

A Single-Center Series of Laparoscopic Banded One Anastomosis Gastric Bypass

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Introduction

Laparoscopic one anastomosis gastric bypass (LOAGB) is a tremendously new procedure for the treatment of morbid obesity and related comorbidities. On average, this method results in suitable postoperative weight loss with a low complication rate. Recent publications suggest that dumping syndrome and weight regain might be reduced by placing a silicone ring over the gastric pouch during the procedure, so called laparoscopic banded one anastomosis gastric bypass (LBOAGB). 86 patients undergoing LBOAGB between 2018 and 2020 were enrolled in this retrospective study. Hospital records were used to assess weight loss, comorbidity resolution, and any complications either in the short or medium term [1].

Description

Bariatric surgical operations present a huge variety of weight reduction processes as powerful remedy for morbid weight problems and weight problems-associated comorbidities. Each system is related to various levels of weight reduction accomplishment, comorbidity decision, and perioperative or long-time period headaches. The system fine appropriate for every character affected person is decided through an aggregate of the sufferers' frame mass index (BMI), ingesting behaviours, and comorbidities and the surgeons' enjoy. These surgical processes can enhance esophageal motility and cause esophageal headaches consisting of gastroesophageal reflux disease (GERD).

The goal of bariatric surgical operation is to lose extra weight and its associated fitness problems, with minimal hazard to the affected person, and attain a terrific of existence, at the same time as keeping decreased weight years after surgical operation. The LOAGB is in recent times, taken into a secure and powerful operation and is known through maximum global clinical bariatric federations. The decision of comorbidities, the postoperative extra weight reduction (EWL), and nice of existence are giant at the same time as the charge of headaches is extraordinarily low, at the same time as nonetheless offering the danger of revision and conversion whilst required [2]. Although its results are, in general, good, weight regain stays a giant concern; weight reduction might also additionally lessen through pouch dilation. One different phenomenon is dumping syndrome in OAGB-MGB sufferers that reduces the affected person's sense of existence or even increases nutrient consumption in many.

Recent works recommend that weight regain alongside dumping syndrome is probably restricted through the position of a silicone ring across the gastric pouch in the course of the system. The length of the hoop is adjustable with a locking mechanism in the course of the system. A minimize ring was selected primarily based totally on our considerable enjoy with banded sleeves. Exclusion standards blanketed sufferers below the age of 18 or over the age of 65, with important intellectual fitness illness, pregnancy, and important clinical situations contraindicating surgical operation. All sufferers had been knowledgeable in element approximately the dangers and the advantages of the system. All the individuals gave their written

knowledgeable consent. Hospital records, follow-up visits, and telemedicine had been used to evaluate weight reduction, comorbidity decision, and headaches.

In the laparoscopic method, after the status quo of the pneumoperitoneum and the position of laparoscopic ports, the belly is split the usage of linear staples round a 28-36 Frogastric tube on the frame-tantrum junction growing a lesser curvature gastric tube. A gastroenterostomy is achieved, with the tubular belly and the jejunal loop at 200 cm distal to the ligament of Treitz pulled up antecolic. Different surgeons might also additionally use exceptional limb lengths [3]. All the processes have been achieved laparoscopically, the usage of 5 ports. A vertical, removed gastric pouch changed to create the usage of staples beginning beneath the crow's foot and as much as the left crus. An afferent, biliopancreatic limb of 200 cm was created.

As for laparoscopic sleeve gastrectomy (LSG) and the laparoscopic Roux-en-Y gastric bypass (LRYGB), weight reduction related to silicone band placement is because of the synergism of malabsorptive and restrictive effect: prescribing meals consumption, selling early satiety, changing gastric emptying, hormonal pathways, secretion and peristalsis. This method reduces the gastric pouch dilation, stopping weight regain. Although there are numerous guides on number one and secondary silicone ring placements in LSG and LRYGB sufferers, they may be missing for OAGB-MGB sufferers. The intention of this have a look at changed into to record the short-time period results of a cohort of sufferers present process number one laparoscopic banded one anastomosis gastric bypass (LBOAGB) [4].

54 Female and 32 male patients were included with a mean age of 43 years, preoperative body mass index of 42 kg/m², and preoperative weight of 114 kg (86-162). 34 patients presented with type 2 diabetes (39.5%), 42 patients (49%) diagnosed with hypertension, 24 presented with OSAS (28%), and 21 (24%) hyper-cholesterol aemia patients were included. In total, 36 patients were diagnosed with multiple comorbidities. The operative data showed an average operative time of 48mins with 3.4% of patients suffering from early (minor) complications and 2.3% with a late (minor) complication. One patient required reoperation due to intra-abdominal bleeding [5]. The median length of hospital stay was 2.5 days. Median follow-up was 18 months. In that period, no patient required ring removal or conversion to Roux-

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en-Y gastric bypass surgery. Food intolerance/vomiting were present in 1 patient (1.1%), bile reflux was present in 1 patient (1.1%), and no stomal ulcers were observed. Mean % excess weight loss at 12 and 24 months was 72% and 80%, respectively. 52 out of 86 patients (60%) had a complete resolution of comorbidities.

Conclusion

Laparoscopic BOAGB is a safe and efficacious procedure with excellent preliminary short-term results. Weight loss in the first year is durable, and dumping syndrome and bile reflux are limited. Complication rate in the LBOAGB is comparable to that in the traditional LOAGB. In case of complications, the ring can be easily removed laparoscopically. LBOAGB shows promising results in terms of safety and efficacy in the short term. Further studies will be required to evaluate the consistency of the results in the long term.

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