



Sleeve with LTC

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Meta-Analysis > [Ann Surg. 2020 Feb;271\(2\):257-265. doi: 10.1097/SLA.0000000000003275.](#)

Does Sleeve Gastrectomy Expose the Distal Esophagus to Severe Reflux?: A Systematic Review and Meta-analysis

Kai Tai Derek Yeung¹, Nicholas Penney, Leanne Ashrafian, Ara Darzi, Hutan Ashrafian

Results: A total of 46 studies totaling 10,718 patients were included. Meta-analysis found that the increase of postoperative GERD after sleeve (POGAS) was 19% and de novo reflux was 23%. The long-term prevalence of esophagitis was 28% and BE was 8%. Four percent of all patients required conversion to RYGB for severe reflux.



BARIGERD trial (CTRI/2017/06/008834)

Clinical Trial > Surg Obes Relat Dis. 2019 Aug;15(8):1261-1269.

doi: 10.1016/j.soard.2019.05.017. Epub 2019 May 20.

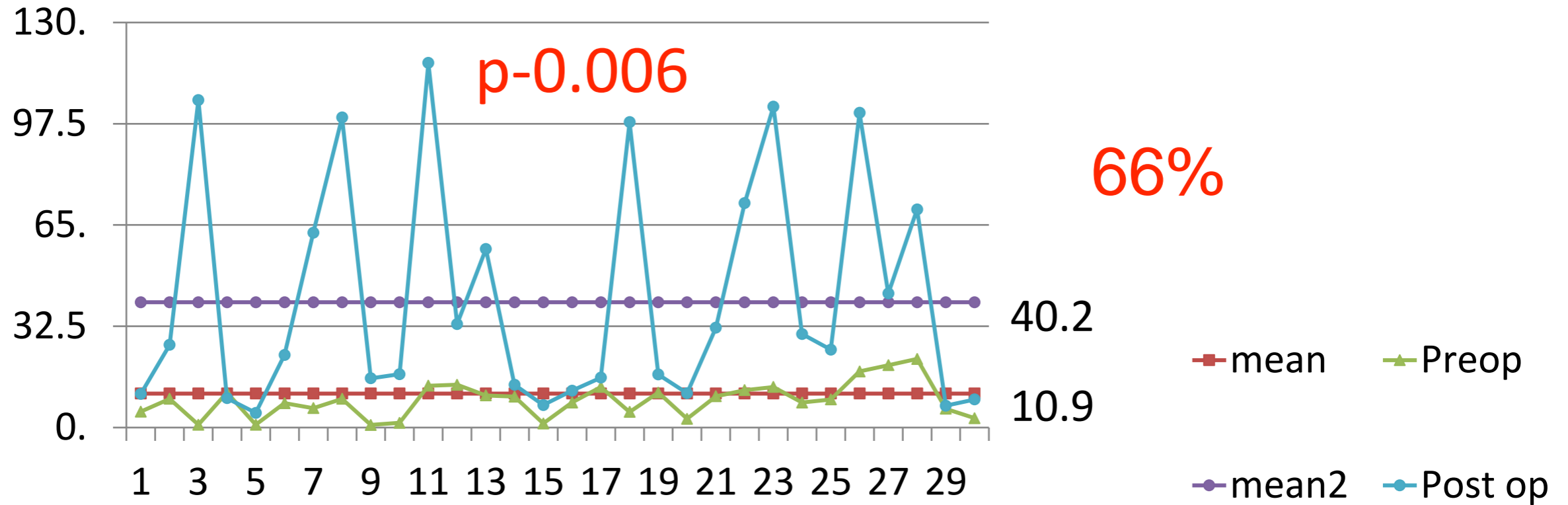
Gastroesophageal reflux-related physiologic changes after sleeve gastrectomy and Roux-en-Y gastric bypass: a prospective comparative study

P Praveen Raj¹, Siddhartha Bhattacharya², Shivanshu Misra², S Saravana Kumar², Mohd Juned Khan³, Sridhar Chinnaswami Gunasekaran³, C Palanivelu⁴

