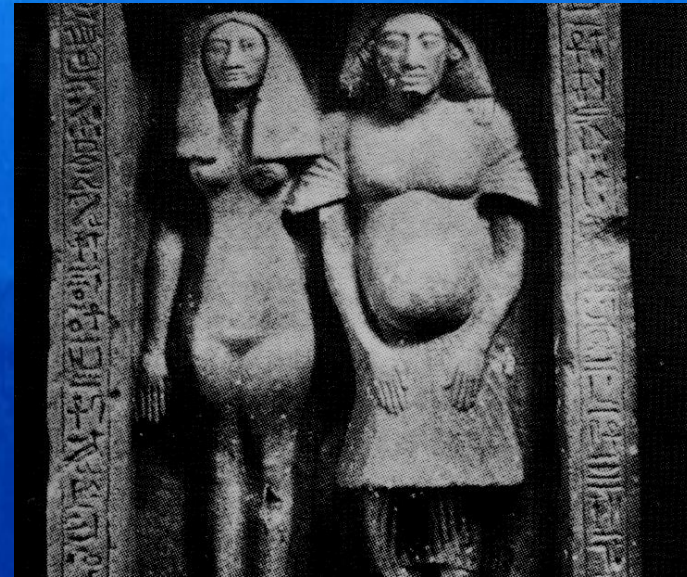


Is There a Future of LSG?

