

Why and How I do Robotic Gastric Bypass

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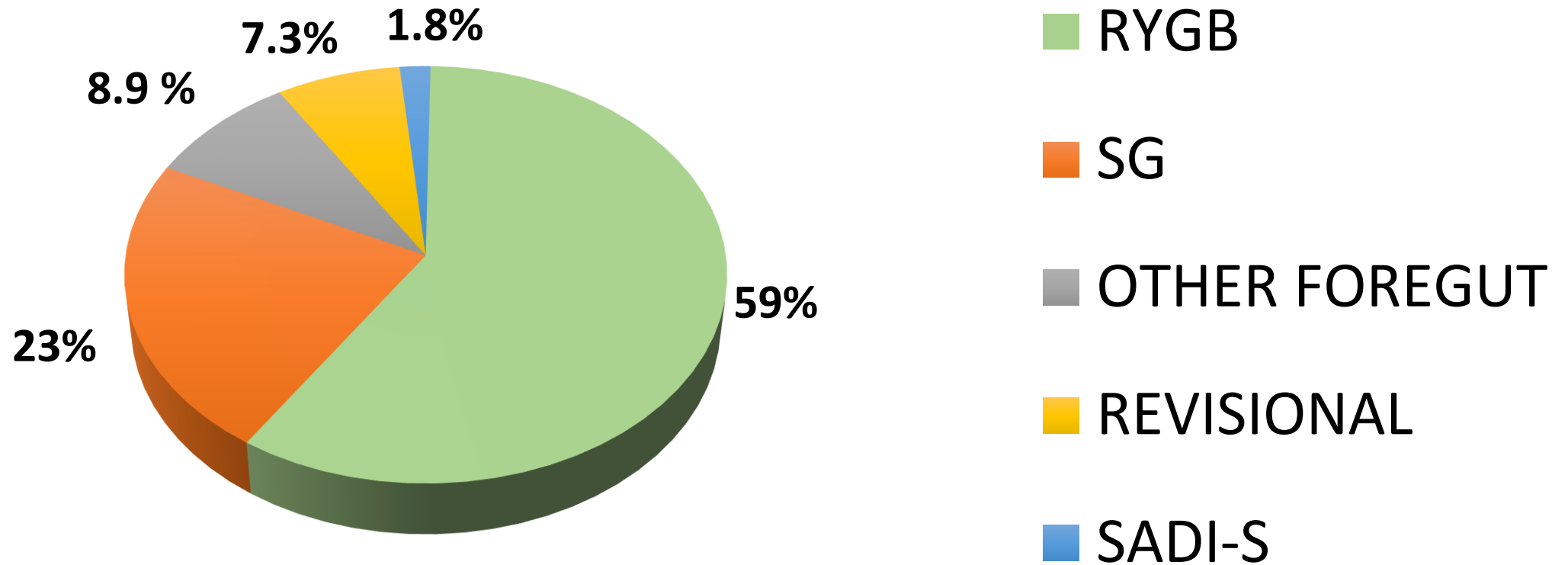
• *“The Magic lies in the magician, not in the wand ...”*

**NAPOLI
2023**

Consultant / Proctor – Intuitive Surgical Inc.

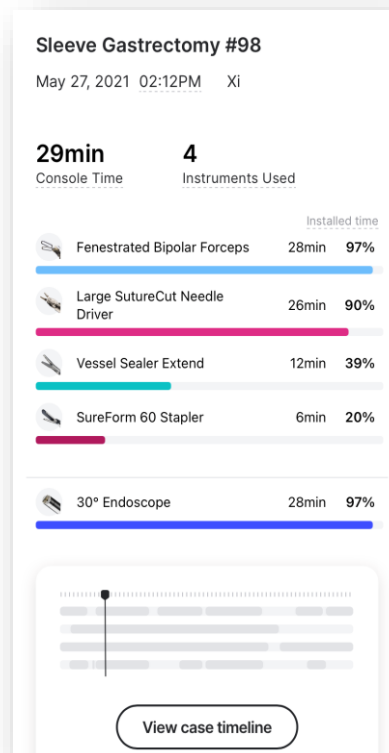
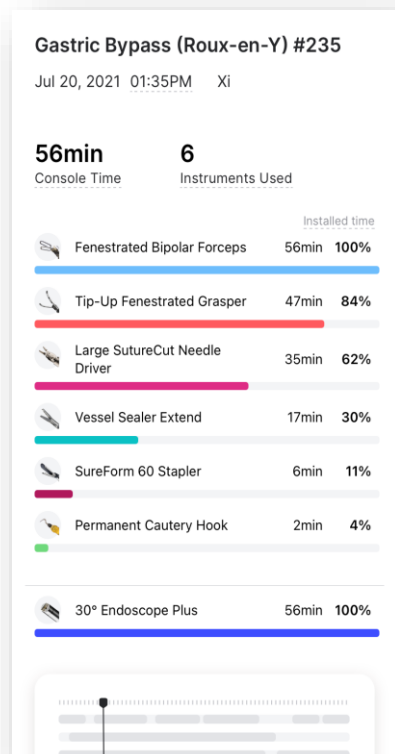
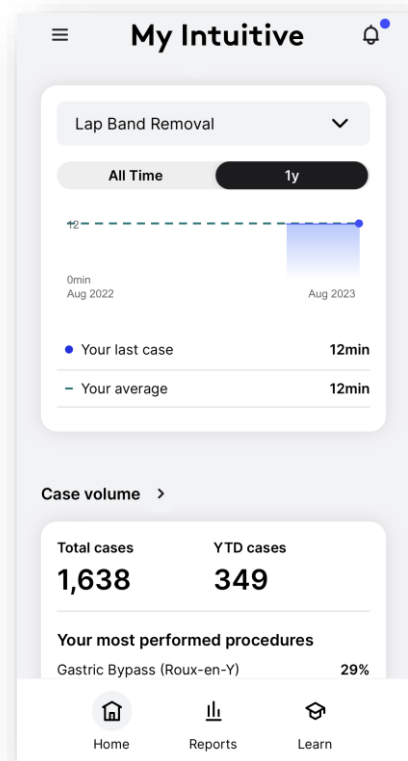


