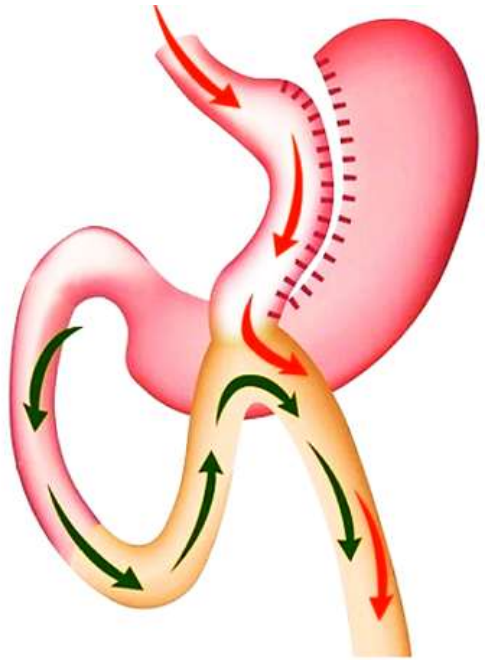
One-anastomosis gastric bypass (OAGB) with tailored biliopancreatic limb length versus fixed BPL length: five years of follow-up results.

Nigro S., Guccione F., Gioffrè A., Idone A., Ursino G., Barbera A., Navarra G.

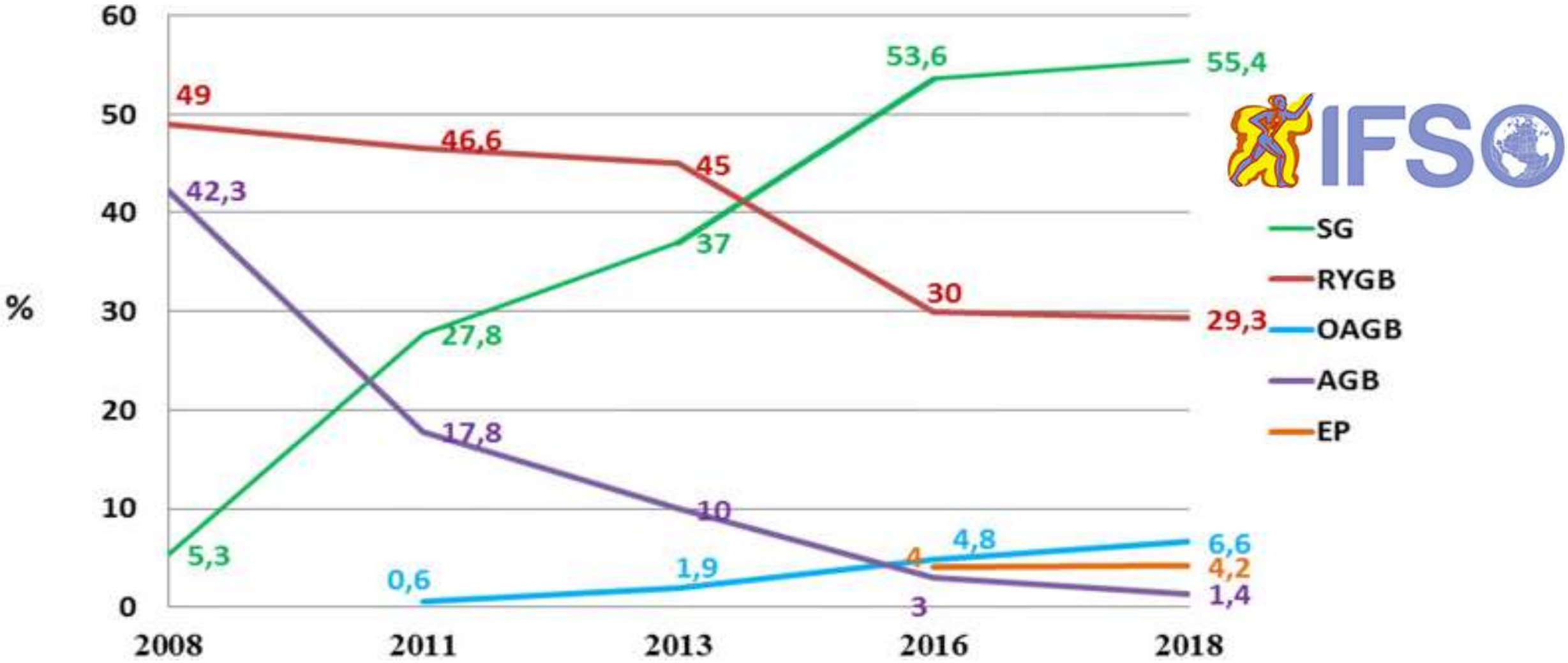


Stefania Nigro

U.O.C Chirurgia Generale Ind. Oncologico
Prof. G.Navarra A.O.U. G. Martino, Messina (Italy)

