Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (RYGB)
Retrospective Long-term Results in a series of LOAGB 2,200 patients vs. RYGB 477 patients

Miguel-A. Carbajo Caballero
Director of the Center of Excellence of the Surgery of Obesity and Metabolic Diseases.
Hospital Campo Grande, Valladolid, España
Minimising the Inter and Postoperative Risks of Gastric Bypass

- Stenosis
- Leak
- Chronic Marginal Ulcer
- Bleeding
- Severe Dumping

Regain or Faillored Weight Loss

- Obstruction
- Internal Hernia
- Stenosis
- Leak
- Bleeding
- Volvulus

Two Anastomosis GB
12 Possible Risk Factors

- Obstruction

One Anastomosis GB
4 Possibles Risk Factors

Possible Alkaline Reflux???


- Complication (20.5%)
- Reoperation (8.4%): leak (4.6%)
  - Internal Hernia (2.8%)
  - Subphrenic abscess (0.9%)
  - Mortality (0.9%)

CONCLUSIONS:
It is a very complex operation. Long and steep learning curve (100-150 pts). Weight loss and correction of comorbidities are similar to open surgery.

However, only surgeons with extensive experience in advanced laparoscopic as well as bariatric surgery should attempt this procedure.
Laparoscopic management of complications following laparoscopic Roux-en-Y gastric bypass for morbid obesity.

Papasavas PK, Caushaj PF, McCormick JT, Quinlin RF, Hayetian FD, Maurer J, Kelly JJ, Gagner DJ.


<table>
<thead>
<tr>
<th>Complications</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reinterventions</td>
<td>13.8%</td>
</tr>
<tr>
<td>Gastrojejunostomy stricture</td>
<td>8.9%</td>
</tr>
<tr>
<td>Intestinal Obstruction: adhesions (6), internal hernia in transverse mesocolon (3), jejuno jejunostomy stricture (3), cicatrix Roux limb at transverse mesocolon (3).</td>
<td>7.3%</td>
</tr>
<tr>
<td>Gastrointestinal bleeding</td>
<td>4%</td>
</tr>
<tr>
<td>Gastrojejunostomy leak</td>
<td>1.6%</td>
</tr>
<tr>
<td>Symptomatic gallstone disease</td>
<td>2.8%</td>
</tr>
<tr>
<td>Gastric remnant</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

Negative laparoscopy to rule out anastomotic leak
3 deaths, 2 attributable to anastomotic leak.
## Early Complications (8.5%)

- Intestinal Obstruction (1.7%)
- Gastrojejunal Stenosis (1.7%)

## Late Complications (12.3%)

- Intestinal Obstruction (2.8%)
- Gastrojejunal Stenosis (4.6%)
Complications
- Marginal Ulcer (1.2%)
- Gastrojejunostomy Stenosis (4.6%)
- Leakage (0.9%)
- Digestive Bleeding (0.5%)

Revisional Surgery
- Non satisfactory weight loss (2.7%)
- Complications (0.8%)
- Silastic Ring Migration (0.8%)
"The true rate of Internal Hernias may be underestimated in the literature. A summary recent literature regarding IH Antecolic Antegastric Roux-en Y Gastric Bypass shown a rate between 1.5% and 14.4%"
“In Bypass obstruction, the usual sequence of events begins with postoperative paralytic ileus... "Bypass obstruction" is the most urgent of all closed segment bowel obstructions...
Contrast the earliest deaths at 2 days after bypass obstruction with the earliest death at 4 days following a leak”
Marginal Ulcer after Roux-en-Y Gastric Bypass

B. Dillemans, S. Van Cauwengerg, J. Mulier


In 54 (4.9%) of 1,104 patients, a marginal ulcer was diagnosed, an one 11% requiring surgical operation

Laparoscopic revision gastric bypass surgery for chronic marginal ulcers: a 10 year experiencie

F. Tercero, Khan A., Nimen A., Brokne K., Higa K.

*Obes. Surg.* 2008;19 (8): 958

38 laparoscopic revisions, 30 primary revisions and 42 therapeutic endoscopies were performed for intractable marginal ulcers from 1998 to 2008...

It is associated with significant morbidity and high recurrence rate.
Laparoscopic Reoperative Bariatric Surgery: Experience from 27 consecutive patients.

Michel Gagner et al.

“10 to 25% of patients undergoing bariatric surgery will require a revision, either for unsatisfactory weight loss or for complications… In Gastric Bypass intervention, the revisional index varies between 3 to 15%.”
Reinterventions for Weight Regain After RY Gastric Bypass

A. Guweidhi, F. Horber

*Obes. Surg.* 2009;19 (8): 976

Following at 208 patients in the fourth year after lap-standard Roux-en-Y Gastric Bypass…

showing a total of 39 (21%) of the reinterventions
• Percentage of excess BMI lost 56.2 ± 29.3%
• Patient satisfaction remained good in 76% of cases
• High rate and internal hernia 9.3%

Conclusions:
• THE LRYGB ACCEPTABLE FOR EXCESS WEIGHT LOSS, OF HIGHER RATE OF INTERNAL HERNIAS
• NOT ACHIEVE FULL MONITORING TO ALL PATIENTS
Laparoscopic Roux-en-Y gastric bypass: 10-year follow-up

K. Higa, T. Ho, F. Tercero, T. Yunus, K. Boone
SOARD, 2011; 7: 516-525

*Mean excess weight loss (EWL) was 57% at 10 years

*33.2% failed to achieve an EWL of >50%

*35% of the patients had ≥ 1 complication during follow-up

- Internal Hernia rate was 16%
- Gastro-yeyunal stenosis rate was 4.9%
- Marginal ulcer rate was 4.5%

*Only 18% remained nutritionally intact during follow-up

CONCLUSION: "ALTHOUGH OUR GOAL HAS BEEN TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF OUR PATIENTS, MEASUREMENTS OF SUCCESS REMAIN NEBULOUS"
Roux en Y Gastric Bypass: Our experience in 477 Patients With 11-Year Follow-up

TECHNIQUES

- OPEN RETROCOLIC RETROGASTRIC ROUX –EN-Y (Mc LEAN):……92
- OPEN RETROCOLIC DISTAL ROUX –EN-Y (SALMON)....................26
- OPEN RETROCOLIC ANTEGASTRIC ROUX –EN-Y (CAPELLA):.......103
- HAND MADE ASISTED LAPAROSCOPIC OR
  (CAPELLA):........................................................................182
- TOTALLY ANTEGASTRIC ANTECOLIC LAPAROSCOPIC:............74
- TOTAL:..................................................................................477

FOLLOW-UP

- ONLY 86 PATIENTS (18%) WAS POSSIBLE ACHIEVE FULL
  MONITORING TEN-YEARS FOLLOW-UP
### Early Major Complications and Mortality

<table>
<thead>
<tr>
<th>Perioperative</th>
<th>Nº</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intra-abdominal bleeding</td>
<td>4</td>
<td>0.8%</td>
</tr>
<tr>
<td>Gastro-intestinal bleeding</td>
<td>3</td>
<td>0.6%</td>
</tr>
<tr>
<td>Intrabdominal abscess</td>
<td>4</td>
<td>0.8%</td>
</tr>
<tr>
<td>Gastric pouch fistula</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>Gastric remmanent leak</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Gastro-jejunal leak</td>
<td>10</td>
<td>2%</td>
</tr>
<tr>
<td>Small bowell oclusion</td>
<td>3</td>
<td>0.6%</td>
</tr>
<tr>
<td>Internal hernia with obstruction</td>
<td>12</td>
<td>2.5%</td>
</tr>
<tr>
<td>Malrotación at Roux en Y level+obstrucción</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>Mortality (bronquial breaking)</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td><strong>SUBTOTAL</strong></td>
<td>42</td>
<td>8.8%</td>
</tr>
</tbody>
</table>
### Late Major Complications

<table>
<thead>
<tr>
<th>Middle and Long term</th>
<th>Nº</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Hernia</td>
<td>6</td>
<td>1.2%</td>
</tr>
<tr>
<td>Gastro-jejunal stenosis</td>
<td>6</td>
<td>2.9%</td>
</tr>
<tr>
<td>Severe Marginal ulcer</td>
<td>12</td>
<td>2.5%</td>
</tr>
<tr>
<td>Gastro-gastric comunication (chronic ulcer)</td>
<td>3</td>
<td>0.6%</td>
</tr>
<tr>
<td>Gastric pouch cancer</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Severe Dumping syndrom</td>
<td>14</td>
<td>2.9%</td>
</tr>
<tr>
<td>Neuropaty (Vit B1 deficit)</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>4</td>
<td>0.8%</td>
</tr>
<tr>
<td>Weight Regain</td>
<td>62</td>
<td>13%</td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td>110</td>
<td>24.5%</td>
</tr>
</tbody>
</table>


METHODS
Eighty patients randomized LRYGBP (n= 40) or LMGBP (n= 40); followed 2 years. Late complication, EWL, BMI, GIQLI, and comorbidities.

RESULTS
- One conversion (2.5%) in LRYGBP group
- Operation time in LMGBP group (205 vs 148, p< 0.05)
- Operative morbidity LRYGBP group (20% vs 7.5%, p< 0.05)
- Residual excess weight <50% at 2 years postoperatively was achieved in 75% LRYGBP and 95% of LMGBP (p< 0.05)

CONCLUSION
Single-Loop Gastric Bypass is superior to Roux en Y GB in Randomized Controlled Trial
This study demonstrates that LMGBP is an effective treatment for morbid obesity and can improve quality of live similar to RYGBP. LMGBP is simpler and safer procedure than LRYGBP, and no proven disadvantage after five year follow-up.

METHODS
264 patientes compared with 350 LRYGBP

RESULTS
Complications: 4.5%;
SIGNIFICANTLY, NO PATIENT COMPLAINED OF BILIARY REFLUX.

CONCLUSION
After two-year regular follow-up, mini bypass seems an attractive alternative in the surgical treatment of morbid obesity.
METHODS
40 patientes (20 LSLGBP vs. 20 LRYGBP), collected prospectively 2 years follow-up.

RESULTS
- BMI at 6 month were 33 vs. 37
- BMI at 12 month were 31 vs. 34
- BMI at 24 month were 31 vs. 34

CONCLUSION
• The LSLGBP provide an improved weight loss compared with the standard RYGBP, probably due to the fact that very few pancreatic enzymes reach the efferent limb, so that no pancreatic digestion occurs.

• The LSLGBP as an alternative procedure give us encouraging results and seems to be more powerful, faster and safer technique in the treatment of morbid obesity.
One-Anastomosis Gastric Bypass by Laparoscopy: Results of the First 209 Patients

Miguel Carbajo\textsuperscript{1}; Manuel García-Caballero\textsuperscript{2}; Miguel Toledano\textsuperscript{1}; Diego Osorio\textsuperscript{2}; Cándido García-Lanza\textsuperscript{1,3}; José Antonio Carmona\textsuperscript{2,3}

\textsuperscript{1}Department of Surgery, Hospital Campo Grande, Valladolid, Spain; \textsuperscript{2}Department of Surgery, University Malaga, Malaga, Spain; \textsuperscript{3}Department of Anesthesia

Background: One-Anastomosis Gastric Bypass (OAGB) by laparoscopy consists of constructing a divided 25-ml (estimated) gastric pouch between the esophago-gastric junction and the crow’s foot level, parallel to the lesser curvature, which is anastomosed latero-laterally to a jejunal loop 200 cm distal to the ligament of Treitz.

Introduction

Obesity has become a major health problem and severe obesity is increasing.\textsuperscript{1} Morbid obesity results in poor quality of life, and its serious co-morbidities impact on the patient’s ability to function in society.
One Anastomosis Gastric Bypass by laparoscopy and robotic assistant

Brazo Robórtico  LAP-MAN
KEY STEPS OF THE PROCEDURE

1. INTESTINAL LOOP between 250 to 350 cm.

2. HISS ANGLE TOTALLY OPENED.

3. GASTRIC POUCH, 13 to 15 cm. Length, and 25-30 cc. Capacity (calibrated with a 36 French tube), and Radical dissection of the posterior gastric wall.

