

Joint Event on



International Conference on

SURGERY AND ANESTHESIA

&

3rd International Conference on

GASTROENTEROLOGY

November 12-13, 2018 | Rome, Italy

DAY 1

Scientific Tracks & Abstracts

Day 1

SESSIONS

November 12, 2018

Hepatobiliary and Pancreatic Surgery | Esophageal Disease | General Surgery and its Specialities
Gastrointestinal Surgery | Orthopedic Surgery | Perioperative Care and Anesthesiology

Session Introduction

Session Chair

Felipe Massignan
Advanced Nucleus in
Plastic Surgery, Brazil

Session Chair

Manuel Perucho
Institute Germans
Trias I Pujol (IGTP), Spain

- Title: Role of spleen elastography in predicting severity of esophageal varices**
Rajul Rastogi, Teerthanker Mahaveer Medical College & Research Centre, India
- Title: Reduction mammoplasty in males, my preferred technique**
Sabreen Al Zamil, Sabreen Al Zamil clinic, Kuwait
- Title: Cybertherapy in outpatient surgery**
Jose Luis Mosso Vazquez, Universidad Panamericana, Mexico
- Title: Complicated tibial plateau fractures in young patients: Functional outcome with dual plating via A2 incision technique experience of two public sector hospitals of Karachi, Pakistan**
Abdul Qadir, Civil Hospital Karachi, Pakistan
- Title: New resource for short and long-term sedation**
Eduardo Rubio Ruiz, Centro Médico de Cozumel, Mexico
- Title: Enterocutaneous fistula due to colon cancer presented as para-umbilical swelling**
Tarik Ibrahim Ali, National Defence University Malaysia, Malaysia
- Title: New innovations in holistic nutrition for no longstanding celiac disease**
Richa Jain, Postgraduate Institute of Medical Education and Research, India

ROLE OF SPLEEN ELASTOGRAPHY IN PREDICTING SEVERITY OF ESOPHAGEAL VARICES

Rajul Rastogi

Teerthanker Mahaveer Medical College & Research Centre, India

Elastography is a non-invasive imaging technique used to evaluate stiffness/elasticity of human tissues. It can be performed by ultrasonography or magnetic resonance imaging. Ultrasound elastography (US-E) has gained more acceptance due to wider availability, ease of examination and shorter examination time relative of magnetic resonance elastography (MR-E). For long US-E has been in use for determining the severity of liver disease and predicting its prognosis. Recently, there is a growing interest towards assessment of spleen stiffness / elastography, considering the pivotal role of spleen in splanchnic circulation during the evolution of liver cirrhosis, portal hypertension & esophageal varices. US-E using acoustic radiation force impulse (ARFI) technique allows the quantitative/objective assessment of spleen stiffness. Hence, a pilot study is conducted to evaluate the role of splenic elastography in predicting the occurrence & grading of esophageal varices.

Aim: To evaluate the association of spleen stiffness (SS) as measured by acoustic radiation force impulse elastographic technique with the presence and grading of esophageal varices.

Material & Methods: Ten patients with features of chronic hepatic disease and/portal hypertension who were candidates of upper gastrointestinal endoscopy were included in our study. Splenic elastography measurement values (in m/sec) along with presence/absence & grade of esophageal varices on endoscopic examination were recorded. The diagnostic utility of non-invasive method splenic elastography for predicting varices and their grade on endoscopy was then calculated.

Results: Splenic stiffness (ARFI values) in m/sec correlated with grade of esophageal varices on endoscopy being significantly higher in patients with higher grades of varices who experienced variceal hemorrhage than in those who did not.

Conclusion: Spleen stiffness measured by ARFI elastography is a reliable predictor of esophageal varices and can be used as a noninvasive means for predicting the presence and grade of esophageal varices.



