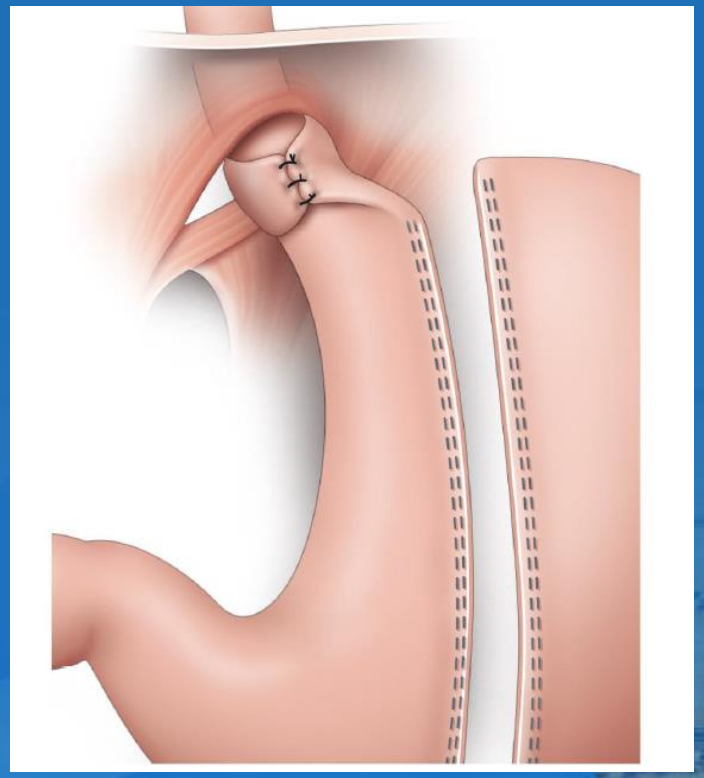
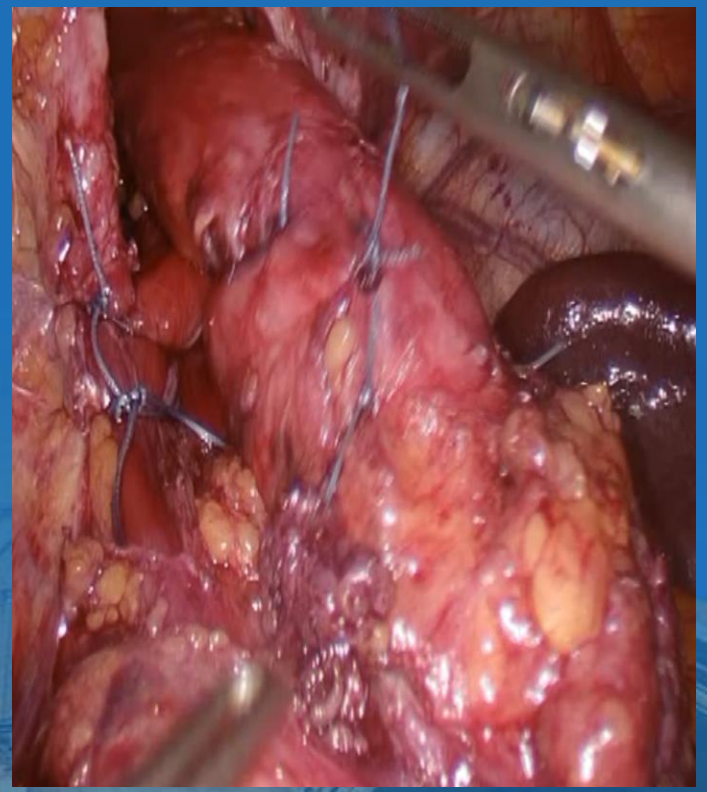
SLEEVE GASTRECTOMY CAN BE PERFORMED IN PATIENTS WITH REFLUX BY ADDING ANTIREFLUX MECHANISMS (NISSEN SLEEVE AND OTHERS)





D.Nocca, MD,PhD.

Montpellier University Hospital, FRANCE.