4. ANTI-REFLUX MECHANISM, afferent loop suspended 8-10 cm to the gastric pouch.

5. GASTRO-ILEAL ANASTOMOSIS, 2 to 2.5 cm. width.
One Anastomosis Gastric Bypass by laparoscopy and robotic assistant

Post-operative X-Ray control
One Anastomosis Gastric Bypass by laparoscopy and robotic assistant

Radiologic control at 5 years
## Patients Characteristics (June 2002 to February 2013)

<table>
<thead>
<tr>
<th>Age</th>
<th>43 (12 - 74)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>1353 (61.5%)</td>
</tr>
<tr>
<td>Male</td>
<td>847 (38.5%)</td>
</tr>
<tr>
<td>BMI</td>
<td>46 (32 - 86)</td>
</tr>
<tr>
<td>EBW (kg)</td>
<td>65 (30 - 220)</td>
</tr>
</tbody>
</table>
**Patients Characteristics**

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Surgery</td>
<td>1271</td>
<td>57.7%</td>
</tr>
<tr>
<td>Previous Open Surgery</td>
<td>524</td>
<td>23.8%</td>
</tr>
<tr>
<td>Associated Procedures</td>
<td>360</td>
<td>16.3%</td>
</tr>
<tr>
<td>Previous Bariatric Procedures</td>
<td>43</td>
<td>2.1%</td>
</tr>
</tbody>
</table>
**Hospital stay**

<table>
<thead>
<tr>
<th>Hospital Stay</th>
<th>Uncomplicated patients</th>
<th>Complications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2167 (98.50%)</td>
<td>33 (1.5%)</td>
</tr>
<tr>
<td></td>
<td>1 day (15-120 h.)</td>
<td>9 days (4-32 d.)</td>
</tr>
</tbody>
</table>
### Laparoscopic One Anastomosis Gastric Bypass: 11-year Experience in 2,200 patients

#### Surgical Early Complications

<table>
<thead>
<tr>
<th>Intraoperative complications resolved by Lap.</th>
<th>Bleeding</th>
<th>6 (0.29%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intraoperative complications resolved by Lap.</td>
<td>Leaks</td>
<td>1 (0.04%)</td>
</tr>
<tr>
<td>Immediate Postoperative Re-operations resolved by Open Surgery</td>
<td>Intestinal Obstruction</td>
<td>1 (0.04%)</td>
</tr>
<tr>
<td>4 (0.19%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immediate Postoperative Re-operations resolved by Lap.</td>
<td>Bleeding</td>
<td>10 (0.49%)</td>
</tr>
<tr>
<td>Immediate Postoperative Re-operations resolved by Lap.</td>
<td>Leaks</td>
<td>1 (0.04%)</td>
</tr>
<tr>
<td>Immediate Postoperative Re-operations resolved by Lap.</td>
<td>Intestinal Obstruction</td>
<td>3 (0.19%)</td>
</tr>
<tr>
<td>Immediate Postoperative Re-operations resolved by Lap.</td>
<td>Acute Gastric Distension</td>
<td>1 (0.04%)</td>
</tr>
<tr>
<td>16 (0.79%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>23 (1.0%)</td>
</tr>
</tbody>
</table>

- **Bleeding**: 6 events (0.29%)
- **Leaks**: 1 event (0.04%)
- **Intestinal Obstruction**: 1 event (0.04%)
- **Acute Gastric Distension**: 1 event (0.04%)
- **Bleeding**: 10 events (0.49%)
- **Leaks**: 1 event (0.04%)
- **Intestinal Obstruction**: 3 events (0.19%)
- **Acute Gastric Distension**: 1 event (0.04%)

Total complications: 23 events (1.0%)
Laparoscopic One Anastomosis Gastric Bypass: Our Experience in 2,200 patients robotic assistant

No Surgical Complications: 12 Patients

<table>
<thead>
<tr>
<th>Complications Treated Conservatively</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leaks</td>
<td>8</td>
<td>0.396%</td>
</tr>
<tr>
<td>Acute Pancreatitis</td>
<td>1</td>
<td>0.04%</td>
</tr>
<tr>
<td>Infected Hematoma</td>
<td>1</td>
<td>0.04%</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>0.49%</td>
</tr>
</tbody>
</table>
Laparoscopic One Anastomosis Gastric Bypass: Our Experience in 2,200 patients

