IMPACT OF PROPORTIONAL BILIOPANCREATIC LIMB LENGTH ON GASTRIC BYPASS OUTCOMES

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Registry-based matched cohort study

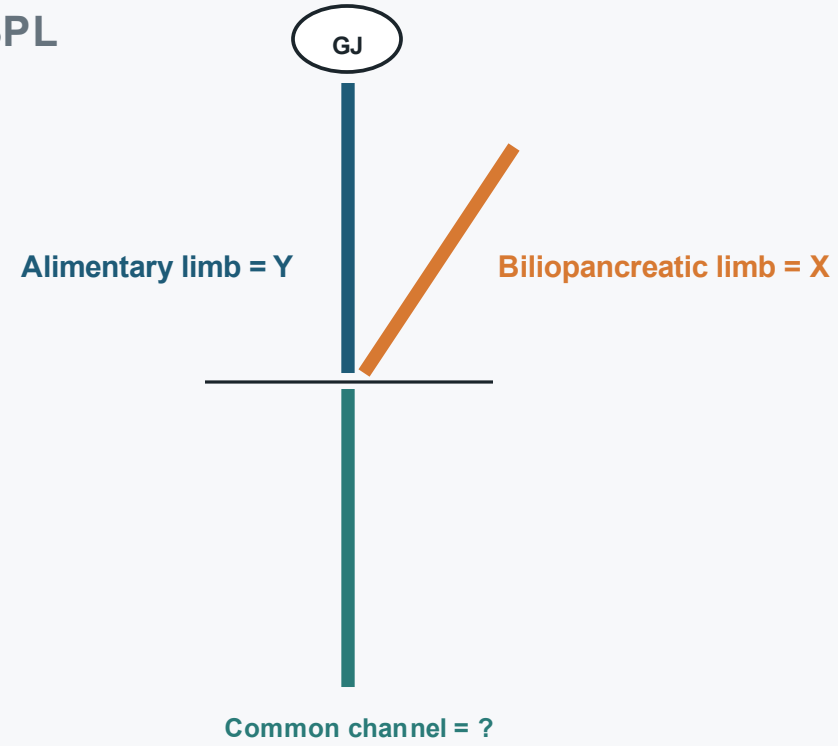
Conflict of Interest

Nothing to Disclose

No relevant financial relationships or commercial interests.

Why proportional limb length?

Fixed-length BPL

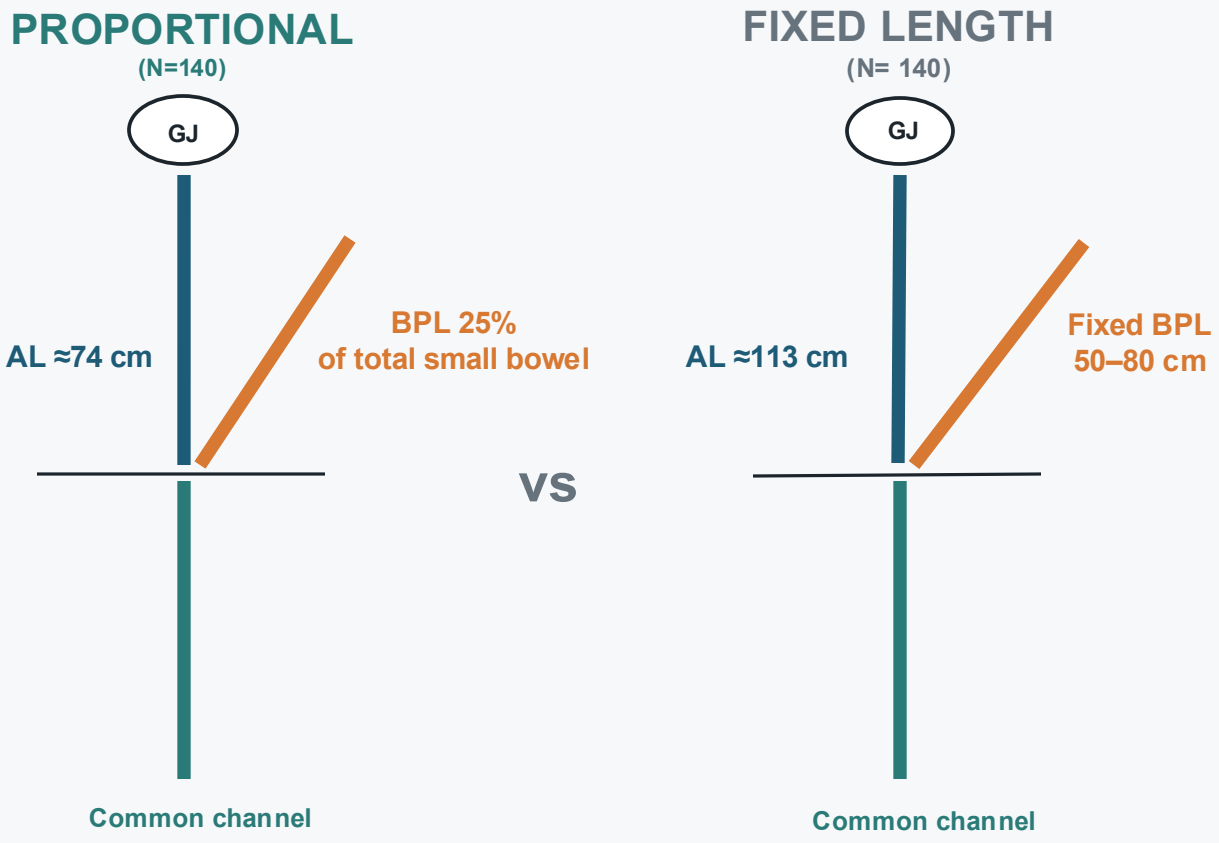


Longer BPLs may improve weight loss but have also been associated with nutritional deficiencies.