BIOGRAPHY

Rajul Rastogi, a post-graduate in radio diagnosis has also done advanced diploma nutrition dietetics, dip card, distance learning course and diploma computer application. He is a fellow of international medical sciences academy and Indian radiology & imaging, besides being a member of multiple prestigious academies including national academy of medical science. Currently, he is an assistant professor in Teerthanker mahaveer medical college & research Centre, Moradabad, up and is involved in teaching MBBS & MD students. He has been guest speaker in multiple CME & conferences and has chaired scientific sessions in such gatherings as well. He has published more than 90 scientific papers in International Journals besides being an author & co-author of more than 50 chapters in more than 15 medical books. He is an editorial board member as well as reviewer for more than thirty International journals. He is also a PG program consultant & member board of studies for Texila American University, Guyana, South America. He has keen clinical research interest in imaging of variety of maxillofacial, neurology, gastrointestinal and musculoskeletal imaging.

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REDUCTION MAMMOPLASTY IN MALES, MY PREFERRED TECHNIQUE

Sabreen Al Zamil

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Surgical treatment of grade III gynecomastia requires more scarring than grade I& II. Reduction mammoplasty in males has been recently more encountered since the introduction and the uprising of bariatric surgery. Yet it is more challenging than in the female breast as it requires certain modification to reach a modest male breast shape. Since the year 2010 up till now we adopted and modified a technique that eliminates the vertical scar and carries the NAC on a wide pedicle simulating a Pec.Major contour, as much as possible then delivered through a hole in the superior skin flap. A series of cases performed since 2010 by myself and adopted by some colleagues in the department afterwards (around 32%) of the total no. of cases; two incidences of NAC mal positioning however did not affect the patient satisfaction. The future is to combine it with high definition lipo sculpture in selected thin built patients.

BIOGRAPHY

Sabreen Al Zamil is the first Kuwaiti female plastic surgeon. She is the head of plastic surgery unit at Al-Babtain Centre. Owner & director of sabreen clinic board member and co-founder of the Kuwait society of plastic surgeons. Former tutor at faculty of medicine/Kuwait university local & international guest speaker in plastic surgery and cosmetology congresses. Public educator in various campaigns mainly breast reconstruction, burns and filler complications, 23 years' experience in plastic surgery including training time periods in Canada & Italy.

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Note:

CYBER THERAPY IN OUTPATIENT SURGERY

Jose Luis Mosso Vazquez

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Cyper therapy is an additional and non-invasive system to reduce pain and anxiety during ambulatory surgery. We present the experience in urban and indigenous patients as well as the devices we have used in the last 10 years of experience.

Methodology: Patients from Mexico city have participated. Many portable devices we used as laptops, cell phones, and cardboards. Virtual reality scenarios have been developed at the Virtual Reality Medical centre, Italy and commercial for entertainment proposals. Lipomas, cysts and hernias were been removed under local and regional Anesthesia.

Results: Pain and anxiety was reduced more on indigenous patients as well as the impressions were bigger. Children are so astonishing with Virtual reality, teenagers enjoy a lot, and for adults this technique is interesting. We had xylocaine reaction one urban and in one indigenous patient.

Conclusions: Virtual reality is an additional help to reduce pain and anxiety that in many cases we reduced intravenous medications. Patients have better and different experiences into hospitals in the intraoperative and in the recovery. This technique is easy to use, easy to install and less and less expensive. There are emergent technologies that will change this arena; Brain Computer Interface is a promising technology.



Figure: Back lipoma removing, Indigenous patient under Virtual reality navigation

BIOGRAPHY

Jose Luis Mosso Vazquez has completed general surgery in Mexico, endoscopic surgery in France and robotic surgery in USA. GI endoscopist and paediatrician also. He is practitioner in public health hospitals. He is also professor research at the school of medicine, Universidad Panamericana in Mexico City. He performed, developed and built the first robot as assistance for laparoscopic surgery in Mexico, co-founder of Mexican society of computer assisted surgery; He introduced virtual reality apps during outpatient surgery and more medical areas. He designed techniques for training laparoscopic surgery with smartphones and tablets for undergraduate students, medical students and college students. He performs laparoscopic surgery with smartphones on humans. He applies hibernation to perform surgeries in experimental models. He has over 45 publications and has been serving as an editorial board member in cyber psychology and behaviour Journal.

