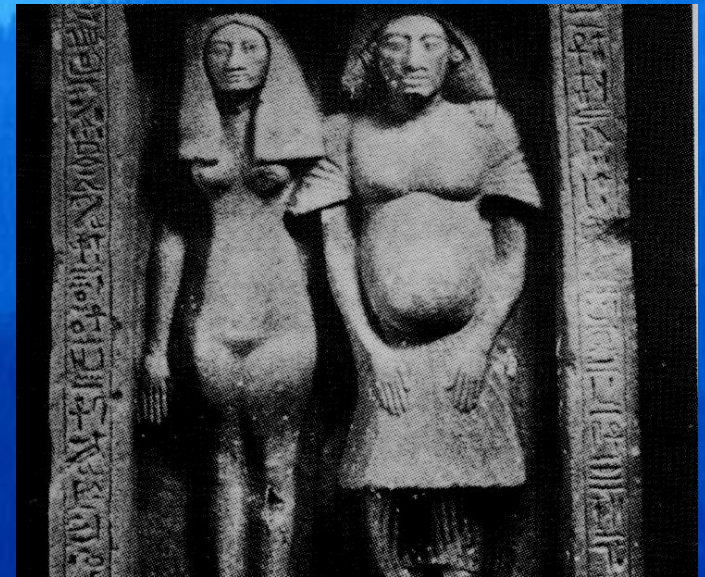
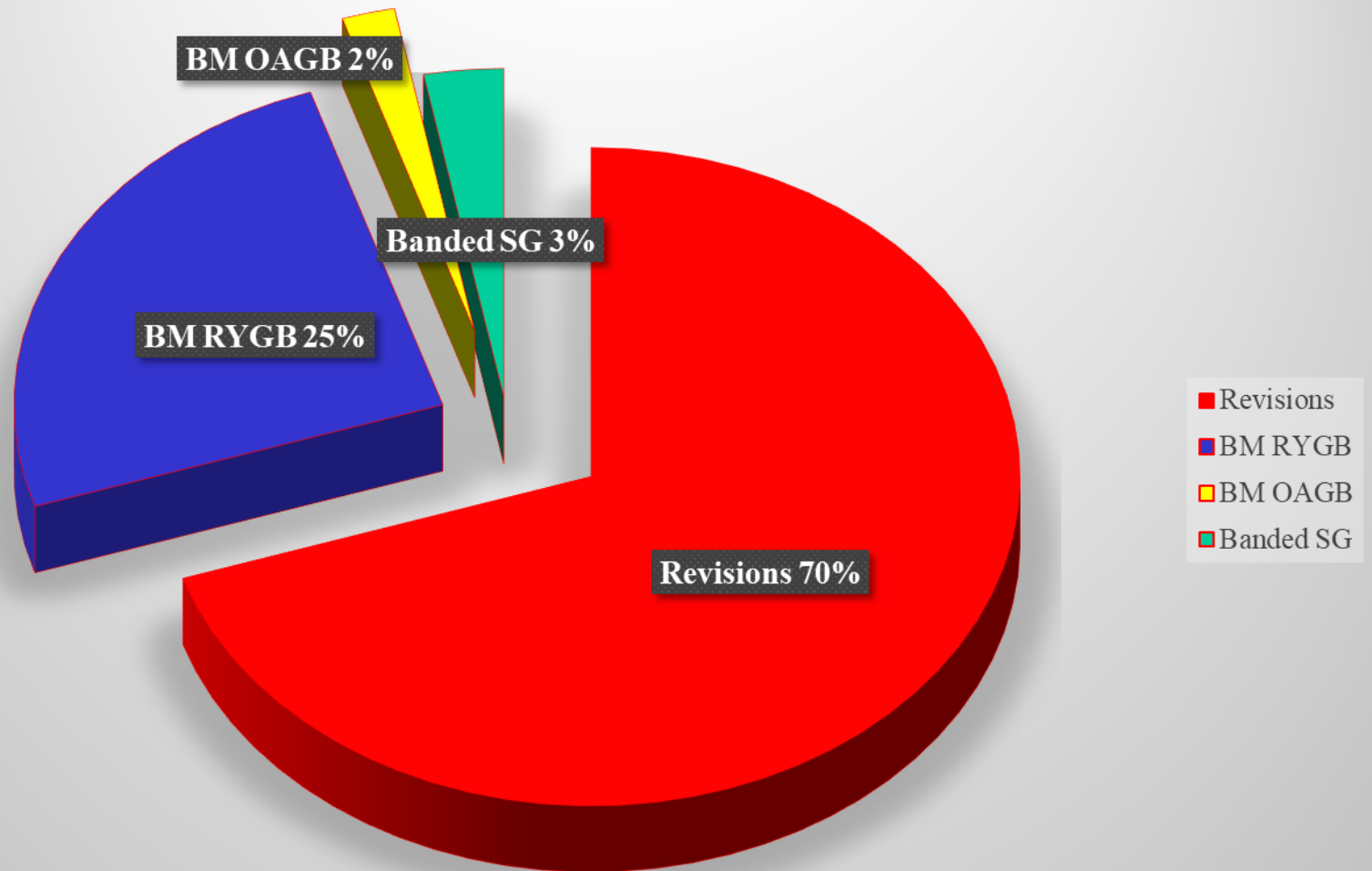


