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SIGNIFICANCE OF ANTRAL DISRUPTION IN SINGLE ANASTOMOSIS SLEEVE JEJUNAL BYPASS: A COMPARATIVE STUDY

TORONTO2026

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Disclosure

The slide deck contains information that are still under research.

There is no actual or potential conflict of interest in relation to this presentation and is a part of education purpose only.

Overview

- Reduced pressure of the restrictive component
- Malabsorptive component can be tailor-made
- Maintain continuity of the gastrointestinal tract
- Comparable results to other metabolic procedures

- Apprehension about durability of the procedure
- No standardization of techniques about anastomosis

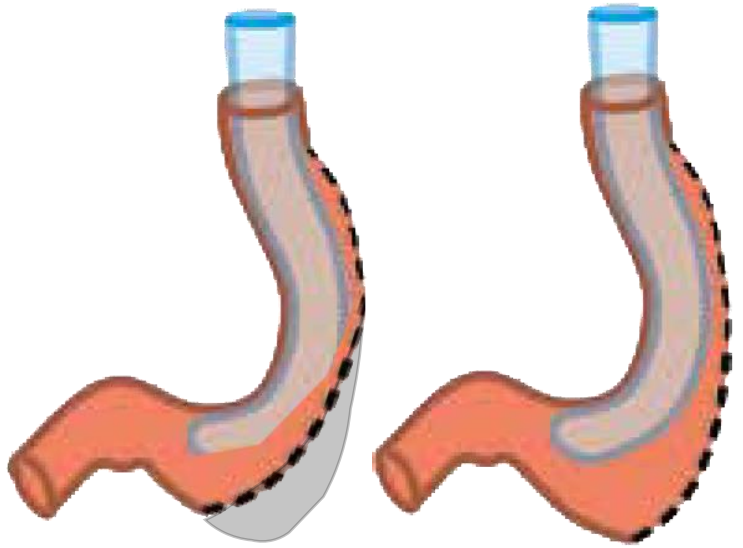
Literature Review

Randomized Controlled Trial > Obes Surg. 2022 May;32(5):1412-1420.
doi: 10.1007/s11695-022-05982-5. Epub 2022 Mar 19.

Antrum Preservation Versus Antrum Resection in Laparoscopic Sleeve Gastrectomy With Effects on Gastric Emptying, Body Mass Index, and Type II Diabetes Remission in Diabetic Patients With Body Mass Index 30–40 kg/m²: a Randomized Controlled Study

Moheb S Eskandaros [1]

Conclusion: LSG with antrum resection (2 cm from the pylorus) had significantly less postoperative BMI, higher %TWL, better control of type II DM, and more retention of gastric contents in patients with BMI 30-40 kg/m^2 in comparison with LSG with antral preservation with non-significant increase in incidence of GERD symptoms.



VSG - AR VSG - AP

Literature Review

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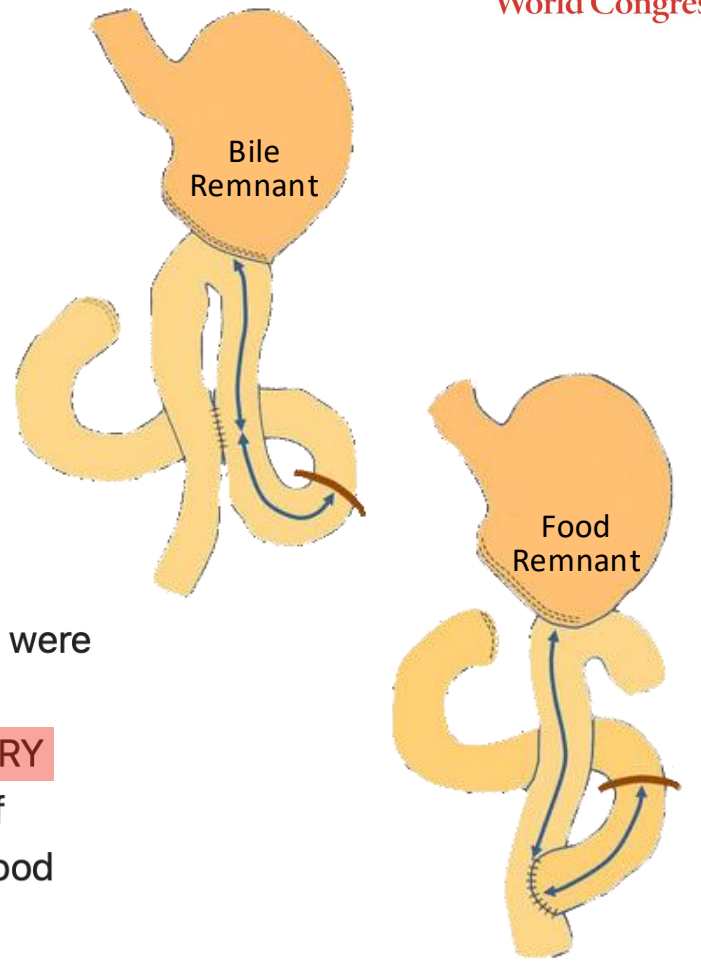
> Ann Med Surg (Lond). 2022 Mar 28:76:103544. doi: 10.1016/j.amsu.2022.103544. eCollection 2022 Apr.

