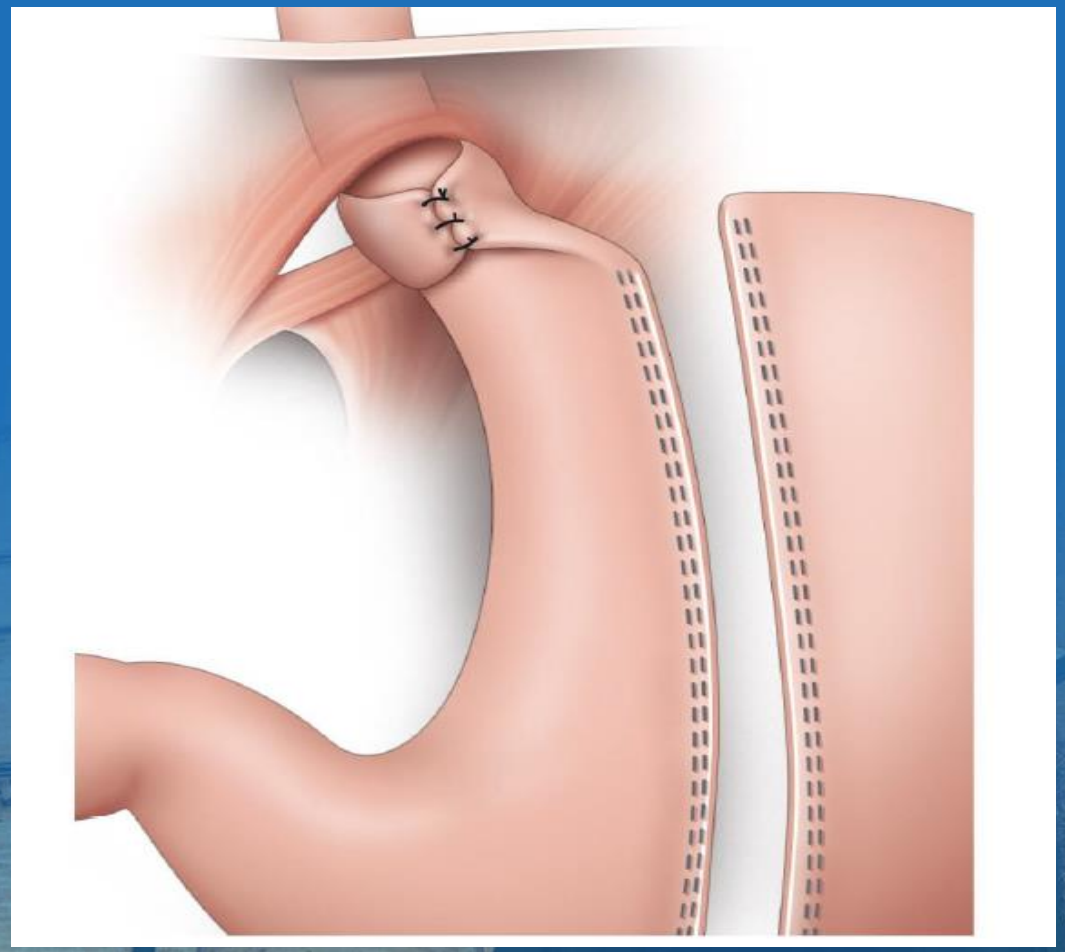
NISSEN SLEEVE GASTRECTOMY
Time to go!!!!