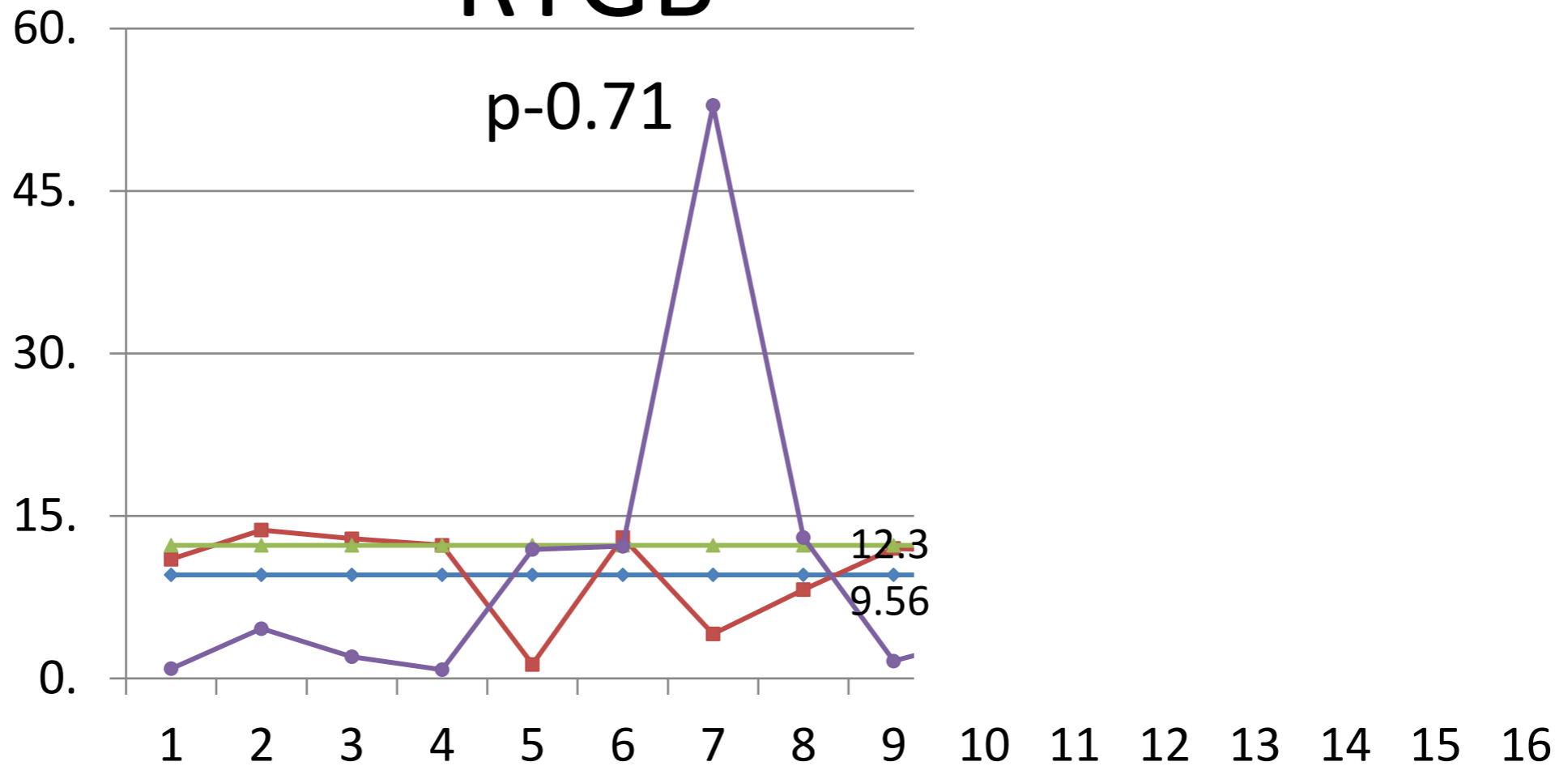
- study the physiological changes after LSG and LRYGB
- non-GERD patients
- Impedence-pH(24-hour multichannel intraluminal impedance and pH monitoring study (MIIpH))
- Manometry
- GERDQ/HRQOL Scoring
- before and after 6 months