Comparison between Roux-en-Y gastrojejunostomy and Billroth-II with Braun anastomosis following partial gastrectomy: A randomized controlled trial

Azita Shishegar [1], Matin Vahedi [2 3], Fereshteh Kamani [2], Mehrdad Fathi Kazerouni [3], Morteza Aghajanpour Pasha [4], Farhad Fathi [2]

Analysis was performed with SPSS version 22. A total of 84 patients in two 42-patient groups were evaluated. All parameters were the same in two groups except operation duration and intraoperative bleeding (significantly higher in RY group), food residue (significantly higher in RY group) and bile in remnant stomach (significantly higher in B2B group). These two methods of reconstruction are comparable in terms of postoperative complications and mortality rates. Food residue and bile reflux are two determinants which should be kept in mind when choosing the surgery plan by surgeons.



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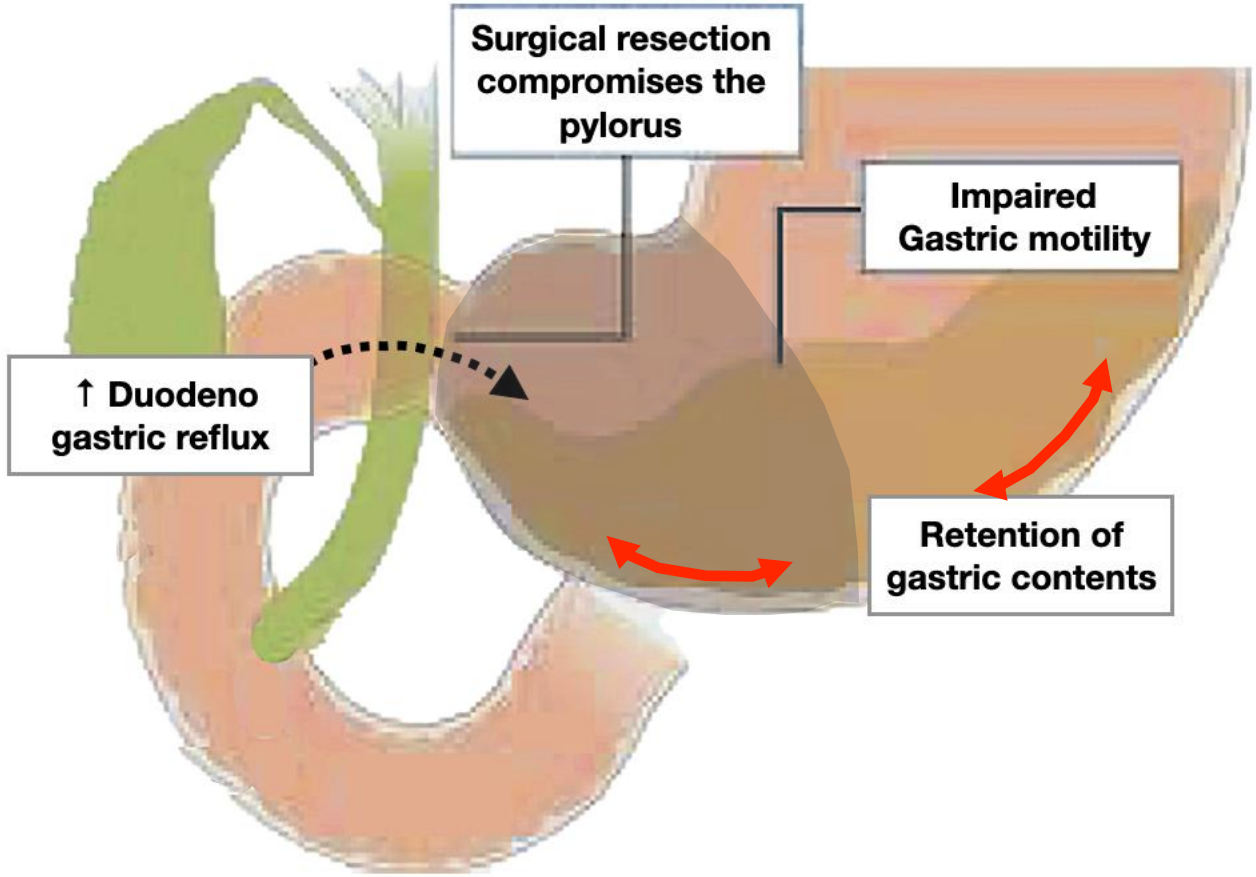
Physiological Mechanism