Most RYGB procedures use fixed BPL and AL lengths, leaving the common channel variable and unmeasured.

Could proportional BPL lengthening improve weight loss without increasing nutritional risk?

Comparing proportional and fixed-length BPL



Study design

Proportional BPL group: Torsby Hospital, 2019–2023

Matched fixed-length group: other Swedish centers

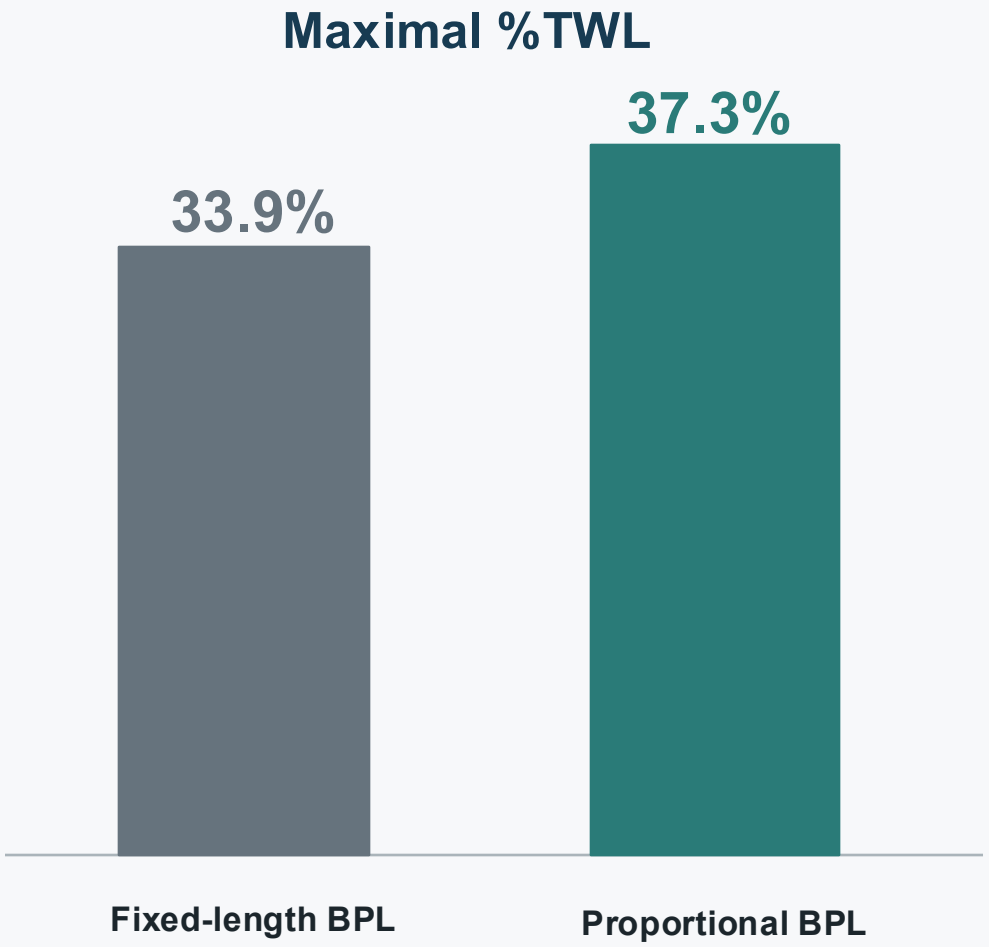
1:1 propensity score matching

Age, sex, BMI and obesity-associated medical problems

Primary outcome
Maximal %TWL within 2 years

Secondary outcomes
Albumin and ferritin at 1 and 2 years

Proportional BPL was associated with greater weight loss



+3.5 percentage points

Adjusted difference in maximal %TWL

95% CI 1.8–5.2 • p < 0.001

Mean BPL length

57.7± 8.7 cm Fixed-length BPL

vs

158.4± 24.0 cm Proportional BPL

No adverse differences in measured nutritional outcomes

Ferritin

No difference at 1 or 2 years

Low ferritin was uncommon in both groups

Albumin

Higher with proportional BPL at 1 and 2 years

Hypoalbuminemia remained uncommon

TAKE-HOME MESSAGE

Tailoring the BPL to 25% of total small bowel length was associated with

Greater maximal weight loss

No increase in low ferritin or hypoalbuminemia

Prospective randomized evaluation is warranted.

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