



البحث الخامس

عنوان البحث باللغة الإنجليزية :

Conventional Versus Distal Laparoscopic One- Anastomosis Gastric By-pass: A Randomized Controlled Trial with One Year Follow-up.

الملخص باللغة الإنجليزية:

There is no consensus on the ideal small bowel length that should be bypassed in laparoscopic one-anastomosis gastric bypass (OAGB). This study aimed to compare safety and efficacy of conventional versus distal techniques of laparoscopic OAGB. This randomized controlled trial involved 60 adults with morbid obesity scheduled for laparoscopic OAGB randomly assigned to one of the two techniques; Conventional technique (fixed anastomosis 200 cm from the ligament of Treitz) and distal technique (anastomosis 400cm from the ileo-cecal valve). Total small bowel

length (TSBL) was measured in all cases. Quality of life was assessed using Gastrointestinal Quality of Life Index (GIQLI). Outcome measures were excess body weight loss percentage (EBWL %), resolution of associated comorbidities, frequency of nutritional deficiencies, and quality of life. No patients were lost to follow-up. The two groups were comparable in TSBL, EBWL % and complete resolution of comorbidities up to 12 months. The percentage of afferent loop length to TSBL was significantly higher in the distal group ($p < 0.001$) but was not correlated with EBWL %. The levels of hemoglobin, cholesterol, triglycerides, iron and albumin were significantly lower and parathormone hormone was higher in the distal group. The GIQLI score was significantly higher in the Conventional Group during follow-up. As a conclusion, OAGB achieves optimum results when the afferent loop length is 200 cm; bypassing more than 200 cm does not improve weight loss or comorbidity resolution. Measuring TSBL is recommended to avoid excessive small bowel shortening that increase the risk of nutritional consequences.