

A14: VIDEO: Laparoscopic revision of jejunal-jejunal intussusception

Authors : *Douglas Whitelaw, Alexander Robinson, Osamah Niaz* | United Kingdom

Background:

A 56-year-old female patient, who underwent a gastric bypass in 2009 with a total body weight loss (TBW) of 53% , developed intermittent colicky abdominal pain upon eating and experienced further weight loss. A CT scan suggested jejunal-jejunal intussusception, leading to a scheduled diagnostic laparoscopy. The video presented here details this procedure. Jejunal-jejunal intussusception is a rare with a reported incidence between 0.6 and 6% following RYGB with unknown cause¹⁻³. Potential causative factors include scarring and peristaltic dysmotility. Most reported cases in the literature have described open revisional procedures; however, we present a laparoscopic approach.

Video Narration:

The patient was positioned supine with split legs and a 20-degree head elevation. Ports were inserted in the standard position. Initial laparoscopy revealed normal anatomy. However, upon further inspection and slight manipulation of the common channel, it appeared to intussuscept into the proximal AL/BP confluence. The decision was made to revise this bypass laparoscopically.

The alimentary and common channel was divided using an Echelon white cartridge. A side-to-side anastomosis was then formed and closed with a V-Loc barbed suture, employing horizontal subserosal bites. The BP limb was anastomosed to the common channel distal to the previous anastomosis using a single fire of the Echelon white: the enterotomy was closed with V-Loc suture as before. The patient was discharged the same day. The patient remained well on discharge.

A22. Cardiopexy with Ligamentum Teres in Patient with Hiatal Hernia and Previous Sleeve Gastrectomy and Roux-en-Y Gastric Bypass: An Alternative Treatment for Gastroesophageal Reflux Disease. A case report: robotic cardiopexy with Ligamentum Teres.

Authors :*Talal Mohammed Alshahri, Claire Nomine-criqui, Nicolas Reibel* | France

Introduction:

Gastric reflux disease (GERD) with hiatal hernias in patients with previous sleeve gastrectomy following roux-y gastric bypass is a challenging question; cardiopexy with legamintum of teres is an interesting option [1].

Presentation of a case:

A 46-year-old female patient with a history of sleeve gastrectomy followed 6 years later by gastric bypass for GERD.

Symptoms of gastroesophageal reflux were not improved, and a recurrence of hiatal hernia was diagnosed. We decided to perform robotic assisted laparoscopic recalibration of the hiatal orifice using a double-sided absorbable prosthesis reinforcement (mesh), and a Ligament of Teres cardiopexy was done.

The clinical discussion:

points out that in order to prevent stomach acid reflux, the lower esophageal sphincter at the GEJ must be surgically reinforced to restore function. This requires restoring the natural anatomy of the GEJ. It's also critical to extend the subdiaphragmatic esophagus and preserve the sphincter mechanism in the positively pressured abdominal cavity by constructing a high-pressure area at the GEJ, ideally behind the esophagus [2].

In conclusion:

Ligamentum teres cardiopexy has shown encouraging short- to medium-term results, such as a noteworthy decrease in the recurrence of hiatal hernias and enhanced GERD symptom control. It is critical to acknowledge the need for additional research, especially about the long-term result on GERD and its effect on weight changes [3].

ORAL PRESENTATIONS**A17: Predicting Inadequate Weight Loss After Bariatric Surgery: Derivation and Validation of a Four Factor Model**

Authors : *Conor Hughes, James Lucocq, Kate Homyer, Vikram Thakur, Daniel Stansfield, Georgios Geropoulos, Brian Joyce, Gillian Drummond, Andrew de Beaux, Bruce Tulloh, Peter J Lamb, Andrew G Robertson* | United Kingdom

Introduction:

Weight loss following bariatric surgery is variable and predicting inadequate weight loss is required to help select patients for bariatric surgery. The aim of the present study was to determine variables associated with inadequate weight loss and to derive and validate a predictive model.

Methods: All patients who underwent laparoscopic sleeve gastrectomy and Roux-en-Y gastrectomy (2008-2022) in a tertiary referral centre were followed up prospectively. Inadequate weight loss was defined as excess weight loss (EWL) < 50% by 24 months. A top-down approach was performed using multivariate logistic regression and then internally validated using bootstrapping. Patients were categorised into risk groups.

Results: A total of 280 patients (median age, 49 years; M:F, 69:211) were included (146 LSG; 134 LRYGB). At 24 months, the median total weight loss was 30.9% and 80.0% achieved EWL \geq 50% by 24 months. Variables associated with inadequate weight loss were T2DM (OR 2.42; $p = 0.042$), age 51-60 (OR 1.93, $p = 0.006$), age > 60 (OR 4.93, $p < 0.001$), starting BMI > 50 kg/m² (OR 1.93, $p = 0.037$) and pre-operative weight loss (OR 3.51; $p = 0.036$). The validation C-index was 0.75 (slope = 0.89). Low, medium and high-risk groups had a 4.9%, 16.7% and 44.6% risk of inadequate weight loss, respectively.

Conclusions: Inadequate weight loss can be predicted using a four factor model which could help patients and clinicians in decision-making for bariatric surgery.

A23: The efficacy of Transversus Abdominal Plane (TAP) block in reducing post-operative pain post bariatric surgery

Authors : *Acrisa Kakkar, Osamah Niaz, Alan Askari, Eva Maria-Lang, Omer Al-Taani* | United Kingdom

Background:

Transversus Abdominis Plane (TAP) blocks are a potential method for reducing postoperative pain and opioid consumption following bariatric surgery.

Objectives: This study aimed to determine the effectiveness of intraoperative TAP blocks in reducing postoperative pain and opioid dependency after laparoscopic sleeve gastrectomy (SG), Roux-en-Y gastric bypass (RYGB) and One Anastomosis Gastric Bypass (OAGB) procedures.

Methods: Patients undergoing the above surgeries at Luton & Dunstable Hospital over a 6-month period were included in this blinded study. Postoperative pain scores (using Likert scales), analgesic

and antiemetic use were compared between patients receiving an intraoperative TAP block (60mls of 0.25% levobupivacaine) and those who did not.