IFSO
NAPOLI
2023

I have no potential conflict of interest to report



Angrisani et al. Bariatric Surgery Survey 2018: Similarities and Disparities Among the 5 IFSO Chapters. Obes Surg 2021

Obesity Surgery (2021) 31:2453–2463
https://doi.org/10.1007/s11695-021-05276-2

ORIGINAL CONTRIBUTIONS

Areas of Non-Consensus Around One Anastomosis/Mini Gastric Bypass (OAGB/MGB): A Narrative Review

Mohammad Kermansaravi[1] · Amir Hossein DavarpanahJazi[2] · Shahab ShahabiShahmiri[2] · Miguel Carbajo[3] · Antonio Vitiello[4] · Chetan D. Parmar[5,6] · Mario Musella[4]

Received: 8 November 2020 / Revised: 2 February 2021 / Accepted: 8 February 2021 / Published online: 17 February 2021

than RYGB. But the main surgical maneuver in order to avoid malnutrition is to know the total small bowel length and adjust both BPL and CL to the features of patient and maintain a reasonable CL capable of maintaining long-term weight loss without malnutrition [17]. Also, marginal ulcer is often asso-

This may reduce the incidence of malnutrition after OAGB/MGB with tailored limb bypass, without compromising efficacy in weight loss and diabetes resolution [38].

On the other hand, measuring the whole small intestine and choosing the appropriate length are not free of risks. Counting

Obesity Surgery
https://doi.org/10.1007/s11695-020-04519-y

ORIGINAL CONTRIBUTIONS

IFSO (International Federation for Surgery of Obesity and Metabolic Disorders) Consensus Conference Statement on One-Anastomosis Gastric Bypass (OAGB-MGB): Results of a Modified Delphi Study

Almino C. Ramos[1] · Jean-Marc Chevallier[2] · Kamal Mahawar[3] · Wendy Brown[4] · Lilian Kow[5] · Kevin P. White[6] · Scott Shikora[7] · IFSO Consensus Conference Contributors

Table 3 Module 3—technical standardization

Item/question	# votes	Response	% consensus
A biliopancreatic limb of 200 cm or longer may increase the risk of malabsorption and protein-calorie malnutrition and should only be done after measuring total bowel length.	47	Agree	91%
Measurement of the total bowel length can be used to define the percentage for the length of the biliopancreatic limb.	48	Agree	79%
Total bowel length should be measured for a safe and adequate OAGB-MGB whenever possible without adding risk to the patient.		No consensus Agree—62% Disagree—38%	

OUR STUDY

GROUP A
Fixed 200 cm BPL

⟷

64 Patients

⟷

GROUP B
Tailored BPL
Bypassing 40% SBL

	Entire sample		200-cm BPL		Tailored BPL		
	Mean ± SD	Range	Mean ± SD	Range	Mean ± SD	Range	*p* value
Number	64 (100%)	–	32 (50%)	–	32 (50%)	–	–
Gender							
Male	13 (20.3%)	–	6 (18.8%)	–	7 (21.9%)	–	–
Female	51 (79.7%)	–	26 (81.2%)	–	25 (78.1%)	–	–
Age (years)	43.3 ± 9.4	24.0–65.0	42.3 ± 9.7	24.0–65.0	44.4 ± 9.1	28.0–62.0	0.369
Height (cm)	163.8 ± 8.2	150.0–193.0	164.2 ± 9.6	150.0–193.0	163.4 ± 6.8	154.0–182.0	0.685
Weight (kg)	119.0 ± 21.1	88.0–175.0	117.2 ± 18.9	88.0–175.0	120.8 ± 23.4	88.0–172.0	0.497
BMI (kg/m2)	44.2 ± 5.8	35.2–60.2	43.3 ± 4.4	36.5–54.1	45.0 ± 6.9	35.2–60.2	0.234
EBW (kg)	51.4 ± 16.7	26.0–94.6	49.5 ± 13.4	31.6–81.9	53.3 ± 19.4	26.0–94.6	0.364

Table 1. Baseline characteristics

Patient	Total small intestine length (cm)	BPL length (cm)	Common limb length (cm)
1	500	200	300
2	620	250	370
3	410	160	250
4	600	240	360
5	720	290	430
6	750	300	450
7	820	330	490
8	570	230	340
9	600	240	360
10	570	230	340
11	630	250	380
12	630	250	380
13	570	230	340
14	550	220	330
15	680	270	410
16	600	240	360
17	720	290	430
18	600	240	360
19	550	220	330
20	550	220	330
21	930	370	560
22	810	320	490
23	550	220	330
24	500	200	300
25	600	240	360
26	650	260	390
27	710	280	430
28	550	220	330
29	540	220	320
30	600	240	360
31	810	320	490
32	530	210	320
	Mean: 625.6 ± 110.5 cm	Mean: 250.0 ± 43.8 cm	Mean: 375.6 ± 66.8 cm
	Range: 410–930 cm	Range: 160–370 cm	Range: 250–560 cm