Demeester scores for LSG



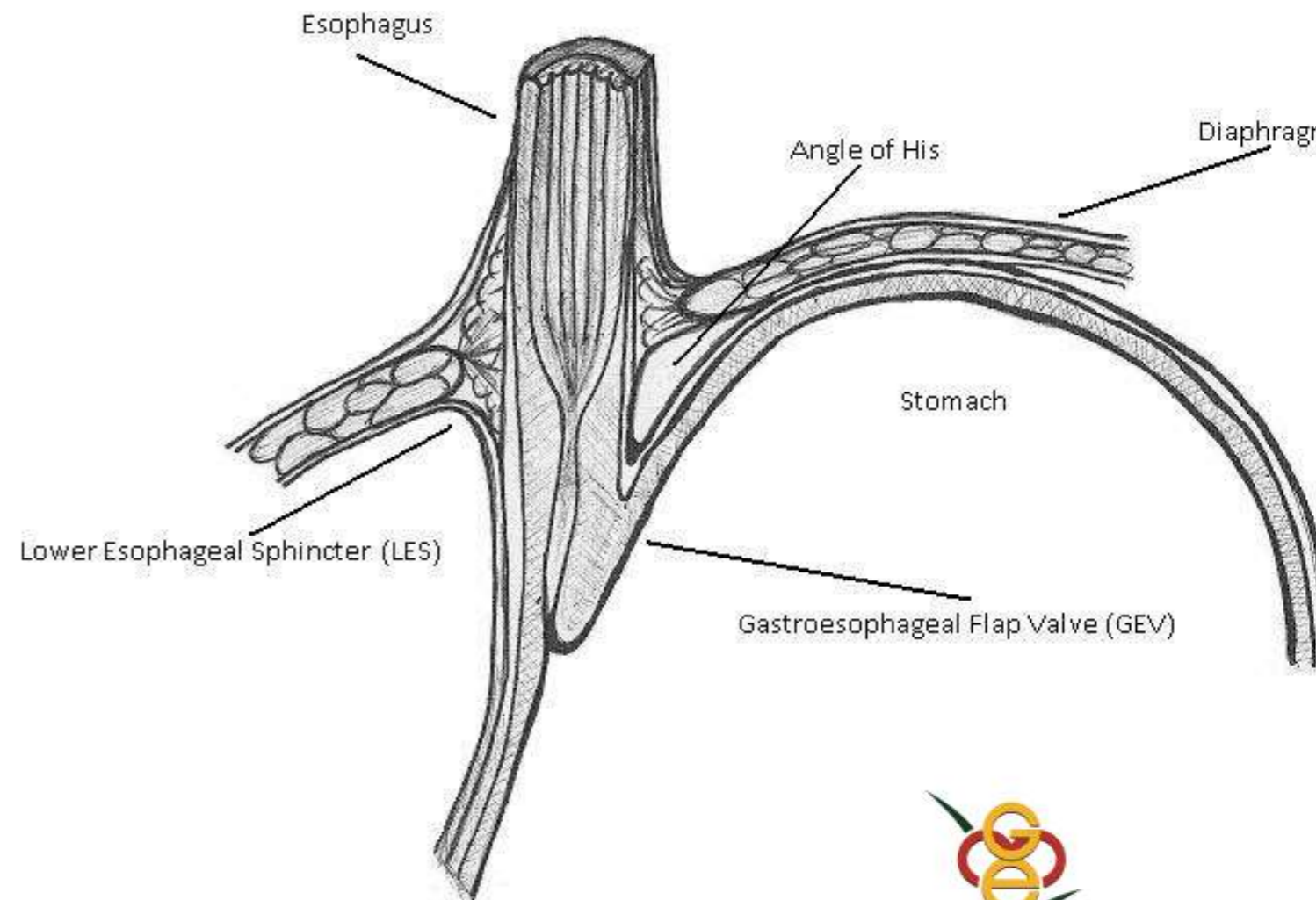
RYGB



Antireflux barrier



- Lower oesophageal sphincter
- Angle of His
- Intra-abdominal portion of oesophagus
- Oesophageal peristalsis
- Gastric emptying
- Mucosal rosette
- Phreno-oesophageal attach





Altered anatomy after Sleeve

- alteration of angle of His
- LES dysfunction(reduced LES pressure)
- reduced gastric compliance
- increasing chance of HH/proximal migration
- neofundus acting as a reservoir
- stapler mal-alignment *

*Del Genio et al 2014



Do we understand the pathophysiology of GERD after sleeve gastrectomy?