DISCLOSURES

RESEARCH

PROWELL, BODYNOV

PATTENT

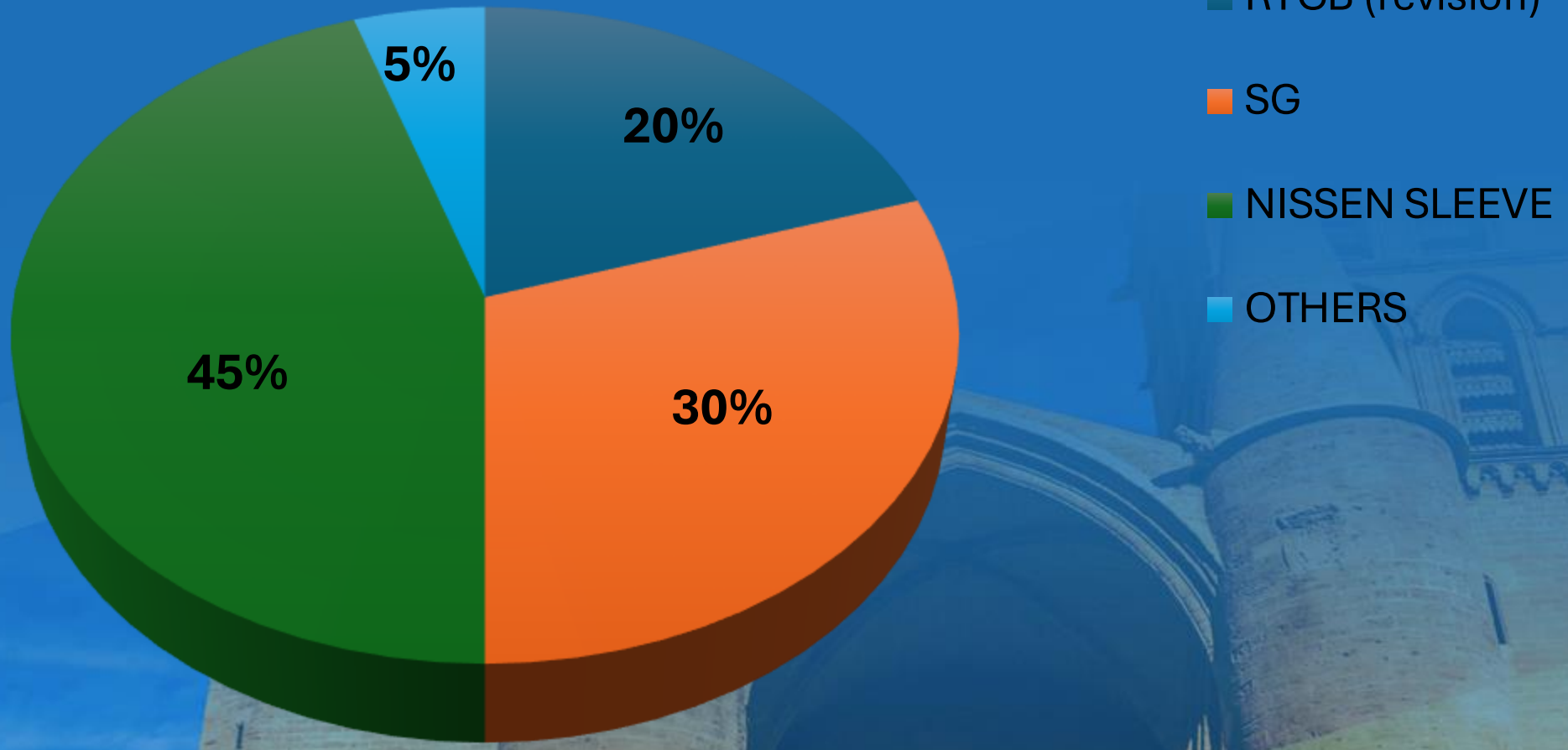
MID

CONSULTANT/SPEAKER

ETHICON, APPLIED, WL GORE, LILLY, EZISURG, INTOCARE, JOHNSON&JOHNSON

Case Mix Disclosure

>10 000 BARIATRIC PROCEDURES



BACKGROUND

- Sleeve Gastrectomy is the most performed bariatric procedure.
- GERD after Sleeve 20-50%
- Barretts after Sleeve: 5-18%

Michel Gagner

"Be never happy about an operation, don't think that it has reached its finality, it can always be improved"

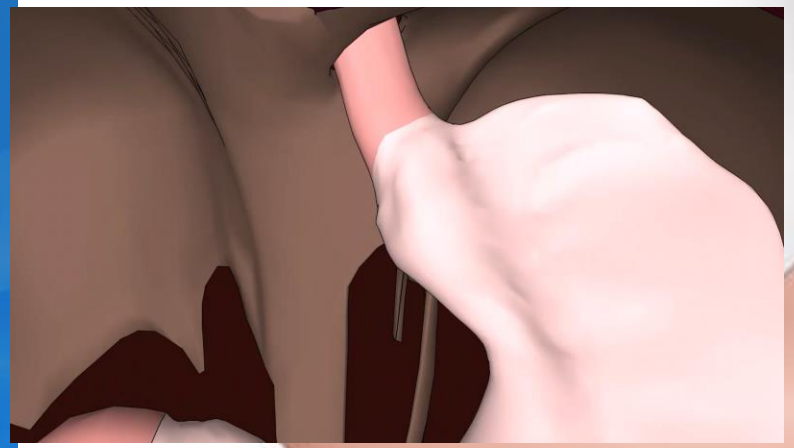
HOW MAY WE IMPROVE THIS????