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DISCLOSURES Pr Nocca

RESEARCH

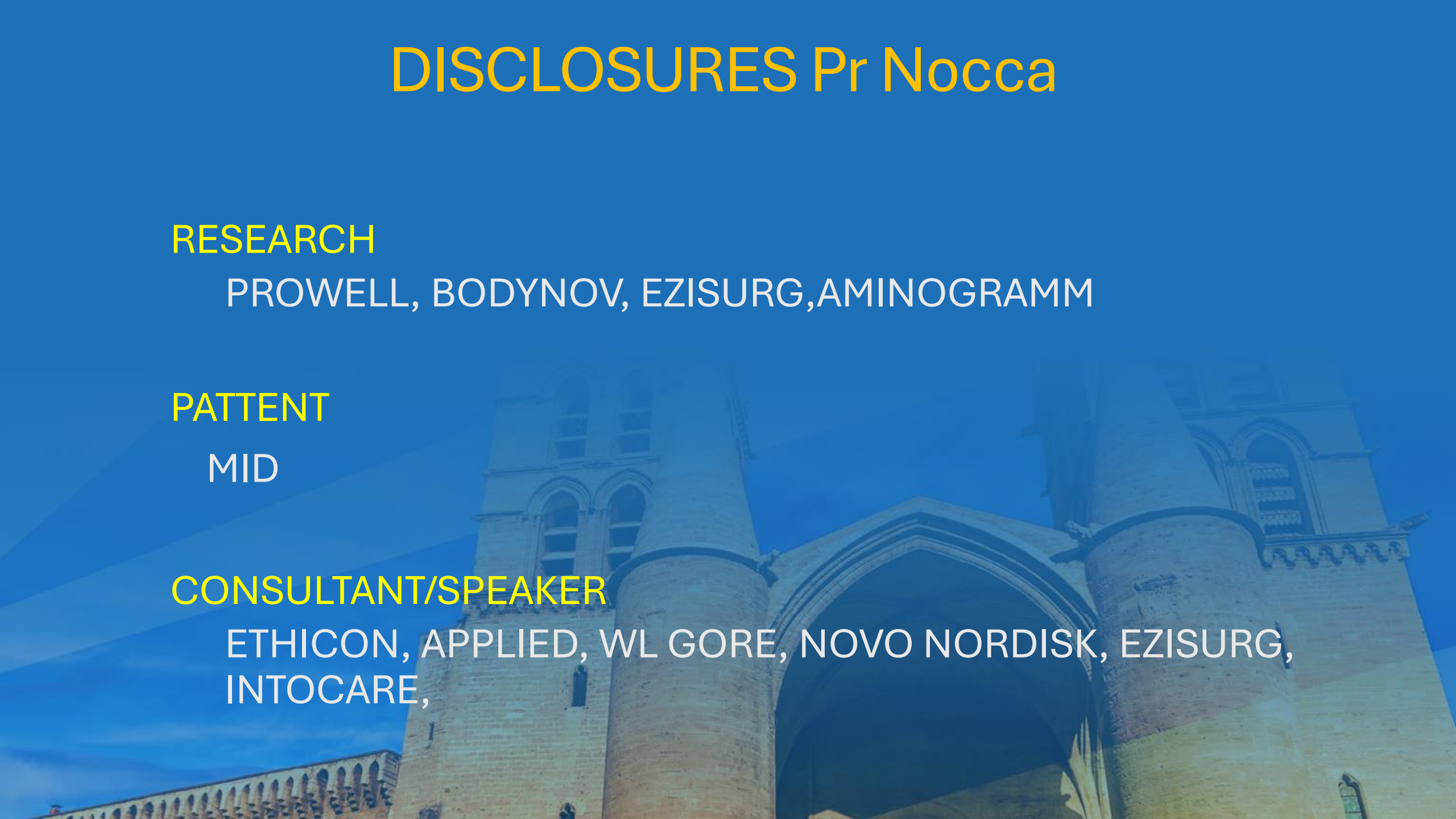
PROWELL, BODYNOV, EZISURG,AMINOGRAMM

PATTENT

MID

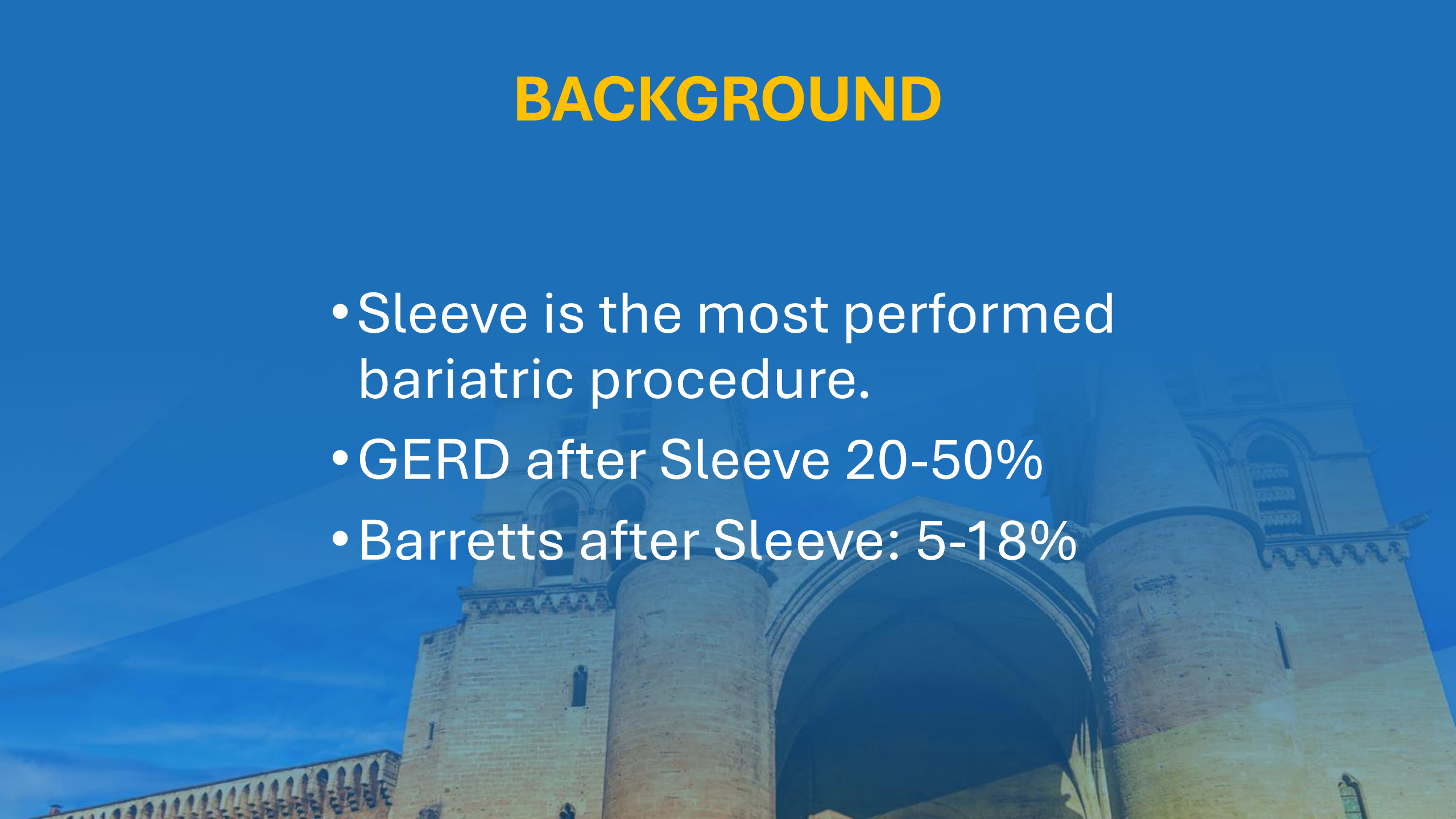
CONSULTANT/SPEAKER

ETHICON, APPLIED, WL GORE, NOVO NORDISK, EZISURG, INTOCARE,



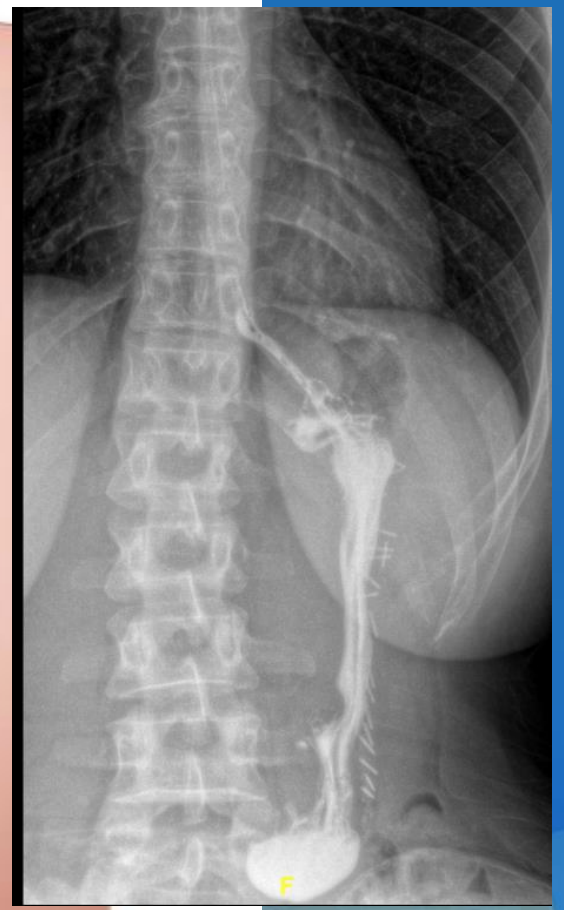
BACKGROUND

- Sleeve is the most performed bariatric procedure.