<table>
<thead>
<tr>
<th>Late Complications</th>
<th>Management</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastro-intestinal stenosis</td>
<td>Pneumatic Dilatation</td>
<td>7 (0.32%)</td>
</tr>
<tr>
<td>9 (0.40%)</td>
<td>Prosthesis</td>
<td>2 (0.09%)</td>
</tr>
<tr>
<td>Acute Anastomosis Ulcer</td>
<td>Medical Treatment</td>
<td>8 (0.36%)</td>
</tr>
<tr>
<td>8 (0.36%)</td>
<td>Malnutrition</td>
<td>5 (0.22%)</td>
</tr>
<tr>
<td>Tiamina deficit</td>
<td>Medical treatment</td>
<td>1 (0.04%)</td>
</tr>
<tr>
<td>Revisional surgery</td>
<td>0 (0%)</td>
<td>0 (0 %)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>23 ( 1.0%)</td>
<td></td>
</tr>
</tbody>
</table>
Laparoscopic One Anastomosis Gastric Bypass: Our Experience in 2,200 patients

<table>
<thead>
<tr>
<th>Percent of mean EWL at:</th>
<th>1 year</th>
<th>2 year</th>
<th>3 year</th>
<th>4 year</th>
<th>5 year</th>
<th>10 year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>84% (55 -112%)</td>
<td>88% (58 – 115%)</td>
<td>81% (55 – 103%)</td>
<td>79% (51 – 102%)</td>
<td>77% (48 – 100%)</td>
<td>70% (46 – 98%)</td>
</tr>
</tbody>
</table>
Laparoscopic One Anastomosis Gastric Bypass: Our Experience in 2,200 patients

Severe Comorbidities Resolution Index

<table>
<thead>
<tr>
<th>Condition</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dyslipidemia</td>
<td>97 %</td>
</tr>
<tr>
<td>Type 2 Diabetes</td>
<td>92 %</td>
</tr>
<tr>
<td>Arterial Hypertension</td>
<td>90 %</td>
</tr>
<tr>
<td>Sleep Apnea</td>
<td>99 %</td>
</tr>
</tbody>
</table>
Laparoscopic One Anastomosis Gastric Bypass: 11 Year Experience in 2,200 patients

Postop. Endoscopic Studies at 5-Year Follow-Up

Postoperative UGI endoscopic (control) studies were planned for all patients completing at least 5-year follow-up.

1,090 patients completed at least 5-Year Follow-up
265 (24.5%), accepted underwent UGI endoscopic studies

Results: NO significant acute or chronic lesions were found:

- Endoscopic findings not shown chronic marginal ulcer, erosive esophagitis, or severe alkaline reflux.
- Minor or middle sign of pouch gastritis were found in 21 patients (7.9%)
- H. Pylory was diagnosis in 9 patients (3.4%)

UGI: upper gastrointestinal
Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

IFSO- European Database Control
(Since January 2010)

TOTAL OPERATIONS 500
LOAGB

TOTAL OPERATIONS 7200
SRYGB (All Types)
Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

IFSO- European Database Control
(Since January 2010)

EAC-BS

Primary Charts

BMI distribution

TOTAL OPERATIONS 500
LOAGB

EAC-BS

Primary Charts of Gastric By Pass

BMI distribution

TOTAL OPERATIONS 7200
SRYGB (All Types)
Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

IFSO- European Database Control
(Since January 2010)

IFSO- European Database Control
(Since January 2010)

Primary Charts

Hospital Stay

Operations

0.25% 483 2.4% 0.25% 0.25%

Days 0 1 2 3 6

500

TOTAL OPERATIONS 500

LOAGB

TOTAL OPERATIONS 7200

SRYGB (All Types)
Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

(Since January 2010)

Primary Charts

Operative Outcome complications

<table>
<thead>
<tr>
<th>Complications</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleeding</td>
<td>1</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