David F. Simon, et al, *Gastrojejunostomy*, StatPearls, July 2023

Aims & Objectives

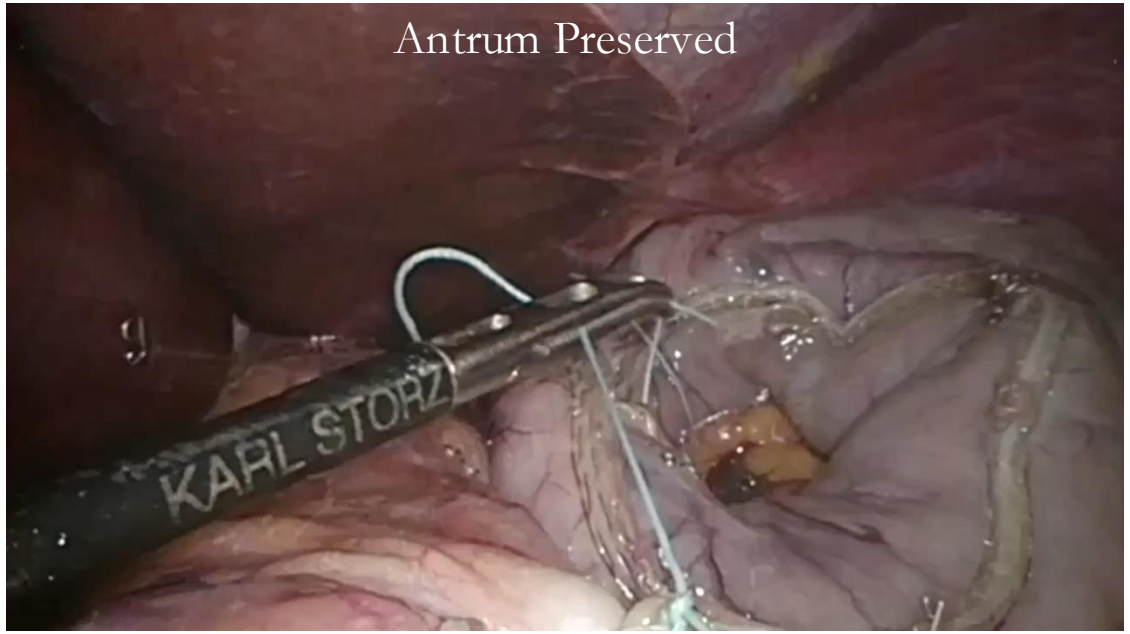
- To assess the physiological advantage of antral disruption
- To compare the outcomes of antral disruption vs non disruption