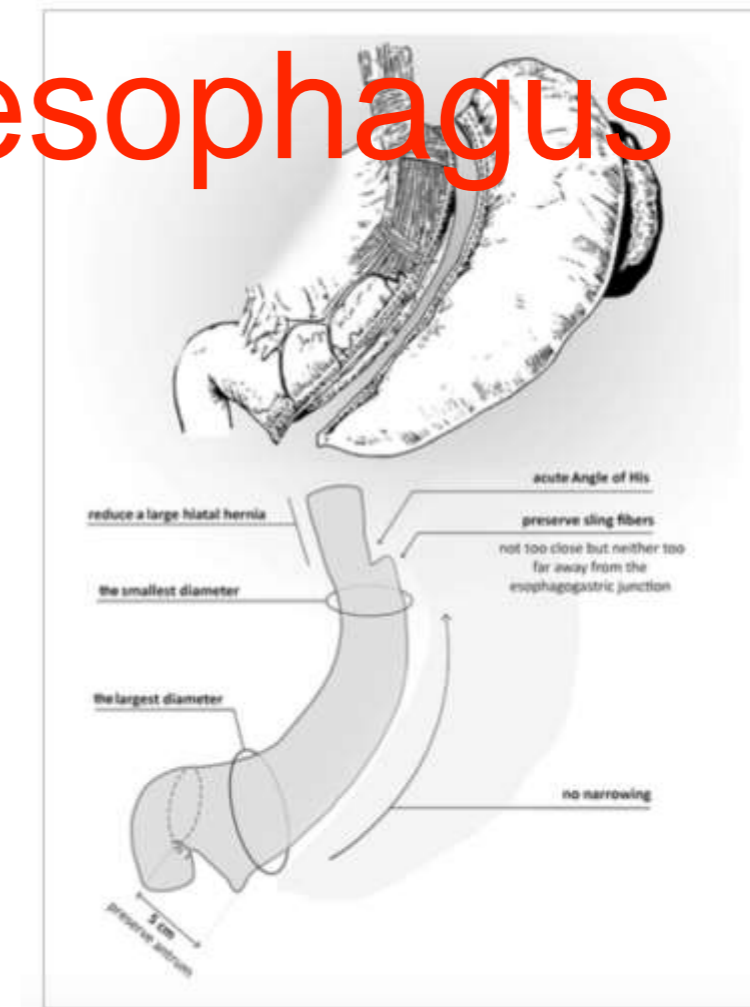
Eleni Felinska, Adrian Billeter, Felix Nickel, Pietro Contin, Felix Berlth, Bipan Chand, Peter Grimminger, Dean Mikami, Sebastian F. Schoppmann, Beat Müller-Stich ✉