Results: A total of 72 patients were included in this study of whom 80.5% were female and the median length of stay was one day. Intraoperative opioid (converted to morphine equivalents) and diclofenac use were lower in the TAP block group (median 6mg vs 10mg and 50mg vs 75mg, respectively). Analgesic use was similar across both groups (paracetamol use: median 4g, Opiate use: median one dose). However, antiemetic use was significantly lower in the TAP block group (median 1 dose vs 2.2 doses, $p=0.044$). Pain scores were significantly improved in the TAP block group at <2 hours (3.7 vs 5.3, $p=0.020$), 2-4 hours (2.3 vs 3.4, $p=0.037$), and 4-8 hours (1.9 vs 3.0, $p=0.040$). No significant differences were observed beyond 8 hours.

Conclusion: Intraoperative TAP blocks significantly reduced postoperative pain scores and antiemetic requirements in the first 8 hours after bariatric surgery. This may enhance patient comfort, promoting earlier mobilisation and potentially facilitating discharge.

A05: Impact of Bariatric Surgery on urinary incontinence in obese individuals: 5-year outcomes

Authors : *Prasanna Ramana Arumugaswamy, Sandeep Aggarwal* | India

Background:

There is scanty evidence on the impact of bariatric surgery on urinary incontinence in the Asian population in the long term.

Methodology:

Patients who underwent bariatric surgery from 2018 to 2019 were screened using the International Consultation on Incontinence Questionnaire-Urinary Incontinence-Short Form (ICIQ-UI-SF) questionnaire. Patients having urinary incontinence (UI) were identified and followed-up until 5 years using the ICIQ-UI-SF. These were classified as having stress, urge or mixed type of urinary incontinence. The prevalence, change in scores and the number of pads used were compared at baseline and at follow up.

Results:

A total of 148 patients underwent bariatric surgery of whom, 41 patients (M= 2, F=39) had UI. Pure stress incontinence was seen in 70.7%, 19.5% had pure urge incontinence and rest had the mixed type. Using logistic regression, it was found that female gender was the most important predictor of having UI (OR: 8.33).

The prevalence of UI decreased from 27.7% at baseline to 3.4 % at 1 year, 2.7% at 3 years and it was 7.8 % at 5 years follow up. The mean ICIQ UI SF score improved significantly from 8.76 (SD=3.2) at baseline to 0.66 (SD = 2.1) at 1 year, 0.57 at 3 years and 0.51 at 5 years. The proportion of patients with UI using any number of pads decreased significantly. There was also significant decrease in the number of patients having moderate to very severe UI. Proportion of patients showing resolution was highest among the stress incontinence group. There was 1 death and 2 patients were lost to follow-up at 5 years.

Conclusion:

Bariatric surgery leads to profound improvement in urinary incontinence in obese individuals which is well sustained at 5 years. Weight regain may be associated with recurrence of Urinary incontinence. Resolution rates might be higher in Asian population.

A19: Impact of Bariatric surgery on Obesity Indices and Reproductive Hormones: A Prospective Study in Morbidly Obese Women

Authors : *Mohammad Badr Almoshantaf, Kyriakos Bananis* | United Kingdom

Background:

Obesity, defined by a BMI of 30 kg/m² or higher, is influenced by genetics, socio-economic, and cultural factors. Genetic predispositions affect metabolism and energy regulation, while environmental factors like sedentary lifestyles and poor food environments worsen obesity. Obesity disrupts hormonal balances, impacting sex hormone levels and menstrual cycles, leading to infertility in women. This hormonal imbalance affects oocyte quality and ovulation. Bariatric surgery offers significant weight loss and metabolic improvements, enhancing reproductive hormone profiles and insulin sensitivity. Our study explores how sleeve gastrectomy affects BMI and hormone levels, aiming to understand its impact on obesity management and reproductive health.

Method:

This prospective observational study examines the effects of laparoscopic sleeve gastrectomy on reproductive hormones and ovarian function in 32 morbidly obese women, adhering to Helsinki Declaration ethics. Participants, aged 18-50 with no menopause or chronic illness, consented to the study. Exclusions included those with polycystic ovary syndrome, recent reproductive organ surgery, or recent infertility medications. The study assessed changes in BMI, antral follicles, anti-Müllerian hormone, and reproductive hormones before surgery and at 6- and 12-months post-surgery. Blood samples and transvaginal ultrasounds were conducted preoperatively and at 6 and 12 months postoperatively to monitor outcomes.

Results:

The study involved participants with an average age of 33 and a mean BMI of 42.12. Significant changes were observed post-sleeve gastrectomy at 6 and 12 months ($p < 0.001$). At 6 months, BMI decreased by 9.24 units, AMH levels dropped from 3 to 2.5 ng/mL, and antral follicle counts in both ovaries declined. By 12 months, BMI decreased by 16.47 units, AMH levels fell to 2 ng/mL, and antral follicle counts further reduced. Hormonal changes included increases in FSH, LH, and oestradiol, while SHBG levels rose, and free testosterone levels decreased significantly.

Conclusion:

Individual hormone responses to weight loss and surgery necessitate personalized obesity treatments. Tailoring surgical approaches and care to hormonal profiles can optimize outcomes and reduce complications. Monitoring AMH levels post-surgery can offer insights into reproductive effects, aiding clinical management and counselling for women with obesity-related infertility. We highlight the significant impact of sleeve gastrectomy on physiological parameters in obese individuals, especially regarding reproductive health and metabolic regulation. The findings enhance understanding of the changes associated with bariatric surgery and its potential benefits for metabolic and reproductive health.

A20: Reinforcement of the Esophageal Hiatus Using Ligamentum Teres During Sleeve Gastrectomy Outcomes Regarding Gastroesophageal Reflux Disease and Hiatal Hernia

Authors : *Ahmed Aosmali, Andraw Wanees, Momen Abdelglil, Reda Mehany* | United Kingdom

Background:

Laparoscopic sleeve gastrectomy (LSG) is a surgery that involves removal of 75–80% of the stomach. It offers benefits like less postoperative pain and better recovery compared to open surgery, but it also carries the risk of developing gastroesophageal reflux disease and hiatus hernia.

Patients and Methods:

This retrospective study included a group of patients who underwent LSG, divided into two groups: Group A, which contained 30 patients who received LSG without Ligamentum Teres Reinforcement (LTR), and Group B, with 30 patients, who underwent LSG with the additional LTR procedure.

