Laparoscopic Duodeno-jejunal Bypass with Sleeve: How we do it and management of a possible complication

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Background:A few reports of Laparoscopic Duodenojejunal bypass with Sleeve has demonstrated it as a good alternative to Roux and Y gastric bypass in weight control and resolution of comorbidities .Such a procedure specially important in Asian countries where the incidence of Gastric cancer is high. DJB with sleeve gastrectomy is proposed as an ideal alternative to RYBG with the stated advantages -1. Presence of difficult to access gastric remnant in RYGB is at risk of cancer development in high endemic regions. Endoscopic surveillance is easy in sleeve gastrectomy.2. Preservation of pyloric mechanism prevents dumping syndrome.3. Reduced alimentary limb tension.With very few reports, the technique of this procedure is yet to be standardized.Video:In this High Definition video we demonstrate our technique of Laparoscopic Duodeno jejunal bypass with Sleeve, Sleeve being performed 5 cm from the pylorus on a 36F bougie, wherein the duodenojejunal anastamosis is done in a retrocolic fashion in end-end hand sewn method. The biliopancreatic limb length is 75 cms and that of the Roux limb is 100cm, similar to a standard Roux en Y gastric bypass.In the second part of the video, we show a case of internal herniation in the retrocolic window 1 month post-op in a patient operated with Duodenojejunal bypass and how we managed the same.