STANDARD VERSUS BANDED MICRO-POUCH ROUX-EN-Y GASTRIC BYPASS: 25 Year Results

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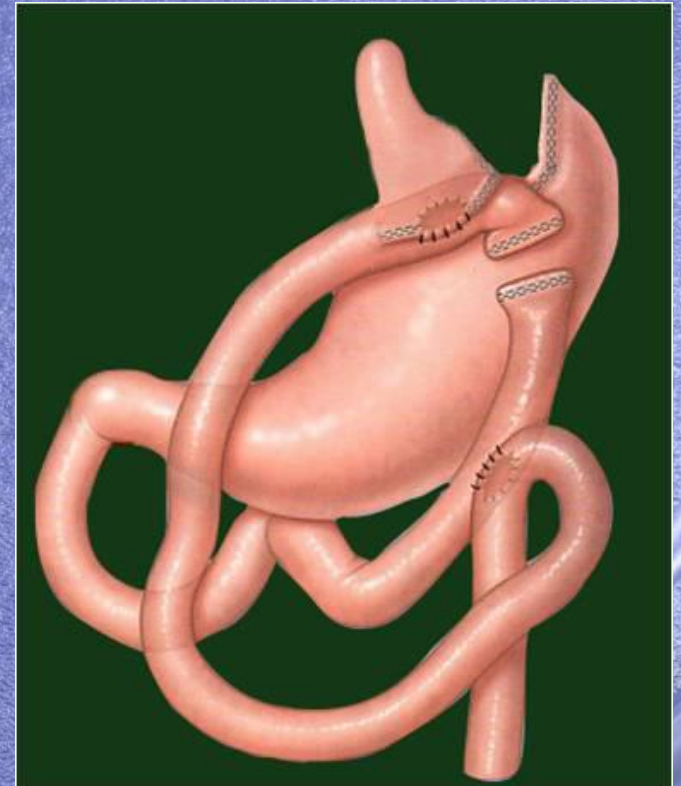


Case Mix Disclosure



Roux-en-Y gastric bypass variables

- **Pouch size**
- **Stoma size**
- **Pouch enforcement**
- **Limb lengths**



RYGB WEIGHT LOSS SUCCESS

Weight loss >50 % EBWL

2 years

10 years

60-80%

40-57%

RYGB WEIGHT LOSS FAILURE

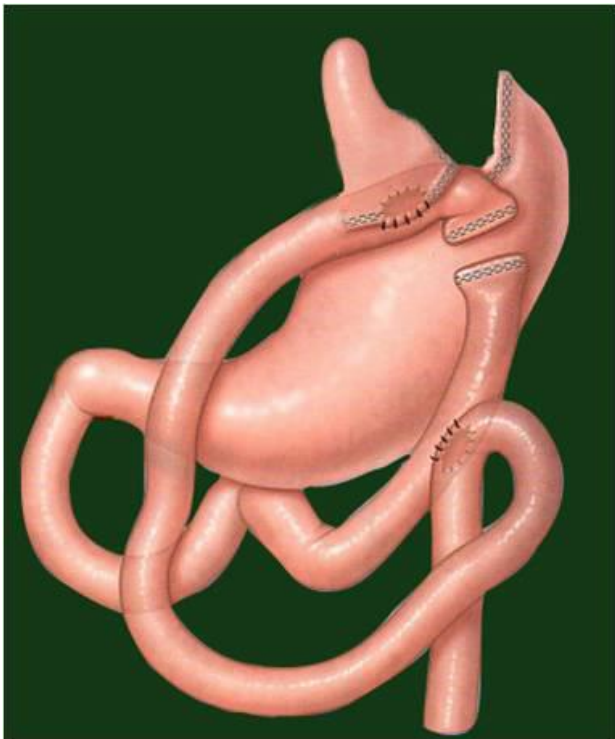
Weight Loss <50%EBWL

2 YEARS	10 YEARS
20-40%	43-60%

Weight loss

- Universal pattern of weight loss with bariatric surgery: rapid loss, weight stabilization, variable weight gain.
- Surgeons View 50% Excess weight loss
- Patients View 100% Excess weight loss
- 140 kgs pt 160 cm ht Kgs 50% EBWL = 103 kgs pt
- 75% EBWL = 84.5 kgs pt