- GERD after Sleeve 20-50%
- Barretts after Sleeve: 5-18%



STAPLE LINE AWAY
FROM THE HIS ANGLE
→ NO MORE CHRONIC
FISTULA

FUNDOPLICATION
→ DECREASE GERD



Montpellier University Hospital:>1500 NISSEN SLEEVE since 2013

Université de Montpellier
Faculté de Médecine
Montpellier-Nîmes

MONTPELLIER
CHU
CENTRE HOSPITALIER UNIVERSITAIRE

Nissen Sleeve Gastrectomy

Pr. D.Nocca, Dr. S.Joumaa

Service de Chirurgie Digestif, CHU Montpellier

ICYLS International Club of Young Laparoscopic Surgeons

MONTPELLIER OBESITY INTERNATIONAL INSTITUTE

ELSEVIER

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SURGERY FOR OBESITY AND RELATED DISEASES

Original article

Nissen sleeve gastrectomy: 5-year follow-up results

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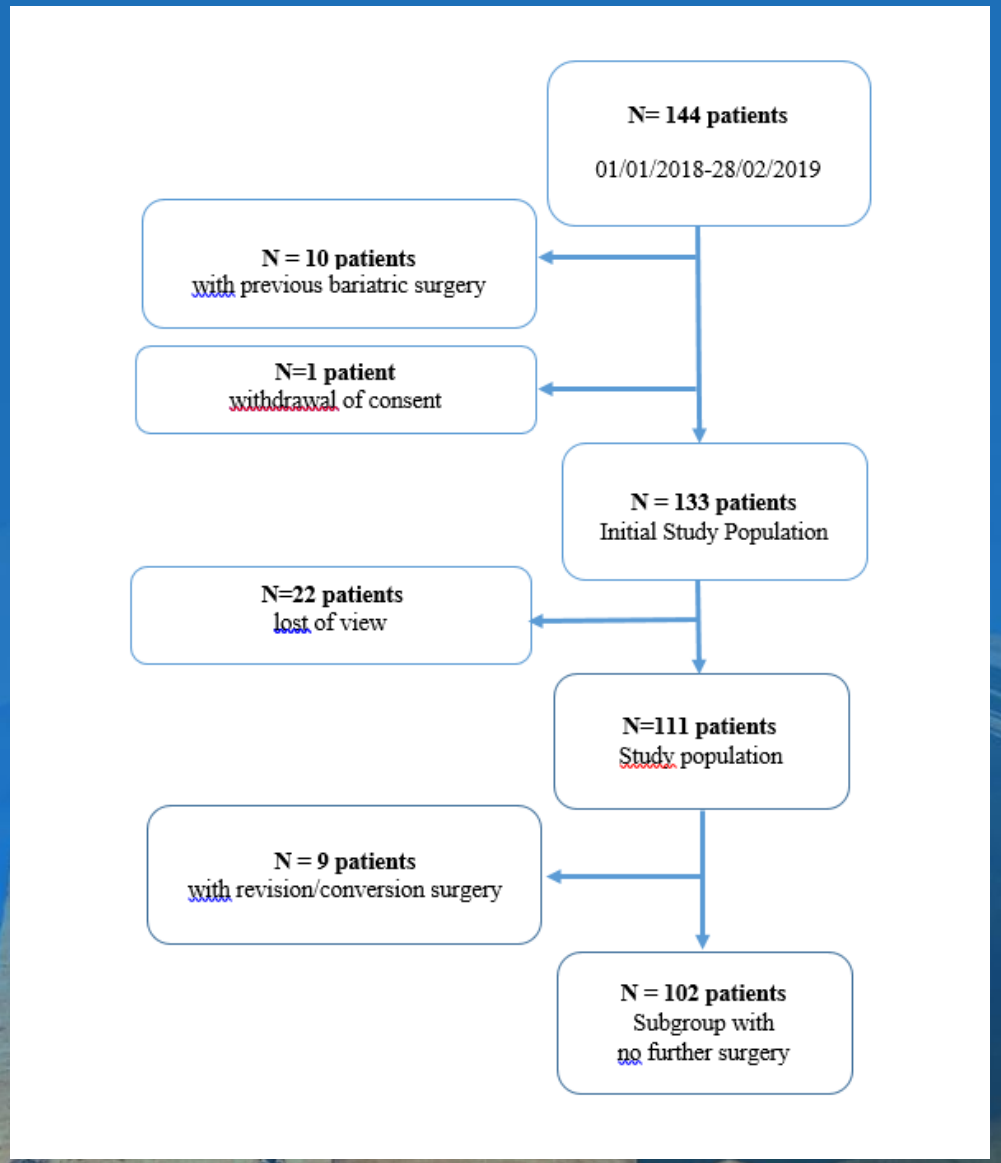
Flow chart of patient selection