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COMPLICATED TIBIAL PLATEAU FRACTURES IN YOUNG PATIENTS: FUNCTIONAL OUTCOME WITH DUAL PLATING VIA A2 INCISION TECHNIQUE EXPERIENCE OF TWO PUBLIC SECTOR HOSPITALS OF KARACHI, PAKISTAN

Abdul Qadir

Civil Hospital Karachi, Pakistan

Motorbike accidents contribute one of the most important factors of tibial plateau fracture among young populations in Karachi Pakistan. Most surgeons feel challenging to treatment complicated bi-condylar fractures of the tibial plateau. This prospective study was designed to evaluate the functional outcomes of dual plating via A2 incisions technique for the fixation of complicated bi-condylar tibial plateau fractures in young patients in Karachi Pakistan.

Method: This prospective study include 94 cases of Type V and VI tibial plateau fractures of young patients operated between January 2014 and Dec 2016 conducted in two public sector hospital of Karachi Pakistan. Exclusion criteria include patients with multiple fracture on same side or same bone, age more than 45 years, open contaminated fracture and patients with head injuries. All cases were operated either by lateral locking plate fixation by anterolateral approach or double plating through double incision. All cases were followed for a minimum of 24 months radiologically and clinically. The statistical analysis was performed using software SPSS 20.0 to analyze the data.

Results: A total of 94 patients (45 Single Plating and 49 Dual Plating) were operated during the study period of two years. However, four patients (four single plating and zero dual plating) were lost during follow up who could not be tracked. Both groups were somewhat similar in relation to the age, mechanism of injury, fracture pattern and soft tissue injury. Preoperatively, there was a significant increase in surgical time with the dual plating group; however, the mean time of reduction between the two groups was not significant. Decision to put bone graft was at the choice of the operating surgeon and was an intraoperative decision with 74 (78.7%) patients receiving bone graft. Postoperatively, there was no immediate difference in between the groups considering the malignant and reduction. It took approximately four to five months for the fractures to get united. There was no malunion, nonunion or implant failure seen among those patients. There were 10 cases with superficial infection in wounds of dual plating group which were treated with culture sensitive antibiotics for average two weeks, healed subsequently. There were three patients found having incidence of deep infection in a double plating group, where in two patients were positive with *Staphylococcus aureus* and one patient with

E.coli was isolated. Extensive wound irrigation and lavage with antibiotic cement beads was given. Repeated irrigation and lavage was done again after two weeks with removal of beads followed by prolonged course of antibiotic therapy for six weeks after which the infection resolved. A total of 38 (77%) patients in a double plating group regained full flexion (135°) and full extension (0°) with a good alignment and no pain and instability as compared to single plating group, seen in 30 (66%) patients at follow-up.

Conclusion: Dual plating by two incision method resulted in better functional outcome regarding limb alignment and range of movements at knee joint with an acceptable soft tissue complication rate in young patients.

BIOGRAPHY

Abdul Qadir is a Surgeon specializing in orthopedic surgery with an emphasis on advanced techniques in this field disciplined and confident doctor with Saudi Arab license and board certification in surgery. More than 04 years of experience in hospital and clinical settings.

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NEW RESOURCE FOR SHORT AND LONG-TERM SEDATION

Eduardo Rubio Ruiz, Rafael Moguel Anchita and Ricardo Segovia Gasque

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BIOGRAPHY

Eduardo Rubio Ruiz has medical specialty in anesthesia from National Autonomous University of Mexico, Board certified by the Mexican council of anesthesia, chief of staff of anesthesia at Costamed hospital.