Table 2. Small bowel length, biliopancreatic limb length, and common limb length in tailored BPL group

Obesity Surgery
https://doi.org/10.1007/s11695-019-04019-8

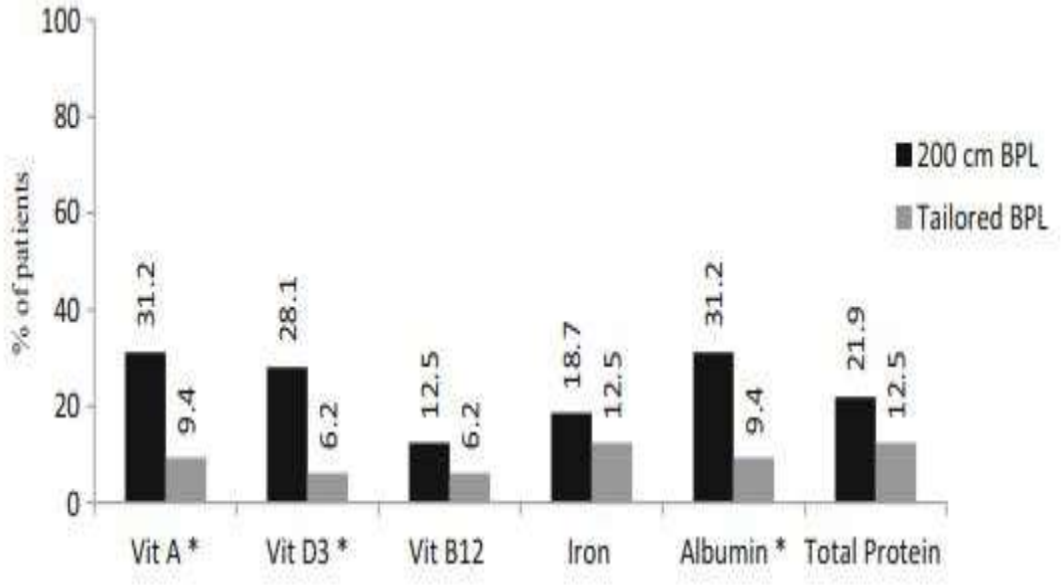
NEW CONCEPT

One Anastomosis Gastric Bypass–Mini Gastric Bypass with Tailored Biliopancreatic Limb Length Formula Relative to Small Bowel Length: Preliminary Results

Iman Komaei [1] · Federica Sarra [1] · Claudio Lazzara [1] · Michele Ammendola [2] · Riccardo Memeo [3] · Giuseppe Sammarco [2] · Giuseppe Navarra [1] · Giuseppe Currò [1,2]

	200-cm BPL		Tailored BPL		*p* value
	Mean ± SD	Range	Mean ± SD	Range	
Weight (kg)	77.6 ± 13.3	61.0–120.0	80.1 ± 14.9	54.0–116.0	0.476
BMI (kg/m2)	28.8 ± 4.1	20.7–38.0	29.9 ± 4.5	21.1–39.7	0.289
%EWL	66.2 ± 17.1	28.3–112.7	63.3 ± 13.7	31.2–95.7	0.467
TWL (kg)	39.6 ± 12.5	14.0–71.0	40.7 ± 13.4	15.0–80.0	0.756
%TWL	33.4 ± 7.9	14.5–51.4	33.3 ± 6.6	15.6–50.0	0.929

Table 3 Weight loss results in 200-cm BPL and tailored BPL groups at 1-year postoperative period.



Percentage of patients with nutritional deficiencies in 200 cm BPL and tailored BPL lenghts

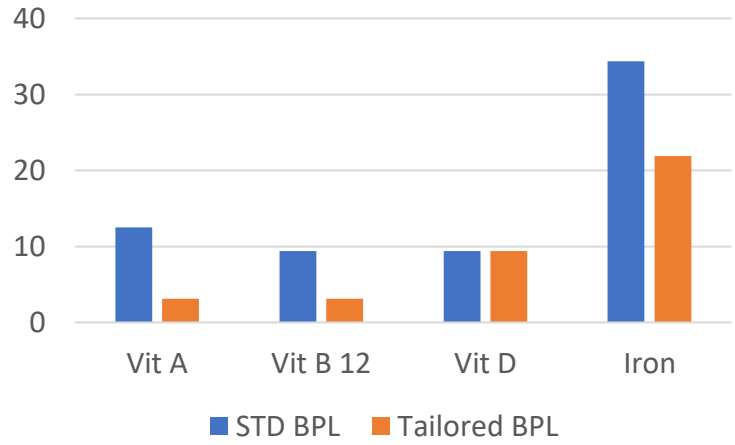
1 YEAR FOLLOW UP

IFSO NAPOLI 2023

3 YEARS FOLLOW UP

	STD (Mean ± SD)	TAILORED (Mean ± SD)	p-value
BMI (Kg/m^2)	28,35 ± 7,51	24,63 ± 6,33	= 0,77
%EWL	67,3	80,1	< 0,05