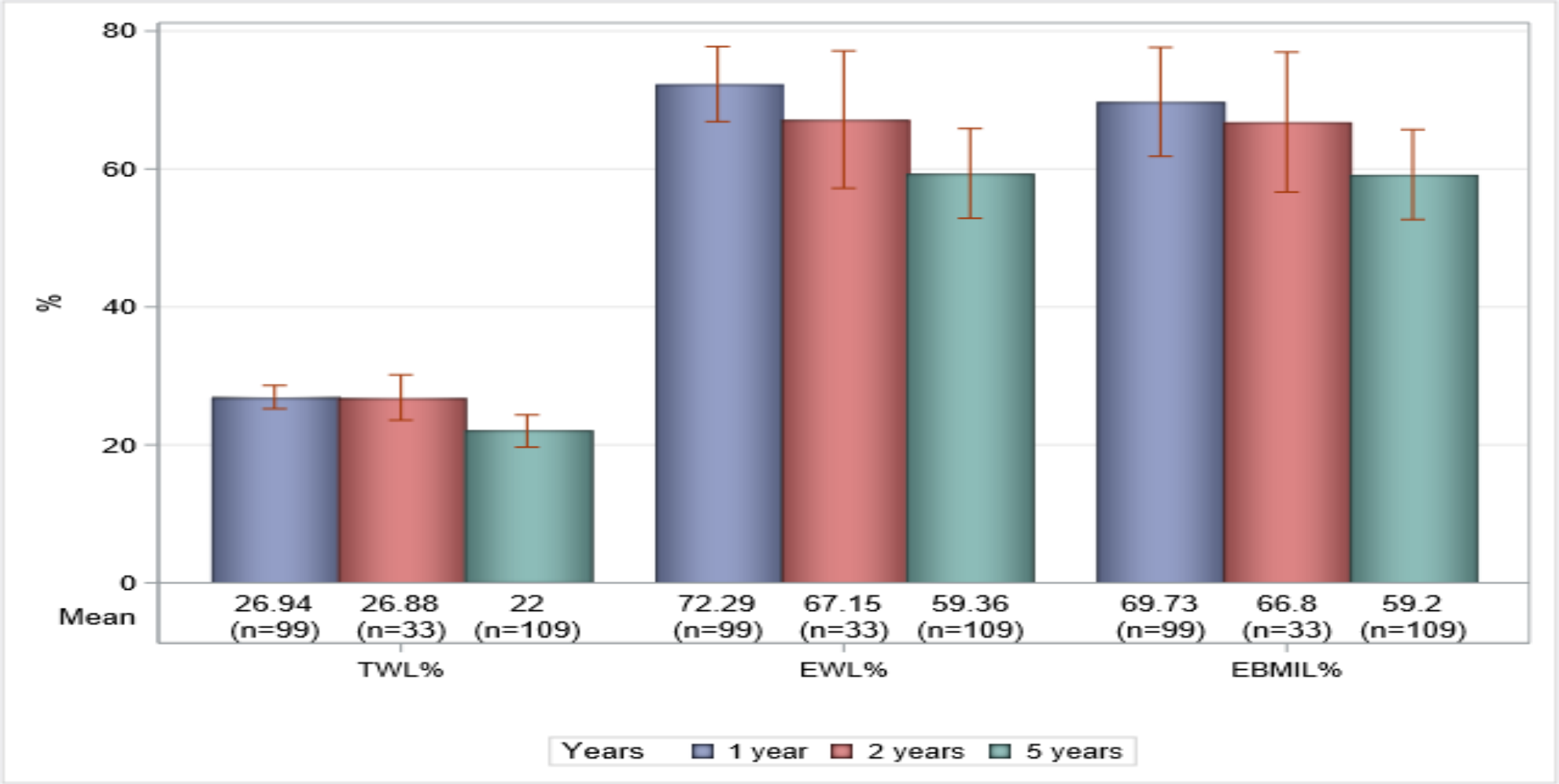


Demographic characteristics of the study population

Table 1. Demographic characteristics of the study population

	Study population (N = 111)	***Subgroup with no further surgery (N = 102)***
Age, mean (± SD)	42.9 (± 15.0)	42.9 (± 14.6)
Weight, mean (± SD)	113.1 (± 17.6)	113.1 (± 18)
BMI, median (Q1;Q3)	40.4 (38.2;43.4)	40.2 (38.2;43.4)
GERD clinical symptoms, n/N (%)	63/111 (56.8)	56/102 (54.9)
GERD endoscopic findings, n/N (%)	31/104 (29.8)	27/95 (28.4)
Type 2 Diabetes, n/N (%)	25/111 (22.0)	22/102 (21.6)
Hypertension, n/N (%)	30/110 (27.3)	28/101 (27.7)
Sleep Apnea Disorder, n/N (%)	81/111 (73.0)	74/102 (72.6)
Female gender, n/N (%)	87/111 (78.4)	80/102 (78.4)
Excess weight, mean (± SD)	44.7 (± 15.7)	44.8 (± 16.2)

WEIGHT LOSS


80
60
40
20
0
%
Mean
26.94 (n=99)
26.88 (n=33)
22 (n=109)
72.29 (n=99)
67.15 (n=33)
59.36 (n=109)
69.73 (n=99)
66.8 (n=33)
59.2 (n=109)
TWL%
EWL%
EBMIL%
Years
1 year
2 years
5 years

GERD endpoints

Table 2. Five-year results

GERD remission endpoints (population with GERD at baseline)		
All clinical remission, n/N (%) (primary endpoint)	53/62 (85.5)*	50/56 (89.3)*
Clinical remission, no PPI treatment, n/N (%)	51/62 (82.3)	48/56 (85.7)
Clinical remission, no secondary surgery, n/N (%)	50/62 (80.6)	NA