https://mediland.care

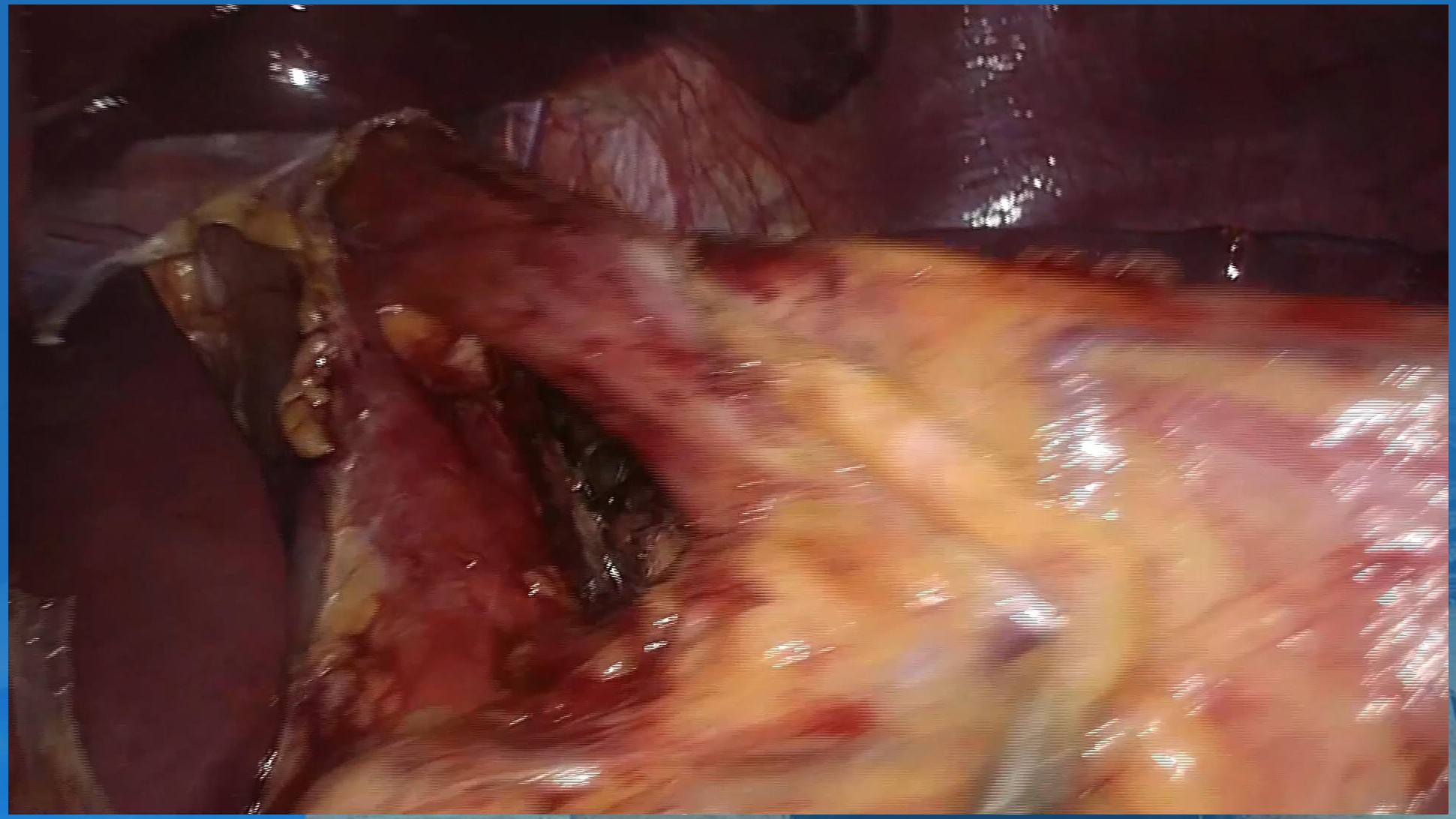
First publication
Preliminary results
Nocca & all.
Obes Surg 2016

STAPLE LINE AWAY FROM THE HIS ANGLE → NO MORE CHRONIC FISTULA

FUNDOPLICATION → DECREASE GERD



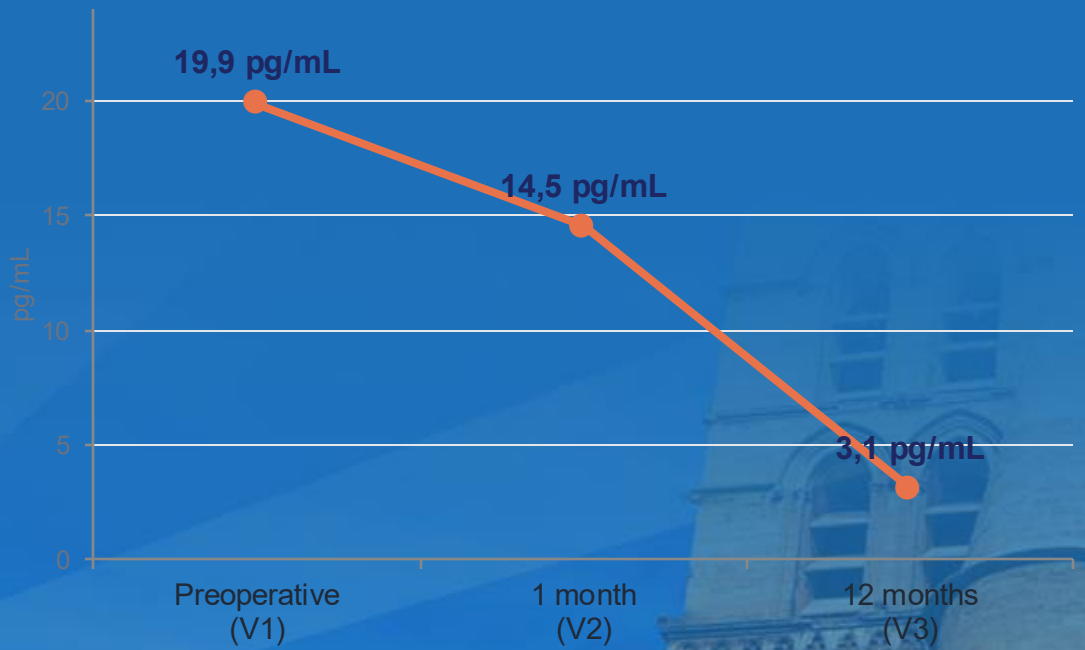
Montpellier University Hospital:>1900 NISSEN SLEEVE since 2013