Totally Robotic Bariatric Practice



My Intuitive App

Data:



My Surgical Experience

Open cases – over 1200 cases

Laparoscopic cases – over 3000

Robotic cases – 1638 cases in 5 years

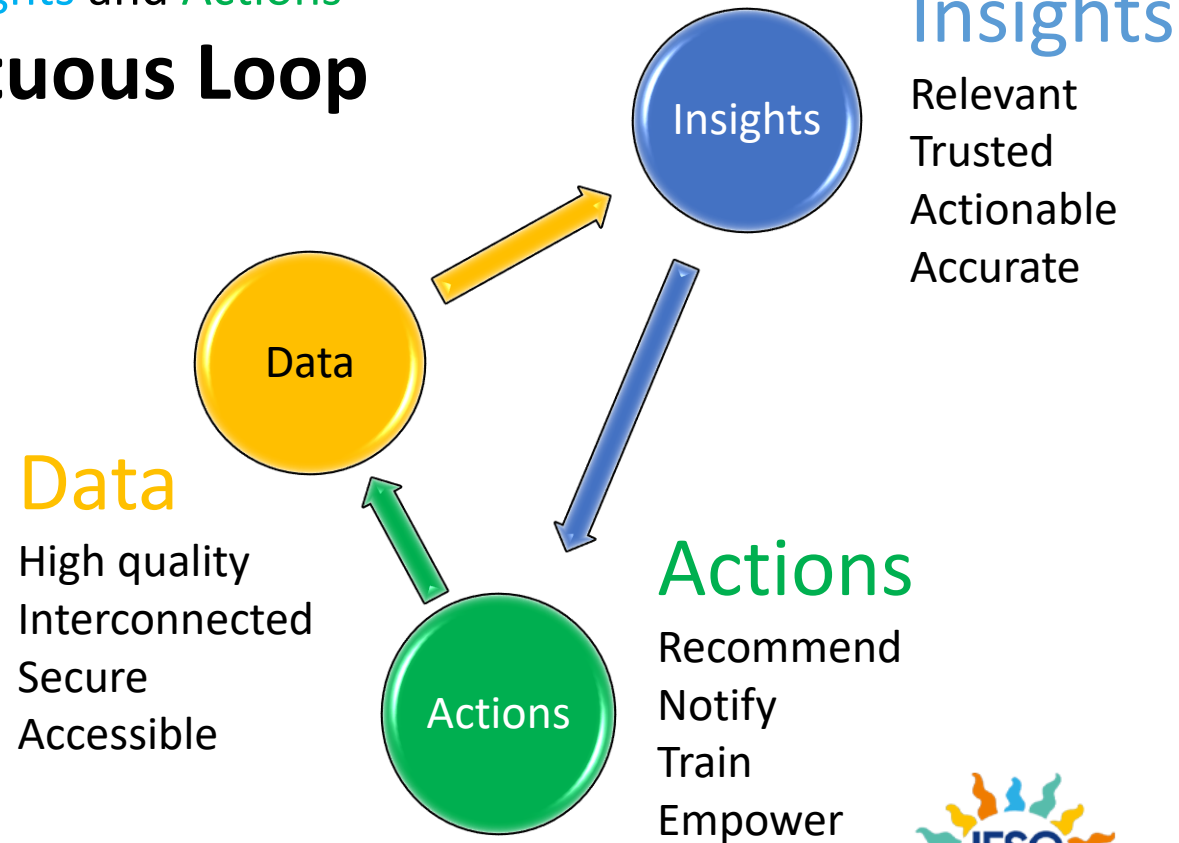


The question is: *Why Robotic Gastric Bypass...*?

