



### Long and Narrow Gastric Pouch in Roux-en-Y Gastric Bypass

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## Disclosure None



## Backgrounds

- > RYGB is considered the gold standard bariatric surgery procedure.
- Complications: anastomotic dilation, anastomotic ulcers, dumping syndrome, malnutrition, inadequate weight loss, and weight regain --have impacted patients' quality of life.
- Exploration of the size and shape of the gastric pouch
- The size of the gastric pouch and the anastomosis size are independent predictors of weight regain after RYGB.
- Design and improve the gastric pouch shape.

### Backgrounds

Obesity Surgery https://doi.org/10.1007/s11695-019-04156-0



#### **ORIGINAL CONTRIBUTIONS**



An Extended Pouch in a Roux-En-Y Gastric Bypass Reduces Weight Regain: 3-Year Results of a Randomized Controlled Trial

Abel Boerboom 1 . Mellody Cooiman 1 . Edo Aarts 1 . Theo Aufenacker 1 . Eric Hazebroek 1 . Frits Berends 1

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Results During the first 2 years of follow-up, no significant differences in terms of weight loss were observed. In the third year of follow-up, the S-GB group regained 3 kg, while in the EP-GB group no weight regain was observed. The mean TBWL after 36 months in the EP-GB group was 31% versus 27% in the S-GB group (p = 0.023). Additionally, besides a better remission rate of hypertension in the EP-GB group, no differences in complications, quality of life, and GERD-symptoms were found.

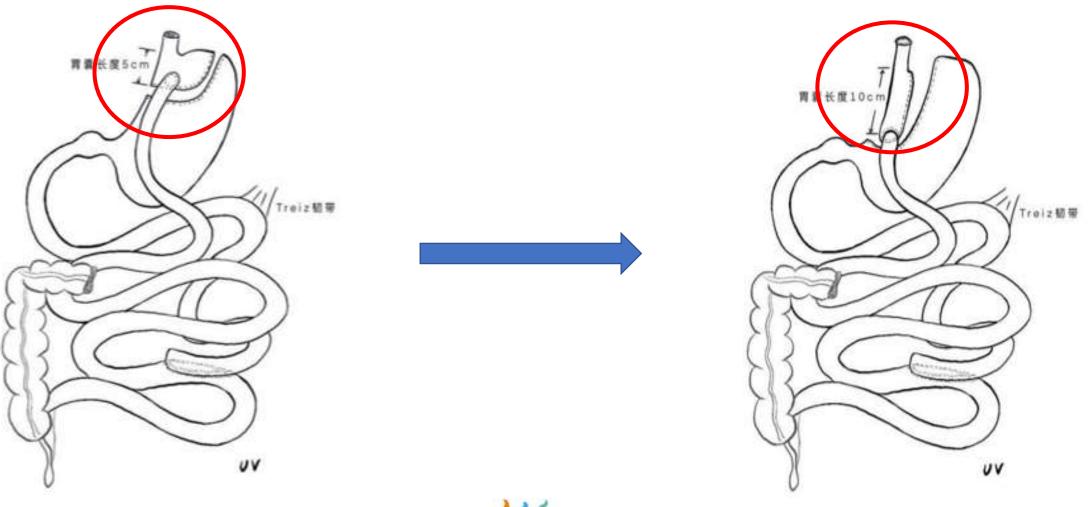
Conclusion Creation of an extended gastric pouch is a safe and effective modification in RYGB design. An EP-GB improves mid-term weight loss, potentially driven by a lower occurrence of weight regain.

Indicating that creating a slender gastric pouch during RYGB surgery can effectively reduce the likelihood of weight regain

Significant improvements in obesity-related comorbidities.