www.moii-research.com

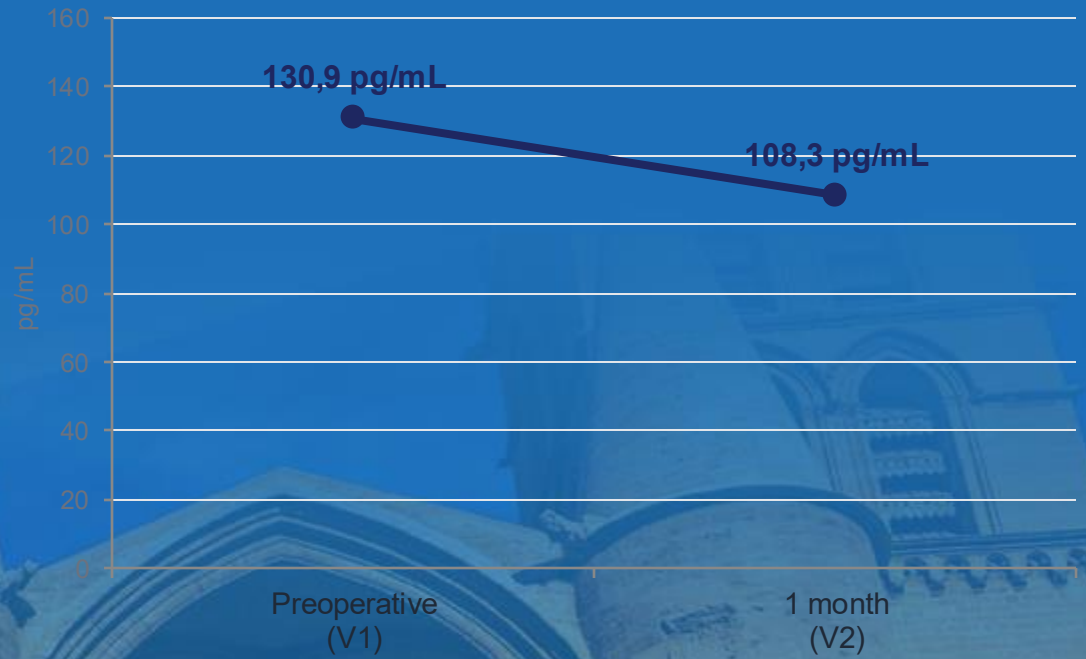
Nissen sleeve preliminary results (n = 6 confirmed patients) ghrelin evolution

Acylated ghrelin (AG) → ACTIVE



n = 4 | n = 4 | n = 1

Desacylated ghrelin (DAG)