Digital world connects

Data, Insights and Actions

in a **Virtuous Loop**



Reproducibility across all BMI spectrum (at the console, every patient is the same)

Ergonomics (saves my wrists, backs and neck)

Better pain control for my patients (about 70 % of patients going home with Tylenol only)

Personal growth (the next logical step for surgeons)

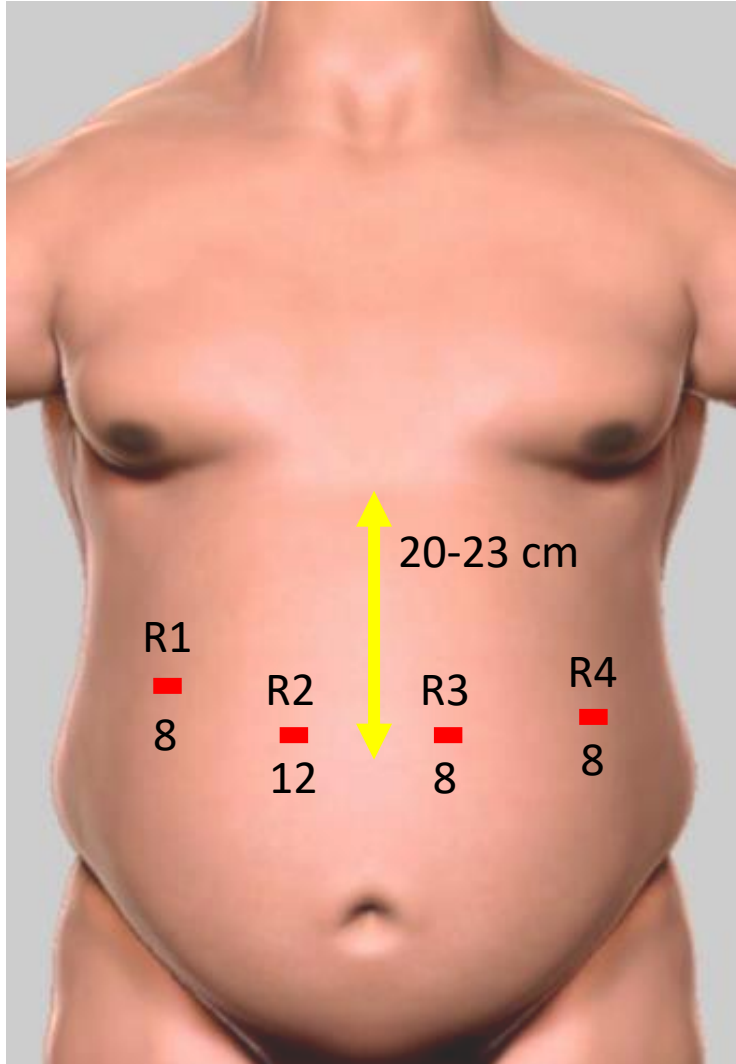
Savings for my Hospital (what I am told by my CFO)

More aggressive in approaching high complexity cases

Elimination of assistants

da Vinci Roux-en-Y Gastric Bypass

antecolic-antegastric



Robotic Roux-en-Y Gastric Bypass

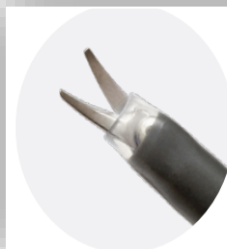
TROCARS

Patient positioning and robotic port placement:

- Visiport entry with 5mm-0 degree lap scope 8mm robotic trocar.
- Trocars 20-23 cm below xyphoid
 - **R1 (8mm)** – fenestrated bipolar
 - **R2 (12mm with 8mm reducer)** – vessel sealer / stapler
 - **R3 (8mm)** – camera
 - **R4 (8mm)** – tip-up grasper, scissors or hook, needle-driver

INSTRUMENTS

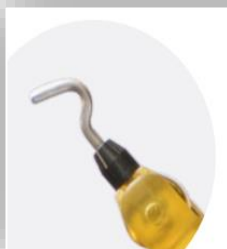
Scissors



Monopolar curved scissors (Hot shears)	
Part number	470179
10 uses	
Shown with tip cover accessory	400180