Results:

Group B experienced significantly fewer reflux symptoms during follow-up at 3, 9, and 18 months ($p < 0.05$). Additionally, Group B had a lower incidence of endoscopic reflux at 6 and 18 months (3.3% vs. 26.7% and 6.7% vs. 30.0%, respectively). Hiatus hernia size was significantly smaller in Group B (1.2 cm vs. 2.5 cm, $p < 0.001$).

Conclusion:

Incorporating LTR during Laparoscopic Sleeve Gastrectomy (LSG) may reduce postoperative GERD. The small sample size and retrospective design suggest the need for larger studies to confirm LTR's long-term benefits as an adjunctive technique in bariatric surgery.

A24: Will Asian Countries Fall Behind in Diabetes Mellitus Management Breakthroughs? A 10-Year Analysis of the Clinical and Cost-Effectiveness of Bariatric Surgery in Malaysia

Authors : *Jo Ann Andoy Galvan, Dato Nik Ritza Kosai, Karuthan Chinna, Yeong Chai Hong* | Malaysia

Background:

Bariatric surgery is a key approach for managing diabetes in Europe and the U.S., offering both clinical and economic benefits. However, in Malaysia, this procedure is not widely recommended due to societal stigma and a lack of local cost-effectiveness analyses. This gap prevents Malaysian patients from accessing the potential long-term benefits of bariatric surgery already recognized globally. A thorough cost-effectiveness analysis is needed to provide healthcare stakeholders and policymakers with data to consider bariatric surgery as an important option for diabetes management.

Methodology:

This retrospective cohort study analysed the clinical and cost-effectiveness of bariatric surgery in managing Diabetes Mellitus in Malaysia. We reviewed the charts of 195 patients who underwent either Roux-en-Y gastric bypass or sleeve gastrectomy at Hospital Universiti Kebangsaan Malaysia from 2014 to 2016, following them for five years to monitor changes in HgbA1c and BMI. To further assess the cost-effectiveness of the procedure, we performed a comprehensive analysis on 20 DM patients who underwent surgery matched with patients receiving only clinical management based on BMI, age, and years of diagnosis. We compared the direct costs and management outcomes over a 10-year period between the two groups.

Results:

Significant changes in BMI were observed during the first year and sustained over five years, with improved blood sugar control ($p < 0.001$). From a publicly funded health system perspective, the surgical therapy demonstrated an incremental cost-effectiveness ratio (ICER) of RM 4,951.39 per unit decrease in glycosylated hemoglobin compared to standard care.

Conclusion: This study's findings are expected to guide decision-making for patients, healthcare providers, policy makers and insurance companies in managing diabetes among the obese in Malaysia.

POSTER PRESENTATIONS

A01 : Intravenous Fluid Therapy For The Acute General Surgical Patient

Authors : *Magnus Okoh, Bana Sabbubeh, Zoe Gates, Mathew Bedford* | United Kingdom

A02 : Use of abdominal ultrasound scans in surgical assessment unit

Authors : *Magnus Okoh, Saad Ikram, Chukwuma Abraham-Igwe* | United Kingdom

A03 : Major Vascular Injury During Laparoscopic Sleeve Gastrectomy

Authors : *Ibrahim Abdelhamid Hassan, Ali Aljewied, Talal Alkhedr, Mohannad Alhaddad* | Kuwait

Introduction:

Laparoscopic Sleeve Gastrectomy(LSG) had been recognized as the most commonly performed bariatric procedure worldwide .

Major vascular injury during the procedure is a rare life threatening complication that needs an immediate integrated response to avoid possible mortality and serious morbidities .

Case Presentation:

A 26 years old lady with Body mass index (BMI) of 35.5 kg/m² had presented to surgical clinic for bariatric surgery.

After proper counseling and routine preoperative work up that showed normal blood results , Abdominal sonography showed fatty liver and Cholelithiasis.

Patient had been counseled for LSG and Laparoscopic Cholecystectomy .

After induction of Anaesthesia , pneumoperitoneum had been achieved using a verres needle in left upper abdominal quadrant then a 10 mm camera port (bladed trocar)had been inserted two fingers above and to the left of umbilicus .

Once camera inside some fresh blood had been noticed in central abdomen , A quick second 10 mm trocar had been inserted at the left abdominal side to explore the source of bleeding that was mostly from a major vessel due to rapid expansion .

Anaesthesia team was informed immediately to resuscitate and prepare adequate blood and blood products and to keep enough IV lines ready.. Senior surgical team had joined the table and quick midline Laparotomy performed to explore source of bleeding.

Sharp linear cut was identified in the Inferior vena cava(lt wall) , Right Common iliac artery (front and Rt wall).

Compression control done while Anaesthesia team was resuscitating the patient successfully ,, Vascular team had been called from a nearby hospital and joined the table within 30 minutes.. successful repair of injured vessels had been achieved within 45 minutes .

Formal abdominal inspection had been done to rule out any missed injury followed by closure with drains.

Patient shifted to surgical ICU ventilated with stable vital signs , adequate urine output and Hb of 12 g following 4 packed blood transfusion .

Follow up Hb was stationary and patient extubated successfully after 12 hours..
Patient had smooth recovery and discharged home after 3 days .

Conclusion:

Major vascular injury might happen during bariatric surgery .. that needs immediate multidisciplinary response to achieve an integrated decision making and proper management , otherwise mortality or major morbidities might occur even in higher centers.

A04 : In Patients undergoing Laparoscopic Sleeve Gastrectomy with reinforcement of the ligamentum teres during Sleeve Gastrectomy vs. classic Sleeve Gastrectomy Concerning Hiatus Hernia Incidence

Authors : *Ahmed Aosmali, Andrew Wanees, Reda H Methany* | United Kingdom

Objective:

Hiatal hernia is relatively common after sleeve gastrectomy. This study evaluates ligamentum teres reinforcement (LTR) during sleeve gastrectomy as a protective measure against hiatal hernia.

Patients and Methods:

This retrospective cohort study involved 60 patients with no previous history or endoscopic findings of hiatal hernia who underwent laparoscopic sleeve gastrectomy (SG). Thirty patients underwent SG with LTR (SG-LTR), and 30 underwent SG alone, at a tertiary bariatric center from October 2019 to January 2020. Data included demographic information and endoscopic follow-up at 6 and 12 months.