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Obesity surgery
Cairo Egypt



R

RESTRICTED

**UNDER 17 REQUIRES ACCOMPANYING
PARENT OR ADULT GUARDIAN**

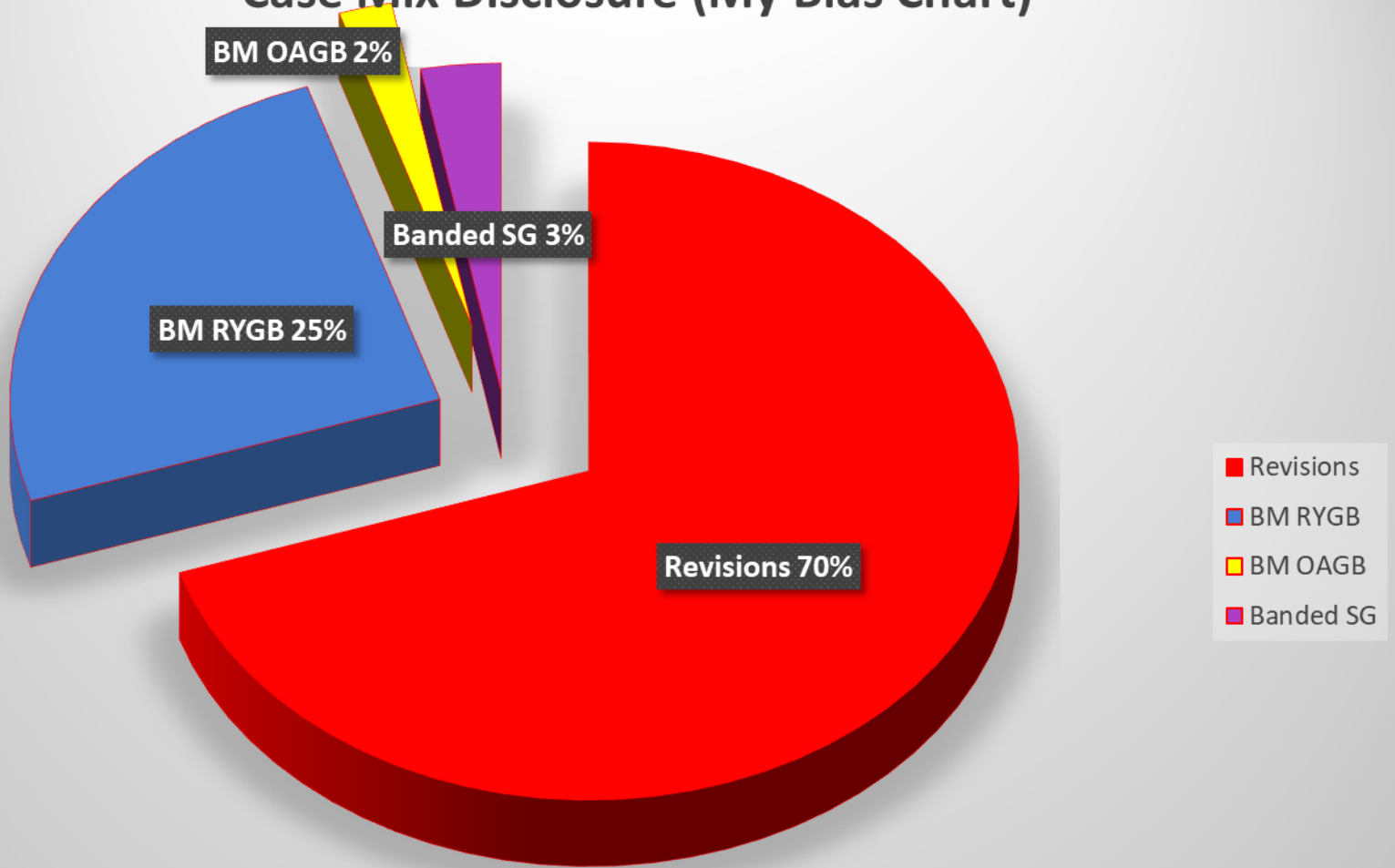
**STRONG LANGUAGE, THOUGHTS
AND IDEAS**

Disclosures

Unfortunately non



Case Mix Disclosure (My Bias Chart)



Before

After

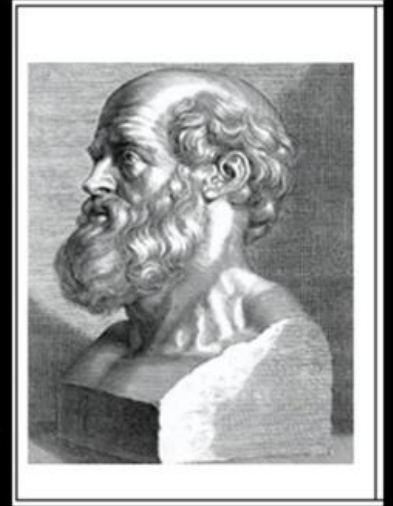


**In two weeks, Johnny
lost 2 weeks.**

**post bariatric surgery
same picture
in 5 years Johnny lost 5 years**


FIRST
DO
NO
HARM

--The Oath of Hippocrates



**We do not have risk free treatments
make sure the benefits outweigh the
risks**

- 
- ▶ I am quite old so let's make this a history and philosophy lesson
 - ▶ Start with the good guys vs the bad guys

- 
- ▶ **Everyone believes they're the good guys and those who differ are the bad ones**

No one on the bad guys side feel they are doing anything wrong

**It is not hard to do the right thing.
It's just hard to know what the right thing is**

The No 1 Operation Worldwide Debate

PHILOSOPHICAL RHYTHMS

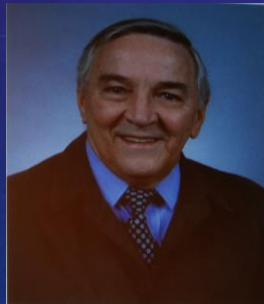
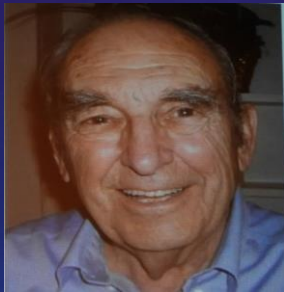


“ The voice of the majority is no
proof of justice.”