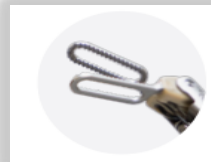
OR

Hook

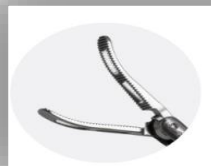


Permanent cautery hook	
Part number	470183
10 uses	

Tip-up and Bipolar

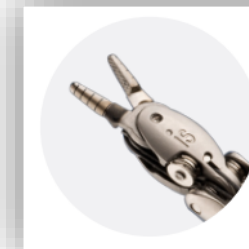


Fenestrated bipolar forceps	
Part number	471205
14 lives	



Tip-Up fenestrated grasper	
Part number	470347
10 uses	

Needle driver/Cut

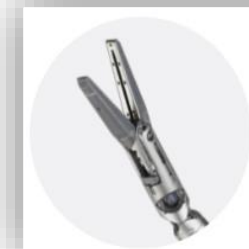


Large SutureCut needle driver	
Part number	471296
15 uses	

Sureform60 Stapler

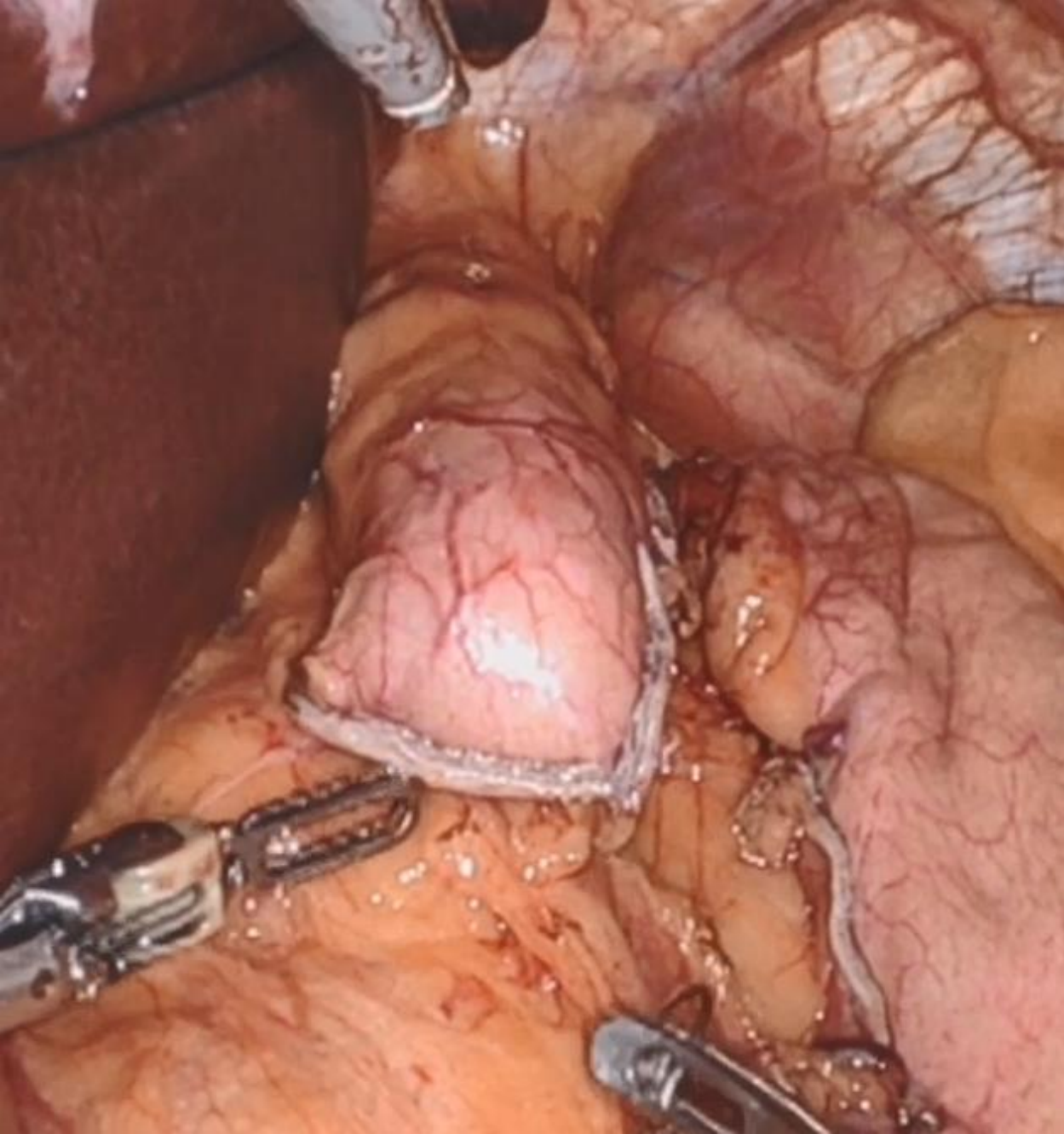
	48360W	Reload, SureForm 60, 2.5 white
	48360B	Reload, SureForm 60, 3.5 blue
	48360G	Reload, SureForm 60, 4.3 green