Results:

There were no significant differences in BMI, age, or excess weight loss between the two groups. The mean age was 42.5 years (± 6.3) for the SG group and 43.1 years (± 5.8) for the SG-LTR group. Preoperatively, the mean BMI for the SG group was 37.1 kg/m² (± 3.7) and 36.8 kg/m² (± 4.2) for the SG-LTR group. At the 6-month follow-up, the mean BMI in the SG group was 27.9 kg/m² (± 2.8), while in the SG-LTR group, it was 27.7 kg/m² (± 3.1). At the 12-month follow-up, the mean BMI in the SG group was 26.1 kg/m² (± 2.4), and in the SG-LTR group, it was 26.0 kg/m² (± 2.7). The incidence of postoperative hiatal hernia in the SG group was 6.7% at 6 months and 9.6% at 12 months. In the SG-LTR group, the incidence was lower, with rates of 2.3% and 4.7% at 6 and 12 months, respectively.

Conclusion:

SG-LTR showed promising results in reducing the incidence of postoperative hiatal hernia after sleeve gastrectomy. Further studies with larger populations and extended follow-up periods are warranted.

A06: Bile reflux after RNYGB

Authors : *Fathi Elzowawi, Mohamed Elgobi* |Libya

A07 : Outcomes of One Anastomosis Gastric Bypass in 472 Diabetic Patients

Authors : *Ahmed Aosmali, Mahmoud Abdelal, Osama taha, Mohamed Alaa, Awny Asklany, Mohamed Abode* | United Kingdom

Background:

The positive impact of Roux-en-Y gastric bypass (RYGB) on metabolic syndrome and glycemic control has been proven in obese patients. One anastomosis gastric bypass (OAGB) is a simple, effective and easy to learn procedure. OAGB provides encouraging results for the treatment of diabetes obese patients, but does it have the ability to be an alternative procedure to RYGB in the treatment of these pa- tients? The aim of this study is to evaluate the outcomes of OAGB on diabetic obese patients at the bariatric centre of our university hospital. By extension, we evaluated the possibility of BMI and the preoperative antidiabetic medication usage to be predictive factors for postoperative diabetes resolution.

Methods:

This is a retrospective single-centre study of 472 diabetic patients who underwent OAGB from November 2009 to December 2015. All patients were followed-up for at least 1 year, and up to 3 years, where available. Weight, HbA1c, and anti-diabetic medications were recorded at base-line, 3, 6, 12, 24 and 36 months.

Results:

A total of 472 patients have been followed-up for 1 year and 361 for 3 years. The mean BMI decreased from 46.8 ± 7.2 to 29.5 ± 2.8 kg/m² and HbA1c from 9.6 ± 1.3 to $5.7 \pm 1.5\%$ at the 12-month follow-up. At the 3-year follow-up, the mean BMI was 32.1 ± 3.3 and HbA1c mean was $5.8 \pm 0.9\%$. Diabetes remission was achieved by 84.1% of patients.

Conclusions:

OAGB can be an excellent alternative to RYGB for the treatment of diabetes and obesity. Pre-operative medications may be used to predict postoperative diabetes remission, but not BMI.

A08: The Outcomes of Revisional One Anastomosis Gastric Bypass Versus Revisional Roux-en-Y Gastric Bypass After Primary Restrictive Procedures: A Prospective Nonrandomized Comparative Study

Authors : *Ahmed Aosmali, Osama Taha Mahmoud Abelaal, Mohamed Alaa, Awny Asklany* | United Kingdom

Background:

Failed restrictive procedures are usually managed with conversion to another bariatric procedure. Our aim was to evaluate one-anastomosis gastric bypass (OAGB) as a revisional option for failed restrictive procedures. In addition, we compare the outcomes of OAGB versus Roux-en-Y gastric bypass as a revisional bariatric procedures.

Material and Methods:

The current series is a prospective study, from May 2009 to December 2016. A total of 348 patients with failed restrictive bariatric operations underwent laparoscopic revisional gastric bypass. Revisional OAGB was performed in 243 patients and revisional Roux-en-Y gastric bypass in 105 patients. The demographic data and outcomes were studied by our multidisciplinary team.

Result:

By the end of the study, the mean age was $39.3 - 10.3$ years with body mass index of $37.5 - 9.2$ kg/m². At 2-year follow-up, the overall intractable reflux (Symptom-Severity score questionnaire >4) was significantly higher after revisional OAGB (21.4%). The reflux with scoring ≥ 4 was significantly higher in the vertical band gastroplasty than laparoscopic adjustable gastric band and laparoscopic gastric sleeve (25.2%, 16.9%, and 14.3%, respectively).

Conclusion:

Although laparoscopic revisional OAGB is a feasible and safe option after failed restrictive procedures, it has a higher chance of reflux in long-term follow-up.

A09 : Laparoscopic Sleeve Gastrectomy versus Laparoscopic Single Anastomosis Sleeve Ileal (SASI) Bypass in Surgical Management of Morbid Obese Patients.

Authors : *Mohamed Soliman Hashish, Hossam Barakat Elbohoty* | Egypt

A10 : Short Term outcomes Laparoscopic Sleeve Gastrectomy Versus Laparoscopic One Anastomosis Gastric Bypass in Management of Super-Super Obese Egyptian People

Authors : *Mohamed Soliman Hashish, Hossam Barakat Elbohoty* | Egypt

A11 : Laparoscopic Single Anastomosis Sleeve Ileal (SASI) Bypass as a revisional procedure for failed Laparoscopic Sleeve Gastrectomy. Single Center Experience

Authors : *Hossam Barakat Barakat, Mohamed Hashish* | Egypt

A12 : Minimally invasive approach in a rare emergency surgery, gallbladder perforation in effect of BMI

Authors : *Pooja Dutta, Vinita Dutta* | India

A13 : Single Anastomosis Sleeve Ileal Bypass compared to One Anastomosis Gastric Bypass for Sleeve Gastrectomy adult non responders. Retrospective study

Authors : *Mohammad Barak Alhaifi, Ibrahim Abdelhamid Hassan* | Kuwait

Introduction:

Single Anastomosis Sleeve Ileal Bypass(SASI)is a Novel Metabolic/Bariatric Surgery operation based on Santoro's bipartition operation.

One Anastomosis Gastric Bypass(OAGB) or Minigastric Bypass(MGB)is a growing bariatric procedure that had been invented by Dr.Rutledge and is considered now the third commonly performed procedure worldwide after laparoscopic sleeve gastrectomy and classical gastric bypass . Both SASI and OAGB can be offered for patients with weight regain after Sleeve gastrectomy.