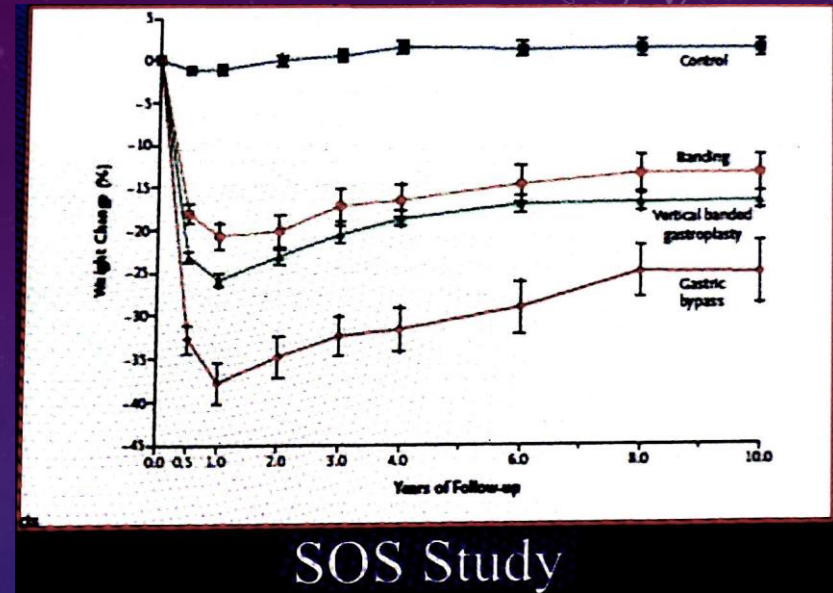
~ Friedrich Schiller

THE DUODENAL SWITCH GROUP

- Annual Meeting ASMBS (ASBS)
- Hess, Maurcoux, Scopinaro, Baltasar, Gangier.
- 100 cm cc, the role of thirds,
- Baltasar Publications Smaller Bougie, Shorter CC
- My experience 65 open DS, Guess What? They fail



THE HONEY MOON



- All Bariatric procedures give some weight loss in the first 18 months.
- All bariatric procedures show weight gain after that and results at 5 and 10 years will be completely different than your initial results.

Current Problems with Designing a Bariatric procedure

01

Every procedure has a Honeymoon period and that goes away

02

It takes 5-10 years to really know the result of what you are doing now

03

Dilutional effect of Honeymooners.

04

Non standard reporting and statistics.

THE SLEEVE GASTRECTOMY THE SERENDIPITY CONCEPT

- **High Mortality and Morbidity Rate of the Laparoscopic duodenal switch in high BMI patients: 2 stage approach (Serendipity)**
- **Sleeve patients did not comeback for a second stage (6-12 months) (honeymoon effect)**
- **Every stomach will stretch Wide sleeve is more comfortable and will soon dilate. Narrow sleeves are more uncomfortable and take longer to dilate**
- **By the time the inevitable long term failures appear we will have many Failures.**
- **GB elevates GLP1s SG doesn't ?? : Serendipity 2.0: GLP1 agonist medications**



The background is a dark blue gradient. In the corners, there are white, stylized circuit board traces with circular nodes, resembling a network or data flow diagram.

**SLEEVE GASTRECTOMY:
IRREVERSIBLE REFLUX INDUCING
RADICAL GASTRIC RESECTION
THAT GIVES TEMPORARY GASTRIC
RESTRICTION**

LOGIC DEFYING SLEEVE TIME LINE

- **Patients need help, Sleeve gives initial honey moon giving restriction and patients lose weight. Patients and surgeons are happy.**
- **Sleeve dilates, patients eat more and gain weight back. Patients become unhappy and ask for help from surgeons.**
- **Surgeons yell at patients when they regain the weight back and accuse them of not changing their life style and make them feel they are their only failures.**
- **If patients were capable of life style change, why would they seek surgeon's help in the first place**
- **Logic defying: patients need help, surgeon gives temporary restriction (sleeve), restriction goes away and procedure fail, patients are blamed for the loss of restriction and weight gain.**
- **Blame game Surgeon vs patient**

REASONS FOR SLEEVE REVISION

- Weight regain (suboptimal response)
- GERD
- Intrathoracic

> [Obes Surg.](#) 2017 Aug;27(8):1917-1923. doi: 10.1007/s11695-017-2589-6.