#### What is Long and Narrow Gastric Pouch in RYGB

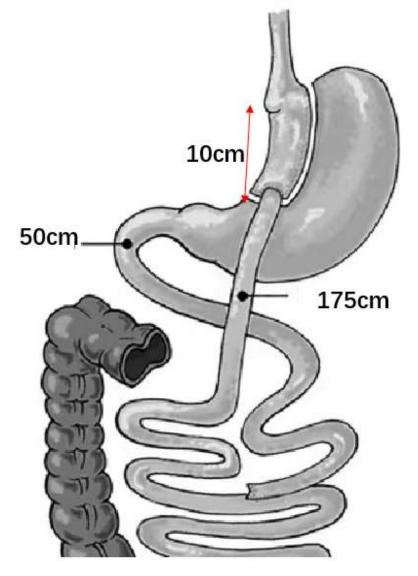


**Standard Gastric Pouch** 



**Long and Narrow Gastric Pouch** 

#### What is Long and Narrow Gastric Pouch in RYGB

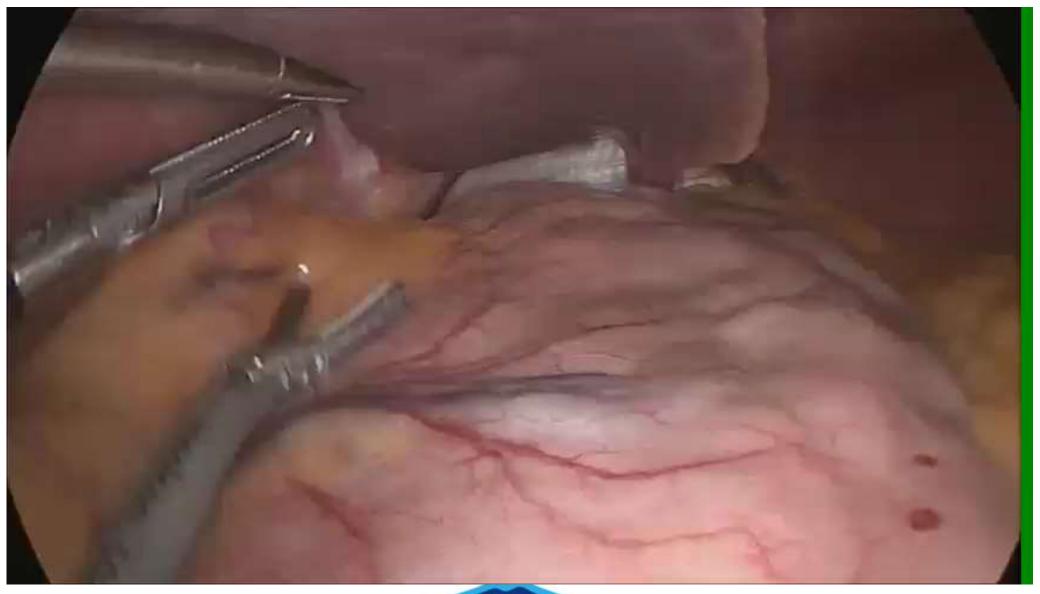


#### **Technical key point**

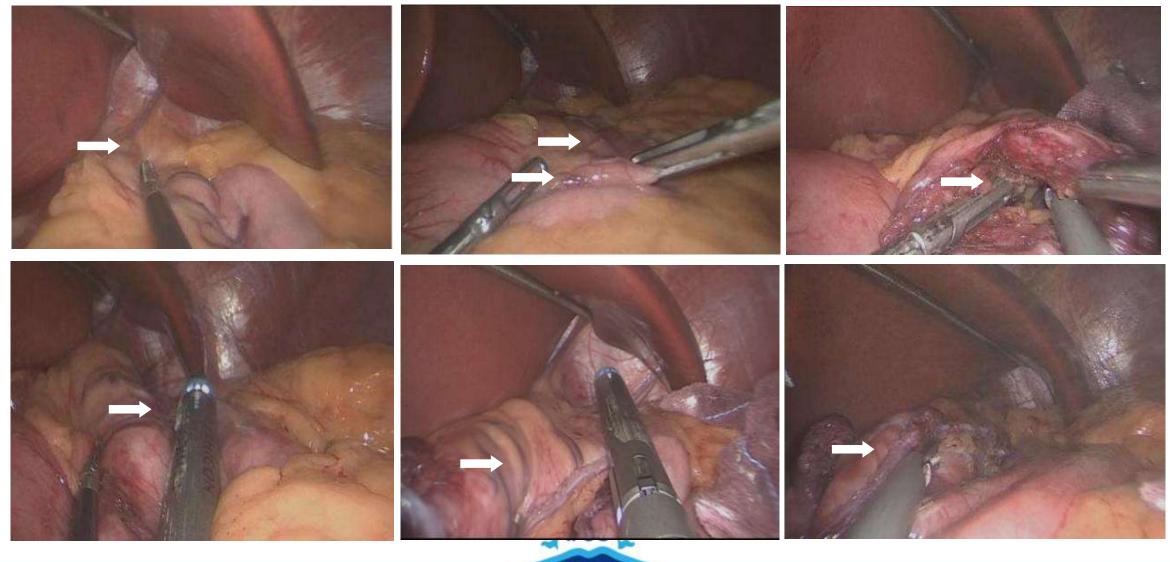
- The starting point is the midpoint of the lesser curvature
- The distance from the anastomosis to the gastroesophageal junction is 10cm
- ➤ Boogies size is 36Fr
- The volume is 10-15ml
- ≥3-4 Staplers are used
- Final shoot --1cm away from the His angle



