Single Anastomosis Gastric Plication Ileal Bypass-Badawi Operation

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Background:
Overweight (BMI<35) and some morbidly obese patients still refuse that a part of their body should be removed during surgery, and others also fear sleeve gastrectomy complications (mainly leakage). In our region, some patients seek relatively low cost operation as gastric plication, which turned to be a weak modality.

Objective:
The idea is to combine the relatively low cost gastric plication with single loop antral anastomosis to the ileum (Bi-partition), then to observe weight loss and co-morbidity.

Method:
Overweight patients and others of BMI 35-40, who refused sleeve gastrectomy or SASI and prefer relatively low cost operation were subjected to the study knowing that it is a new reversable modality that they can try. As in single anastomosis sleeve ileal bypass surgery (SASI), greater gastric curve was dissected. Instead of using staplers, interrupted silk or ethibond 2/0 round needle was used in the inner row interrupted; prolene 2/0 round needle was used in continuous mode for the second row, leaving the antrum for the single loop anastomosis 3-4 cms wide (stapled or hand sewn) which was done with the ileum 250-300 cms proximal to the cecum.

Results:
Within the 18 months period, only 20 patients agreed to be subjected to this new operation. Hospital stay is required for one day following SAGPI. Excess weight loss is quite comparable to sleeve gastrectomy:
25.45±3.6 kg after 3 months (excess weight loss 27%),
39.53±4.1 kg after 6 months (excess weight loss 43%),
48.82±5.7 kg after 12 months (excess weight loss 56%).
No major complications or mortality; no repeated vomiting or leakage; less anemia than sleeve.
Mean hemoglobin:
11.9±1.8 after 18 months; relatively longer operation time: 172±-23 minutes
More economic than sleeve; mini gastric bypass (MGB), or single anastomosis sleeve ileal bypass (SASI).

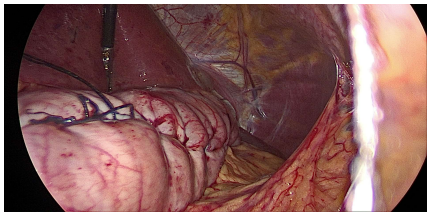
Conclusion:
Single anastomosis gastric plication ileal bypass (SAGPI), is a new promising modality that can be done for patients seeking low cost, safe, reversable, and effective bariatric surgery without gastric resection. Still longer time and more patients needed to fully assess the procedure. Remarkable results were obtained in overweight patients BMI (30-35), of excess weight loss over 80% in one year with no hair loss and preserved facial healthy appearance.



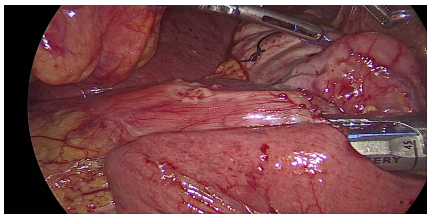
Dissected Stomach:



Plicated Stomach:



Bi-partition Gastro-jejunostomy:



Completed Operation:

