

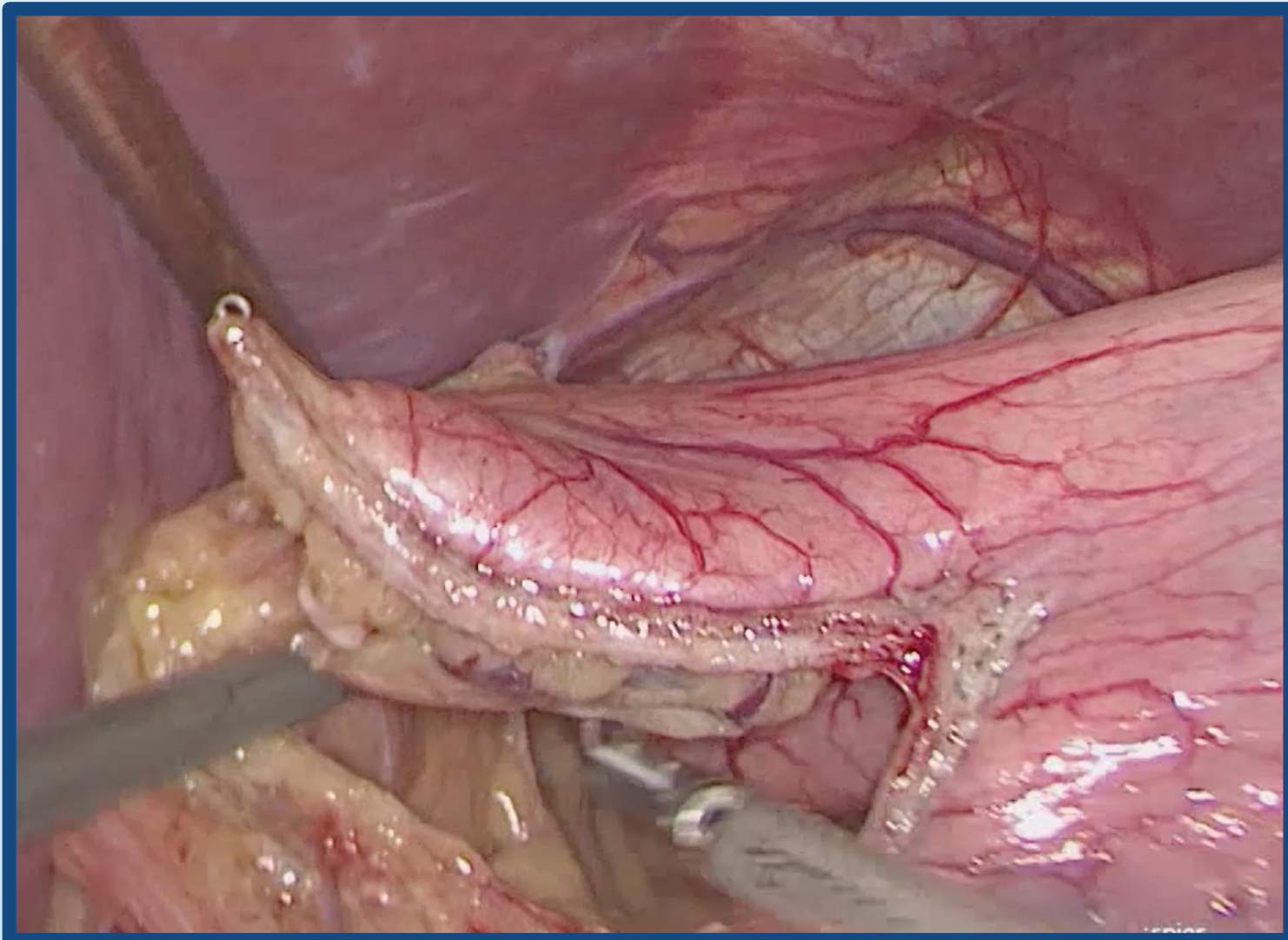
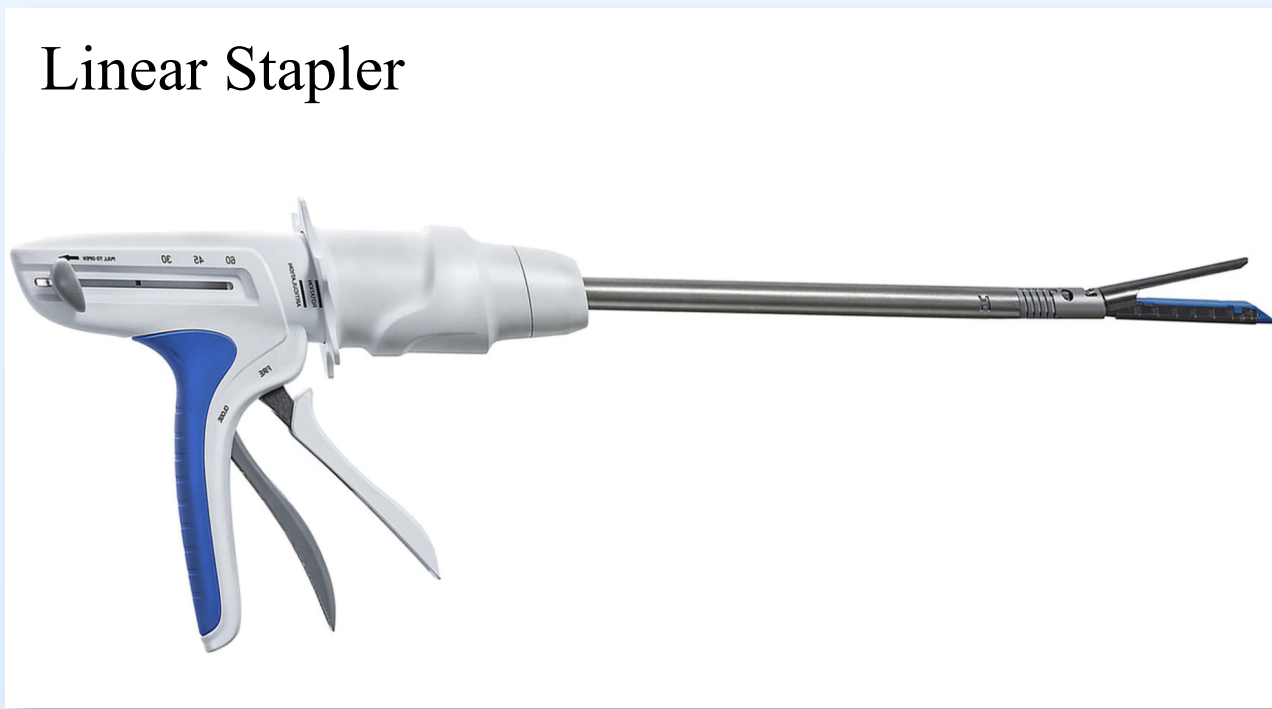
COMPARISON OF WEIGHT LOSS AND POST OPERATIVE COMPLICATIONS BETWEEN LINEAR VS CIRCULAR-STAPLED GASTROJEJUNOSTOMY IN LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS

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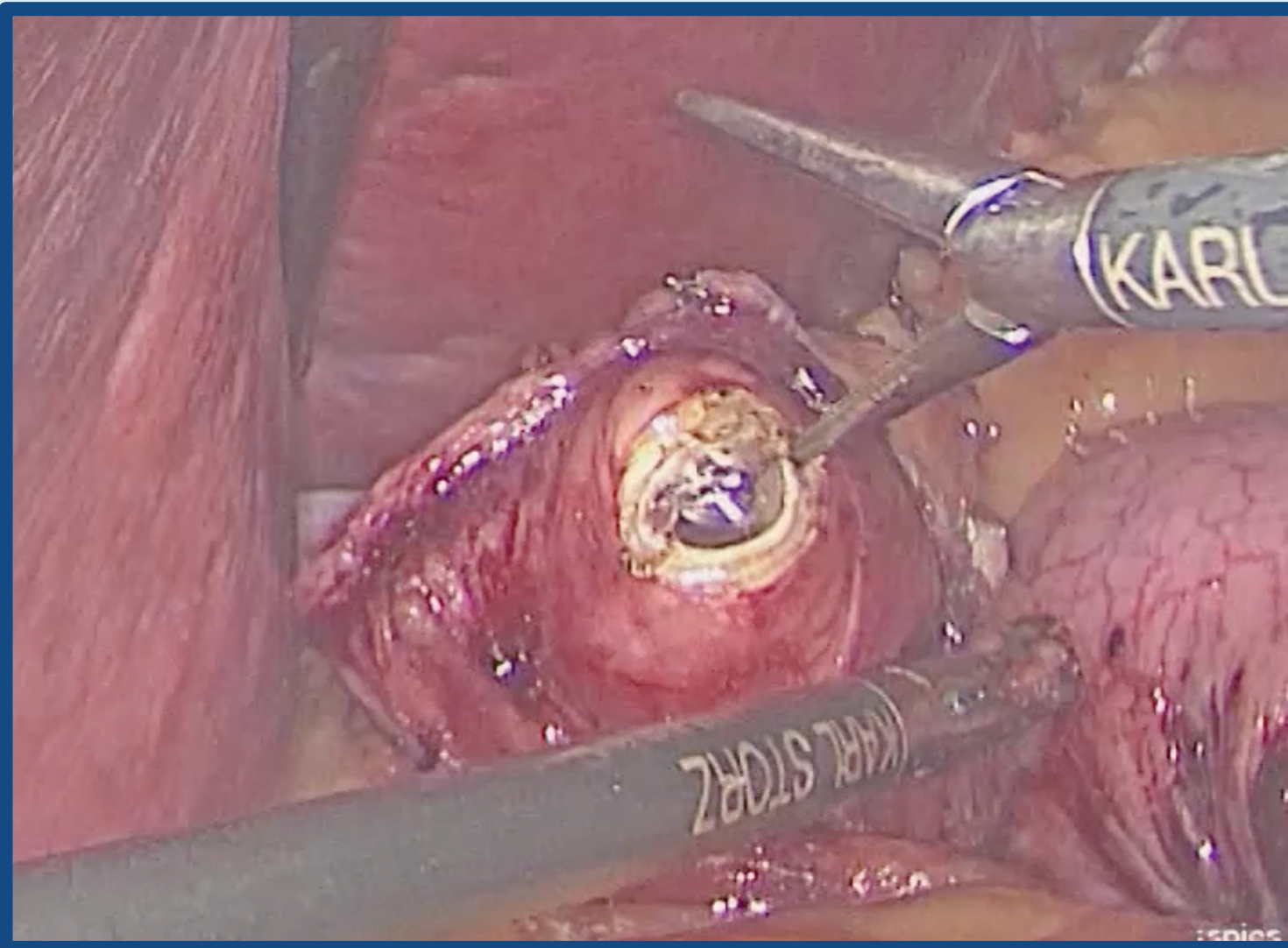
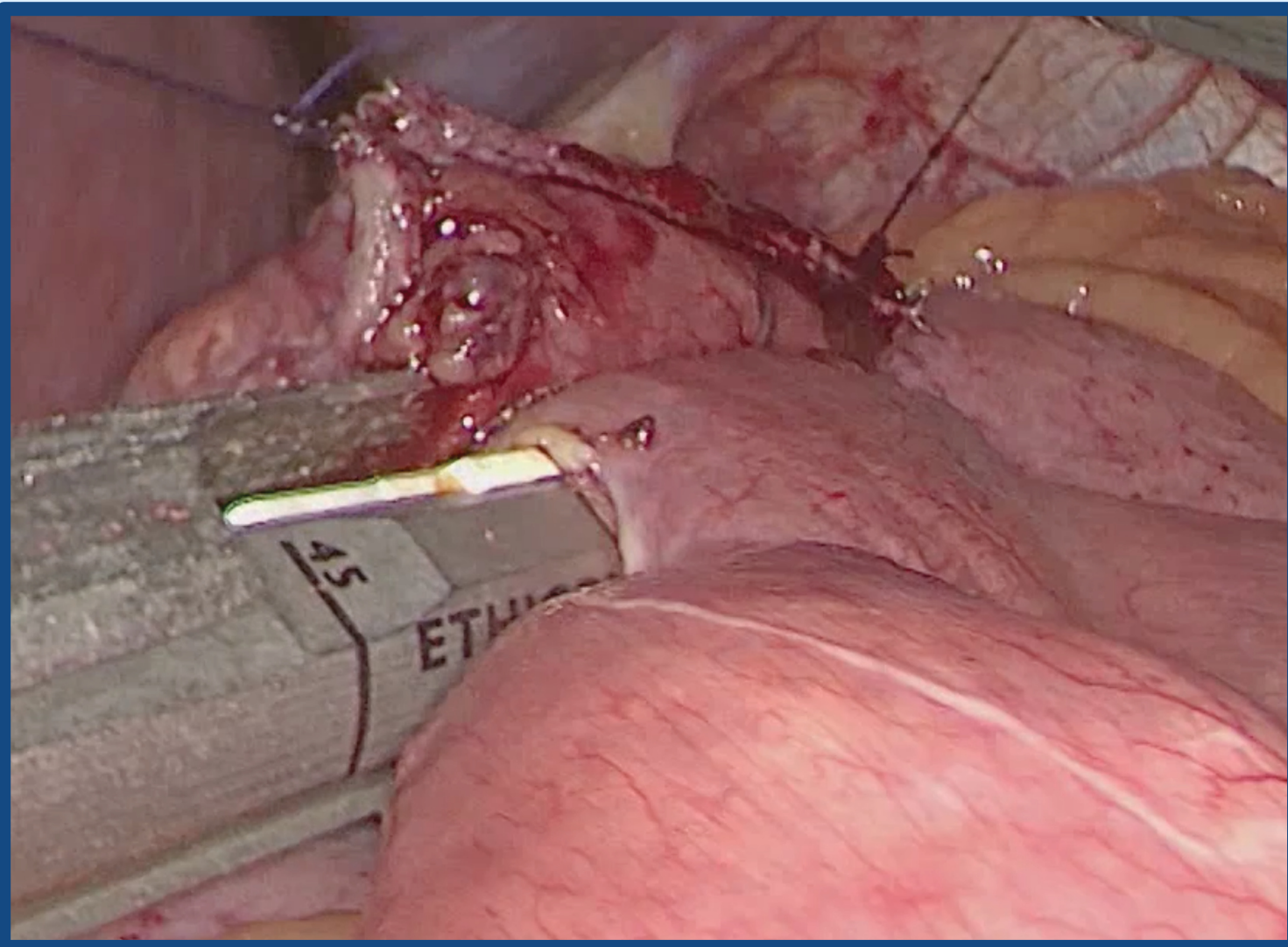
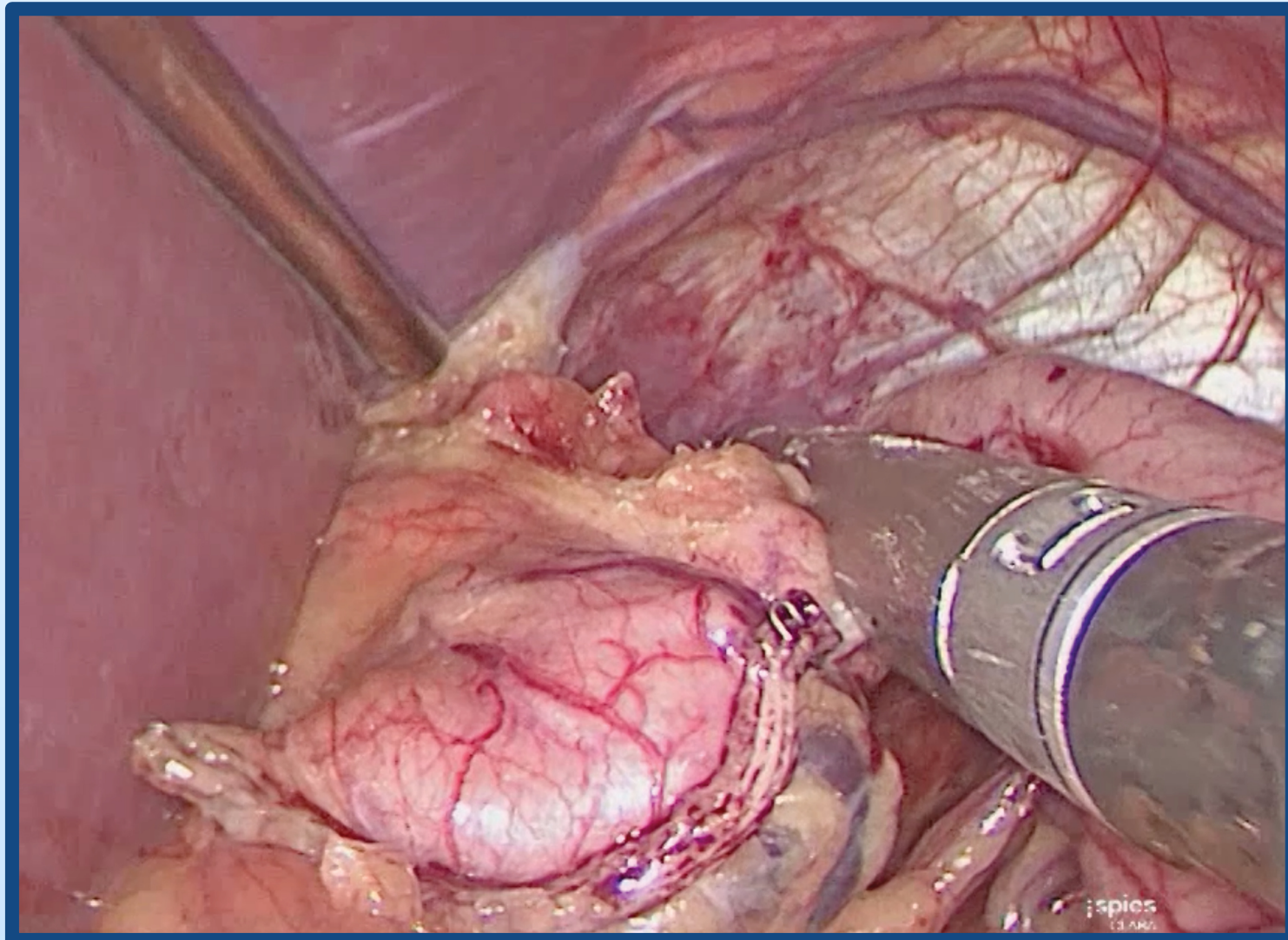
Introduction: After Roux-En-Y Gastric Bypass, some complications such as gastrojejunostomy (GEA) stenosis, bleeding, and stapler failure are challenges for the surgeon. The aim of this study was to evaluate the short- and medium-term outcome of patients undergoing GEA with a linear stapler (LSA) or circular stapler (CSA), comparing postoperative complications and weight loss of each technique.

Methods: A prospective observational study performed between 2016 and 2019, which included patients undergoing RYGB, performed in a single service. Patients were divided into two groups based on the GEA technique: LSA (using  **REACH SURGICAL** Reach® Linear Stapler ENDORLC4535R 45mm) and CSA (using Covidien® Circular Stapler CEEA 25mm and Reach® Circular Stapler RCS25C 25mm). A total of 245 patients were included in the study (102 in LSA group and 143 in CSA group). Patient groups were evaluated comparing postoperative complications and weight loss at 30 days, 6 months and 12 months.