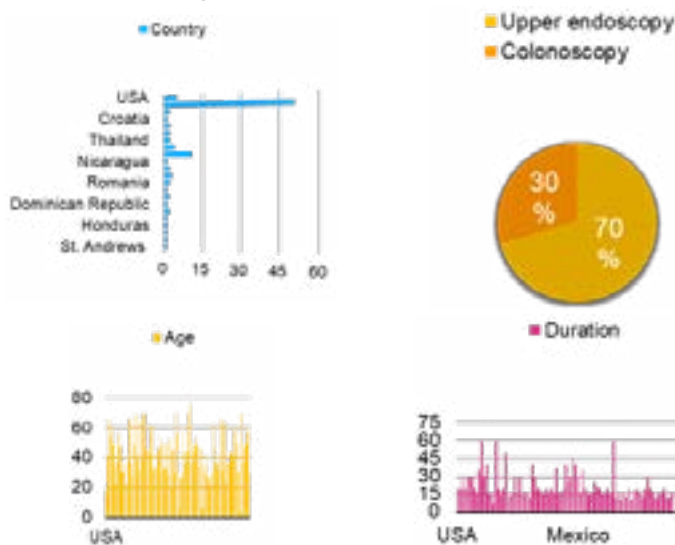
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Propanidido is a eugenic GABAA allosteric inhibitor at mesencephalic and bulbar levels, that neutralizes the action of neuroleptics sites on the central nerve system. It exhibits rapid transformation by plasma cholinesterase into acid metabolites with no anesthetic effects. Hiltmann, on 1960-1965, introduced it for short surgical and minor dental procedures. It has rapid onset of effect, analgesic effect, early onset of consciousness, initially positive stimulant of respiratory rate, prolonged effect of muscle relaxant succinylcholine and rapid recovery in case of intoxication, without any venous irritation.

Purpose: To consider the cost and time benefit of general application of propanidido for all endoscopic procedures.

Methods and materials: We treated 99 patients with hypnotic medication propanidido and narcotic fentanyl for endoscopic procedures of multiple nationalities, different comorbidities, and variable ages.

Results: Shown in figures



Conclusion: It is a soft drug that causes short time of induction and rapid metabolism, great stability, oxygen saturation over 96%, without either, awareness, movements, ventilation depression neither accumulation titles in blood after 25 minutes of administration. It gives the attending physician the possibility for early onset of consciousness in 5 minutes and early 25 minutes discharge from the hospital.

ENTEROCUTANEOUS FISTULA DUE TO COLON CANCER PRESENTED AS PARA-UMBILICAL SWELLING

Tarik Ibrahim Ali

National Defense University Malaysia (UPNM), Malaysia

A 41-year-old pregnant women complained from a per-umbilical swelling, for nearly five months, according to ultra-sound study she underwent a surgical drainage operation for a supposed inflammatory condition near the umbilicus, patient returned after a week post-operatively with a faecal discharging fistula, the fistula was managed by using a colostomy back for one month, then she had an emergency lower caesarian section plus bilateral tubal ligation because of transverse lie of baby. In a month time the fistula opening shows a big protruding ulcerating mass. CT scan of abdomen and pelvis was done confirm the presence of a large central abdominal mass extended through and ulcerated at the umbilical region. The definitive surgical Operation was done to remove a huge tumour of the transverse colon with the malignant fistulous tract at the anterior abdominal wall and the involved rectus abdominis muscle. Histopathology examination of the surgical specimen proves it as a Mucinous adenocarcinoma, moderately differentiated.

BIOGRAPHY

Tarik Ibrahim Ali is currently working in National Defense University Malaysia (UPNM), Malaysia.