RYGB FAILURE



POUCH



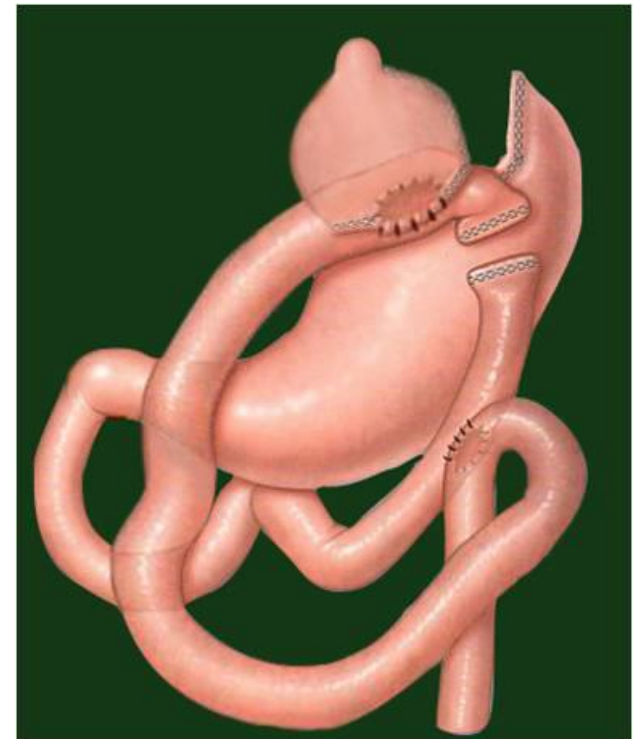
STOMA



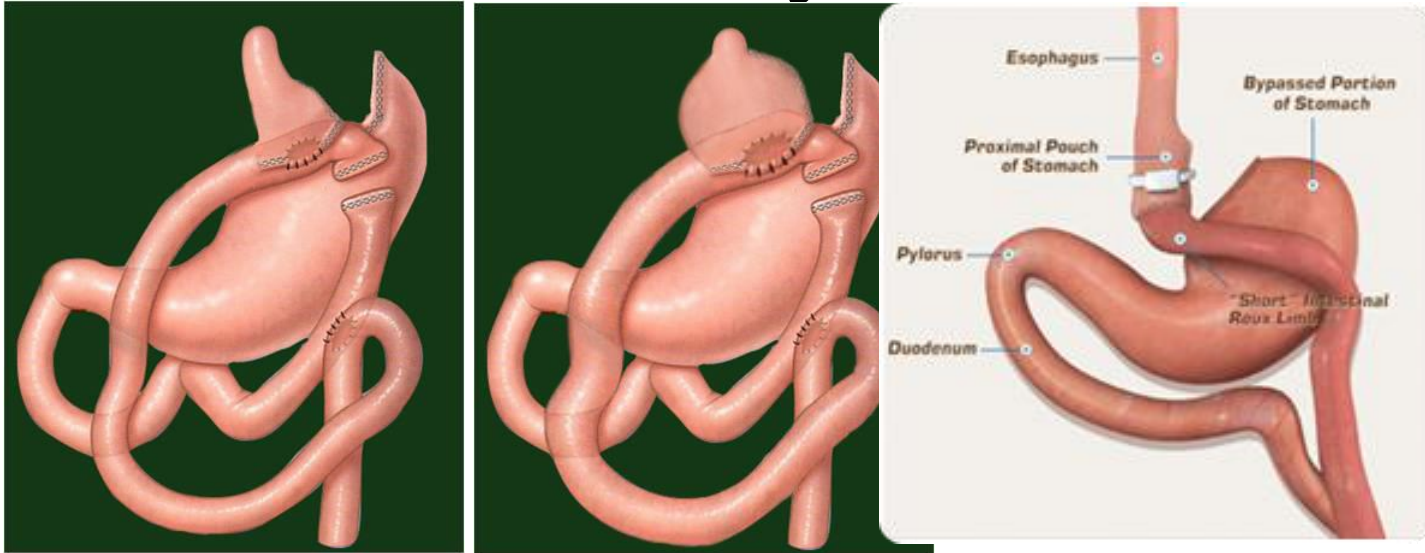
JEJUNUM



5YRS



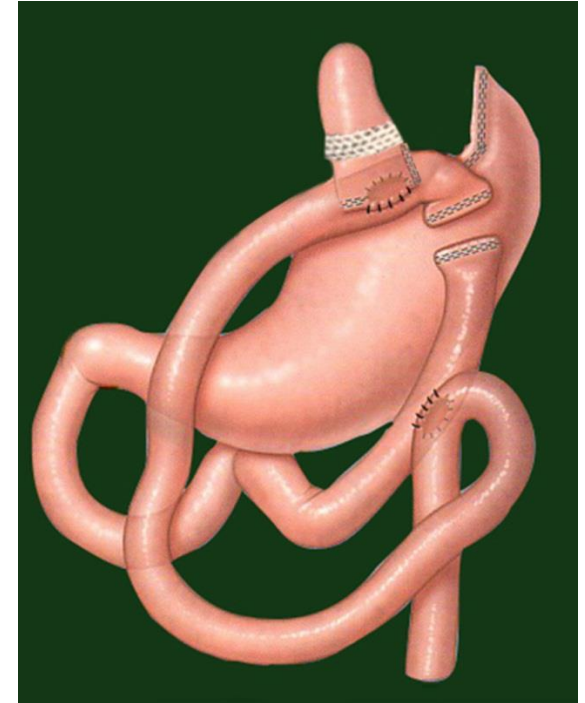
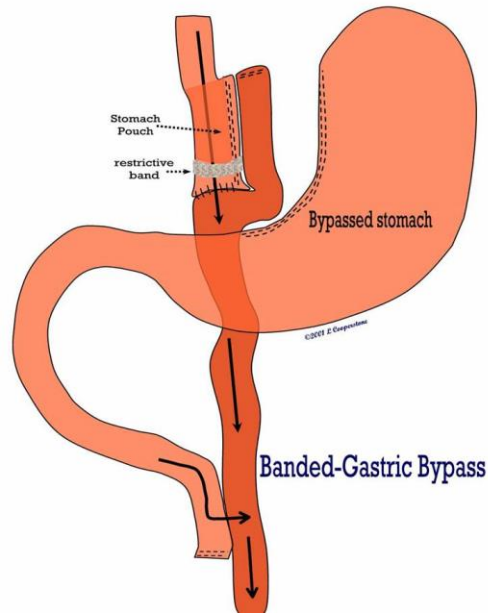
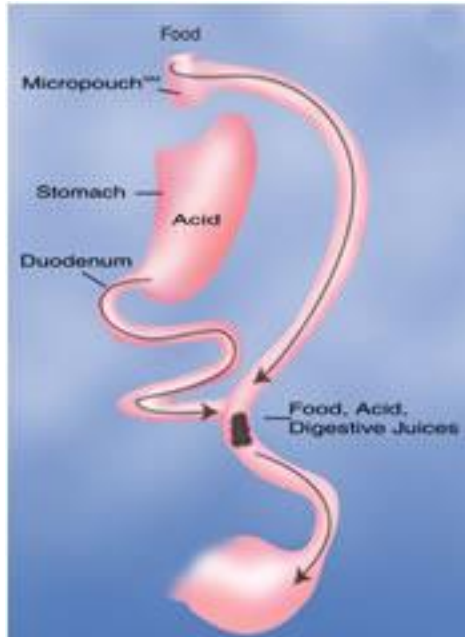
RYGB Why Band?



$$P = 2 \text{ MPa}$$


The diagram illustrates the Roux-Y esophagojejunostomy procedure. It shows the esophagus (top) and the jejunum (bottom) being connected. The Roux limb of the jejunum is shown as a loop that is 200 cm long. The jejunum is divided into two parts: the proximal jejunum (150 cm) and the distal jejunum. The proximal jejunum is connected to the esophagus, and the distal jejunum is connected to the duodenum (DP). The diagram is labeled with MP (Mastoid Process), PA (Posterior Antrum), Roux Limb (200 cm), BPL (Biliary Pancreatic Loop) (150 cm), and DP (Duodenum).