Vessel Sealer



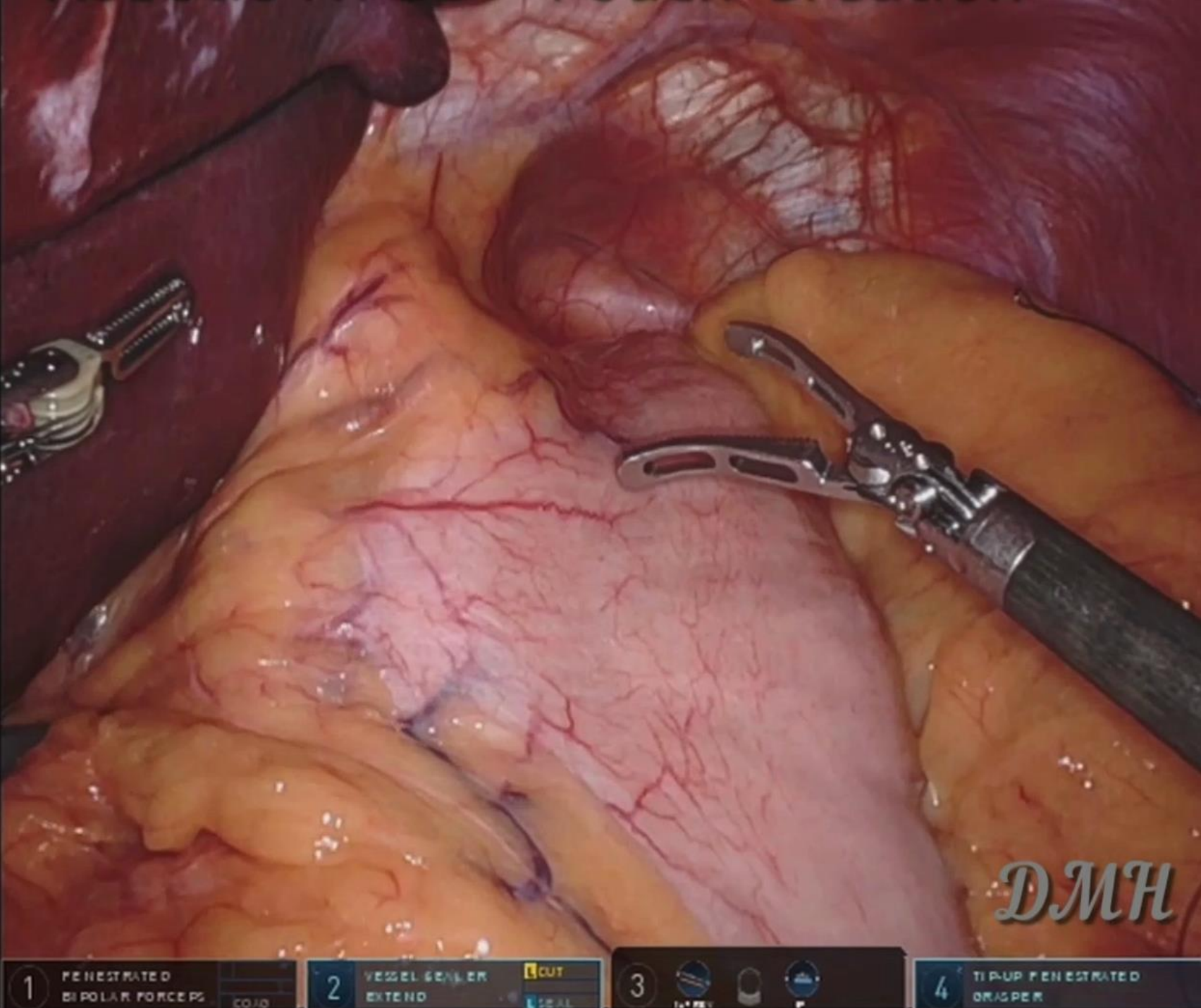
Vessel sealer extend	
Part number	480422
Box of 6/single use	





Robotic AA-RYGB Gastric Pouch

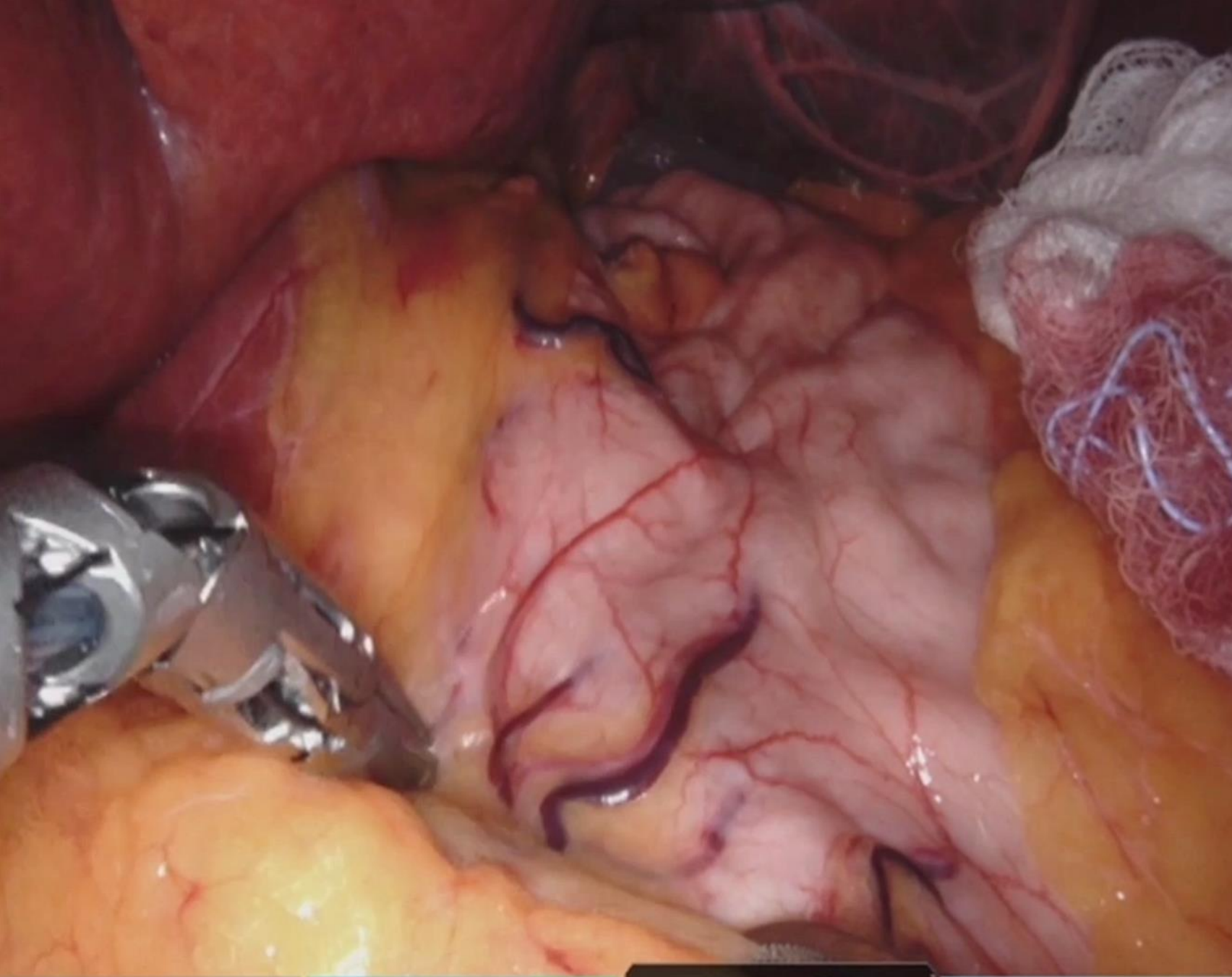
- Decompress the stomach with ViSiGi3D
- Clear fat pad from GE junction
- Measure two “tip-ups” down
- Perigastric dissection
- Place stapler tilted towards the camera
- Most of the time use one BLUE load followed by 2 WHITE loads
- Place 9 inch 3-0 Vloc in the right corner of the pouch