Intra-thoracic Sleeve Migration (ITSM): an Underreported Phenomenon After Laparoscopic Sleeve Gastrectomy

Alan A Saber¹, Saeed Shoar², Mousa Khourshed³

Affiliations + expand
PMID: 28233265 DOI: 10.1007/s11695-017-2589-6

Abstract

Background: Despite its technical simplicity, laparoscopic sleeve gastrectomy (LSG) complications are increasingly reported. Intra-thoracic sleeve migration (ITSM) is a rare complication after LSG which has been inconsistently addressed in the literature.

Aims: The purpose of this study was to emphasize ITSM occurrence after LSG and evaluate the perioperative factors associated with its development.

Methods: Between January and July 2016, LSG patients diagnosed with ITSM at two bariatric surgery departments were identified. Perioperative factors were assessed for all the patients and compared between two groups, LSG alone and LSG with concomitant hiatal hernia (HH) repair (HHR).

Results: A total of 19 patients (6 males and 13 females) were included. Central obesity was present in 18 patients (94.7%). Nine patients (47.4%) had concomitant hiatal hernia repair during their original LSG. Post-LSG GERD (94.7%) (38.9% de novo and 61.1% recurrent) and post-LSG constipation (57.9%) were commonly associated with ITSM. Severe refractory GERD was the most common presentation for ITSM (94.7%), followed by epigastric pain (47.4%), persistent nausea/vomiting (36.8%), and dysphagia (21.1%). Time interval between primary LSG and ITSM diagnosis ranged from 1 day to 3 years. Patients with LSG and concomitant HHR presented with higher post-LSG BMI compared to the LSG patients ($37 \pm 6.4 \text{ kg/m}^2$ vs. $30.1 \pm 6.3 \text{ kg/m}^2$, $p = 0.03$). All the patients underwent successful reduction of ITSM and subsequent HHR.

Conclusion: Central obesity, chronic constipation, post-LSG GERD, and concomitant HHR are commonly seen in post-laparoscopic sleeve gastrectomy intra-thoracic sleeve migration.

Keywords: Hiatal hernia; Intra-thoracic sleeve migration; Laparoscopic sleeve gastrectomy.

PubMed Disclaimer

Review > [Obes Surg.](#) 2016 Jun;26(6):1326-34. doi: 10.1007/s11695-016-2152-x.

Weight Regain Following Sleeve Gastrectomy—a Systematic Review

Melanie Lauti¹, Malsha Kularatna², Andrew G Hill², Andrew D MacCormick²

Affiliations + expand
PMID: 27048439 DOI: 10.1007/s11695-016-2152-x

Abstract

Sleeve gastrectomy (SG) is a commonly performed bariatric procedure. Weight regain following SG is a significant issue. Yet the defining, reporting and understanding of this phenomenon remains largely neglected. Systematic review was performed to locate articles reporting the definition, rate and/or cause of weight regain in patients at least 2 years post-SG. A range of definitions employed to describe weight regain were identified in the literature. Rates of regain ranged from 5.7 % at 2 years to 75.6 % at 6 years. Proposed causes of weight regain included initial sleeve size, sleeve dilation, increased ghrelin levels, inadequate follow-up support and maladaptive lifestyle behaviours. Bariatric literature would benefit from standardising definitions used to report weight regain and its rate in clinical series. Larger prospective studies are required to further understand mechanisms of weight regain following SG.

[World J Gastroenterol.](#) 2015 Sep 28; 21(36): 10348–10357.