Rational behind BMRYGB



Our experience

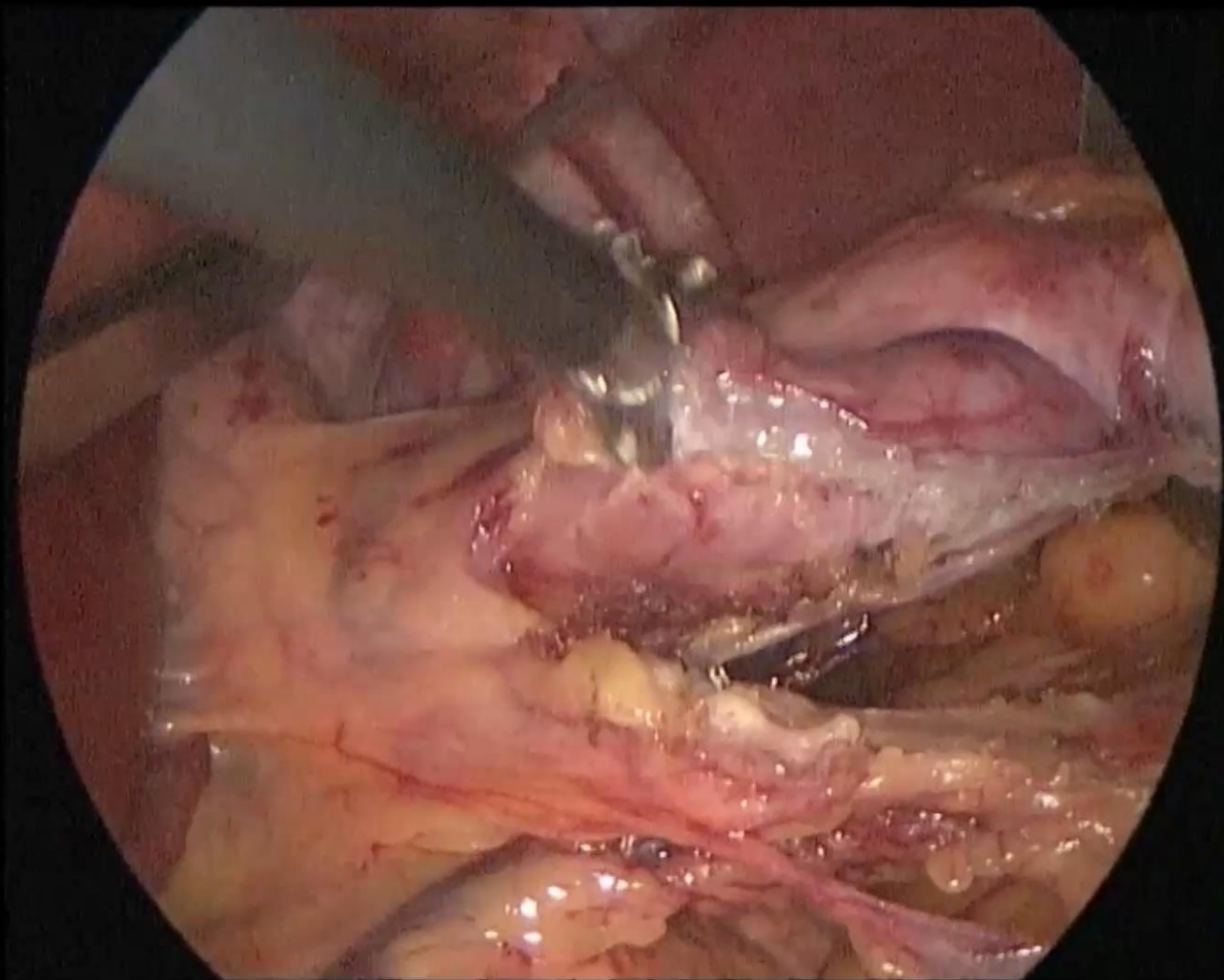
- Since 1996 , 4000+ bariatric procedures.
- 1996-2001 Randomized 5 procedure comparison
LAGB, VBG, RYGB, BPD, BPD-DS
- Gradually shifted to banded micropouch RYGB
(FOBI, SAPALA)

Aim of work

- **A prospective non-randomized study evaluating the value of banding the gastric pouch in anatomically identical micro-pouch gastric bypass procedures with long term results.**

Patients and Methods

- From March 2000 to March 2004 294 patients had a laparoscopic Roux-en Y gastric bypass procedure (closed=no dilutional effect)
- Group I: 97 pts Laparoscopic Non banded Micropouch Roux-en-Y gastric bypass
- Group II : 197 pts Laparoscopic Banded micropouch Roux-en Y gastric bypass



Exclusion Criteria

- **16 cases were excluded**
- **Pouches judged larger (some revision cases, big hiatal hernia) 4 cases**
- **Excluded from the weight loss comparison**
Postoperative factors causing altered weight loss (
gastrojejunal strictures, band erosions) 7 cases
- **Gastrogastic fistulae with or without leaks 5 cases.**

Results

- Age 17-69 years.
- Mean BMI 58.4 kg/m²
- Mean weight 104.4 kilograms (79-300 kgs)
- Operative time 40 min-140 minutes (mean 42 minutes)
- Hospital stay 1--65 days (mean 1.4 days)