**Video: Procedure of Long and Narrow Gastric Pouch in RYGB** 



#### **Procedure of Long and Narrow Gastric Pouch in RYGB**



#### Unpublished Data in our center

Items	Total No. (n=207)				
Age	33.6±10.9				
Gender					
М	125(60.4)				
F	82(39.6)				
Weight (kg)	128.6±33.9				
BMI	$45.3 \pm 10.9$				
waistline (cm)	131.7±21.3				
hipline (cm)	132.0±19.6				
Lab data					
HbA1c (%)	7.6±4.3				
Uric Acid(mmol/L)	472.3±128.2				
ALT (U/L)	67.1±64.7				
TG (mmol/L)	2.7±3.7				
HDL-c (mmol/L)	$1.0 \pm 0.7$				
Complications[n(%)]	$7.6 \pm 4.3$				
hypertension	26.6% (55/207)				
diabetes	44.4% (92/207)				
hyperuricemia	43.5% (90/207)				
hyperlipidemia	39.1% (81/207)				

Groups	Demographic data						
	Weight(kg)	ВМІ	Waistline (cm)	Hipline (cm)	Waist/Hip ratio	%EWL (%)	
preoperativ e (n=173)	128.6±34. 4	45.1±11.1	132.8±20.8	130.8±24.1	1.5±4.2		
Post-1 year (n=173)	91.8±24.7	31.9±7.6	106.2±15.9	109.2±14.5	$1.0 \pm 0.0396$	(84.6±59.7)	
t	-	-	0.9	-	-	, , , , , , , , , , , , , , , , , , ,	
Р	<0.001	< 0.001	<0.001	< 0.001	<0.001		

	Lab data				Complications				
Groups	HbA1c (%)	Uric Acid (mmol/L)	ALT (U/L)	TG (mmol/ L)	HDL-c (mmol/L)	hypertension (%)	diabetes (%)	hyperurice mia (%)	hyperlipid emia (%)
preoperat ive (n=173)	7.8±4. 6	454.4±132. 0	67.0±65. 0	2.8±3.9	1.0±0.7	26.0% (45/173)	43.9%(76 /173)	67.0%(116 /173)	63.6%(110 /173)
Post-1 year (n=173)	5.6±0. 9	398.4±112. 6	31.8±21. 4	1.3±0.6	$1.3 \pm 0.4$	13.9%(24/17 3)	10.4%(18 /173)	32.4%(56/ 173)	42.2%(73/ 173)
t (x2)	-	-	-	-	-	8.0	49.136	41.6	15.9
Р	< 0.001	<0.001	<0.001	<0.001	0.05	<0.001	<0.001	<0.001	<0.001

Excess weight loss (%EWL) reached  $(84.6 \pm 59.7)$ %. a significant reduction in hypertension, diabetes, dyslipidemia, and hyperuricemia after surgery (P<0.001).

#### **Discussion and conclusion**

#### **Long and Narrow Gastric Pouch in RYGB**

#### Crafting the gastric pouch into a slender shape

- > Reduced anastomotic tension
- Easy to perform
- ➤ Prolonged gastric emptying time
- ➤ Diminished tendency for pouch dilation.

#### Aim

- To reduce anastomotic dilation, anastomotic ulcers, and dumping syndrome, while also preventing weight regain.
- Long and narrow gastric pouch in RYGB need long-term further studies.



#### **IFSO-APC Meeting 2023**





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## Thank you!!!

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