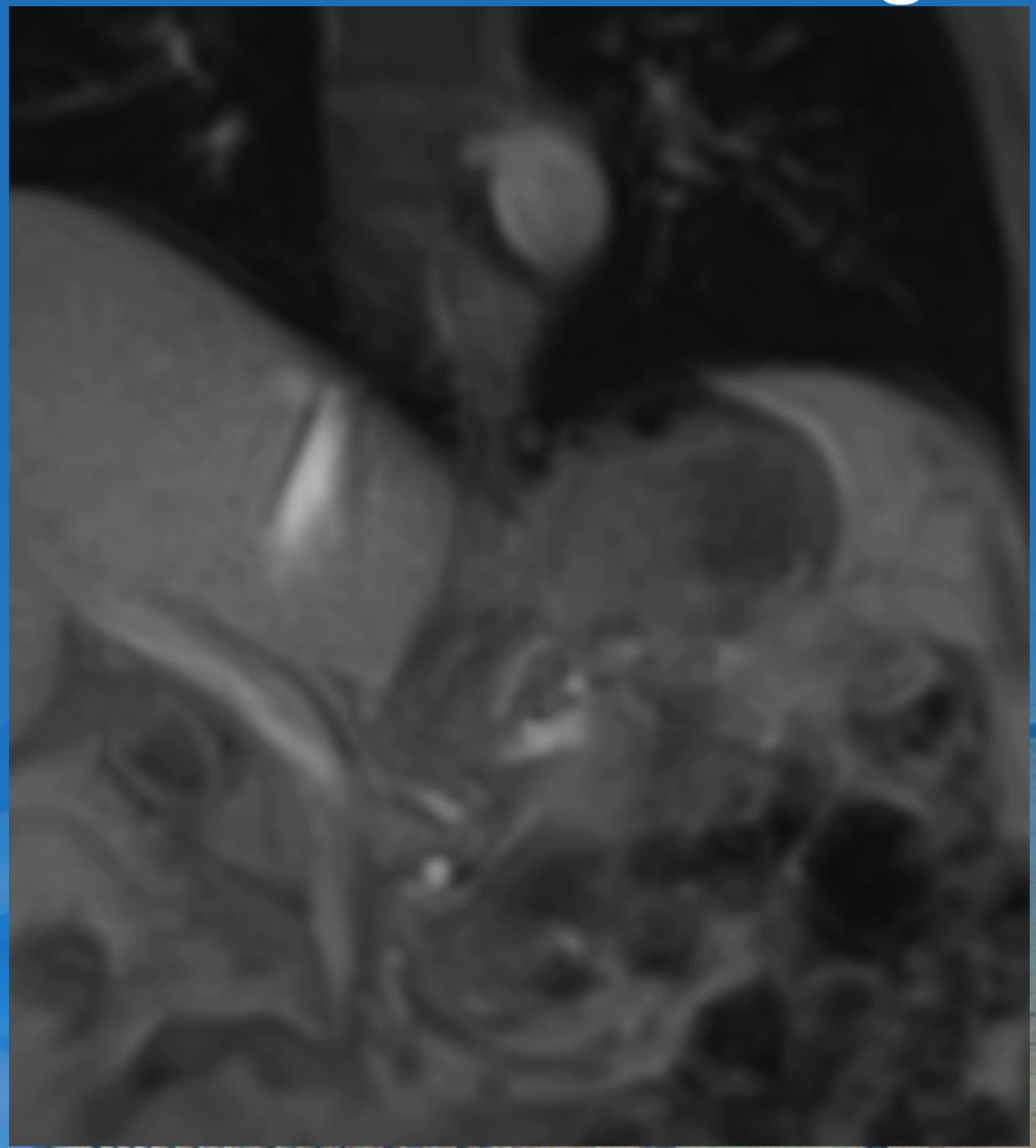
n = 6 | n = 6

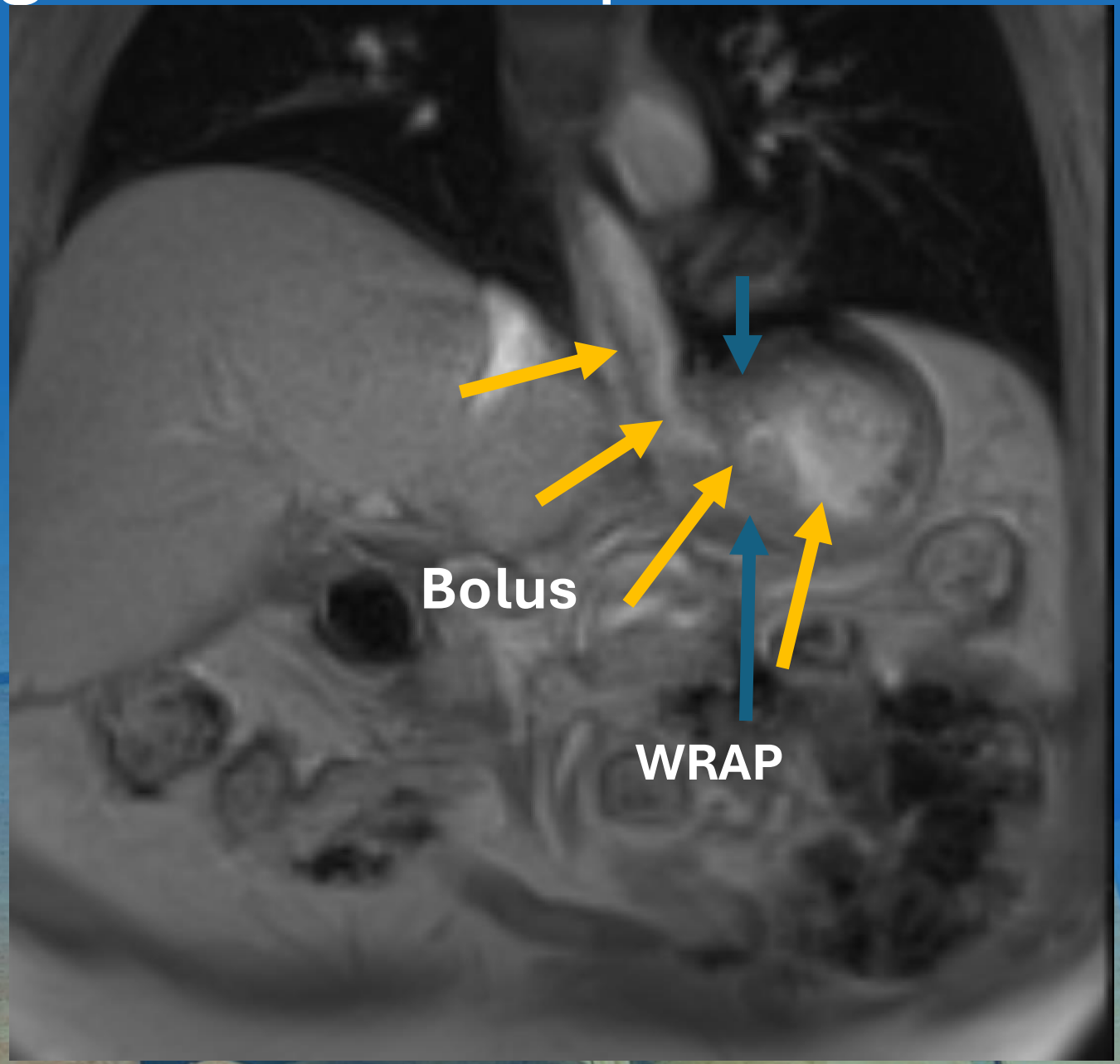
n = number of patients with an available assay at this visit. Out of the 6 patients in the Nissen sleeve group, DAG is shown for V1-V2 only (see note below).