Abstract:

Sleeve gastrectomy (SG)is a commonly performed bariatric procedure.Weight regain following SG is a significant issue.Yet,the understanding of this phenomenon is still unclear.Rates of regain ranged from 5.7% at 2 years to 75.6% at 6 years.SASI bypass and OAGB were an option for some candidates having SG done 2 years back and failed to achieve the required weight loss or having weight regain.In SASI bypass,Resleeve gastrectomy of the dilated gastric pouch is done followed by plication of the stapler line then creating a Bipartition channel doing a side to side gastro-ileal anastomosis at 3m of ileocaecal valve.

In OAGB , transaction of stomach at claw foot level followed by resection of a dilated pouch is done , then a gastro-jenostomy is created (end to side) at 200 cm from Duodeno-jejunal junction .

The study aims to compare the effectiveness and safety of these procedures in terms of weight loss, improvement of comorbidities, and potential complications.

Method:

From Feb 2018 till Feb 2022, 180 patients had been divided in two groups,procedures had been performed in Sidra Kuwait hospital and Hadi hospital in Kuwait .

A Retrospective study comparing minigastric bypass (MGB/OAGB)and SASI bipartition as Revisional procedure after sleeve gastrectomy for non responders(Inadequate weight loss)

Exclusion criteria:

Patients with history of Bypass Bariatric Surgery and patients with documented psychological instability or intolerance for regular follow up , Patients asking for primary bariatric procedure .

Patients with non dilated gastric pouch were excluded from the study (Evaluation had been done by Endoscopy and CT volumetric stomach study).

Method:

90 cases had been selected in each group .in SASI bipartition the gastroileal anastomosis was done 3 metres from ileocaecal valve and in MGB/OAGB: the gastrojejunal anastomosis was done 2 metres from ligament of triets.in both cases the gastro-intestinal anastomosis was 4 cm.

Result:

Both groups had been followed up for the above mentioned parameters(Weight loss,glycated haemoglobin,lipid profile,Serum albumin ,serum iron and vitamins levels) the study revealed that the weight loss was nearly the same in both groups

Gastro-Orsophageal reflux was nearly same in both groups , late complication were detected in three patients in MGB/OAGB group in regard to marginal ulcers (two of them had been treated conservatively)

All patients had been kept on multivitamin supplementations ,However Severe malnutrition and hypo albuminaemia were detected in 4 casee of MGB/OAGB group (two of them converted surgically).

Medical comorbidities like diabetes ,Hypertension ,hyperlipidaemia had been improved in both groups in affected patients

Conclusion:-

SASI Bypass looks superior to OAGB/MGB showing a higher safety profile against malnutrition or marginal ulcer .

Both procedures looks nearly equivalent regarding weight loss,and surgical learning curve,

While SASI Bipartition still easier to reverse.

A15 Bariatric Surgery vs. Oral Anti-Obesity Medication – The Future of Weight Loss, A Real World Evidence of Oral Semaglutide in Indian People with Diabetes and Obesity

Authors : *Sanjay Sud* | India

Introduction:

Managing T2DM in India is challenging, especially with the added burden of obesity. India is among top three most obese nations. A Lancet study published in March 2024 says that in India, the obesity rate increased from 1.2% in 1990 to 9.8% in 2022 for women and 0.5% to 5.4% in 2022 for men.

Oral semaglutide offers a novel, non-injectable option that may improve treatment adherence and outcomes in this population.

Objective:

This observational real world study reveals the outcomes of oral semaglutide use in Indian People with type 2 diabetes (PWD), and its impact on glycaemic control and weight management.

Methods:

The study included 60 adult PWD (mean BMI 34.1), (39 females) from my center, who were prescribed oral semaglutide. Mean age 36.2 ± 3.6 for males and 34.4 ± 2.8 for females. The mean duration of Diabetes detection was 1.5 ± 1.2 years. Outcomes such as HbA1c reduction, weight loss, and side effects were monitored over a period of one year. The SOC for glycaemic management as per ADA criteria was followed.

Results:

The study found significant reductions in both HbA1c (mean 1.98 %) and weight loss (mean 15.9 %) by the end of the study. Side effects were mild and included nausea and anorexia for the initial 3 to 4 weeks of starting therapy. The adverse effects were well managed with supportive therapy without any dropouts.

Conclusions:

Oral semaglutide shows promising results in significantly improving glycaemic control and reducing weight in Indian PWD. Its favorable safety profile and ease of use could make it a strong contender for Bariatric surgery in the management of Obesity and Diabetes.

A16: Stapleless Single Anastomosis Sleeve Jejunal Bypass

Authors : *Raj Palaniappan, Nikhilesh Krishna* |India

Introduction:

Most bariatric procedures are currently performed with mechanical stapling devices. Matching the staple height with the thickness of transected and sutured tissue is crucial to perform successful surgery. Two reported cases were available on pubmed search, but the technical details were not described in depth by the authors. However, these procedures have gastric transection and suturing which significantly increases the chances of complications.

We have performed first case of gastric imbrication with stapleless SASJ. This seems to be a promising option to offset the constraints of safety and cost by providing similar metabolic outcomes to other procedures..

Case Report:

Our patient 33 year old lady, is diagnosed to have Metabolic syndrome (BMI 37.7) with co morbidities NASH-I and B/L PCOD. After thorough evaluation, necessary investigations, pre anesthetic checkup and well informed consent, she underwent Laparoscopic Stapleless single anastomosis sleeve jejunal bypass.

Technique:

Under general anaesthesia, patient was positioned in reverse trendlenburg position with leg split .Pneumoperitoneum was created by Verress, 3 ports - 1 x 10 mm scope, 1 x 12 mm right hypochondriac for non dominant working and stapling, and 1 x 5mm dominate working ports were used.

Liver was retracted by our indigenouse hiatal sling technique ,over 37 bougie gastrolysis done,instead of cutting the greater curvature with stapler,2 layer imbrication greater curvature using non-absorbable VLOC PBT sutures. 200cm BP limb was brought up and 4cm anastomosis was done in 4 layers using PDS and Vicryl sutures. Leak test preformed was negative.



