Technical Aspects of SIPS

Chan W. Park, MD, FACS
Co-Director, Duke Bariatric & MIS Fellowship
Assistant Professor of Surgery
Disclosures

• Covidien/Medtronic – Consultant
• Gore – Educational Grant
• Teleflex – Consultant
• TransEnterix – Consultant
Nomenclature

• SIPS = Stomach
  Intestinal (anastomosis)
  Pylorus
  Sparing

• SADI = Single
  Anastomosis
  Duodenal-
  Ileal (transposition/bypass)
What it is..

• Sleeve + intestinal bypass procedure / modified duodenal switch
  – Pylorus is preserved
    – Decreases reflux of bile
    – Decreases marginal ulcer risk (vs. RYGB)
• Intestine is kept in continuity (“loop”)
  – Decreases risk of internal hernia
  – Decreases malnutrition risks
  – Reduces operative time/difficulty
Key Steps

- Exploration & intestinal measurement
- 300cm from IC junction
- Sleeve gastrectomy
- Retroduodenal dissection/transection
- Duodeno-intestinal anastomosis
- Leak test/EGD
- Cholecystectomy
Video of SIPS
Summary

• SIPS/SADI is a newer bariatric procedure which is not yet formally recognized
• Theoretical benefits include reduction in some post-bariatric complications such as marginal ulcer, excessive nutritional deficiencies, bile reflux, internal hernia, etc.
• Can be considered a modified duodenal switch and/or sleeve plus an intestinal bypass