

LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS USING 3 PORTS TECHNIQUE FOR TREATMENT OF MORBID OBESITY

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Objectives:To present the technique and the results of laparoscopic Roux-en-Y gastric bypass (LRYGBP) using 3 ports technique for the treatment of the morbid obesity.

Method and Materials:This is a retrospective review of the medical records for the patients who have underwent LRYGBP using 3 ports technique and were operated by the first author in Riyadh Military Hospital, Riyadh, Saudi Arabia.

Results:In the period from April 2004 to December 2008, 37 patients, out of 343 patients have LRYGBP, have underwent LRYGBP using 3 ports technique. They were 26 females and 11 males. The age was 28 years (15-52 years). The body mass index was 42.4 kg/m² (35 - 54 kg/m²). The average time of the operation was 70 minutes. The hospital stay was 1-3 days. There was one patient who had immediate postoperative hematemesis which was stopped spontaneously. One patient needs abdominal drain for 24 hours. There was no other major complications and no mortality. All of these patients were primary LRYGBP without history of previous abdominal surgeries.

ConclusionLRYGBP using 3 ports technique is feasible and safe procedure for treatment of morbid obesity although it needs extensive experience in laparoscopic and bariatric surgeries.

Single Incision Laparoscopic Adjustable Gastric Band: Early Results Incorporating New Techniques

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Background: Single Incision Laparoscopic Surgery (SILS) is rapidly being developed in the use of bariatric procedures, such as the Adjustable Gastric Band (GB).

Methods: In November 2009, SILS GB was initiated in a single surgeon practice, United States Centers of Excellence Bariatric Surgery Program. One year of data was collected. A comparative group of standard 5 port laparoscopic GB from the year prior was used as a benchmark.

Results: 58 SILS GB were performed from November 2009 to November 2010. 75 standard GB were performed the year prior. Average operating time was 70 versus 43 minutes. Complication rate for SILS GB was 5.2% versus 4%, consisting of two early band slips and one port infection. 1 month, 3 month, and 6 month %Excess Weight Loss was 13.5% versus 14.1%, 24.4% versus 23.7%, and 29.2% versus 30.4%. With the SILS GB, adding an extra port occurred 41% and adding improved liver retraction occurred 33%.

Conclusions: SILS GB requires greater operating time. Early weight loss appears comparable to standard GB. This type of surgery allows for easy adjustments in technique by adding ports or liver retractors to account for limitations in instrument design and body habitus.

SILS Bariatric Surgery for animal model

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Laparoscopic metabolic surgery was developed through the application and experienced mainly in western countries. And it is also spreading in Asian countries. Meanwhile Single-incision laparoscopic surgery is aimed at improving the cosmetic outcome following surgery appears now a day. Much of this knowledge from the procedures comes from the study of animal models, where they have revealed technical feasibility. This time we have experienced three kinds of SILS bariatric surgeries for animal models. The first one was the gastric banding, the second one was the sleeve gastrectomy and the third one is ρ -Y bypass. All of these cases, we placed SILS port near umbilicus at the beginning of surgery and used flexible forceps. In case of gastric banding, we used flexible SILS Stitch, and in case of sleeve gastrectomy we used Duet which is also flexible to avoid interference of forceps. And the bypass case, we used V-Loc suture to free from the stress of knotting. Using such new methods, we have successfully performed these bariatric surgeries. It is true that this methodology need experienced technique and need more time than conventional multi incisional surgery. But we believe we can make the operative time shorter and improves cosmetic outcome without additional risk even for human SILS bariatric surgery. This methodology may be applied widely for human as the option for new bariatric surgeries in near future. Thereby we would like to introduce these experiences.

Single-incision laparoscopic gastric bypass for morbid obesity-Using conventional trocars and instruments

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Abstract:Conventional laparoscopic Roux-en-Y gastric bypass (LRYGB) is gold standard for bariatric surgery, but the procedure requires five to seven incisions for placement of multiple trocars and thus may produce less-than-ideal cosmetic results. Recently, single-incision laparoscopic surgery (SILS) has been used for bariatric procedures, and this surgery is considered a type of minimally invasive surgery. When SILS is performed via the transumbilical route, the resultant abdominal wound is hidden and the cosmetic outcome is better. Here we present one of our cases of Single Incision transumbilical Roux en Y gastric bypass Surgery without usage of any commercially available single port systems Video: In this high Definition video, we show a single incision Laparoscopic Roux en Y gastric bypass. -Step 1 involves creating a transverse umbilical scar and raising umbilical flaps on either side-Four trocars (12mm, two 5mm and one 10mm) are inserted directly through the fascia at different sites after creating the pneumoperitoneum-the liver was retracted using a novel liver suspension technique of passing prolene suture through the liver and suspending the liver using gauze -The gastric pouch of 50ml is created in standard fashion using blue cartridges-the gastrocolic omentum is divided in the midline-the jejunum was divided at 75 cm and the jejuno-jejunostomy was done with 100cm Roux limb using linear staplers and intracorporeal sutures-The gastrojejunostomy was performed using 35mm liner staplers and the defect closed with 2-0 PDS with intracorporeal suturing