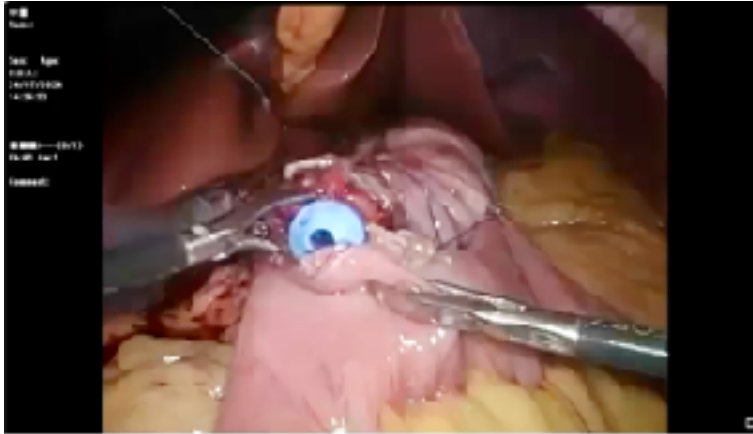


Figure 1: A - Hiatal Sling Liver Traction. B - Port Placement. C - Gastrolysis.
D - Gastric Imbrication. E - Hand-sewn 4 altered AntroJejunostomy.
F - Completed Stapleless SASJ

The postoperative period was uneventful, patient withstood the procedure except for 1 episode of vomiting on POD 0. Check UGI Scopy was done on POD 1 which showed invaginated gastric mucosa with no obstruction and the GJ site was normal.

Conclusion:

Stapleless Bariatric surgery by Single Anastomosis Sleeve jejunal Bypass as a form of metabolic surgery is a cost effective alternative to other metabolic surgeries with no added incidence of complications or morbidity compared to stapled bariatric surgeries. Short and long term outcome results will establish the wider adaptability of this procedure.

A18 : Comparison Of Excess Weight Loss Outcomes Between Laparoscopic Sleeve Gastrectomy And Laparoscopic Mini Gastric Bypass In Patients With Severe Obesity

Authors : *Ammar Salah Mahdi Alzubaidi, Ghaith Sael Mohammed Ali Abu-Nayla, Abdulrahman Ismael Joudah Almohammedawi, Anees K.Nile* |Iraq

A21 : Efficiency of Cruroplasty as a Treatment of Gastro-Esophageal Reflux Disease in Morbid Obese Patients with Hiatus Hernia during Sleeve-Gastrectomy

Authors : *Ahmed Aosmali,Alaa Abbass, Andrew Wanees, Youhana Shohdy, Ahmed Sabry* | United Kingdom

Background:

The effect of laparoscopic sleeve gastrectomy (LSG) on gastroesophageal reflux disease (GERD) is controversial. Although concomitant hiatal hernia repair (HHR) at the time of LSG is common and advocated by many, there are few data on the outcomes of GERD symptoms in these patients. The aim of this study was to evaluate the effect of concomitant HHR on GERD symptoms in morbidly obese patients undergoing LSG.

Aim of the Work:

To analyse the impact of hiatal hernia repair (HHR) on gastro-oesophageal reflux disease (GERD) in morbidly obese patients with hiatus hernia undergoing laparoscopic sleeve gastrectomy (LSG).

Patients and Methods:

This is a retrospective cohort study. We collected the data of Patients who underwent lap sleeve gastrectomy with cruroplasty in the same operation in the period between July 2018 and July 2019.

Results:

Before surgery, symptomatic GERD was present in 14 patients (70%), and HH was diagnosed In 20 patients (100%), HH was diagnosed pre-operatively. The mean follow-up was 6 months. GERD remission occurred in 18 patients (90%). In the remaining 2 patients, antireflux medications were diminished, with complete control of symptoms. HH recurrences developed in 1 patient (10%). "De novo" GERD symptoms developed in 22.9% of the patients undergoing SG alone compared with 0% of patients undergoing SG plus HHR.

Conclusion:

SG with HHR is feasible and safe, providing good management of GERD in obese patients with reflux symptoms. Small hiatal defects could be under-diagnosed at preoperative endoscopy and/or upper gastrointestinal contrast study. Thus, a careful examination of the crura is always recommended intraoperatively.

A25 : Developing a Bariatric Surgery Department in the Oldest and Largest Hospital in Punjab, Pakistan: Challenges and Opportunities

Authors : *Muhammad Umar, Usman Ismat Butt* | Pakistan

Introduction:

Bariatric surgery offers a life-saving solution for metabolic syndrome , yet its establishment in resource-constrained settings like Pakistan faces unique challenges. Mayo Hospital, Lahore, the oldest and largest tertiary care hospital in Punjab, affiliated with King Edward Medical University, recently initiated a bariatric surgery program. Key challenges included limited resources, lack of specialized facilities, and low public awareness about bariatric surgery. Despite these hurdles, the initiative created significant opportunities for developing local expertise and expanding healthcare services for obesity management.

Methods/Results:

A descriptive cross-sectional study was conducted to analyze the first cohort of bariatric surgeries performed. A total of 91 cases were completed, including 67 laparoscopic sleeve gastrectomies (LSG), 14 mini-gastric bypasses (MGB), 6 single-anastomosis sleeve ileal (SASI) bypasses, and 4 Roux-en-Y gastric bypasses (RYGB). Patient outcomes, complications, and postoperative follow-ups were documented to assess the feasibility of continuing and expanding the program.

Discussion:

The development of a bariatric surgery department at Mayo Hospital was met with considerable challenges, primarily due to limited infrastructure, a lack of specialized equipment, and the need for public awareness campaigns. However, it also presented opportunities for capacity building, skill development, and expanding multidisciplinary care for obesity-related comorbidities. This initiative highlights the potential for growth in bariatric services across other resource-constrained settings in Pakistan, provided that key barriers are addressed.

A26 : Systematic Review Investigating Factors Associated with Jej-Jej Obstruction Post Roux-En- Y Gastric Bypass

Authors : *Shanmuga Kannan, Afrida Haque, Alan Askari, Md Tanveer Adil, Aruna Munasinghe, Omer Al-Taan, Farhan Rashid, Vigyan Jain, Douglas Whitelaw, Periyathambi Jambulingam* | United Kingdom

Background:

Intussusception is one of the rare complications of Roux-en-Y Gastric Bypass (RYGB). This systematic review aims to evaluate the difficulties of management and outcome in patients presenting with intussusception.

Methods:

A comprehensive literature search was conducted across Medline, Embase, CINHALL and Scopus databases for studies reporting on intussusception. Inclusion criteria were studies involving adult patients who underwent treatment for PMME. Data extracted included patient demographics, clinical presentation, investigations, recurrence rates, and details of initial surgery.