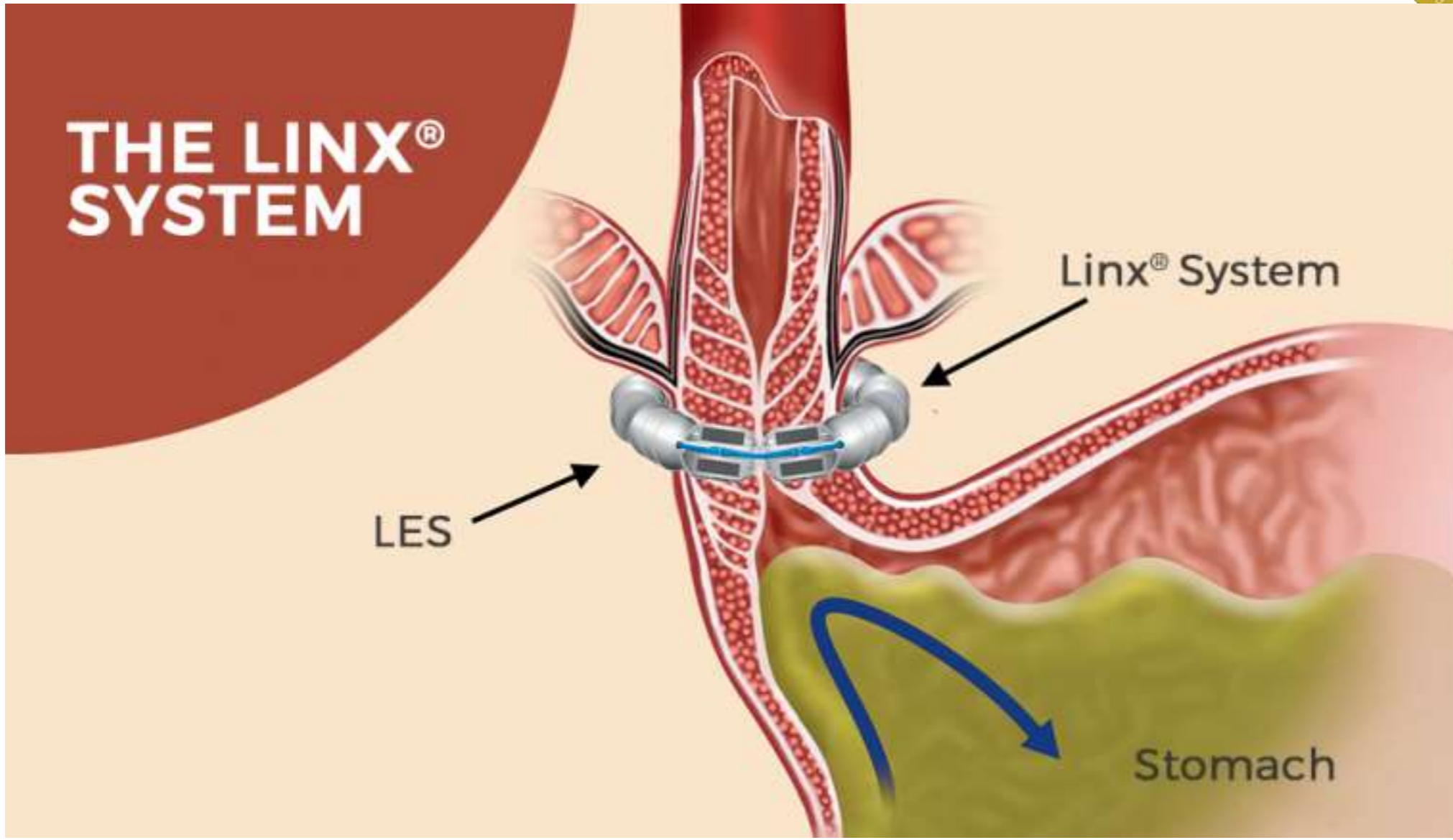
First published: 06 September 2020 | <https://doi.org/10.1111/nyas.14467> | Citations: 20

Table 1. Criteria for the sleeve gastrectomy to prevent GERD

Criterion	Goal
Use a large (e.g., 42 Fr) bougie to reduce the risk of narrowing	Minimizing intragastric pressure
Shape the sleeve in such a manner that it is the widest at the antrum and the narrowest at the cardia (trapezoid shape)	Preventing (functional) stenosis
Prevent narrowing of the mid-portion of the sleeve, especially at the angular notch, by appropriate angulation of the stapler and preventing twisting or kinking of the sleeve	Preventing (functional) stenosis
Preserve the antrum (by placing the first staple line >5 cm from the pylorus) to preserve antral motility	Minimizing intragastric pressure
Place the last staple line close, but not too close, to the esophagus to not injure the sling fibers of the LES	Preserving an acute Angle of His and maintaining high pressure at the LES
Repair large hiatal hernias (>4 cm)	Restoring the Angle of His