Other GERD endpoint (population without GERD at baseline)		
De novo clinical GERD, n/N (%)	3/47 (6.4)*	2/45 (4.4)*

FOLLOW UP

81.9%

COMPLICATIONS
REOPERATION RATE: 8.1%

Table 3
Outcomes requiring surgical intervention

Outcomes	Onset	Grade C-D	Clinical presentation	Initial management	Evolution	Secondary management
Emergency surgery						
Wrap perforation N = 3/111	Day 2	IIIb	Acute peritonitis	Wrap resection	Subcapsular splenic hematoma	Radiologic drainage
	Month 9	IIIb (late)	Acute peritonitis	Wrap resection	NE	No 5-yr data
	Month 9	IIIb (late)	Acute peritonitis	Drainage	NE	None
Wrap-induced stenosis N = 1/111	Day 13	IIIb	Dysphagia	Wrap resection	NE	None
Secondary GERD and revision surgery						
Wrap opening	Month 22	NA	GERD	Nissen fundoplication	NE	None
N = 4/111	Month 8	NA	GERD	Toupet fundoplication	NE	None
	Month 36	NA	GERD weight regain	Wrap resection	GERD	RYGB conversion
	Month 58	NA	GERD weight regain	Wrap resection	NE	None
Wrap intrathoracic migration N = 1/111	Month 63	NA	GERD	Hiatal hernia repair	NE	None

Early Onset = before day 30; Late onset = after day 30; Grade C-D = Grade Clavien-Dindo; RYGB = Roux – en Y Gastric Bypass; GERD = gastroesophageal reflux disease; NE = noneventful; NA = Not applicable.