Results & Conclusions:

We are in data extraction phase and will perform meta-analysis if possible

A27 : Delayed staples line leak post laparoscopic sleeve gastrectomy successfully treated with endoscopic stenting

Authors : *Weng Hoong Chan, Lim Chin Hong, Lim Wee Kee Eugene, Lee Zhen Jin, Eng Kim Hock Alvin and Jeremy Tan Tian Hui* | Singapore

Introduction:

Delayed stapler line leak in patient with laparoscopic Sleeve gastrectomy was a very rare complication. We reported a case successfully treated with endoscopic stenting and percutaneous drainage.

Case Report:

A 44 year old female with pre-op BMI of 39 kg/m² underwent laparoscopic sleeve gastrectomy successfully but was readmitted one month later for vomiting. Oral contrast study showed slight narrowing at gastric incisura, but contrast flowed smoothly into small bowel. Further history taking revealed that she had been eating too fast and too much so therefore led to vomiting. She was discharged home well after hydration and proper dietary counselling.

She was readmitted 2 months later for vomiting. Contrast study showed contained leak at upper dilated sleeve gastrectomy with stricture at incisura (fig 1). The Impression was obstruction at incisura causing vomiting with subsequent back pressure into upper sleeve stomach leading to stapler line leak. An Agile 18mmx149mm fully covered stent was inserted from the lower esophagus to pylorus, covering the leak site and straightening the narrowing at the incisura (fig 2). The patient was resumed oral intake with minimal vomiting. She was discharged home few days later.

However, the patient developed constant vomiting again one month later. Oral contrast study showed the stent had migrated distally and exposing the leak site. The stent was removed and another Ultra-flex 23mmx155mm fully covered stent was inserted. A CT scan performed showed a 5cm abscess collection next to the leak site which was successfully drained by CT guided percutaneous drainage.

The patient tolerated oral feeding well. She was discharged home with percutaneous drainage tube with few mls output daily. Oral contrast was done 6 weeks later. It showed there was a no further leak, the contrast flow smoothly into duodenum and the abscess cavity had almost completely resolved (fig 3). She remained well currently 6 months after the surgery. She has lost 30 kg. Her current BMI was 26.6 kg/m².

Conclusions:

Delayed contained leak and vomiting post laparoscopic sleeve gastrectomy is rare and it can be treated successfully with non-surgical means.



Figure 1 : Stricture at incisura with dilated proximal sleeved stomach and contained leak

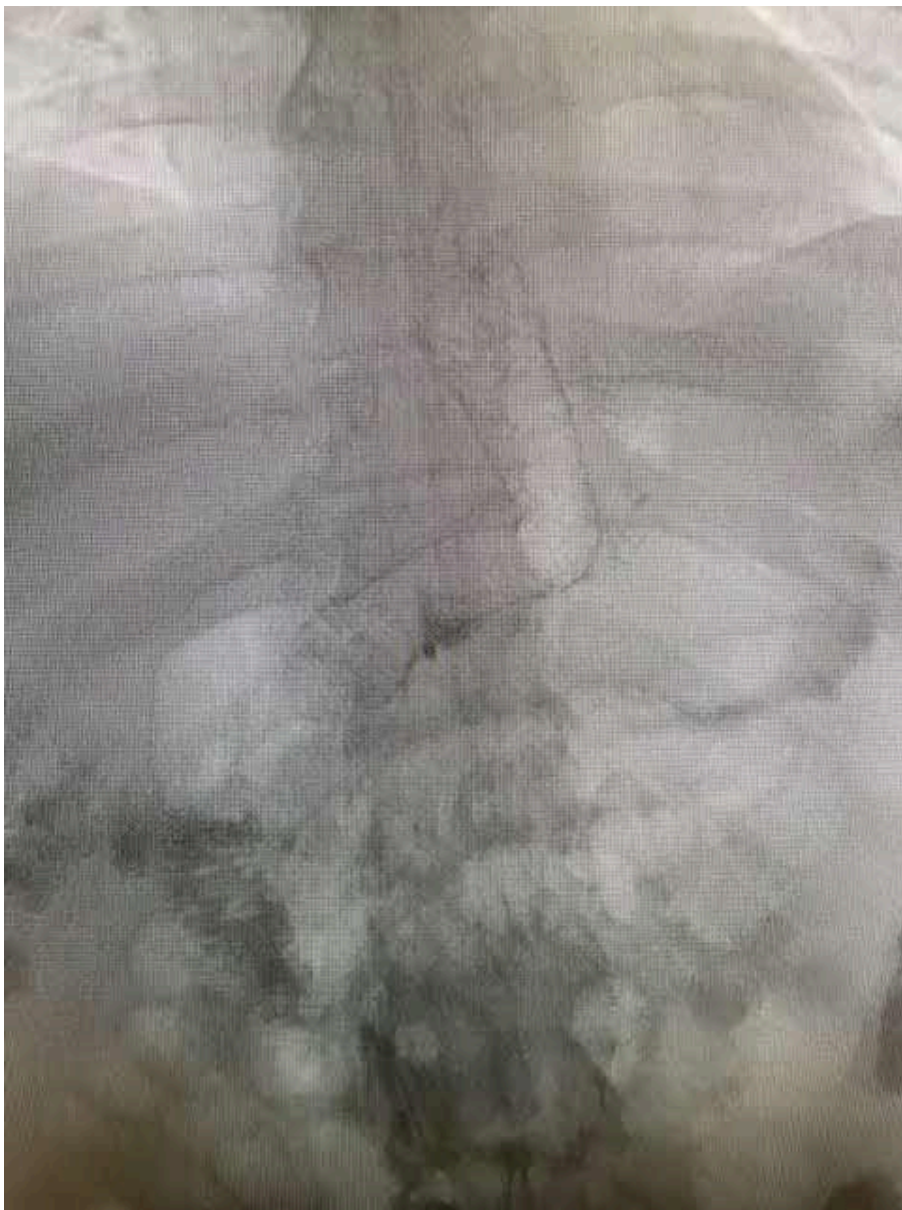


Figure 2: Deployment of Agile Stent



Fig 3: Oral Contrast study showed no leak and free flow into duodenum. Injection of contrast through percutaneous drain showed previous abscess cavity (next to stapled leak site) almost resolved.