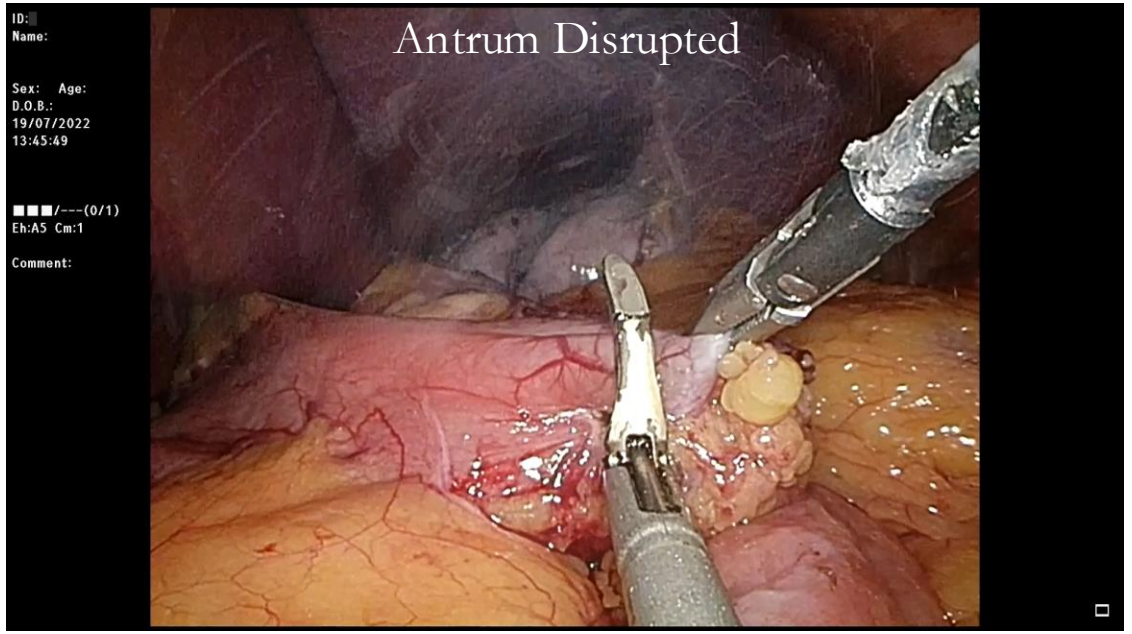
- Primarily to evaluate differences in **%TWL** between the groups.
- Secondary outcome of complications, nutrition and QOL

Materials & Methods

- 100 consecutive SASJ patients from single centre
- 79 underwent antral disruption SASJ
- 21 underwent un-disrupted SASJ
- Evaluate differences in **%TWL** at 3, 6, 9 & 12 months between groups.
- To compare perioperative complications, nutrition status, co-morbidities resolution and weight regain

Procedures





- Antral Mill Disruption reduces antro-deudenal motility
- ↓ Duodeno-Gastric Reflux reduces Gastrin induced acidity & GERD
- Anti-reflux sutures avoids nocturnal reflux
- Dependent loop drainage reduces gastric food stasis

David F. Simon, et al, *Gastrojejunostomy*, StatPearls, July 2023

Cohort

Demography

	AD	AP
n	79	21
Age	41.33±13.74	41.33±13.74
Sex	F=59 (74%)	F=59 (74%)
	M=21 (26%)	M=21 (26%)
Weight	114.9 ±26.5	114.9 ±26.5
BMI	43.1 ± 10.7	43.1 ± 10.7