MORTALITY RATE WAS NIL

COMPLICATIONS
WRAP PERFORATIONS

- RISK FACTORS: relative contra-indication!!!
  - AGE>60
  - BMI>50 (technical difficulties)
  - PREVIOUS BAND
  - GASTRITIS
  - SMOKERS
  - HYPOXEMIA
  - ATHEROSCLEROSIS
  - POST OP STEROIDS MEDICATION WHITOUT PPI

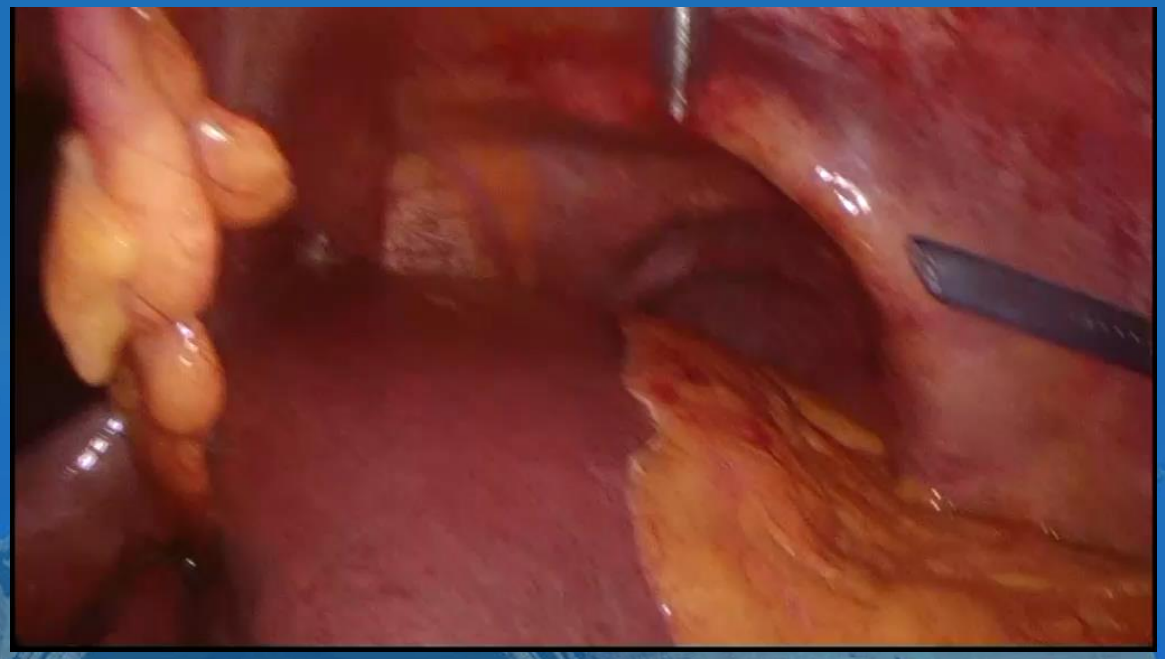
WRAP PERFORATIONS

PREVENTION:

- Learning curve in patients BMI 35-45
- To avoid traumatic or thermic injury of the fundus during the release.
- To know risk factors.....

TREATMENT:

- Quick diagnose: tachycardia, dysphagia, fever →CT Scan
- To remove the wrap
- Average hospital stay: 7 days...



Take home messages...

Results	GBP	SLEEVE	NISSEN SLEEVE
%EWL	55-65%	50-60%%	59.4%
%GERD remission	60.4%	25%	85.5%
%De novo GERD	10.7	31.6%	6.4%
% long term re operation rate	22.1%	15.8%	8.1%

CONCLUSION

Currently, Nissen-Sleeve Gastrectomy is safe and an efficient option if you respect the technical key points and if you respect contra-indications!!!

Learning curve may be difficult if you are not an upper GI surgeon…

NISSEN SLEEVE WORKSHOPS

DIRECTOR OF THE COURSE:
Pr D.NOCCA

Head of the Bariatric team of Universitary Montpellier Hospital. Director of the scientific committee of SOFFCOM. Founder President of ICYLS

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Michel Gagner

"Be never happy about an operation, don't think that it has reached its finality, it can always be improved"

Thank you!


¡LA NISSEN SLEEVE ES LA SOLUCIÓN!