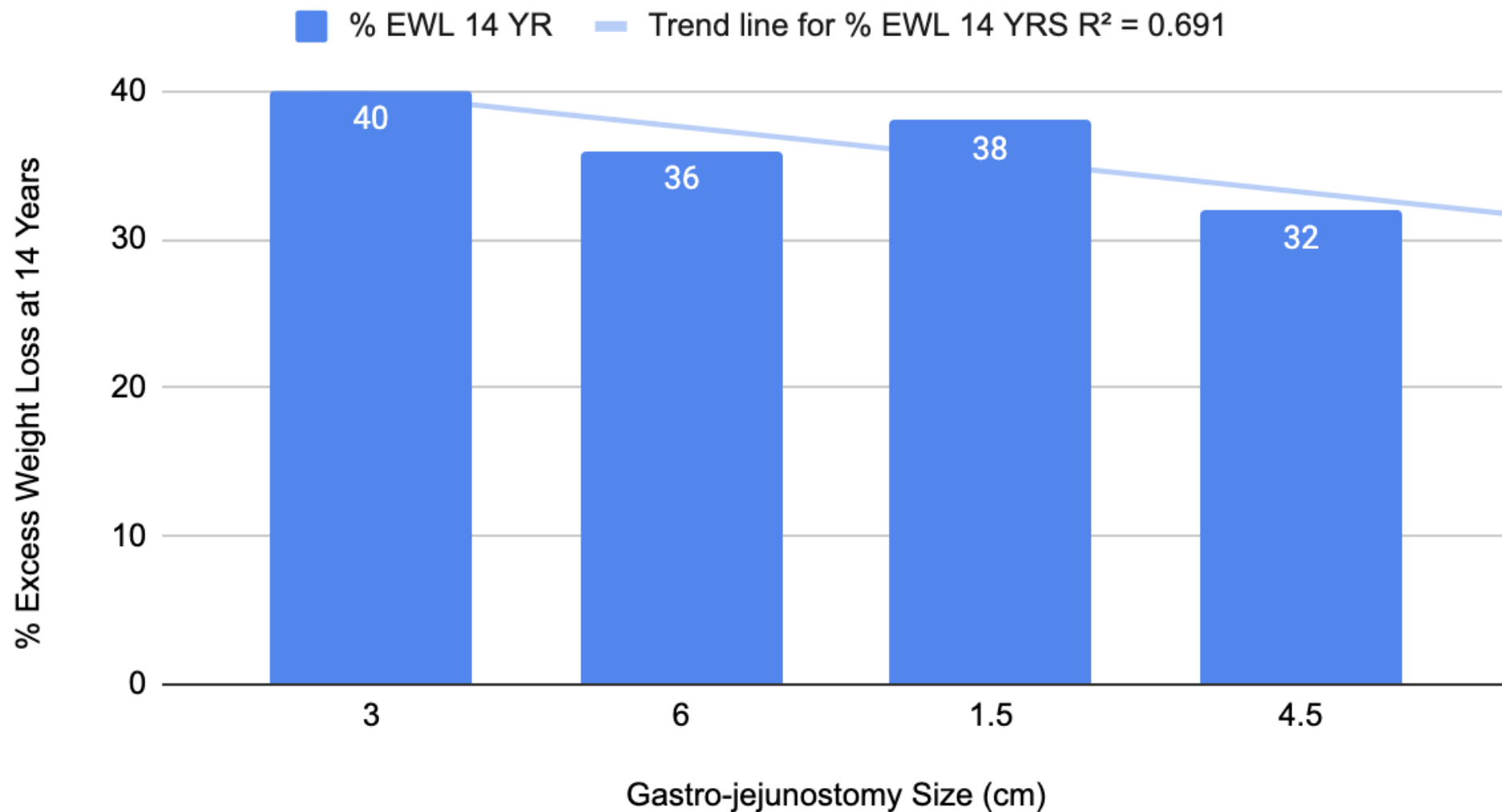
Gastro-jejunostomy Size (cm) & % EWL at 5 years



