

conferenceseries.com 877th Conference

International Conference on

Digestive Diseases

December 08-09, 2016 Dubai, UAE

Keynote Forum (Day 1)



Digestive Diseases 2016

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***Amin El-Gohary****Burjeel Hospital, UAE*

Vomiting with surgical significance

Vomiting is a common symptom both in neonates and pediatric population. The vast majority of vomiting is related to medical, central or endocrinal cause. There is however a special type of vomiting that signifies a serious underlying surgical problem that warren urgent attention. The cardinal symptoms and signs of bowel obstruction are: Vomiting, abdominal distension colic and constipation. The most important symptom is bilious vomiting. The dictum is “any child who vomits bile should be considered as having an underlying intestinal obstruction until proved otherwise, even if he is passing regular motions, not associated with abdominal colic or abdominal distension. Mid-gut marotation presents with intermittent bilious vomiting in otherwise normal child. If not attended promptly, the bowel might twist and lead to bowel gangrene.

Biography

Amin El-Gohary completed his MBChB in 1972 and his Diploma in General Surgery in 1975 at Cairo University, Egypt. He became a Fellow of The Royal College of Surgeons in UK, Edinburgh in 1979, London in 1980 and Glasgow in 1997. In 1983, he became the Chief and Head of the Department of Pediatric Surgery of a large government hospital. Additionally, he held post as a Medical Director for the same hospital in 1989. He was appointed as Chief Disaster Officer during Gulf War in 1991. He also held post as the Clinical Dean of Gulf Medical College, Ajman for 3 years. He is the President of the Pediatric Surgical Association of UAE. In 2001, he became a Visiting Professor at Munster University, Germany. He is a member of several associations and also the Founder and Member of the Arab Association of Pediatric Surgeons. He has an intensive academic and teaching experience and has written several publications in distinguished medical journals. He has made several poster and paper presentations in national and international conferences.

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**C Rajkumar Vinayak**

General Hospital Taiping, Malaysia

An introduction to revisional bariatric procedures – Options, challenges and outcomes

Introduction: Bariatric and metabolic surgery is now well established in tackling the pandemic of obesity and its complications. Although it's safe, its long term issues such as weight recidivism, co-morbidity resolution and complications needs to be addressed. Therefore, revisional surgeries are on the rise. There are many reasons a revision is required and our series attempts to illustrate the complexities involved, options available and the challenges faced.

Methods: A total of 20 revisional procedures were performed at General Hospital Taiping over a period of 18 months by a single surgeon. Patient Demographics, indications for revision, type of initial and revisional intervention, duration of surgery, postoperative morbidity, 30-day readmissions and re-surgeries were reviewed prospectively and retrospectively.

Findings: Following, revisions were performed for the below mentioned primary surgeries – LAGB (5): 1 REMOVAL, 1 to LSG, 3 to RYGB; LSG (8): 1 RESLEEVE, 3 to MGB/OAGB, 4 to RYGB; MGB/OAGB (1): 1 to RYGB and RYGB (6): 1 REVISION of RYGB (resizing the pouch & distalization of Jejunum jejunostomy), 1 to NORMAL ANATOMY, 2 proximalization of Jejunum jejunostomy, 2 RE-DO of Jejunum jejunostomy. Morbidity - All patients' had longer hospital stay compared to primary interventions. 2 patients were re-2 RE-DO of Jejunum jejunostomy operated within 48 hrs. & 1 at 14 days post op. All achieved significant % EWL except 1.

Conclusion: Revisional surgeries are effective but complex procedures. They can be performed safely and mortalities can be avoided in hands of high volume experienced surgeons. Complication rates are higher than primary bariatric surgery. Choosing the correct revisional procedure is of paramount importance.

Biography

C. Rajkumar Vinayak is a consultant general and bariatric surgeon at General Hospital Taiping, Malaysia. He completed his M.B.B.S (Jipmer, India) in 1996 and M.S. (Gen. Surg. – Osmania University, India) in 2002. He achieved his FIAGES and then went on to complete his fellowship in Advanced Lap. & Bariatric Surgery from L.O.C. Pune, India. He started Bariatric services in Northern Malaysia since 2007. He performs a wide range of bariatric surgeries including SILS sleeve gastrectomies and revisional procedures & has pioneered stapleless bariatric surgery in Malaysia. His stapleless LSG technique has been published internationally & been approved by Medical Research & Ethics Council (MREC), Malaysia. Active in research involving the research council UK (RCUK) & Univ. Malaya (Malaysia), he was also recently invited as a faculty speaker at the 6th global gastroenterology conference in Birmingham UK, APMBSS, CSSAM, MYMBS & MUGIS - 2016. He has successfully started the bariatric training programme for Univ. Sains Malaysia in 2016.

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Moh'd Amin El-Gohary

Burjeel Hospital, UAE

Gohary's disease

Gohary's disease is a new phenomenon that has not been described before. It depicts a group of children, who present to emergency department, with severe agonizing abdominal pain. The pain tends to start and ends abruptly, without predisposing factor and recurs after minutes or hours. Ultrasonography revealed a mass at right iliac fossa, which is usually diagnosed as intussusception. The underlying cause of such phenomenon is the fecal impaction of stool at terminal ileum which acts as intermittent intestinal obstruction. We have encountered 19 cases over the last 5 years, their age varied from 9 months to 8 years with the majority under the age of 2 years. The cardinal symptoms and signs include severe abdominal pain that warrants urgent attention, empty rectum on examination and ultrasound diagnosis of intussusception. All of these cases were managed by fleet enemas with immediate response. Awareness of this condition will help to avoid unnecessary investigation and unjustified exploration.

Biography

Moh'd Amin El-Gohary completed his MBChB in 1972 and his Diploma in General Surgery in 1975 at Cairo University, Egypt. He became a Fellow of The Royal College of Surgeons in UK: Edinburgh in 1979, London in 1980 and Glasgow in 1997. He worked initially in Egypt, then moved to Kuwait, then to UK, before coming to UAE in 1983. In the same year, he became the Chief and Head of the Department of Pediatric Surgery of a large government hospital. Additionally, he held post as a Medical Director for the same hospital starting in 1989. He was appointed as Chief Disaster Officer during Gulf War in 1991. He also held post as the Clinical Dean of Gulf Medical College, Ajman for 3 years. He is well known in Abu Dhabi for his extensive interest and involvement in scientific activities. He is the President of the Pediatric Surgical Association of UAE. He was awarded the Shield of the College of Pakistan in 1996 and the Medal of International Recognition in Pediatric Urology from the Russian Association of Andrology in 2010. He was given a Silver Medal from the Royal College of Surgeons, Ireland in 1978 and an Honorary Fellowship from the Royal College of Surgeons, Glasgow in 1997. In 2001, he became a Visiting Professor at Munster University, Germany. He is member of several associations in Pediatric Surgery: Executive Member of the International Society of Intersex and Hypospadias Disorder (ISHID), British Association of Pediatric Surgery, Egyptian Association of Pediatric Surgeons, Asian Association of Pediatric Surgeons and Pan African Association of Pediatric Surgery. He is also the Founder and Member of the Arab Association of Pediatric Surgeons. He has an intensive academic and teaching experience, has written several publications in distinguished medical journals, and has made several poster and paper presentations in national and international conferences. Currently, he is an External Examiner for the Royal College of Surgeons.

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