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Note:

NEW INNOVATIONS IN HOLISTIC NUTRITION FOR NO LONGSTANDING CELIAC DISEASE

Richa Jain

Postgraduate Institute of Medical Education and Research, India

Celiac disease is an immune-based reaction to dietary gluten (storage protein for wheat, barley, and rye) that primarily affects the small intestine in those with a genetic predisposition and resolves with exclusion of gluten from the diet. There has been a substantial increase in the prevalence of celiac disease over the last 50 years and an increase in the rate of diagnosis in the last 10 years. Celiac disease can present with many symptoms, including typical gastrointestinal symptoms (e.g., diarrhoea, steatorrhoea, weight loss, bloating, flatulence, abdominal pain) and also non-gastrointestinal abnormalities (e.g., abnormal liver function tests, iron deficiency anaemia, bone disease, skin disorders, and many other protean manifestations). Indeed, many individuals with celiac disease may have no symptoms at all. Celiac disease is usually detected by serologic testing of celiac-specific antibodies. The diagnosis is confirmed by duodenal mucosal biopsies. Both serology and biopsy should be performed on a gluten-containing diet.

A pilot research study is carried out on new innovations in holistic nutrition in recently diagnosed celiac disease patients. This is a preventive and curative therapy, which promotes balance and integrates body-mind-soul. A calm disposition stemming from relaxation techniques, holistic nutrition and diet therapy and changes in gut microbioms heals digestive issues and brings positive changes in the metabolism. This process adds to the physical strength and brings behavioural changes, which ensure that disease does not recur nor does it lead to any loss of vitality. The therapy comprises of a blend of lifestyle changes, detoxification, deep relaxation techniques and oral food chelation therapy. Till date the findings suggest that celiac patients went back to eating gluten without damaging their health, which can be confirmed by serological test and biopsy. I believe there is a close relationship between the mind and body, their interactions hold the key to successful interventions in the arena of treating celiac disease.

BIOGRAPHY

Richa Jain has completed her post-graduation in dietetics and public health nutrition at the age of 25 years from Lady Irwin College, India. Also she is an alternative medicine consultant and holistic healer with 9 years of experience in preventing and treating obesity and celiac disease. She is currently pursuing a bachelor's degree in ayurveda, medicine and surgery while expanding my professional work to treating celiac disease via an integrated approach of holistic care, nutrition, and attention to the gut micro biome.

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DAY 2

Scientific Tracks & Abstracts

Day 2

SESSIONS

November 13, 2018

Endocrine surgery | Laproscopic and gall bladder surgery
Hepatology | Gastrointestinal medical procedure

Session Introduction

Session Chair

Iftikhar Ahmed
Aldara Hospital and
Medical Centre, UK

- Title: **Adipokine profile in hypertrophic breasts**
Quratulain Fatima Masood, Yale University of Medicine, USA
- Title: **Surgery of crohn's disease: Does the type of anastomosis and resection really play a role in the prophylaxis of postoperative recurrence?**
Rosario Fornaro, Università di Genova, Italy
- Title: **Value of hepatitis B surface antigen in the prediction of liver injury among patients with immune-tolerate phase chronic hepatitis B**
Da-Wu Zeng, Fujian Medical University, China
- Title: **Initial experience with intragastric balloon LEXBAL® in the treatment of patients with mild to moderate obesity (type I-II)**
Fernando Robledo, Maryland-in-Buenos Aires, Argentina
- Title: **Reduced trocars omega loop bypass - safety & feasibility**
Enas Al-Alawi, Algarhoud Private Hospital, Unites Arab Emirates

ADIPOKINE PROFILE IN HYPERTROPHIC BREASTS

Quratulain Fatima Masood, Q Ayub, T Perwez, T Ahmed, T Arain, Muhammad H, Asad A, Kaleem A, Hussain I and Mariel Elisa

Yale University of Medicine, USA

The aim of the study was to reveal the pattern of adipokine production in normal versus hypertrophic breast tissue, using protein micro arrays. The hypothesis proposed was a differential expression of adipokines in normal verses hypertrophic breast tissue. Twenty one surgical breast tissue samples were taken and frozen immediately after excision. Two samples were taken from normal female breasts and one from a normal male breast. Fifteen samples from macro mastic, and three samples from gynaecomastic breasts, were taken during various breast reduction procedures. The proteins in the surgical tissue samples were extracted and analyzed using protein micro arrays. Protein assays from representative samples showed striking similarities. The expression of protein molecules in macromastic and gyneacomastic breasts, when compared to normal female and male representative assays, showed similar results. Adipose tissue and capillary endothelial tissues have an active interplay of paracrine and autocrine dynamics. Adipose tissue development requires constant vascular remodeling and multiple angiogenic molecules produced in adipose tissue may contribute to the complex regulation of adipogenesis.

BIOGRAPHY

Quratulain Fatima Masood has been serving as a medical intern, after graduating from Army Medical College, national university sciences and technology. Following a brief period at Yale as a research associate, at the department of plastics and reconstructive surgery, she became the sole pioneer of the student research forum, at her home institution. Her experience at Yale emerged as global forum, where she mentors students at research paper writing. Other than individual research papers, her major completed contributions are noted at the leading American publication groups including, encyclopedia of global health, encyclopedia of cancer and society and Encyclopedia of stem cell research all published with the renowned publisher SAGE publications. CPR related brain death, options and perspectives by SM publications, is an ongoing project an interesting perspective on deep brain trans cranial electromagnetic stimulation, and its application in brain dead patients. She has presented her research across the globe, in form of posters, and oral presentations, with the honor of having two of her papers being invited to be presented at New England hand surgery society; at the world congress of regenerative medicine & stem cell in China and the annual research symposium, University of Colombo.

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Note:

SURGERY OF CROHN'S DISEASE: DOES THE TYPE OF ANASTOMOSIS AND RESECTION REALLY PLAY A ROLE IN THE PROPHYLAXIS OF POSTOPERATIVE RECURRENCE?

Rosario Fornaro, Andrea Razzore, Marco Casaccia, Emanuela Stratta, Giuseppe Caristo and Marco Frascio

Università di Genova, Italy

Crohn's Disease (CD) is a chronic intestinal inflammatory disease associated with high rates of postoperative recurrence (POR). More than 75% of patients undergo at least one surgery. Moreover, in a large number of cases the disease recurs and the risk of undergoing a new intervention is estimated at around 1.5% per year. The observation that patients with definitive ileostomy rarely have relapses and that in 90% of cases they are located in the pre-anastomotic tract, leads us to suppose that the type of anastomosis can play a role in the appearance of POR.

Purpose: To focus the role of surgery in reducing the incidence of ROP, with particular reference to the size of intestinal resection and the type of anastomosis.

Methods: Review of the literature of the last two decades and critical analysis of one's own experience.

Results: The extent of intestinal resection and the type of anastomosis have been the subject of numerous studies. The extent of the resection margin has no influence on recurrence rates. Therefore, the extended resections should be avoided: A macroscopically normal margin of 2 cm is adequate and the presence of microscopic residual disease at the resection margins does not lead to a significant increase in the incidence of recurrences. The rate of relapse would be lower in cases where the anastomotic configuration is such as to present a broad wide, as in the case of latero-lateral anastomosis (SSA), rather than a narrow lumen, as in the termino-thermal anastomosis (EEA). It appears that the rates of relapse after SSA are lower, especially if the anastomosis is performed with stapler (stapled side-to-side anastomosis-SSSA) compared to that performed manually (handswen end-to-end anastomosis-HEEA).

Conclusions: The role of the different resection techniques and of the different types of anastomoses remains uncertain today and it is not possible to establish the effectiveness in preventing recurrences. Further large-scale controlled studies with long-term follow-up are needed.

BIOGRAPHY

Rosario Fornaro completed his degree in medicine and surgery specialization in general surgery, surgery of digestive apparatus and digestive endoscopy, vascular surgery. He is currently working at Università di Genova, Italy.