Reading: AG decreases markedly between V1 and V2 (19.9 → 14.5 pg/mL); DAG also decreases between V1 and V2 (130.9 → 108.3 pg/mL). AG at V3 is available for only 1 patient.

Preliminary study – results not yet consolidated. Montpellier University Hospital, BAREVAL cohort.

RMI: Food is not going threw the wrap!!!





ELSEVIER

Surgery for Obesity and Related Diseases ■ (2024) 1–8

SURGERY FOR OBESITY AND RELATED DISEASES

Original article

Nissen sleeve gastrectomy: 5-year follow-up results

Natalia Savvala, M.D.[a,*], Mailis Amico, Ph.D.[b], Saaddedine Joumaa, M.D.[a], Audrey Jaussent[b,c], Marta Silvestri, M.D.[a], Patrick Lefebvre, M.D.[d], Arvin Khamajeet, M.D.[a], Marie Christine Picot, M.D.[b,c,e], Florence Galtier, M.D.[e], David Nocca, M.D., Ph.D.[a], Bariatric surgery study group*

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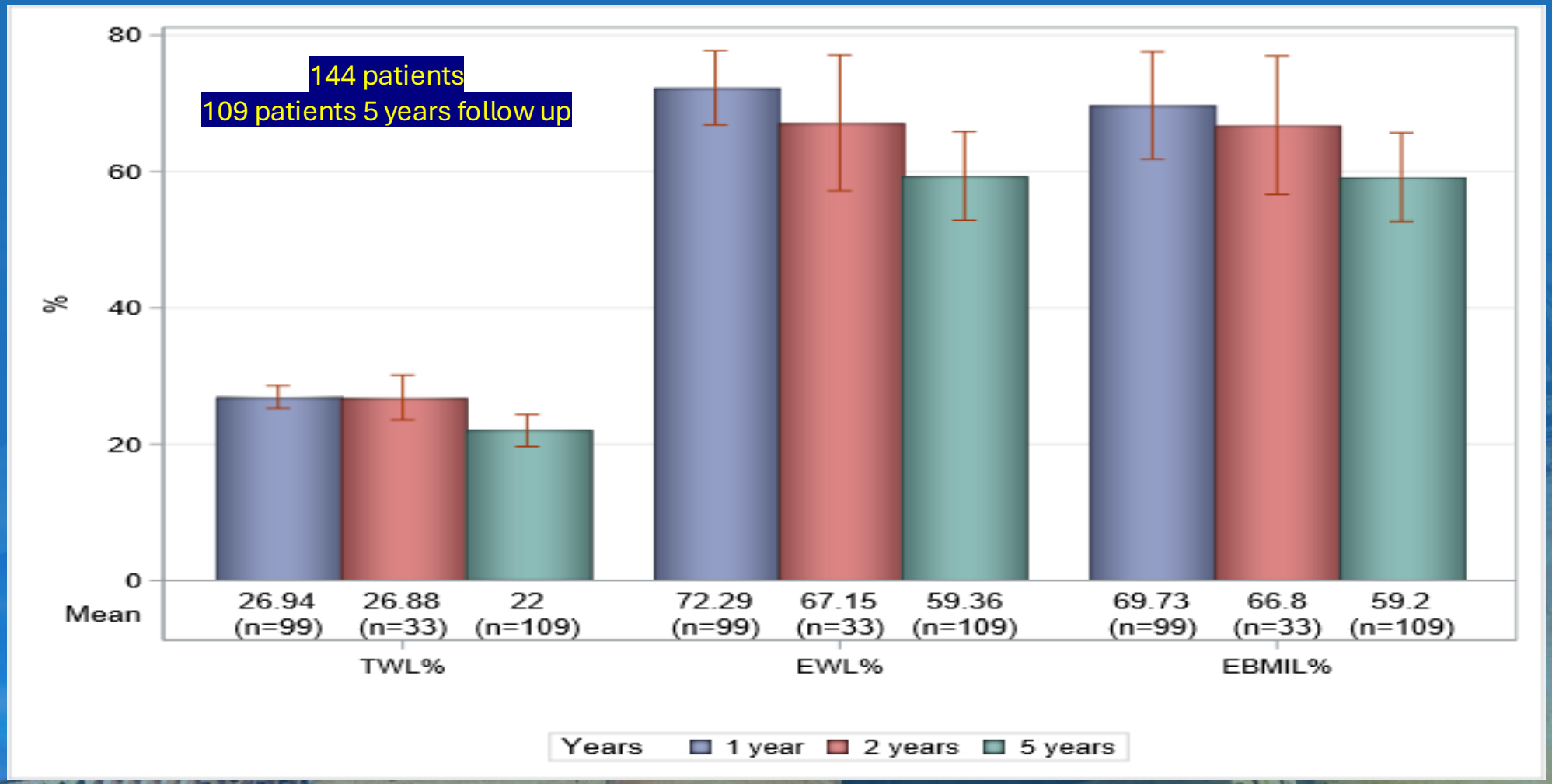
Received 2 July 2024; accepted 21 October 2024