Robotic AA-RYGB

Gastric Pouch

- Decompress the stomach with ViSiGi3D
- Clear fat pad from GE junction
- Perigastric dissection
- Staple: BLUE and WHITE loads



Robotic AA-RYGB

Gastric Pouch

Peri-gastric dissection trick

Robotic Gastrojejunostomy – “ANATOMY”

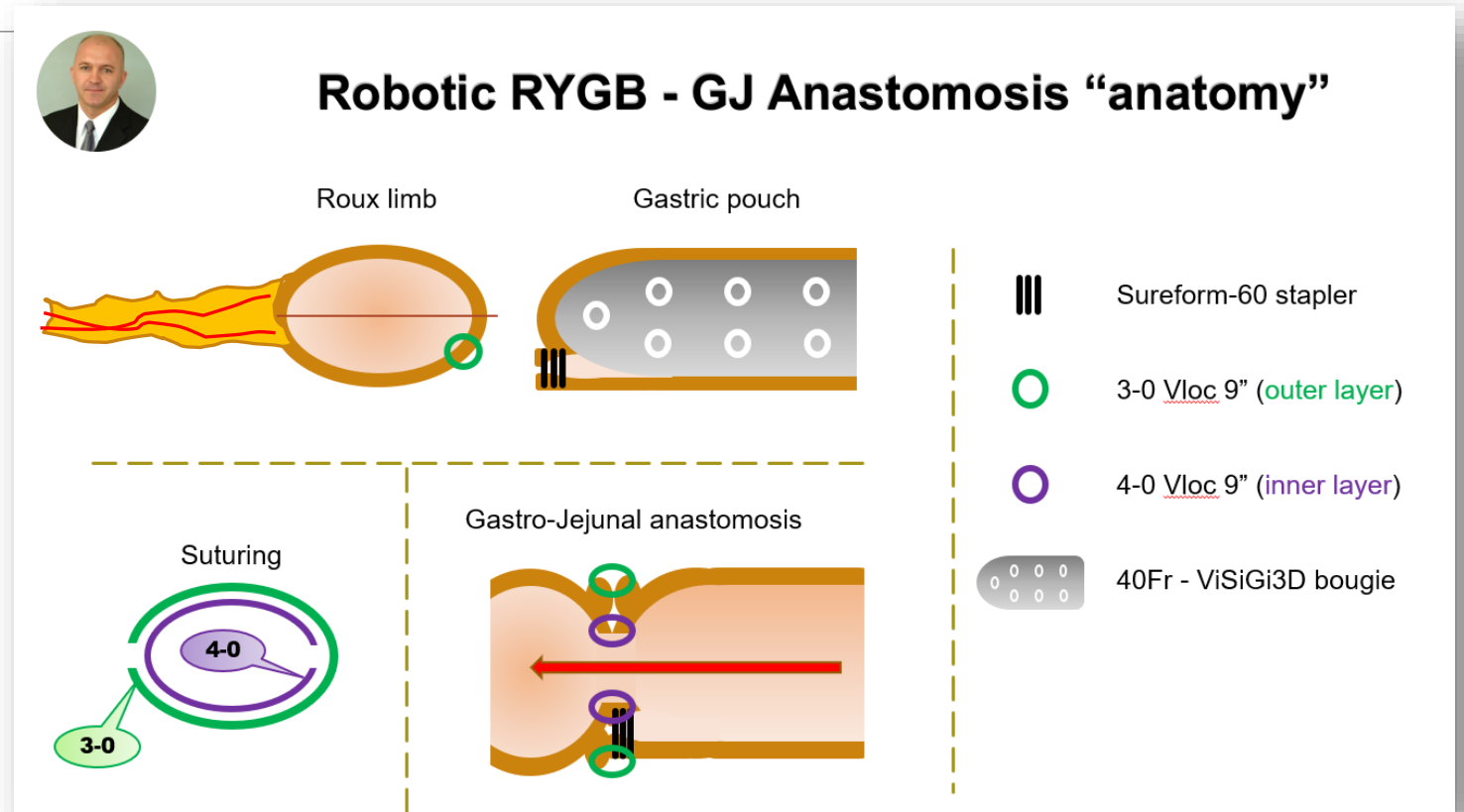
Lift mesocolon with VS and find LOT (a must).

