

Preliminary report of postoperative complications after Sleeve Gastrectomy with Transit Bipartition and Roux-en-Y Gastric Bypass in the BIPASS study

El Soueidy Toni, Marciniak Camille, Robert Maud, Poghosyan Tigran, Abou-Mrad Adel,
Pattou Francois, Caiazzo Robert

Department of General and Endocrine Surgery

University Hospital of Lille, France



CONFLICT OF INTEREST DISCLOSURE

I have no potential conflict of interest to report



Sleeve Gastrectomy With Transit Bipartition(SG+TB) Versus Roux-en-Y Gastric Bypass (RYGB) for Type 3 Obesity (BIPASS)

A French prospective multicentric randomized trial comparing the efficacy and safety of Sleeve Gastrectomy with Transit Bipartition (SG+TB) versus Roux-en-Y Gastric Bypass (RYGB).

ClinicalTrials.gov Identifier: NCT04915014

Sponsor: University Hospital, Lille

Collaborator: Ministry of Health, France

Principal investigator: Robert CAIAZZO, MD, PHD



Sleeve Gastrectomy With Transit Bipartition(SG+TB) Versus Roux-en-Y Gastric Bypass (RYGB) for Type 3 Obesity (BIPASS)

Study start date: July 2021

Estimated study completion date: July 2025

Estimated enrollment: 320 participants

Number of participating institutions: 22 French centers



INVESTIGATIONAL SITES

N°	Principal investigator		Center name
1	Caiazzo	Robert	CHU Lille
2	Robert	Maud	CHU Lyon
3	Blanchard	Claire	CHU Nantes
4	Brunaud	Laurent	CHU Nancy
5	Poghosyan	Tigran	CHU Bichat
6	Nocca	David	CHU Montpellier
7	Abou Mrad	Adel	CHU Orleans
8	REBIBO	Lionel	Hopital G. Pompidou
9	Faure	Jean Pierre	CHU Poitiers
10	Sterkers	Adrien	CHP Saint Grégoire
11	Topart	Philippe	Clinique de l'Anjou
12	Genser	Laurent	CHU La Pitié Salpêtrière
13	Reche	Fabian	CHU Grenoble
14	Lazzati	Andrea	CHI Creteil
15	Chouillard	Elie	CHI Poissy
16	Thereau	Jeremie	CHU Brest
17	Mercoli	Henry	Polyclinique de Franche-Comté
18	Gronnier	Caroline	CHU de Bordeaux
19	Nedelcu	Marius	Clinique St Michel
20	Menahem	Benjamin	CHU de Caen
21	Del Gallo	Gérald	CH de Dieppe
22	Blanc	Pierre	clinique mutualiste de saint etienne

Sleeve Gastrectomy With Transit Bipartition(SG+TB) Versus Roux-en-Y Gastric Bypass (RYGB) for Type 3 Obesity (BIPASS)

Experimental:

Laparoscopic sleeve gastrectomy with transit bipartition (SG +TB)



Santoro S. et al. Sleeve Gastrectomy With Transit Bipartition: A Potent Intervention for Metabolic Syndrome and Obesity. Annals of Surgery. juill 2012;256(1):104-10.

Sham Comparator:

Laparoscopic Roux-en-Y gastric bypass (RYGB)

Preliminary report of postoperative complications

OBJECTIVES

The aim of this research was to report on any postoperative complication that occurred from the start of enrollments to May 2023.



Preliminary report of postoperative complications

METHODS

An adverse event sheet was prospectively filled out for each patient who had a postoperative issue.

Data of interest:

- The type of complication
- Clavien-Dindo severity rating
- Therapy administered
- Evolution

Each investigator gathered data, which were then forwarded to the sponsor for control.



Preliminary report of postoperative complications

RESULTS

194 individuals were recruited in the clinical study between September 2021 and May 2023