PMCID: PMC4579881

Published online 2015 Sep 28. doi: [10.3748/wjg.v21.i36.10348](#)

PMID: [26420961](#)

Laparoscopic sleeve gastrectomy and gastroesophageal reflux

[Fabien Stenard](#) and [Antonio Iannelli](#)

• [Author information](#) • [Article notes](#) • [Copyright and License information](#) [PMC Disclaimer](#)

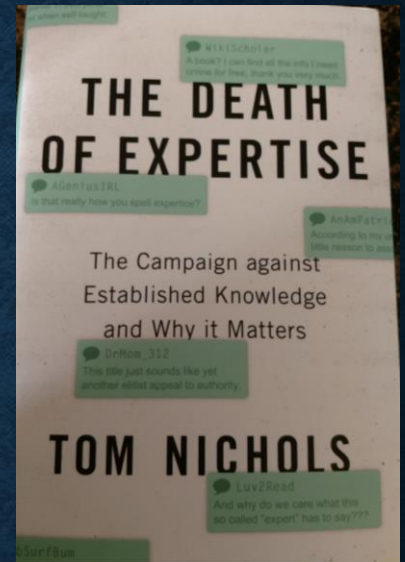
Abstract

Go to: ▶

Bariatric surgery is the only effective procedure that provides long-term sustained weight loss. Sleeve gastrectomy (SG) has emerged over the last few years to be an ideal bariatric procedure because it has several advantages compared to more complex bariatric procedures, including avoiding an intestinal bypass. However, several published follow-up studies report an increased rate of gastroesophageal reflux (GERD) after a SG. GERD is described as either *de novo* or as being caused by aggravation of preexisting symptoms. However, the literature on this topic is ambivalent despite the potentially increased rate of GERDs that may occur after this common bariatric procedure. This article reviews the mechanisms responsible for GERD in obese subjects as well as the results after a SG with respect to GERD. Future directions for clinical research are discussed along with the current surgical options for morbidly obese patients with GERD and undergoing bariatric surgery.

CONFIRMATION BIAS: BECAUSE YOU KNOW THIS ALREADY

- **We all have inherent and natural tendency to search for evidence that already meshes with our believes.**
- **It is the nature of confirmation bias itself to dismiss all contradictory evidence as irrelevant, and so my evidence is always the rule, your evidence is always a mistake or an exception.**



BARIATRIC TREATMENT OPTIONS FOR WEIGHT LOSS

- Life Style interventions (no change)
- Medications (rapid evolution)
- Bariatric endoscopy (rapid evolution)
- Bariatric surgery (decline) Magnetic surgery
- Genetic Therapy
- Combinations (The logic approach)

COMBINATION THERAPY

- Medical treatment good outcomes with low long-term compliance combine with bariatric surgery
- Endoscopic procedures have less powerful effects than bariatric surgery, augment effect with medications
- Some bariatric procedure have high rate of recurrent weight gain, use medications to treat recurrence and reduce the rate of revisional surgery
- Endoscopic treatment can help with recurrent weight gain after bariatric surgery and vice versa

IFSO

- International
- Federation
- Surgery &
- Other therapies for Obesity



“Facts do not cease to exist because they are ignored.”

— Aldous Huxley
www.facebook.com/poets01



www.facebook.com/poets01

- **The Truth will set you free, but first it will piss you off**

**THERE ARE
PATIENTS WHOM WE
CANNOT HELP BUT
THERE ARE NONE
WHOM WE CANNOT
HARM
(ALFRED CUSCHIERI)**



CONCLUSION

IS THERE A FUTURE OF LSG?

- No, It has no future: in the current form as a stand-alone procedure, it is a doomed procedure
- Yes, It has a future: As part of a multimodality treatment including adjuvant OMMs, Endoscopic interventions
Revisional surgery with or without magnets.



The Egyptian Society for Bariatric Surgery
(ESBS)

21st Annual Congress of

ESBS



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The International Federation for the Surgery of
Obesity and Metabolic disorders (IFSO)

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