

Sleeve Gastrectomy in combination with Duodeno-Jejunal Bypass. Three year Period Results.

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Background: A new surgical procedure - Sleeve gastrectomy with Roux-en-Y Duodeno-Jejunal bypass (SG-DJBP) is being performed in the world since 2007. They generally brought to successful results but some certain indications to the operation might be developed.

Material and methods: We present results of four SG-DJBP procedures performed since July 2007 to September 2010. The mean age of patients was $38,1 \pm 7,3$ (29-48) years, mean BMI- $47,4 \pm 7,8$ kg/m² (38,9-59,8), initial weight- $130,6 \pm 22,6$ kg (111-159). A Roux-en-Y procedure was performed with a biliopancreatic loop 60 cm and alimentary loop-100 or 150 cm depending on initial BMI (less or more 50 kg/m² respectively) four operations within a period of follow up control for 3 years and ± 6 months. Two operation were performed with alimentary loop-180 with the follow up control up to 1 year. A bandage was placed on the gastric tube intersurgically to two patients.

Results: All the patients tolerated the procedure well. During 6 months the percentage of %EWL was $45,7 \pm 5,1\%$. Up to 1 year all the patients could lose more than $53,2\%$ EWL (47,0 - 64,4%). Up to 3 years 4 patients could lose more than $60,7\%$ EWL (52,6 - 68,6%). The patient with a bandage had the best result - 68,6%. All the patients have a tendency to further weight gaining up to 3-8kg.

Conclusion: The positive influence on the carbohydrate and lipid metabolism is noticed, all the patients have a slight weight gaining, but there is a less weight gaining with a bandage. It is connected with the stomach extension and lesser malabsorption in contrast to BPD, a bandage gives additional restriction. SG-DJBP is an effective and safe surgery with the slightest metabolic disturbances. It might be offered to patients with BMI > 50 kg/m². However, it is necessary to control a follow up period and compare it with those of SG and BPD.