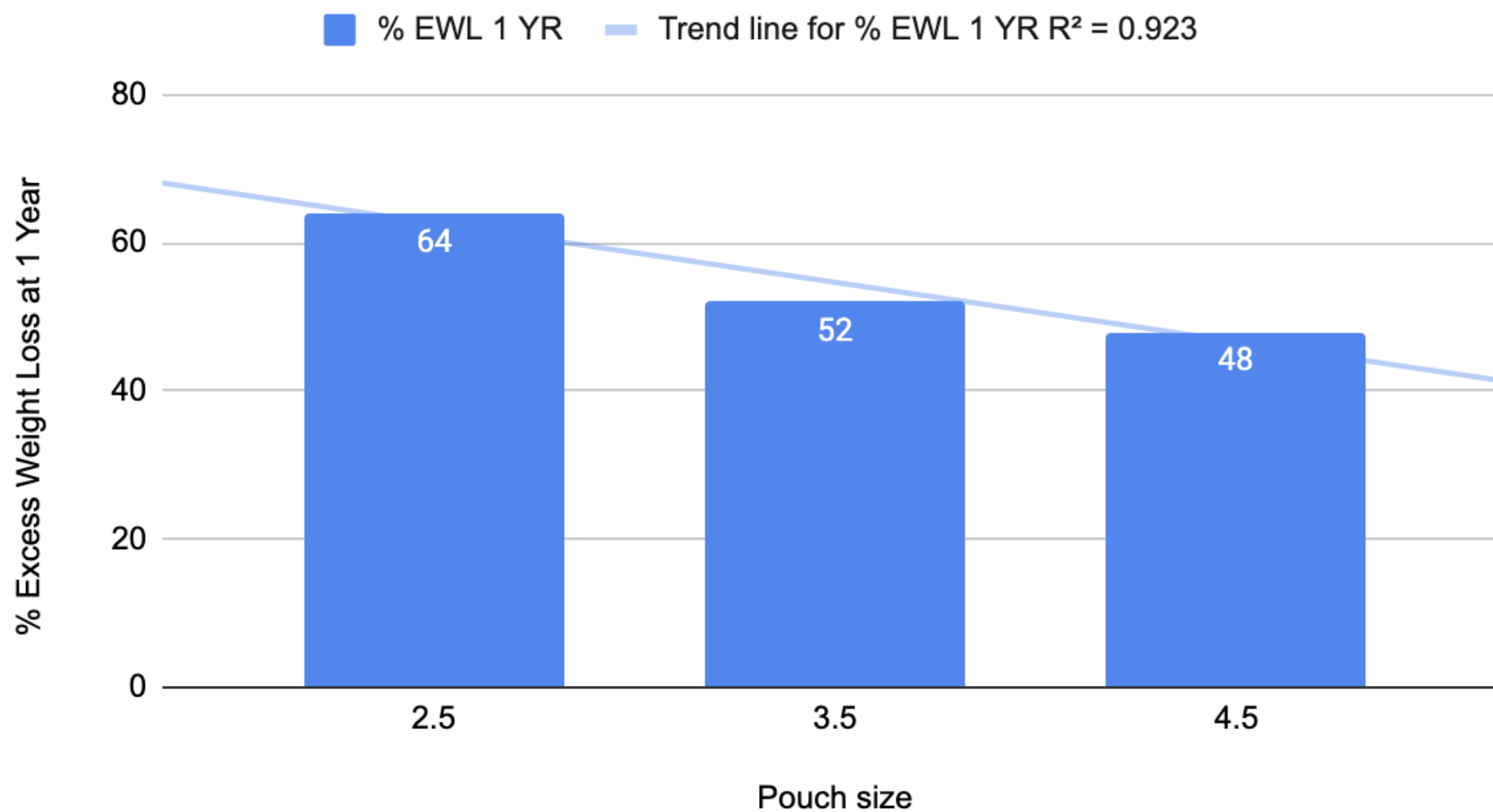
Gastro-jejunostomy Size (cm) & % EWL at 10 years



Gastro-jejunostomy Size (cm) & % EWL at 14 years



Pouch size & % EWL at 1 year



Randomized Controlled Trial > Surg Endosc. 2021 Apr;35(4):1691-1695.

doi: 10.1007/s00464-020-07553-0. Epub 2020 Apr 10.

