Loop Duodenal Switch Tips and Techniques
Not enough clinical information (State only 4 studies with 220 patients)
Absence of randomized trials
Conclude that procedure is “Investigational”
Concepts

- Preserve pylorus
  - Less dumping
  - Closer to normal gastric emptying
  - Less hypoglycemia
  - Avoid esophageal bile reflux
- Neutralization of acid at anastomosis
  - Prevents marginal ulcer
- Resection of fundus
- Stimulation of distal small bowel
Concepts

- Preserve 250 - 300 cm small bowel
  - Less diarrhea / flatulence / malodorous stool
  - Less malnutrition
- A loop vs Roux limb
  - Avoids bowel “pedicle”
  - No JJ mesenteric defect (still Peterson Space)
  - Less OR time and cost
Port Configuration

Gastric Bypass

Loop DS

Lower the working ports for better angle on Duodenum and Antrum
Liver
Steps

- Gallbladder
- Mark Small Bowel
- Sleeve
- Divide Duodenum
- Duodeno-Ileal Anastomosis
- Air Leak Test
Don't Commit Until you have to Commit

- Gallbladder
- Sleeve before divide duodenum
Steps

- Gallbladder
- Mark Small Bowel
- Sleeve
- Divide Duodenum
- Duodeno-Ileal Anastomosis
- Air Leak Test
Run and Align Bowel
Conversion to DS
Ileum Challenges

Ileum differs from proximal bowel:

- small caliber
- friable
- short mesentery
Tension

Lengthening Options:

- Pick bowel that reaches
- Divide Mesentery
- Retro-colic
Steps

- Gallbladder
- Mark Small Bowel
- **Sleeve**
- Divide Duodenum
- Duodeno-Ileal Anastomosis
- Air Leak Test
Sleeve Size

Scopinaro Biliopancreatic Diversion

Pouch made large enough to get in adequate protein

Steps

- Gallbladder
- Mark Small Bowel
- Sleeve
- Divide Duodenum
- Duodeno-Ileal Anastomosis
- Air Leak Test
Mobilize Duodenum
Tension....Mobilize Duodenum...
But...
Steps

- Gallbladder
- Mark Small Bowel
- Sleeve
- Divide Duodenum
- Duodeno-Ileal Anastomosis
- Air Leak Test
Anastomosis
Anastomosis
Posterior Perforation
Cutaneous Injection through Fistula

Endoscope
Retrograde Filling of Afferent Limb
Revisions
Marginal Ulcer
Reversal of RYGB with Conversion to SIPS
How NOT to do it
A step-by-step surgical technique video with two reported cases of common channel lengthening in patients with previous stomach intestinal pylorus sparing surgery to treat chronic diarrhea

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Conclusion

• SIPS is a promising new procedure.

• Continues the evolution of minor procedural adjustments based upon known limitations identified in the current standard procedures with the hope of decreasing complications and efficacy.

• Multi-center trial has reach enrollment with 1 year results due out around October.
Single-anastomosis duodenoileal bypass with sleeve gastrectomy: metabolic improvement and weight loss in first 100 patients

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Background: Single-anastomosis duodenoileal bypass with sleeve gastrectomy is a simplified 1-loop duodenal switch with a 200–250 common channel. Our objective was to analyze the weight loss and metabolic results of the technique on a series of 100 consecutively operated patients at a tertiary center university hospital.

Methods: A total of 100 patients consecutively underwent surgery. The criteria of inclusion were morbid obesity or metabolic disease. In the first 50 cases, the common/efferent limb measured 200 cm. The length was changed to 250 cm to reduce the hypoproteinemia rate.

Results: No mortality and no severe complications developed. The mean excess weight loss was >95% maintained during the follow-up period. More than 90% of the patients experimented complete remission of type 2 diabetes mellitus. Two conversions to a standard duodenal switch with a longer alimentary channel were required because of recurrent hypoproteinemia. Hypertension was controlled in 98% of the patients, with a 58% remission rate. The mean number of bowel movements was 2.5/d.

Conclusion: Single-anastomosis duodenoileal bypass with sleeve gastrectomy is a simplified duodenal switch procedure that is safe and quicker to perform and offers good results for the treatment of both morbid obesity and its metabolic complications. (Surg Obes Relat Dis 2013;9: 731–735.) © 2013 American Society for Metabolic and Bariatric Surgery. All rights reserved.