Follow up

	GPI	GPII	p
1 year	90%	89%	NS
3 years	75%	79%	NS
5 years	61%	65%	NS
10 years	41%	45%	NS
15 years	25%	31%	NS
25 years	9%	11%	NS

Demographics

	Gp I	Gp II	P
age	33.4	30.2	NS
Sex (female)	78%	82%	NS
Weight	110 kgs	134 kgs	NS
BMI	53 kg/m2	56 kg/m2	NS

- **< 25 years of FU (mean 270 months)**

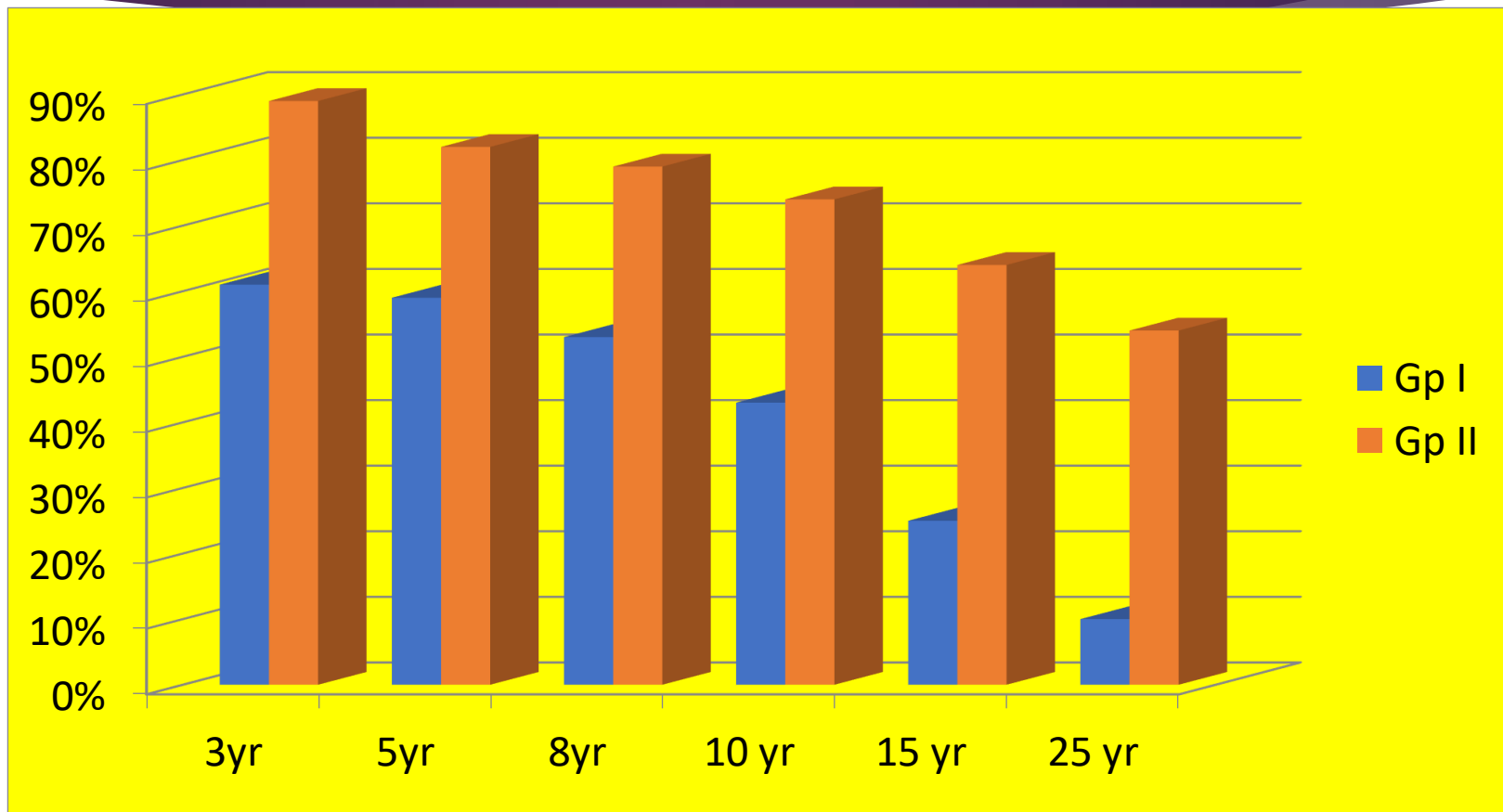
- **Anastomotic stricture 10 cases (3.4 %) endoscopic dilatation.**
- **Hypoglycemic hyper-insulinemic state 3 cases (1%) dietary modifications, laparoscopic reversal (2 cases)**