Operative Outcome complications

<table>
<thead>
<tr>
<th>Complications</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomical Stricture</td>
<td>2</td>
<td>0.01%</td>
</tr>
<tr>
<td>Bleeding</td>
<td>19</td>
<td>0.24%</td>
</tr>
<tr>
<td>General Complications</td>
<td>4</td>
<td>0.06%</td>
</tr>
<tr>
<td>Intraabdominal abscess</td>
<td>1</td>
<td>0.01%</td>
</tr>
<tr>
<td>Leak</td>
<td>2</td>
<td>0.02%</td>
</tr>
<tr>
<td>Other Complications</td>
<td>10</td>
<td>0.14%</td>
</tr>
<tr>
<td>Vomiting</td>
<td>4</td>
<td>0.05%</td>
</tr>
<tr>
<td>Wound infection</td>
<td>2</td>
<td>0.03%</td>
</tr>
</tbody>
</table>

TOTAL OPERATIONS 500  LOAGB

TOTAL OPERATIONS 7200  SRYGB (All Types)
Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

IFSO- European Database Control
(Since January 2010)

TOTAL OPERATIONS 500
LOAGB

TOTAL OPERATIONS 7200
SRYGB (All Types)
Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

**IFSO- European Database Control**
(Since January 2010)

- **LOAGB**: 0.6%
- **SRYGB (All Types)**: 4.0%

**TOTAL OPERATIONS**
- **500**: LOAGB
- **7200**: SRYGB (All Types)
Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

IFSO- European Database Control
(Since January 2010)

Metabolic Complications

TOTAL OPERATIONS 500
LOAGB

TOTAL OPERATIONS 7200
SRYGB (All Types)
Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

**IFSIO- European Database Control**
(Since January 2010)

![Bar chart showing gastric complications]

- **LOAGB** (500 total operations)
  - Anastomatic Stricture: 100% (2)
  - Gastric Complications:
    - 0.4%

- **SRYGB (All Types)** (7200 total operations)
  - Anastomatic Stricture: 30.77% (36)
  - Gastric ulcer: 23.08% (27)
  - Stomal ulcer: 41.88% (49)
  - Gastric Complications:
    - 1.62%

**TOTAL OPERATIONS**
- 500 LOAGB
- 7200 SRYGB (All Types)
Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

IFS0- European Database Control
(Since January 2010)

0% COMPLICATIONS

TOTAL OPERATIONS 500
LOAGB

TOTAL OPERATIONS 7200
SRYGB (All Types)

Esophageal Complications

0.55%
Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

IFSO- European Database Control
(Since January 2010)

0% COMPLICATIONS

TOTAL OPERATIONS 500
LOAGB

TOTAL OPERATIONS 7200
SRYGB (All Types)

0.91%
Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

IFSO- European Database Control
(Since January 2010)

0% COMPLICATIONS

TOTAL OPERATIONS 500
LOAGB

TOTAL OPERATIONS 7200
SRYGB (All Types)
Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

IFSO- European Database Control
(Since January 2010)

TOTAL OPERATIONS 500
LOAGB

TOTAL OPERATIONS 7200
SRYGB (All Types)
Laparoscopic One Anastomosis Gastric Bypass (LOAGB) vs. Standard Roux-en Y Gastric Bypass (SRYGB)

IFSO- European Database Control
(Since January 2010)

TOTAL OPERATIONS 500
LOAGB

TOTAL OPERATIONS 7200
SRYGB (All Types)
1. The LOAGB technique in our experience reduces the difficulty, operative time and length of hospital stay compared to conventional LRYGB; it also substantially decreases both early and late complication rates.

2. Despite being a simplified form of gastric bypass with the potential of decreasing perioperative morbidity and mortality (as has been shown), we acknowledge it still is a mixed (restrictive / malabsorptive) procedure, capable of producing complications that are common to these interventions or possibly even newer ones.
3. The excellent results in our Long-time experience in regards to EWL, EBL, resolution of co-morbidities and quality of life (QOL) make LOAGB a safe and effective technique, and a powerful alternative for the treatment of morbid and super-morbid obesity.

4. Long-term results have shown LOAGB improves QOL as well (or even better) as conventional LRYGB, with no proven disadvantages after a 10-year experience.