VARIATION OF LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS TECHNIQUES: A SURVEY OF 518 BARIATRIC SURGEONS

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Background

- Surgeon technique and preferences vary in the performance of laparoscopic Roux-en-Y gastric bypass (RYGB)
- These differences potentially have significant implications on weight loss, metabolic improvement, and complications

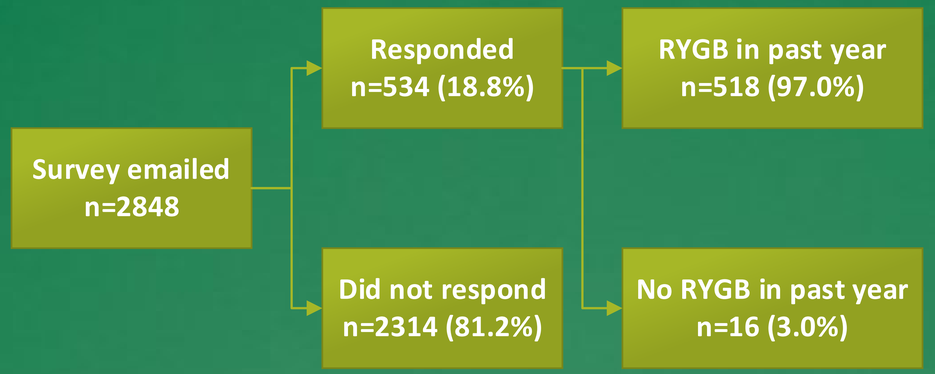
Objective

- To characterize techniques used during laparoscopic RYGB using a survey of practicing bariatric surgeons.

Methods

- Comprehensive 44-question survey of bariatric surgeons in ASMBS, SAGES and ACS
- Only surgeons who performed RYGB in the past year were included

Results



Demographics	
Mean experience	14.7 ± 7.2 years
Median procedures	40 per year
Country	
United States	77.8%
Canada	4.1%
Mexico	2.7%

Limb	Mean length
Roux	124.1 ± 29.4 cm
Biliopancreatic	67.4 ± 32.2 cm

Technique	%
Gastrojejunostomy	
Linear stapler	52.8
Circular stapler	22.2
Totally handsewn	20.9
Jejunojenostomy	
Linear stapling with handsewn closure	60.7
Triple-stapling	27.7
Closure of mesenteric defects	
Jejunojejunostomy defect	90.9
Antecolic or retrocolic defect	95.9
Routine upper gastrointestinal study	22.0

Conclusions

- Wide variations in practice patterns for the performance of laparoscopic RYGB
- Further trials designed to evaluate the impact of these practice pattern on patient outcomes are warranted