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LETTER TO THE EDITOR

Letter to the Editor—Laparoscopic Conversion of One Anastomosis Gastric Bypass to Roux-en-Y Gastric Bypass

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Letter to the editor:

We have watched and read with great interest the video case report written by Amor et al. (Obes Surg. 2017 May; 27(5):1398) entitled "Laparoscopic Conversion of One Anastomosis Gastric Bypass to a Standard Roux-en-Y Gastric Bypass."

We agree on the used technique proposed by Amor et al., of restoring the normal small bowel anatomy at the beginning of the procedure with the resection of the gastrojejunal anastomosis (GJA). This gives the surgeon the ability to decide on the length of the biliopancreatic limb (BPL) and convert to a standard Roux-en-Y Gastric Bypass (RYGB). However, we propose an alternative to the resection of the anastomosis en bloc with both the efferent common and afferent BP loop. This technique ultimately results in two different anastomoses, increasing the risk of complications such as leakage. We suggest dividing the anastomosis directly by placing a linear stapler on the small bowel side just below the level of the anastomosis. It is paramount that the small bowel limb is not narrowed by this manoeuvre, as this would create an iatrogenic stricture. This piece of small bowel eventually becomes the common loop (in case of a one anastomosis gastric bypass with a BPL op 200–300 cm and a RYGB with a BPL of 50–100 cm and an alimentary loop of 50–100 cm). Directly dividing the anastomosis results in a time benefit by decreasing the duration of the procedure. Moreover, there is also a decrease in the risk of complications such as leakage by eliminating the need for an extra anastomosis.

In the technique described by Facchiano et al. [1], the BPL loop is transected just before the GJA and anastomosed as the distal anastomosis after measuring up the alimentary loop starting at the stomach pouch. This results in a RYGB with a larger stomach pouch (after OLGB), a long BPL and possibly, a shorter common loop leading to malabsorption.

Linear division of the anastomosis is shown in video 1.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

Ethical Approval and Informed Consent All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

For this type of study formal consent is not required.

Informed consent was obtained from all individual participants included in the study.

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Reference

1. Facchiano E, Leuratti L, Veltri M, et al. Laparoscopic conversion of one anastomosis gastric bypass to Roux-en-Y gastric bypass for chronic bile reflux. Obes Surg. 2016;26(3):701–3.

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