	SG+ TB	RYGB
Randomized	98	96
Surgery performed	98	94

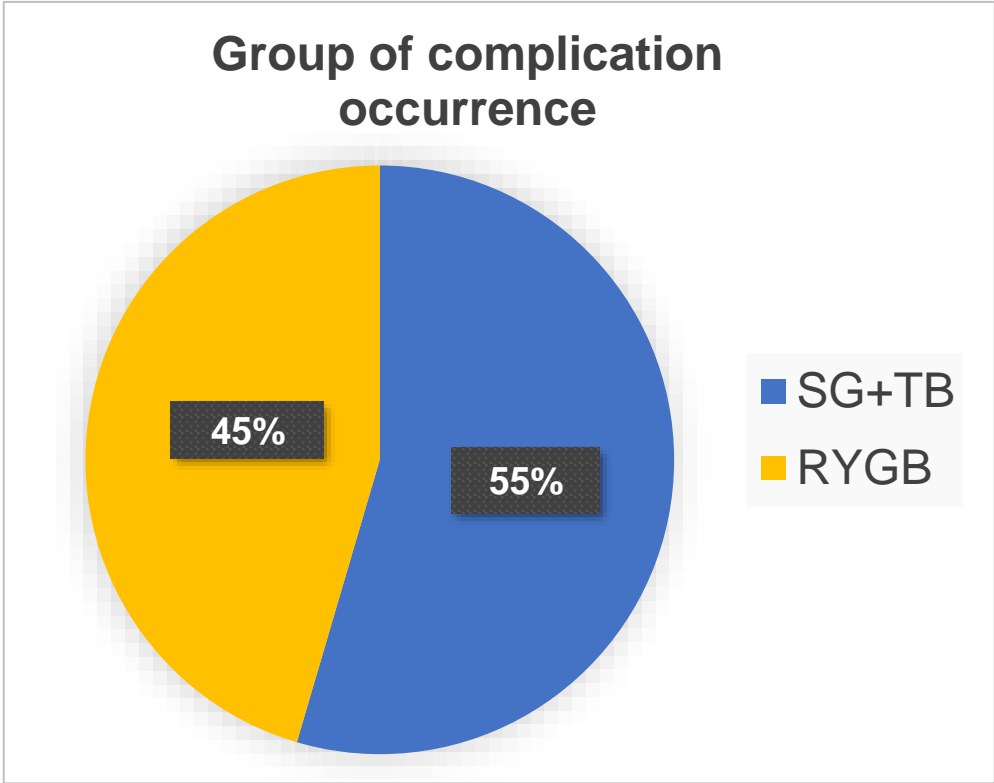
Preliminary report of postoperative complications

