

AB030. PP-9 SJIT: jejunoileal transit with pleasant gastrectomy-pilot study

Ersin Öztürk, Ersoy Taşpınar, Barış Gülcü, Ali Önder Devay

Medicana Bursa Hospital, Bursa, Turkey

Correspondence to: Ersin Öztürk. Medicana Bursa Hospital, Odunluk, İzmir Yolu Cd No:41, 16110 Nilüfer/Bursa, Turkey.

Email: drozturke@gmail.com.

Background: The vertical gastroplasty with jejunoileal bypass technique which was first called by Zilberstein *et al.* acts by allowing the digested but not absorbed food to pass through the terminal ileum, similar to other bypass procedures. In this pilot study, the first results of the SJIT technique, which was adapted to the physiologically appropriate state, were reviewed by revising the technique.

Methods: Patients with type 2 diabetes mellitus (T2DM) whose body mass index (BMI) was higher than 32 kg/m² were evaluated. Inclusion criteria: patients older than age 18 and younger than 65, patients with T2DM-induced obesity, HgbA1c level >8% (despite insulin injection for at least 6 months), C-peptide level >2.5 ng/mL. Exclusion criteria: patients with T2DM due to non-obesity, such as drugs or autoimmunity, ASA score 3 or higher, patients with a history of malignancy. Surgical technique: following standard laparoscopic sleeve gastrectomy, jejunojejunostomy was performed side by side with endoscopic 60 mm linear stapler 150 cm distal from the Treitz ligament and 100 cm proximal to the ileocecal valve. Variables: demographic data, ASA score, comorbidities, T2DM duration, antidiabetic drugs used, needed insulin amount, fasting blood glucose, HgbA1c level, WBC and CRP levels, operation time, blood loss, hospital stay, morbidity, mortality, time to elimination of the need for antidiabetic treatment after surgery, time until blood glucose returned to normal, blood glucose levels on postoperative 3rd and 7th days, BMI loss and HgA1c levels at 1, 3 and 6 months.

Results: Ten patients who underwent SJIT for metabolic surgery between February 2018 and December 2018 were included in the study. The median age was 56 years (43–64 years) and half of the patients (5/10) were male. The median preoperative BMI was 38 kg/m² (35–51.8 kg/m²). The median HgA1c level was 9.6 (7–10.7). The median

duration of T2DM was 96 months (18–144 months). The median daily insulin requirement was 40 IU (0–120 IU). The median operation time was 123 min (96–138 min) and the median hospital stay was 5 days (5–10 days). Blood loss was less than 50 mL. While there was no mortality, one patient had a sleeve gastrectomy stapler line leak that could be treated with endoscopic stent and percutaneous drainage without surgery. Median BMI loss at postoperative 1st, 3rd and 6th months was 2 (1–3), 4 (3–5), 9 (8–10) respectively and median HgA1c levels at 1st, 3rd and 6th months; 8.2 (6.2–9.5), 5.8 (5.1–6.5), 5.4 (5–6.1).

Conclusions: SJIT is a technically relatively easier alternative to metabolic surgery that can be performed more easily and in a shorter time, and the results in this pilot study were satisfactory. Longer follow-up period is needed for physiological results of technical revision.

Keywords: Jejunoileal; metabolic surgery; sleeve; transition

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