Intra-abdominal oesophagus

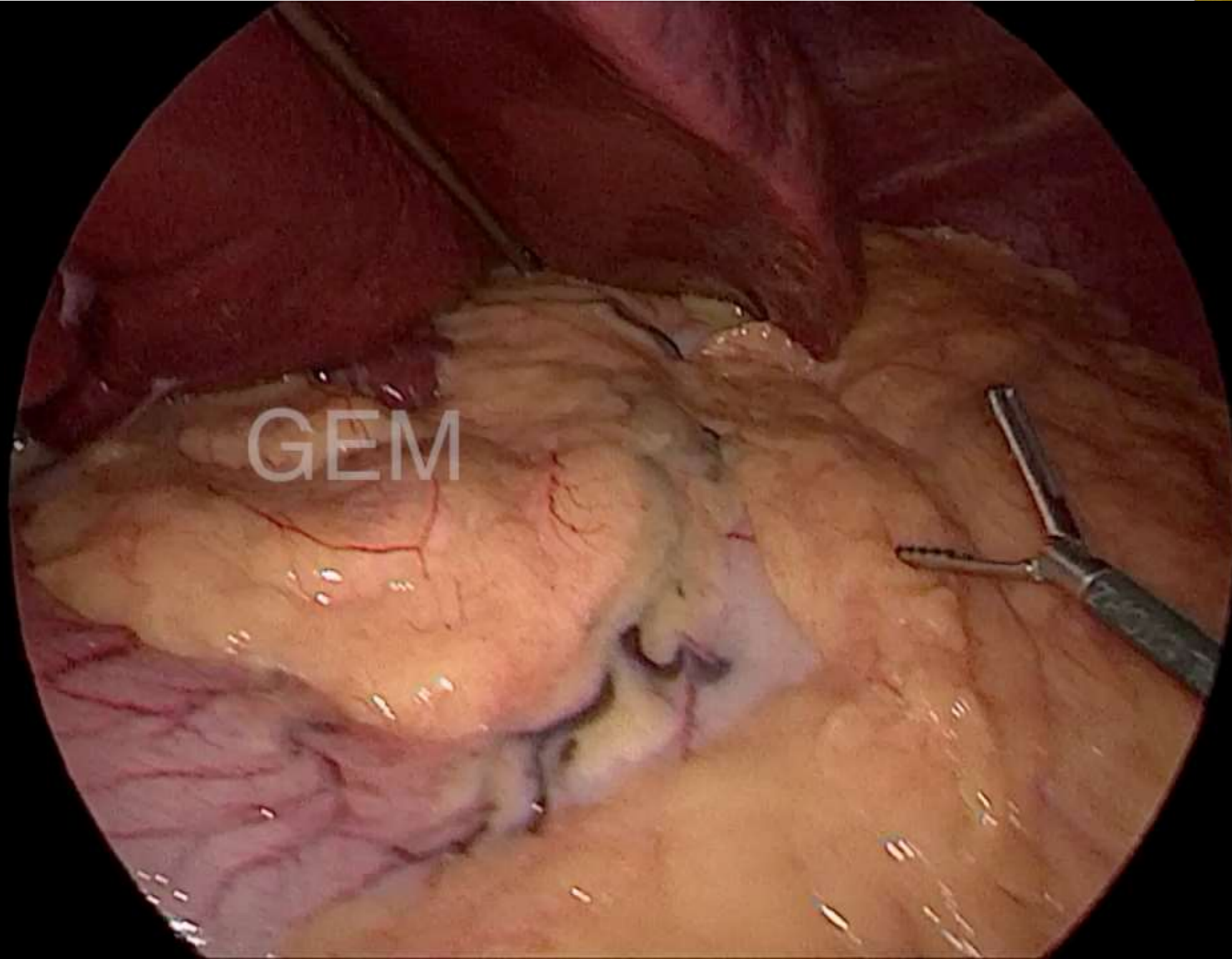




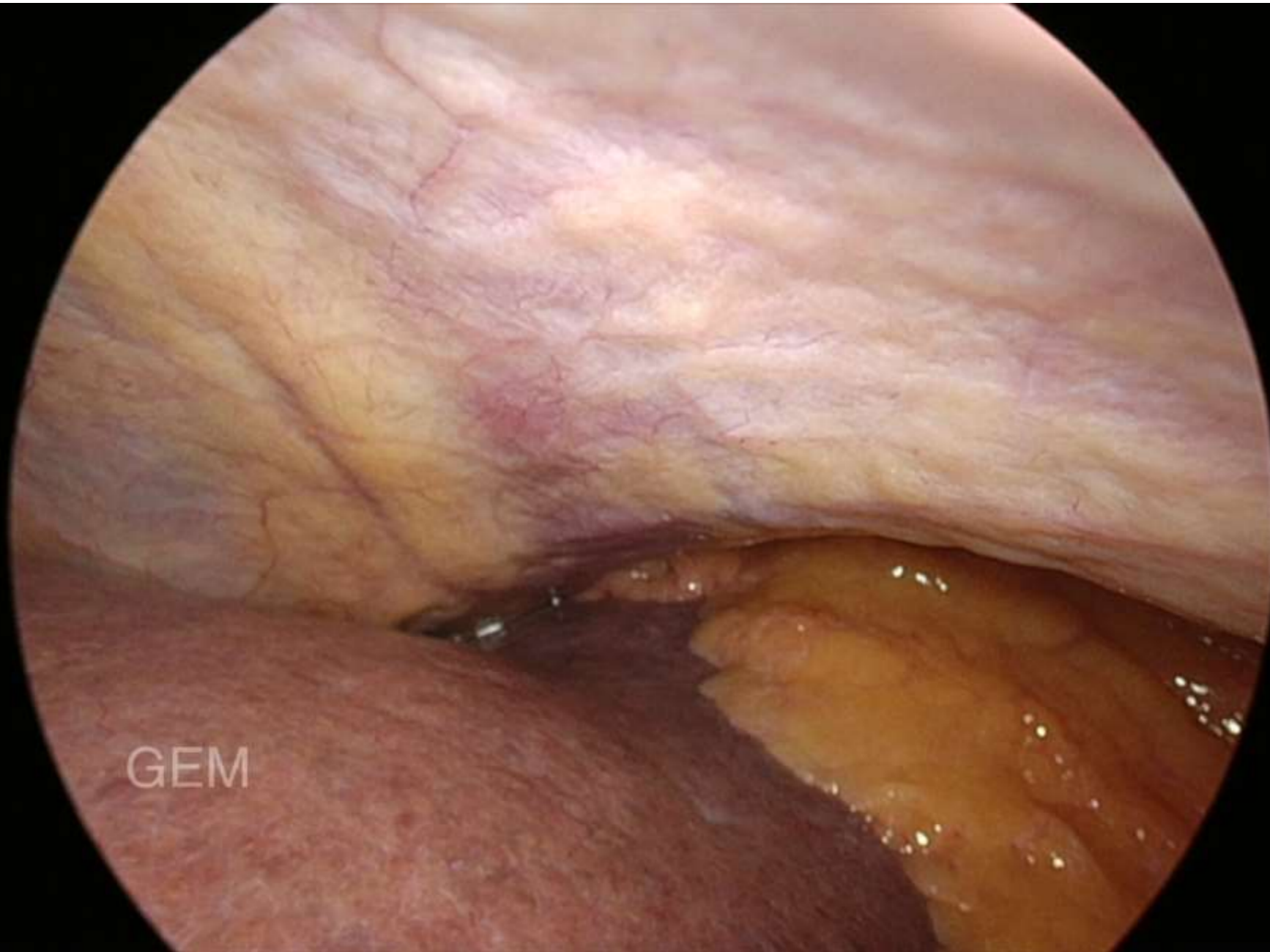


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Conclusion



- Ligamentum teres cardiopexy is a very useful procedure to augment the GE junction and help in reservation of the anti-reflux barrier
- LTC can be used as an adjunct in the prevention of denovo GERD and treatment of GERD

This book provides a comprehensive review of literature of various aspects of bariatric surgery arriving at practical recommendations for simplifying day to day practice. This book is divided into 10 sections covering selection of patient, preoperative predictors of outcome, technical considerations, specific situations, post-operative pathways, management of complications, revisional surgery, and perioperative nutritional aspects. It covers specific situations in bariatric surgery such as GERD, hernia repair, gallstone disease, PCOD, NAFLD and end organ disease.

Bariatric Surgical Practice Guide is a quick resource for practicing bariatric surgeons, young and experienced, to understand all practical aspects of this surgery which is gaining importance worldwide at a rapid pace. Recommendations are based on existing literature as well as opinions of the authors who work at state-of-the-art clinical facilities.

Raj Kumar
Gomes
Editors
Bariatric Surgical Practice Guide
Recommendations

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Clinics in Bariatric & Metabolic Surgery

Salient Features

- A first of its kind clinical case based clinical discussion in bariatric surgery
- Clinical cases covering all aspects of bariatric surgery from indications and selection to management of complications
- A simplified quick reference guide based on evidences and experience.

Praveen Raj Palanivelu MS (MCh) FRCS (MCh) is a pioneering bariatric surgeon from Coimbatore (India) with a significant scientific contribution. He is the Head of the GEM Obesity and Diabetes Surgery Centre, which is one of India's largest volume bariatric surgical centers with over 3500 bariatric surgical procedures performed in the last 16 years. He has trained over 250 bariatric surgeons through his annual training courses. He is the Editor in Chief of the "Bariatric Surgery Practice Guide" published by Springer in 2017. He is currently the President of the International Excellence Federation (India chapter) since 2016 and the Honorary Secretary of the Obesity Surgery Society of India (OSSSI). He is been instrumental in bringing bariatric surgery under the Chief Minister's Insurance Scheme in the state of Tamil Nadu in India, a revolutionary first of its kind. It is also important to note that he is the only Doctorate (PhD) in Bariatric Surgery, probably in the whole of Asia.

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