The effect of stoma size on the mid-term weight loss outcome of one anastomosis gastric bypass (OAGB): a single-blinded prospective randomized trial

Ahmed Elgeidie ¹, Mohamed Abdelgawad ¹, Mohamed El Sorogy ¹, Ayman El Nakeeb ¹,
Mohamad Elrefai ²

Conclusion: Patients with narrower stoma size (30 mm) of OAGB tend initially to lose more weight than patients with wider stoma (45 mm). However, this difference disappears at mid-term follow-up after 2 years.



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Abstract

Introduction

Consensus survey on mini-gastric bypass and one-anastomosis gastric bypass

Mervyn Deitel; Kuldeepak S Kular;

For the MGB, the intended diameter of the Gastro-Jejunostomy (GJ) was 6 cm for 18%, 4-5 cm for 47%, and 3-4 cm for 35% of the respondents (Table 3). The OAGB surgeons reported an anastomotic diameter of 2.5-3cm.

% EWL	GJ Diameter	
	3-4cm	4-6cm
at 1 year	79.8 %EWL	74.1 %EWL
at 5 years	74.2 %EWL	72.0 %EWL

Impact of gastrojejunostomy diameter on long-term weight loss following laparoscopic gastric bypass: a follow-up study

[Carter Smith](#), [Michael Garren](#), and [Jon Gould](#)^{ORCID}

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Conclusions

The use of a 25-mm circular stapler in laparoscopic gastric bypass operations instead of a 21-mm stapler does not result in significantly different long-term weight loss. The 25-mm stapler is preferred with our technique.



ORIGINAL CONTRIBUTIONS

Banded Gastric Bypass: Better Long-Term Results? A Cohort Study with Minimum 5-Year Follow-Up

Luc Lemmens¹ 

Conclusion

Although, following the first year after surgery, no differences in treatment groups were observed in terms of weight loss, 5 years following surgery, patients who received banded surgery maintained better weight loss and had less weight regain compared to the non-banded group. These results suggest that laparoscopic banded gastric bypass using a silastic ring was effective in maintaining weight loss on the long term, while the complication rate was low. The banded gastric bypass is regarded by us as the new gold standard.











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Cohort Study

A 30mm sized gastrojejunostomy may lead to a lower rate of therapy failure in comparison to a 45mm sized gastrojejunostomy following laparoscopic Roux-en-Y gastric bypass

[Oliver Stumpf^a](#) , [Volker Lange^a](#) , [Anke Rosenthal^b](#) , [Rolf Lefering^c](#) ,
[Christoph Paasch^{d e}](#)  

Conclusions

A 30mm sized GJ may lead to a lower rate of therapy failure in comparison to a 45mm sized GJ following laparoscopic Roux-en-Y gastric bypass. Prospective trials are mandatory to confirm our findings.





A systematic review of the effect of gastric pouch and/or gastrojejunostomy (stoma) size on weight loss outcomes with Roux-en-Y gastric bypass

March 2020 · *Surgical Endoscopy* 34(9)

DOI:[10.1007/s00464-019-07277-w](https://doi.org/10.1007/s00464-019-07277-w)

Authors:



Kamal Mahawar

South Tyneside and Sunderland NHS Fo...

Conclusions

This review finds that a larger pouch or stoma size may be associated with adverse weight loss outcomes but the quality of data does not allow us to precisely determine optimum pouch or stoma size with RYGB. There is a need for more randomised data comparing long-term weight loss outcomes with pouches or stoma of different sizes.



Stoma size initially makes a difference in MGB-OAGB but, later this difference disappears completely.

Pouch Size, makes some difference. Very tight pouch is only initially good, but very large pouch decreases the weight loss in the long run. For a given BP limb moderate size pouch gives the best results in the long run.

Global meeting of **MGB - OAGB**

19th - 21st April, 2024
Novotel Goa Dona Sylvia Resort, Goa, India



Unique opportunity to learn from Global Pioneers



Founder Member
Dr Robert Rutledge
Father of MGB



Founder President
Dr Kuldeepak Kular
Pioneer in India



President
Dr Arun Prasad
Pioneer of
Robotic MGB OAGB



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