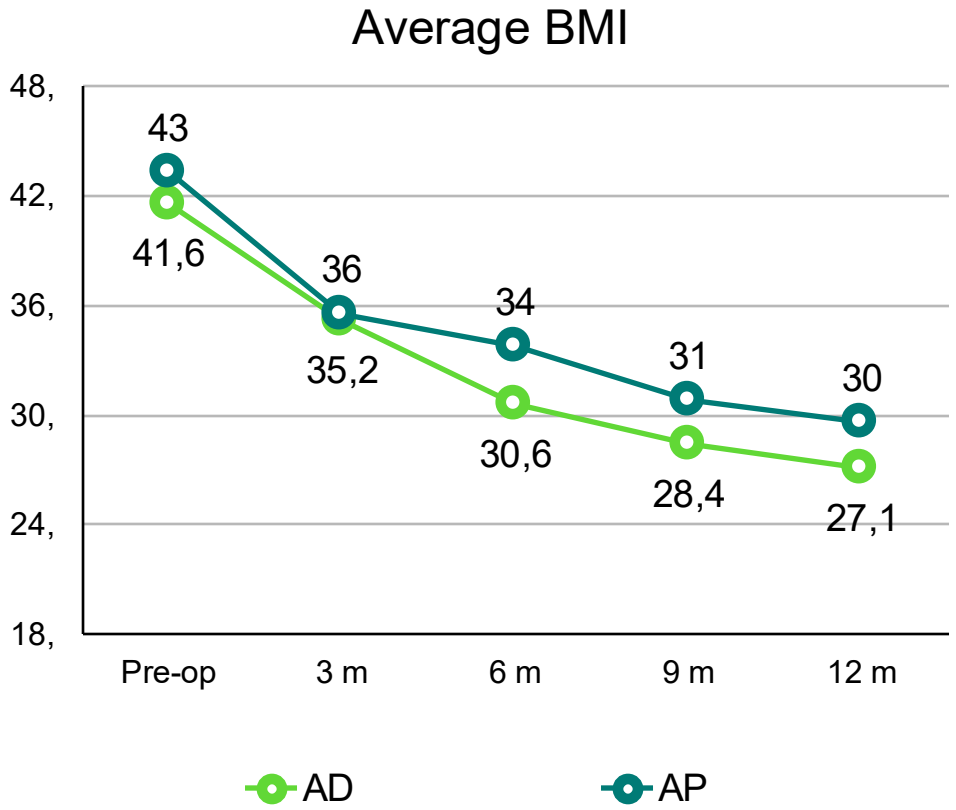
Comorbidities

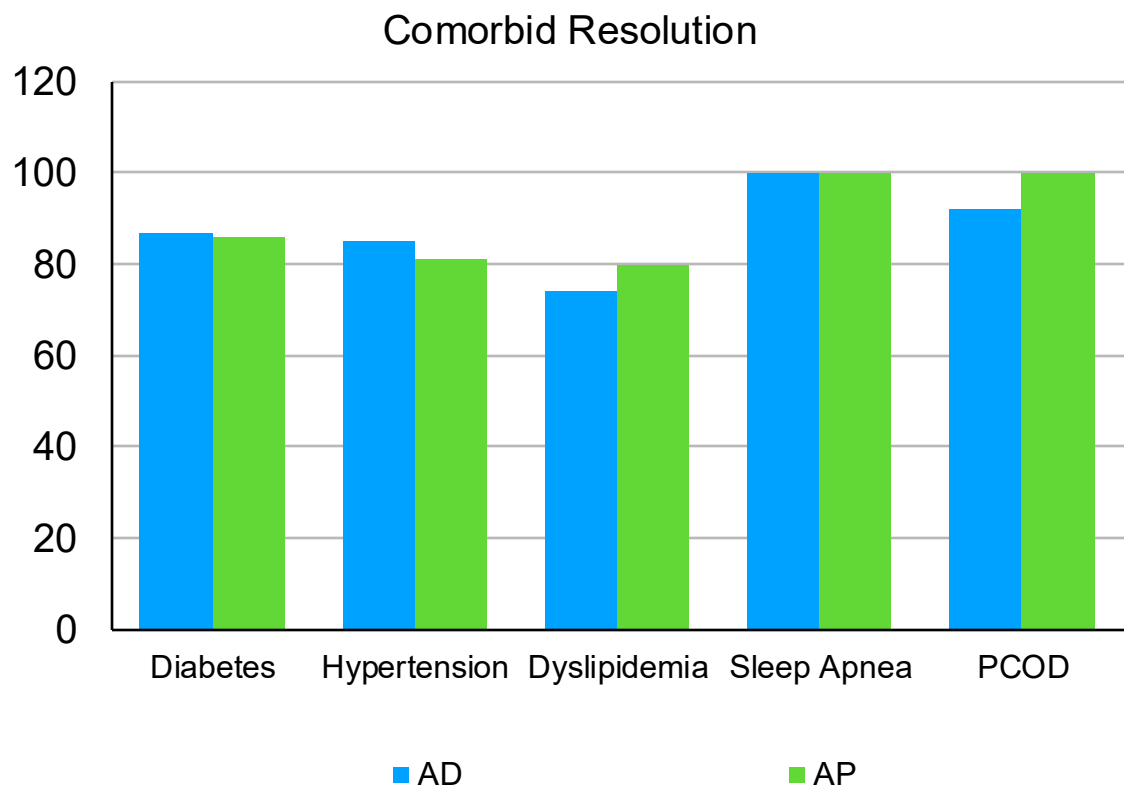
	AD	AP
Diabetes	23 (29.11%)	6 (28.57%)
Hypertension	19 (24.05%)	4 (19.04%)
Dyslipidemia	26 (32.91%)	5 (23.80%)
Sleep Apnea	11 (13.92%)	4 (19.04%)
Hypothyroid	5 (6.33%)	2 (9.52%)
GERD	9 (11.25%)	2 (9.52%)
PCOD	5 (6.25%)	3 (14.29%)