RESULTS

Median postoperative follow-up duration: 10.5 months

Overall complications rate: **5.7%** (n=11) →

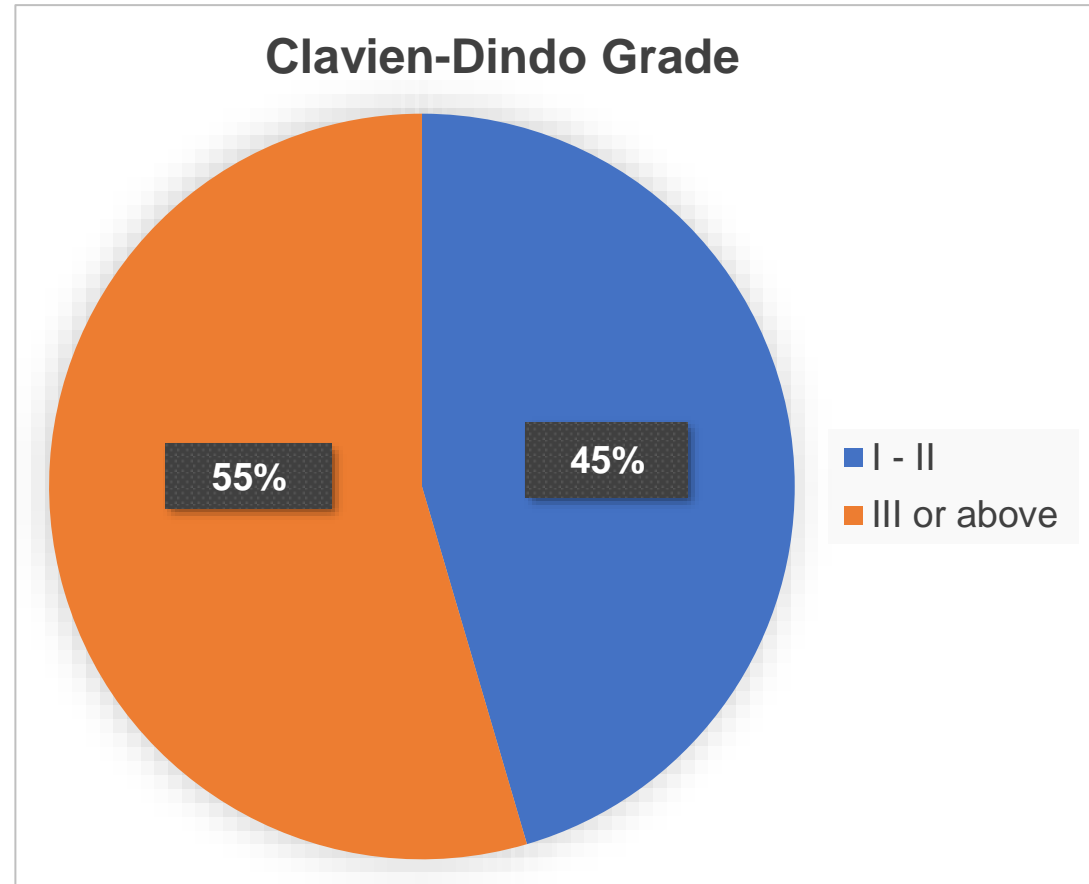
No mortality in both groups



Preliminary report of postoperative complications

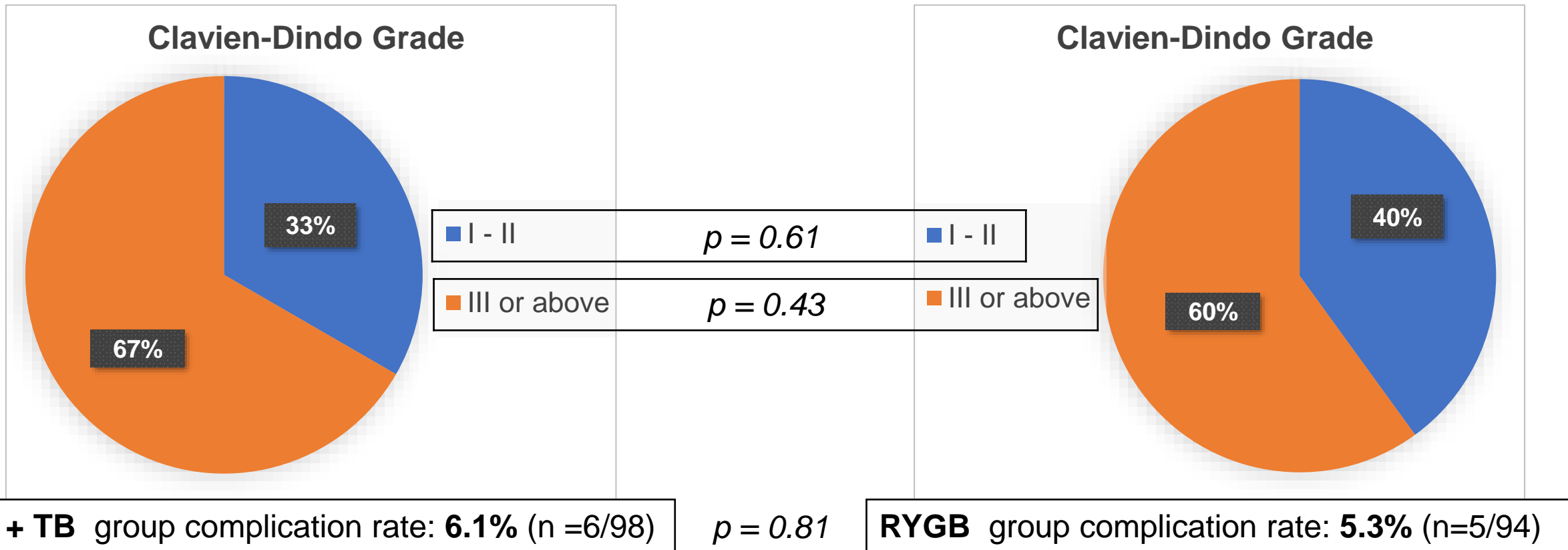
RESULTS

Overall complications rate: **5.7%** (n=11)



Preliminary report of postoperative complications

RESULTS



Preliminary report of postoperative complications

RESULTS

GRADE III or above complications in SG+TB group

Description	Performed treatment	Evolution
Jejuno-ileal anastomosis stenosis	Surgical: Enlargement of the anastomosis by laparotomy on day 3	Complete healing
Jejuno-ileal anastomotic leak with peritonitis on day 2	Surgical: resection of the anastomotic stump by laparotomy	Complete healing
Umbilical abcess on day 3 <i>(patient had concomitant umbilical hernia repair)</i>	Surgical drainage	Complete healing
Obstructive acute pyelonephritis at 4 month follow up	Surgical: ureteral stenting	Complete healing

Preliminary report of postoperative complications

RESULTS

GRADE III or above complications in RYGB group

Description	Performed treatment	Evolution
JJ anastomosis stenosis with intestinal obstruction on day 2	Surgical: enlargement of the anastomosis by laparoscopy on day 5	Complete healing
Remnant stomach leak	Surgical: 2 reinterventions on day 17 then day 18	Complete healing

Preliminary report of postoperative complications

CONCLUSIONS

The overall rate of complications is low in both groups

No significant differences between the 2 techniques



THANK YOU FOR YOUR ATTENTION