WEIGHT LOSS


144 patients
109 patients 5 years follow up
80
60
40
20
0
%
Mean
26.94 (n=99)
26.88 (n=33)
22 (n=109)
72.29 (n=99)
67.15 (n=33)
59.36 (n=109)
69.73 (n=99)
66.8 (n=33)
59.2 (n=109)
TWL%
EWL%
EBMIL%
Years
1 year
2 years
5 years

GERD endpoints

Table 2. Five-year results

GERD remission endpoints (population with GERD at baseline)		
All clinical remission, n/N (%) (primary endpoint)	53/62 (85.5)*	50/56 (89.3)*
Clinical remission, no PPI treatment, n/N (%)	51/62 (82.3)	48/56 (85.7)
Clinical remission, no secondary surgery, n/N (%)	50/62 (80.6)	NA
Other GERD endpoint (population without GERD at baseline)		
De novo clinical GERD, n/N (%)	3/47 (6.4)*	2/45 (4.4)*

FOLLOW UP

81.9%

COMPLICATIONS
REOPERATION RATE: 8.1%

Table 3
Outcomes requiring surgical intervention

Outcomes	Onset	Grade C-D	Clinical presentation	Initial management	Evolution	Secondary management
Emergency surgery						
Wrap perforation N = 3/111	Day 2	IIIb	Acute peritonitis	Wrap resection	Subcapsular splenic hematoma	Radiologic drainage
	Month 9	IIIb (late)	Acute peritonitis	Wrap resection	NE	No 5-yr data
	Month 9	IIIb (late)	Acute peritonitis	Drainage	NE	None
Wrap-induced stenosis N = 1/111	Day 13	IIIb	Dysphagia	Wrap resection	NE	None
Secondary GERD and revision surgery						
Wrap opening	Month 22	NA	GERD	Nissen fundoplication	NE	None
N = 4/111	Month 8	NA	GERD	Toupet fundoplication	NE	None
	Month 36	NA	GERD weight regain	Wrap resection	GERD	RYGB conversion
	Month 58	NA	GERD weight regain	Wrap resection	NE	None
Wrap intrathoracic migration N = 1/111	Month 63	NA	GERD	Hiatal hernia repair	NE	None

Early Onset = before day 30; Late onset = after day 30; Grade C-D = Grade Clavien-Dindo; RYGB = Roux – en Y Gastric Bypass; GERD = gastroesophageal reflux disease; NE = noneventful; NA = Not applicable.

MORTALITY RATE WAS NIL

COMPLICATIONS
WRAP PERFORATIONS

- RISK FACTORS: relative contra-indication!!!
  - AGE>60
  - BMI>50 (technical difficulties)
  - PREVIOUS BAND
  - GASTRITIS
  - SMOKERS
  - HYPOXEMIA
  - ATHEROSCLEROSIS
  - POST OP STEROIDS MEDICATION WHITOUT PPI

Obesity Surgery
https://doi.org/10.1007/s11695-022-05955-8

ORIGINAL CONTRIBUTIONS

Effect of laparoscopic sleeve gastrectomy vs laparoscopic sleeve + Rossetti fundoplication on weight loss and de novo GERD in patients affected by morbid obesity: a randomized clinical study

Stefano Olmi[1,2] · Giovanni Cesana[1,3] · Angela Gambioli[4] · Marta Bonaldi[1] · Davide Ferrari[1,3] · Matteo Uccelli[1] · Francesca Ciccarese[1,3] · De Carli Stefano[1] · Giorgi Riccardo[1] · Mantovani Lorenzo[4]

Laparoscopic Toupet-Sleeve gastrectomy in morbid obese patients with preoperative gastro-esophageal reflux: a 4-year follow-up cohort study

Philippe Hauters, Steven Granjean, Iulia Stefanescu, Geoffrey Jacqmin, Mickaël Gerard & Etienne van Vyve

Surgical Innovation

Mary Ann Liebert

Impact Factor: 2.2 / 5-Year Impact Factor: 1.9

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Sleeve-Dor Fundoplication – An Innovative Surgical Technique to Avoid the Epidemic Long Term de Novo Gastroesophageal Reflux and Barrett´s Esophagus After Sleeve Gastrectomy for Obesity

Renjie Li, MD, Wael Eskander, MD, [...], and Ricardo Zorron, MD, PhD +1 View all authors and affiliations

WHAT IS AN ACCEPTABLE REOPERATING RATE IN BARIATRIC SURGERY AT 5 YEARS???