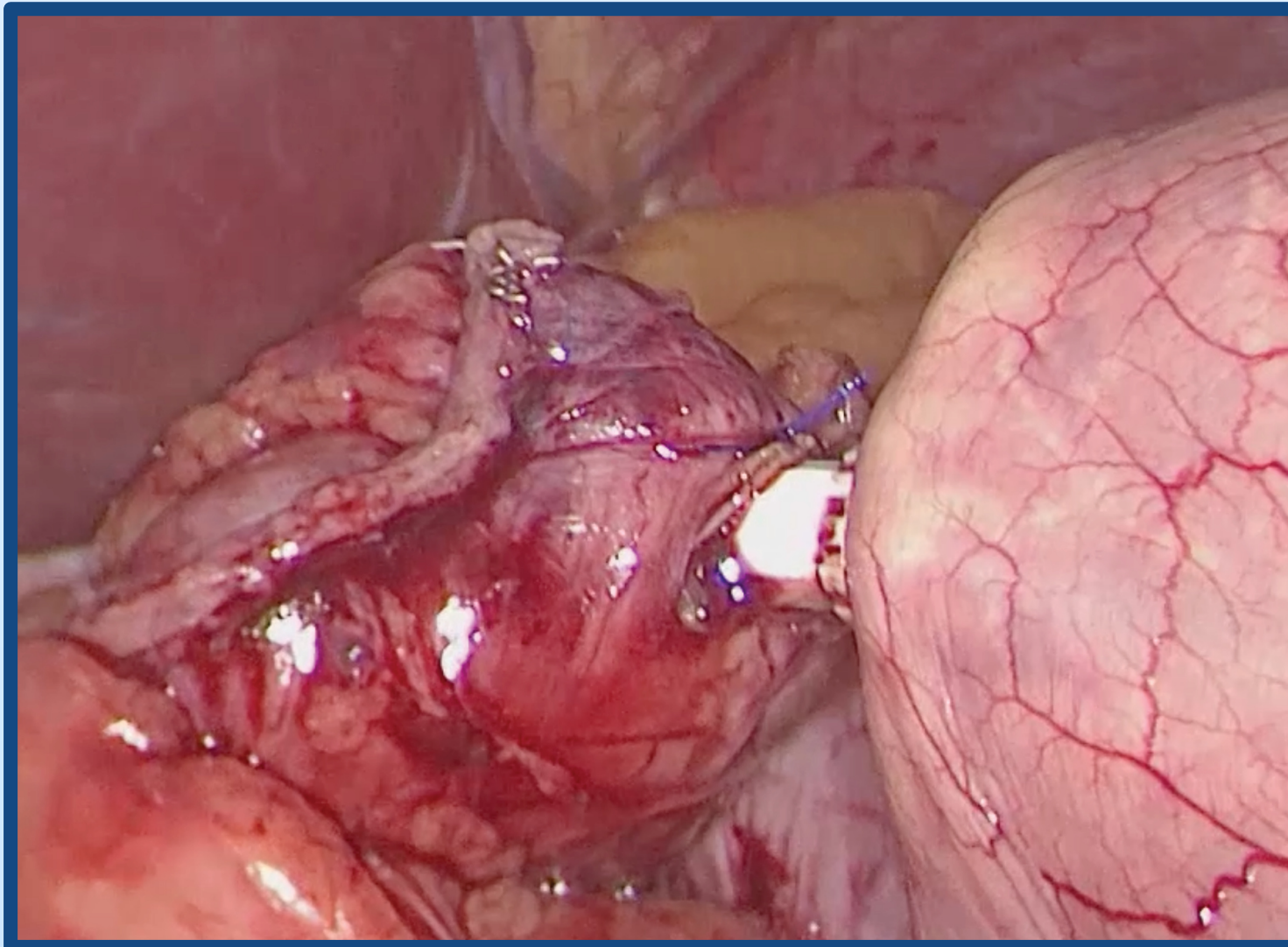
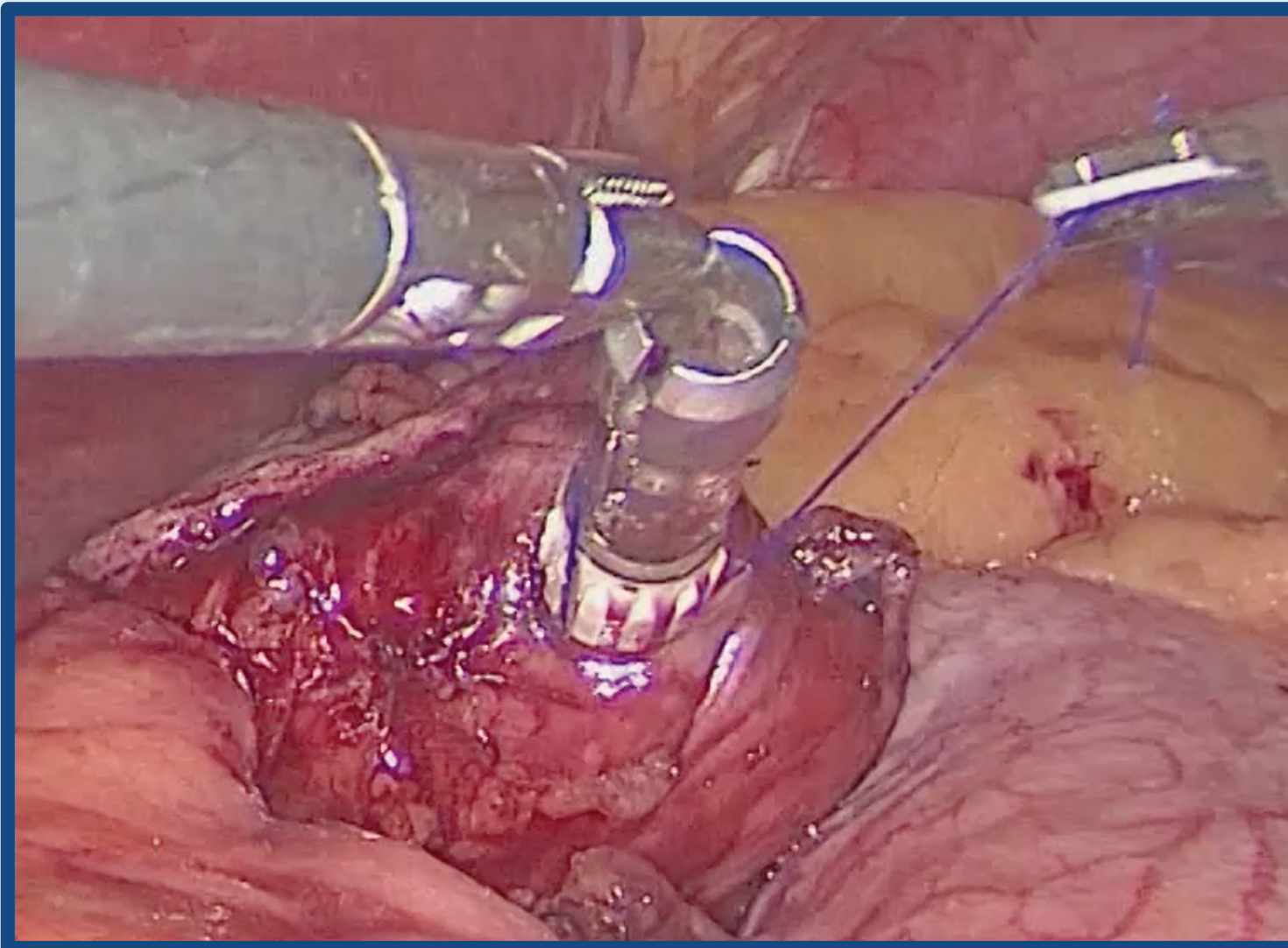
Results: A total of 245 patients were included in the study. There was 102 patients in the LSA group and 143 in the CSA group. No differences were found between the two groups regarding operative time, hospital stay, or weight loss during a 12-month follow-up period. There were 2 cases of GEA stenosis only in the CSA group (1.40%), being submitted to single endoscopic dilatation with successful. There were 2 cases of wound infection in the CSA group (1.40%) successfully treated with local drainage. There was 1 failure of the stapler in both groups: CSA (0.69%) and LSA (0.98%), being repaired with intraoperative manual suture. Finally, there was a development of 1 gastrojejunostomy leak (0.69%) only in the CSA group, treated conservatively successfully.



Linear Stapler anastomosis.



Circular Stapler anastomosis



	LSA	CSA
Sex (Female /Male)	72/30 (69,6/30,4%)	92/46 (66,7/33,3%)
BMI - Average	42,6 Kg/m³	44,3 Kg/m³
% Excess Weight Loss (30 days)	16,3%	23,5%
% Excess Weight Loss (180 days)	56,2%	56,5%
% Excess Weight Loss (1 year)	73,6%	71,3%
GEA Stenosis	0 (0%)	2 (1,40%)
Stapler failure	1 (0,98%)	1 (0,69%)
Leak	0 (0%)	1 (0,69%)

Table 1: Results

Conclusion: Both stapling techniques resulted in a similar weight loss over the follow-up period with an acceptable safety profile, however the LSA technique reduced postoperative complications, showing a safe option to performing the gastrojejunostomy in laparoscopic RYGB.