OVER 24 YEARS OF EVOLVING TECHNICAL EXPERIENCE AND CLINICAL RESULTS FOR LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS

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Background

- Techniques for laparoscopic Roux-en-Y gastric bypass vary in the creation of the jejuno-jejunostomy and the gastro-jejunostomy
- Here we share the principles of the key steps in our long experience with this procedure and the evolution to its present-day form

Results

- With 857 cases using current technique
  - 1 anastomotic leak
  - 1 leak from pouch due to infected hematoma
  - 1 internal hernia
  - 16 marginal ulcers
  - 1 mortality
  - 1 aborted case

Conclusion

- Our technique is reproducible and safe

Technique

- Supine position without the need for steep reverse Trendelenburg
- Subcostal port placements play a critical role for exposure, including one for liver retraction using a grasper holding the diaphragm from the subxiphoid port to give adequate exposure
- In case of poor visualization due liver size, mobilization of the left lateral segment of the liver allows work to be done anterior to it.
- Starting with the creation of the jejuno-jejunostomy allows for freedom of movements and fluid creation of the anastomosis
- Our G-J anastomosis has evolved in the past 20 years, starting with the laparoscopic retrocolic retrogastric anastomosis with the EEA 21mm.
- Between 2000-2001, the technique shifted to retrocolic retrogastric side-to-side anastomosis with the GIA and handsewn entero-enterostomy.
- Since 2004, the technique now involves antecolic antegastric single-layer handsewn anastomosis without any division of mesentery. Vagus nerve is left intact during dissection and pouch creation.

