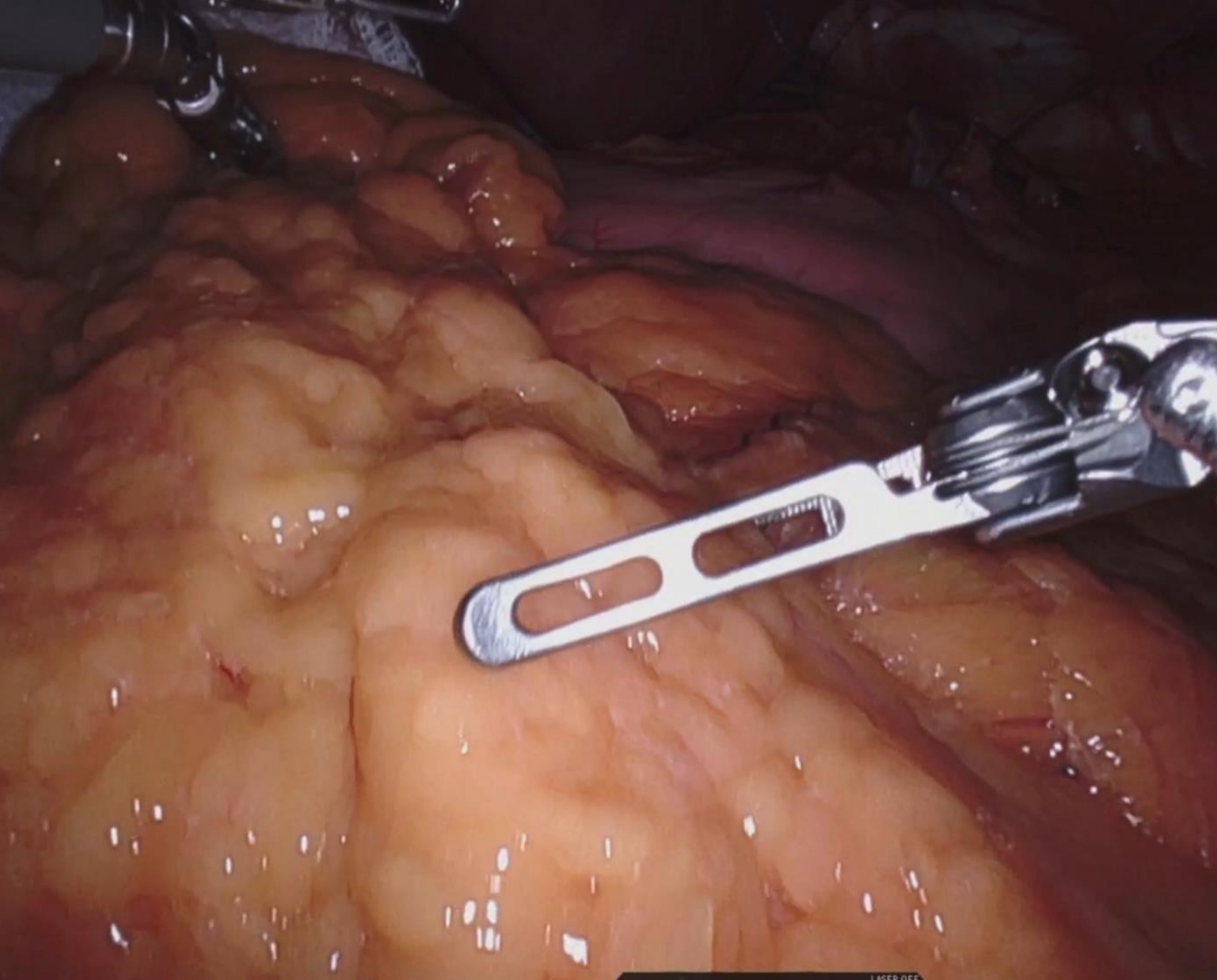
Count BP limb distally, I do 80 cm, and keep placing the bowel to the left side.

Bring the loop up to gastric pouch and make sure BP limb is on the patient's left.

Start suturing...

- Outer layer – 3-0 Vloc (9 inch)
- Inner layer – 4-0 Vloc (9 inch)



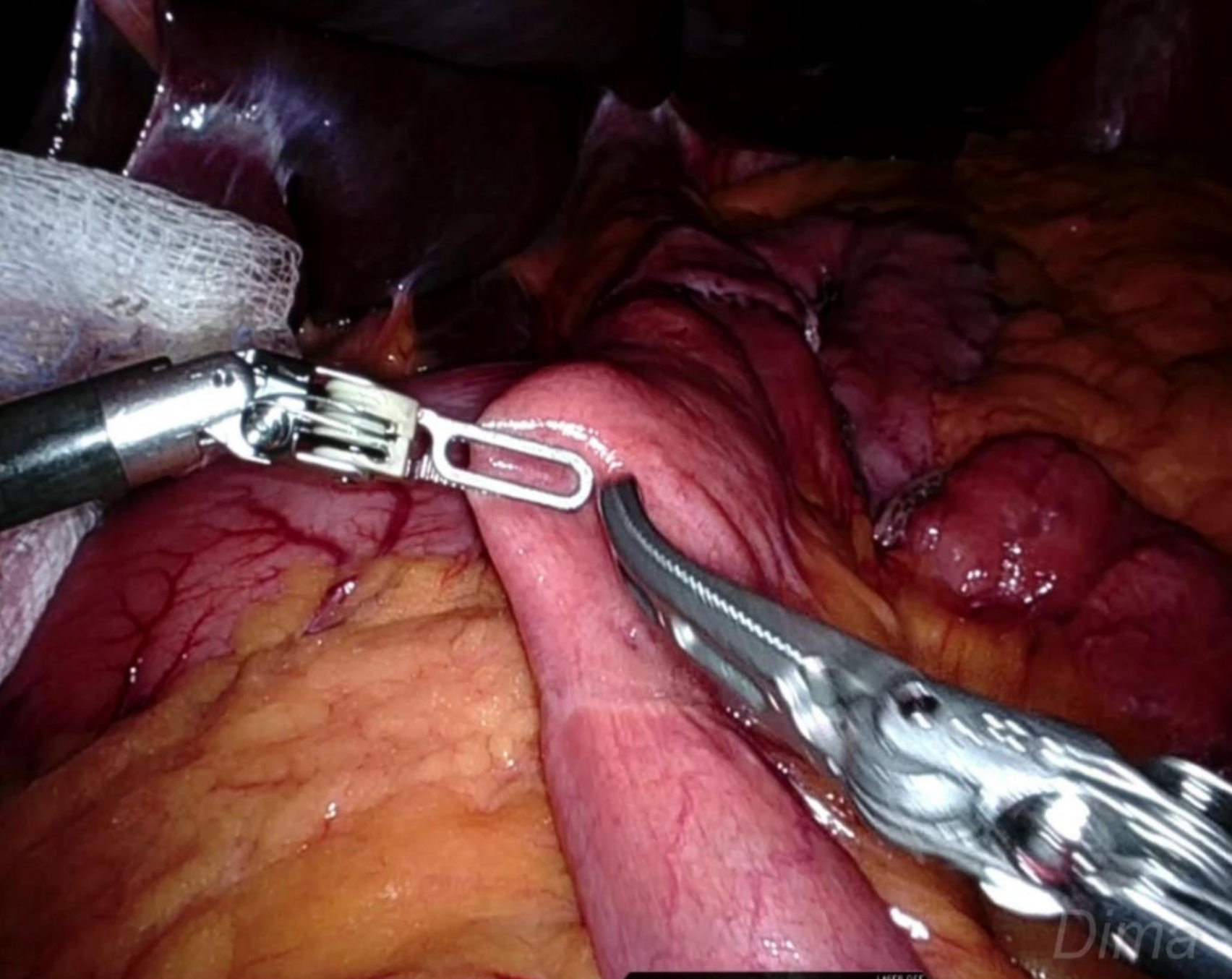


Robotic AA-RYGB

Suturing

I start from the “patient’s right” corner.

- Outer layer – 9 inch, 3-0 Vloc 180-day absorption
- Inner layer – 9 inch, 4-0 Vloc 90-day absorption



Robotic AA-RYGB

Jejunojejunostomy

- Count 120 cm in 5cm intervals
- Position bowel in the way you can see “continuous” mesentery of the Roux (prevents from twisting)
- Close common Enterotomy
- Close Mesenteric defect with 2-0 Ethibond (avoid sharp angulation)

TIMING for Robotic Roux-en-Y Gastric Bypass

BYPASS #	Entry	Liver	Pouch	Omentum	GJ	JJ	TOTAL MINUTES
1	9	6	16	1	23	15	70
2	9	4	14	3	25	18	73
3	9	4	11	3	28	16	71
4	6	3	21	3	22	14	69
5	8	5	13	3	21	14	64
6	7	3	10	1	19	13	53
7	7	4	16	3	18	15	63
8	6	3	12	1	27	16	65
9	7	4	17	2	20	14	64
10	7	5	14	2	25	14	67
AVERAGE MINUTES	7.5	4.1	14.4	2.2	22.8	14.9	65.9 minutes



Thank you !!
*Happy to answer any
questions*



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