A28: Diagnostic Dilemma and Treatment Challenges for Achalasia after Sleeve Gastrectomy: A Case Report and Systematic Review of the Literature

Authors : *Khaing Khant Oo, Mahmoud Al-Ardah, Scott Caplin, Jonathan Barry and Andrew Beamish* | Wales, United Kingdom

A29 Perceptions of Obesity and Bariatric Surgery Among Newly Qualified Doctors: A Multi-Hospital Survey Study

Authors : *Christopher R Smith, Robin Pontonnier, Theodore Patel, Ravikrishna Mamidanna, Michail Chatzikonstantinou* | United Kingdom

Objectives:

This study aimed to assess the awareness, knowledge and perceptions of obesity and bariatric surgery among Foundation Year 1 (FY1) doctors. Secondary objectives included evaluating their familiarity with NHS-recommended obesity interventions (lifestyle modifications, pharmacotherapy, surgery) and their confidence in managing patients who have undergone bariatric and metabolic surgery.

Methods:

An anonymous questionnaire was distributed to all FY1 doctors across seven hospitals in South-East London between August and October 2024. The survey gathered data on attitudes, knowledge, familiarity with obesity and bariatric surgery, and prior training/experience. Responses were analysed to identify educational gaps and areas for curriculum improvement.

Results:

Sixty FY1 doctors responded (55% female, 48.3% aged 25-30). The majority (49/60, 81.7%) believed obesity is a burden to society, while 26 (43.3%) viewed it as self-inflicted. Forty-one respondents (68.3%) considered bariatric surgery effective, and nearly three-quarters (44/60) supported its NHS funding. Most respondents (38/60, 63.3%) viewed it as cost effective long-term, though six (10%) regarded it as primarily cosmetic.

While 37 (61.7%) correctly identified the BMI cut-off for obesity (≥ 30), only 13 (21.7%) believed surgery was the most effective for sustained weight loss. Familiarity with bariatric procedures varied, with the least familiarity with One Anastomosis Gastric Bypass (21/60, 35%). Nineteen (31.7%) felt comfortable managing bariatric patients, while 47 (78.3%) reported no formal training in medical school. Most (53/60, 88.3%) supported more training on obesity and bariatric surgery in medical curricula, and 41 (68.3%) expressed interest in additional workshops.

Conclusion:

FY1 doctors showed limited confidence in managing bariatric and metabolic surgery patients, likely due to insufficient formal training. Specific knowledge gaps were identified. These findings highlight the need for enhanced education on obesity and bariatric surgery in undergraduate and early postgraduate training to prepare doctors for the growing prevalence of obesity.

A30 : The Role of Histopathology in Sleeve Gastrectomy: Does it Change Clinical Management?

Authors : *Christopher R Smith, Iman Satar, Sharukh Zuberi, Guillaume BRC Lafaurie, Cynthia M Borg, Midhat Siddiqui, Rajab Kerwat, Michail Chatzikonstantinou, Ravikrishna Mamidanna* | United Kingdom

Objectives:

Sleeve gastrectomy (SG) is the most commonly performed bariatric surgery. There is ongoing debate regarding the necessity of routine histopathological examination of resected gastric specimens. While retrospective studies show a high prevalence of chronic gastritis, the prevalence of actionable findings remains low. The clinical significance and cost-effectiveness of routine histopathological

examination are still unclear. This study aims to assess whether histopathology results lead to changes in clinical management (i.e., deviation from usual post-operative care).

Methods

We conducted a single-centre, retrospective observational study of patients undergoing SG from July 2021 to July 2022. Data on demographics, anthropometry, pre-operative endoscopy, and histopathology results were collected. Changes in clinical management based on histopathology were assessed by reviewing clinic letters, with a minimum follow up of one year.

Results

Seventy patients were included (81.4% female, mean age 45 years, mean BMI 48.7 kg/m²). Resected stomach specimens were sent for histopathology in all cases. Gastritis was the most common finding (58.6%, n=41), with 9 specimens positive for H.Pylori. Histopathology led to a change in management in only 2 cases (2.9%): an incidental 11mm GIST requiring post-operative surveillance gastroscopy, and one case of H. Pylori gastritis treated with eradication therapy. Three patients (4.3%) had intestinal metaplasia; however, no cases of dysplasia or malignancy was found.

Conclusion

Histopathology rarely altered clinical management post-SG. Routine histopathological examination of specimens may not be necessary, particularly when pre-operative gastroscopy is routinely performed. Further research across multiple centres and over longer periods is needed to determine the cost-effectiveness of routine histopathological examination of sleeve gastrectomy specimens.

A31. Revolutionizing Robotic Surgery: The Transformative Role of Artificial Intelligence

Authors : *Manana Gogoi* | Georgia

Objectives:

This study aims to explore the innovative integration of artificial intelligence (AI) within robotic surgery, highlighting its potential to redefine surgical paradigms, enhance precision, and significantly improve patient outcomes.

Methods:

A comprehensive meta-analysis of recent advancements in robotic surgical systems and AI technologies was conducted, focusing on their synergistic effects. Metrics such as surgical accuracy, complication rates, and recovery trajectories were evaluated. Case studies were analyzed to showcase groundbreaking applications of AI, including machine learning algorithms and computer vision in various surgical specialties.

Results:

Findings reveal that AI-enhanced robotic systems facilitate unprecedented levels of surgical precision through advanced data analytics and real-time feedback mechanisms. Surgeons experience reduced cognitive load and increased operational efficiency, leading to lower complication rates and improved patient satisfaction. Notably, AI-driven simulations have emerged as a powerful tool for training, allowing for personalized skill development and accelerated competency in both novice and experienced surgeons. Furthermore, the capacity for AI to analyze vast datasets opens new avenues for predictive analytics in surgical outcomes, paving the way for more tailored patient care.

Conclusion:

The integration of AI into robotic surgery is not merely an enhancement; it represents a paradigm shift in surgical practice. By fostering a collaborative environment where human expertise and machine intelligence converge, we can unlock new frontiers in surgical innovation. Future exploration should focus on ethical considerations, regulatory frameworks, and the scalability of



these technologies to ensure they are accessible and beneficial to a broader patient population. The next decade holds immense promise for the evolution of surgical practices, driven by the relentless pursuit of excellence through AI and robotics, heralding a future where surgery is safer, more efficient, and deeply personalized.