	GpI	Gp II	P
Anastomotic strictures	3	7	NS
Food intolerance with normal endoscopy	1	6	0.001
Gastrogastric fistula	1	2	NS

%EBWL

%EBWL	3 years	5 years	8 years	10 years	15 years	25 years
Group I	61%	59%	53%	43%	25%	10%
Group II	89%	82%	79%	74%	65%	54%
P	< 0.001	<0.001	<0.001	<0.001	<0.001	<0.001

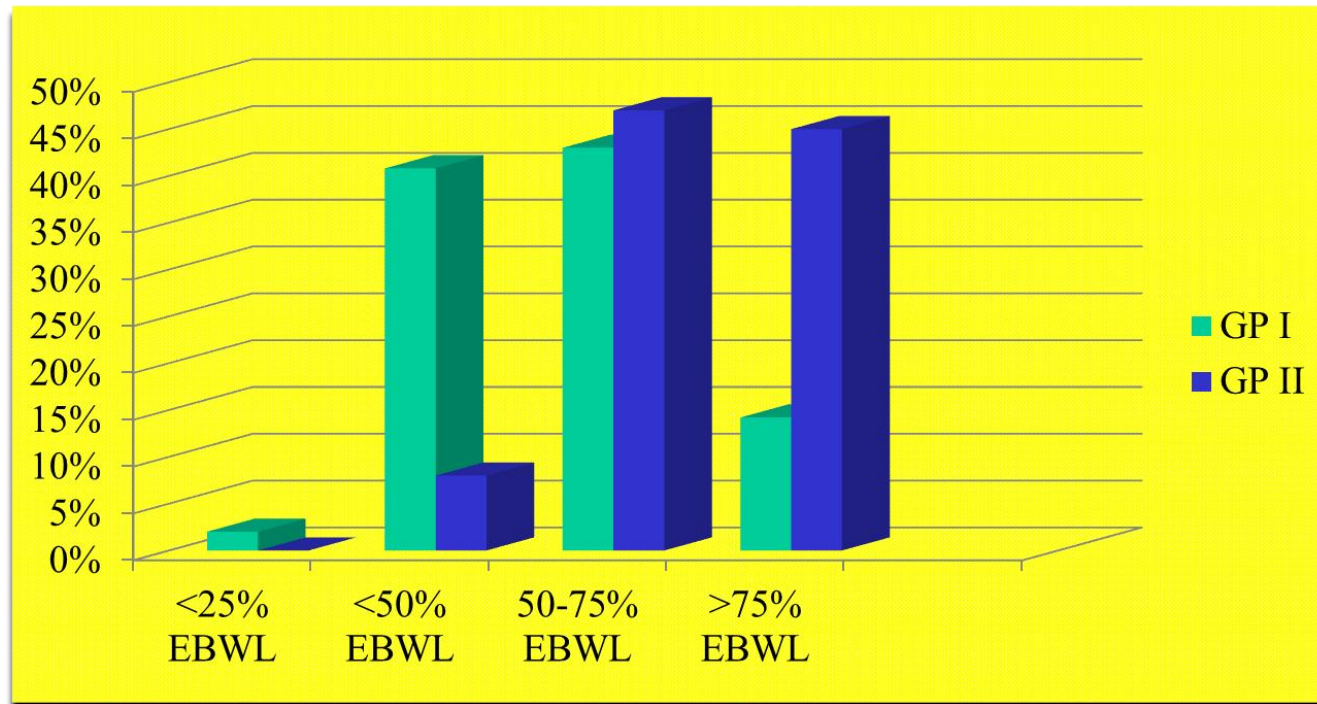
%EBWL



Weight loss distribution 3 years

	Group I	Group II
<25% EBWL	2%	0%
<50% EBWL	39%	9%
50-75% EBWL	42%	47%
>75% EBWL	17%	44%