	STD (%)	TAILORED (%)	p-value
Vit A	12,5	3,13	= 0,67
Vit B 12	9,38	3,13	= 0,90
Vit D	9,38	9,38	/
Iron	34,38	21,88	< 0,05

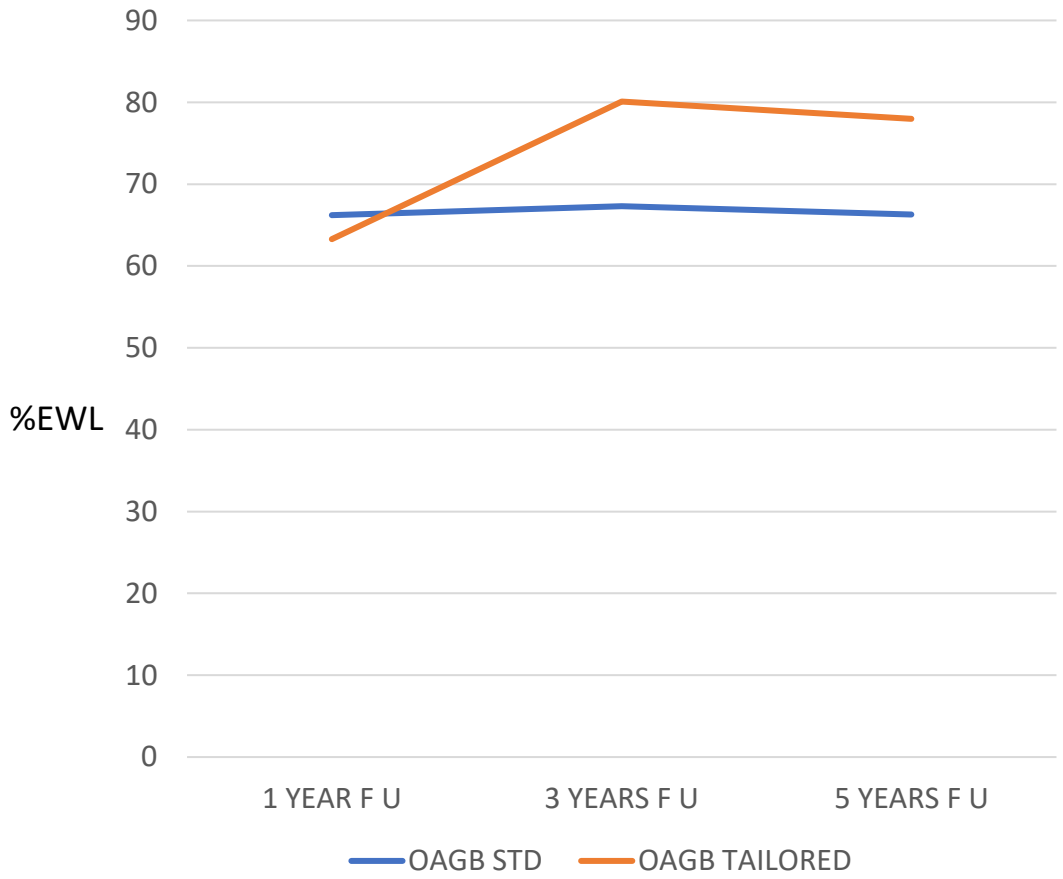


Percentage of patients with nutritonal deficiencies

5 YEARS FOLLOW UP

	STD (Mean ± SD)	TAILORED (Mean ± SD)	p-value
BMI (Kg/m^2)	28,44 ± 4,29	25,1 ± 5,15	= 0,19
%EWL	66,3	78	< 0,05

	STD (%)	TAILORED (%)	p-value
Vit A	12,5	3,13	= 0,67
Vit B 12	9,38	3,13	= 0,90
Vit D	9,38	9,38	/
Iron	34,38	21,88	< 0,05



CONCLUSIONS

Our study showed that a tailored BPL length is associated with less nutritional deficiencies while providing similar weight loss when compared to the fixed 200-cm.

Tailoring BPL length by bypassing about 40% of the SBL seems to be safe and effective. Further randomized studies with larger sample sizes and longer follow-up periods are needed to confirm our results.

Thank you for your attention