< 5%

5-10%

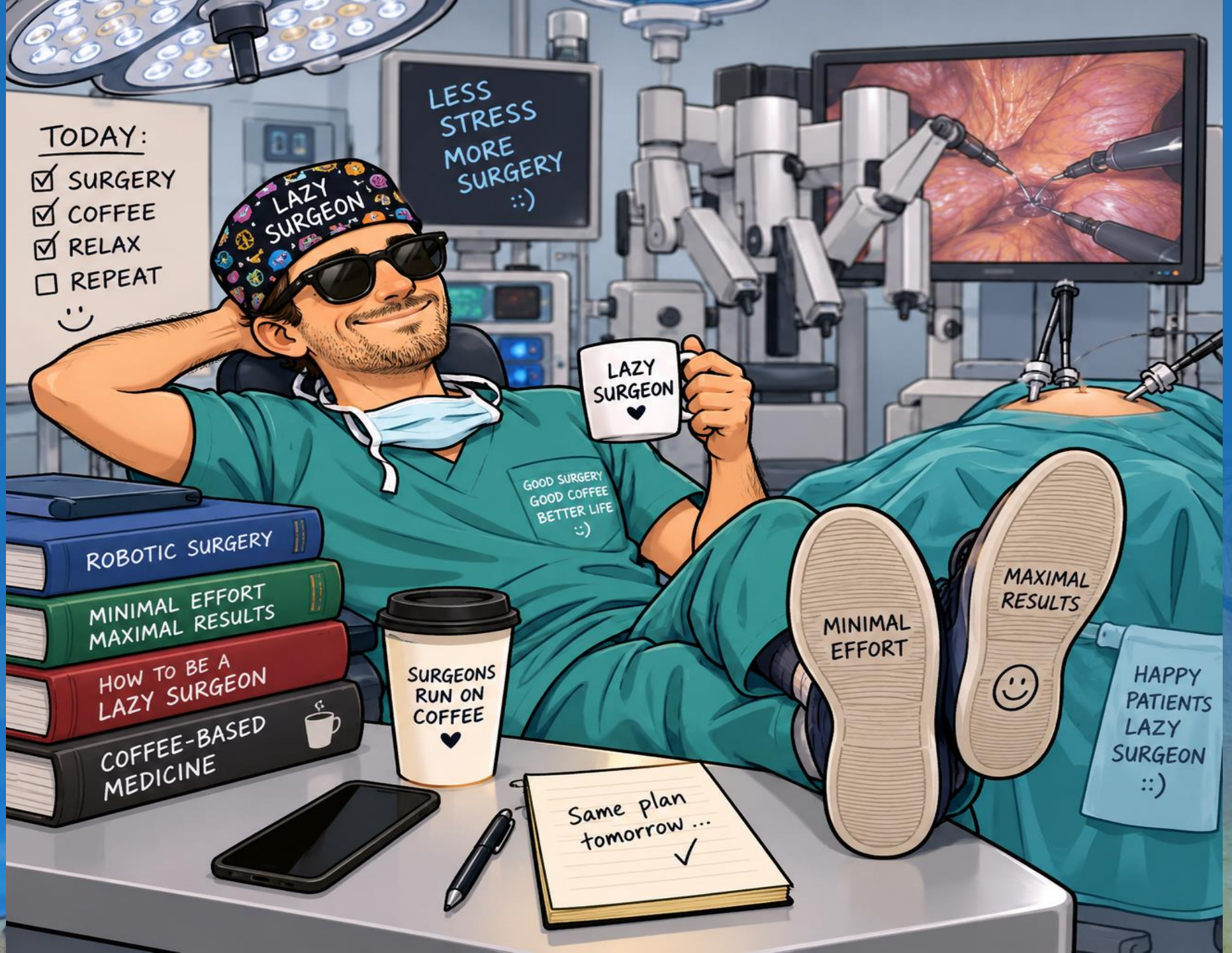
10-15%

15-20%

>20%

Take home messages…

Results	GBP	SLEEVE	NISSEN SLEEVE
%EWL	55-65%	50-60%%	59.4%
%GERD remission	60.4%	25%	85.5%
%De novo GERD	10.7	31.6%	6.4%
% long term re operation rate	22.1%	15.8%	8.1%


TODAY:
SURGERY
COFFEE
RELAX
REPEAT
LESS STRESS MORE SURGERY ::)
LAZY SURGEON
LAZY SURGEON
GOOD SURGERY GOOD COFFEE BETTER LIFE ::)
ROBOTIC SURGERY
MINIMAL EFFORT MAXIMAL RESULTS
HOW TO BE A LAZY SURGEON
COFFEE-BASED MEDICINE
SURGEONS RUN ON COFFEE
Same plan tomorrow ...
MINIMAL EFFORT
MAXIMAL RESULTS
HAPPY PATIENTS LAZY SURGEON ::)


PALAIS
DES CONGRÈS
DE PARIS
IFSO 2027
August 24-27th
2027
WELCOME TO ALL DELEGATES!
REGISTRATION
AUDITORIUM
EXHIBITION HALL
MAURIAC ROOM
WELCOME
TO ALL
DELEGATES!