Peri-Operative

	AD	AP
Op. Time	44 ±12	42 ± 09
ALOS	1.8 ± 0.4	1.8 ± 0.8
I.O. Compl.	0	0
Bleeding	1 (1.25%)	0
30 d admission	0	1 (4.76%)
Morbidity	0	1 (4.76%)
Mortality	0	0

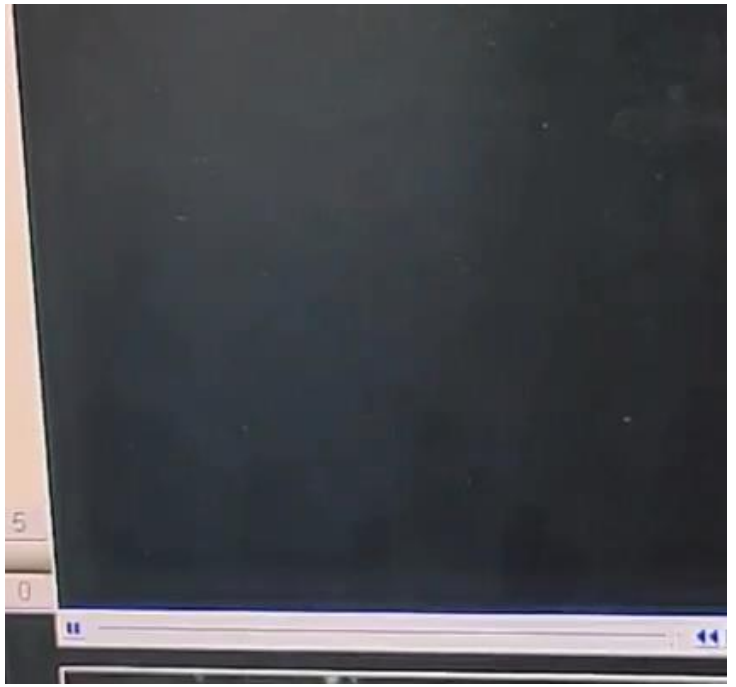
One Year Surgical Outcome





Post-op Scintigraphy

AP - One Month
Liquids - 75 % through bypass
Semisolids - 100% through bypass



AD - One Month
Liquids - 100% through bypass
Solids - 100% through bypass

David F. Simon, et al, *Gastrojejunostomy*, StatPearls, July 2023

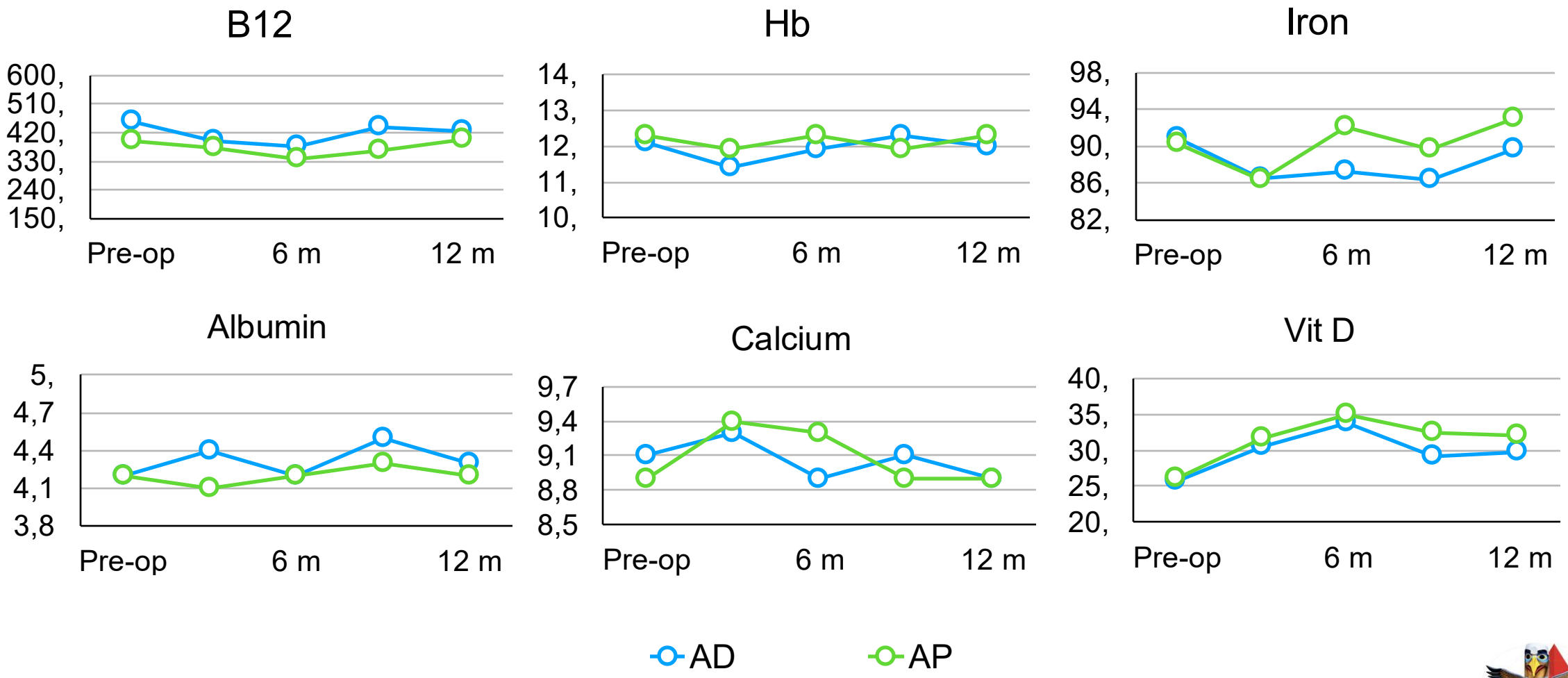
Complications Outcome

Parameter	AD (n = 79)	AP (n = 21)
Total Complications	**5 (6.33%)**	**6 (28.57%)**
Nausea	2 (2.53%)	3 (14.29)
Vomiting	0	0
GERD	2 (2.52%)	2 (9.52%)
Gastric Discomfort / Pain	1 (1.26%)	1 (4.76%)
Major Complications	0	0
Inadequate Weight Loss	0	2 (9.52%)
Weight Regain	1 (1.27%)	2 (9.52%)

Surgical Observation

- Higher the BMI, lesser the %TWL in both groups
- There is no impact on resolution of comorbidities in both groups
- Three fold increase in early gastric symptoms in AP group
- All inadequate weight loss has a smaller stoma (30 - 35 mm)
- 1 revision to OAGB for inadequate weight loss in AP
- Discontinued AP technique after just 21 observations

One Year Nutritional Outcome



Nutritional Observation

- Vitamin D levels were low in 24 (30%) patients pre-operatively which has shown increase postoperatively in 19 of them after supplementation
- 7 (8.75%) patients had anaemia preoperatively against 1 patient at the end of one year after correction
- 3 (3.75%) of post-op patients had low Hb% at 3 and 6 month follow up and improved on medical management
- 5 (6.25%) patients had B12 deficiency preoperatively and all were corrected after additional supplementation

Conclusions

- Our experience suggests physiological and metabolic advantages of SASJ
- Antral disruption is technically superior to antral preservation technique
- %TWBL and resolution of co-morbidities are comparable in both groups
- Significant increase in gastric symptoms during early post-op in AP group
- Lesser incidence of nutritional deficiencies in both the groups
- Insignificant IWL /WR in AP vs AD groups
- Further RCT & large scale clinical trials for long term results

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Possible Hypothesis

- Antral Mill Disruption reduces antro-deudenal motility
- ↓ Duodeno-Gastric Reflux reduces Gastrin induced acidity & GERD
- Dependent loop drainage reduces gastric food stasis

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