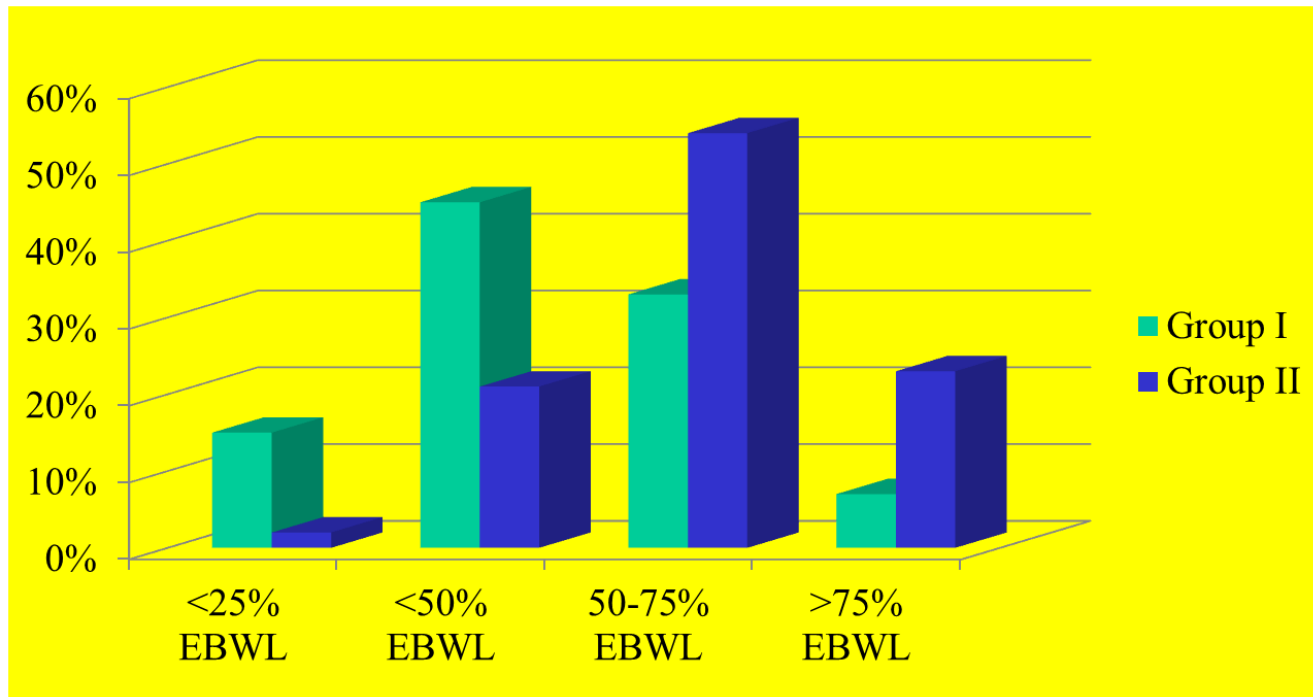
Weight loss distribution 3 years



Weight loss distribution 10 years

	Group I	Group II
<25% EBWL	15%	2%
<50% EBWL	45%	21%
50-75% EBWL	33%	54%
>75% EBWL	7%	23%

Weight loss distribution 10 years



- **Solid food intolerance occurring > 6 months, no anastomotic stricture or erosion.**
- **Group I: 2 cases (0.9%)**
- **Group II 8 cases (4 %) (*P* 0.001)**

Summery

- The weight loss with the BMRYGB is significantly better than the non banded procedure in the short and long term.
- The mortality and morbidity of the procedure are similar to reported RYGB results
- Patient satisfaction is high with good weight loss and good life style with a slightly higher food intolerance and vomiting issues than non banded RYGB.
- Band related complications are specific to the procedure

Discussion

- ▶ Weak points: non randomised, follow up
- ▶ **Ten years experience of banded gastric bypass: does it make a difference?** Awad W, Garay A, Martínez C. Obes Surg. 2012 Feb;22(2):271-8.

There is a clear advantage in terms of %EWL in the BGBP patients. No differences in QOL were found in both groups. Further, selecting the right type of material and the right size of the ring is important to improve results and avoid complications.

- 
- ▶ Weight loss eight years after gastric bypass.
 - ▶ Valezi AC, Mali Junior J, Menezes Mde A, Brito EM, Souza JC.
 - ▶ Brazil.
 - ▶ Rev Col Bras Cir. 2011 Jul-Aug;38(4):232-6
 - ▶ CONCLUSION: Banded Roux-en-Y gastric bypass was effective in promoting and sustaining weight loss in the long term, with low failure rates

- 
- ▶ Maximal weight loss after banded and unbanded laparoscopic Roux-en-Y gastric bypass: a randomized controlled trial.
 - ▶ Arceo-Olaiz R, España-Gómez MN, Montalvo-Hernández J, Velázquez-Fernández D, Pantoja JP, Herrera MF
 - ▶ Mexico.
 - ▶ Surg Obes Relat Dis. 2008 Jul-Aug;4(4):507-11.
 - ▶ **CONCLUSION:**The weight loss pattern in both groups was similar at 1 and 2 years postoperatively. Proper assessment of weight maintenance and late weight regain will require longer follow-up.

CONCLUSION

Laparoscopic Banded micropouch Roux-en-Y gastric bypass gives superior and more durable weight loss than the non-banded micropouch Roux-en-Y gastric bypass both in the short and long term. And that weight loss justifies its use despite the higher late band complications and food intolerance.