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VALUE OF HEPATITIS B SURFACE ANTIGEN IN THE PREDICTION OF LIVER INJURY AMONG PATIENTS WITH IMMUNE- TOLERATE PHASE CHRONIC HEPATITIS B

Da-Wu Zeng

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Background/Aims: It has been demonstrated that significant fibrosis occurs in a proportion of hepatitis B e-antigen (HBeAg) positive patients (22.5–49.4%) with persistently normal serum alanine transaminase (ALT) levels. Notably, chronic hepatitis B (CHB) in the immune-tolerate (IT) phase, if left untreated, is significantly associated with high risks of hepatocellular carcinoma (HCC) and death. HBeAg-positive chronic hepatitis B virus (HBV) infection still has the risk of developing HCC, suggesting a need for the treatment of IT-phase CHB patients, particularly for those individuals with the presence of liver injury for slowdown the disease progression. This multiCentre study aimed to develop a noninvasive model to predict significant fibrosis among CHB patients in the IT phase.

Materials and methods: A total of 113 CHB patients who were classified as IT-phase CHB with HBeAg positive, high HBV DNA (more than 107 IU/mL), and normal ALT at the time of liver biopsy, were retrospectively recruited in this multicentre study. Relationships between HBsAg and liver fibrosis were analysed by Spearman rank correlation. Receiver operator characteristic (ROC) curves were used to evaluate the diagnostic value of HBsAg for the prediction of liver fibrosis. Multivariate logistic regression analysis was conducted to construct a non-invasive model for the prediction of significant fibrosis among the IT-phase CHB patients. Results: DS-defined IT-phase CHB patients (HBeAg positive, HBV DNA $\geq 1,000,000$ IU/mL, and normal ALT) and histological profiles (necroinflammatory score <4 and fibrosis ≤ 1 on liver biopsy) had significantly higher HBsAg levels than the non-IT patients. The quantitative HBsAg level can help identify IT patients with potential liver injury. The optimal level of HBsAg to identify DS IT was $\log 4.46$ IU/mL with an AUC of 0.77, a sensitivity of 72.7%, a specificity of 79.7%, a PPV of 69.6% and a NPV of 82.1%, while $\log 4.44$ IU/ml for $F \geq 2$ gave an AUC of 0.83, a sensitivity of 81.1%, a specificity of 81.6%, a PPV of 68.2% and a NPV of 89.9%, respectively

Conclusions: Approximately one-third of the IT-phase CHB patients may have medium or severe liver injury. The IT-model combining HBsAg level is able to identify significant fibrosis in the IT-phase CHB patients.



Note:

BIOGRAPHY

Da-Wu Zeng is currently working at Fujian Medical University, China.

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INITIAL EXPERIENCE WITH INTRAGASTRIC BALLOON LEXBAL® IN THE TREATMENT OF PATIENTS WITH MILD TO MODERATE OBESITY (TYPE I-II)

Fernando Robledo

Maryland-in-Buenos Aires, Argentina

To evaluate the effectiveness and response Gastric balloon (Lexbal) in the treatment of mild to moderate obesity

Methods: We conducted in one clinic and hospital paroissien an observational, retrospective study. We have compiled the results of 12 follow intragastric balloons (Balon Lexbal) in obese patients with mild to moderate type I-II (BMI between 28 and 34.9kg/m²) placed in 2012 and 2015 losses have been achieved over 70% of excess weight . Furthermore, it has been observed satisfaction of our patients

Measurements: Descriptive observational study in which the sample is made up of the 12 patients treated with balloon LEXBAL in our midst. The variables studied were age, sex, weight, BMI, percentage of weight lost, fill volume, tolerance, satisfaction and dietary monitoring by patients

Results: Over 80% degree of patient satisfaction, 70% decrease in weight above the average (over 12 kilos) better response in those presenting adherence to nutritional treatment and no differences were observed in the volume of filling the balloon.

Conclusions: Treatment with intragastric balloon, along with a nutritional monitoring allows us to re-educate the patient, and change their eating habits. Just for gradual diet, and to adapt each phase as tolerated by the patient, helps us to improve dietary behavior and facilitates greater weight loss. The intragastric balloon is a safe, well tolerated, with few adverse effects and relatively simple in the hands accustomed to endoscopic practice. We believe it can be considered an effective adjunctive therapy in selected cases of mild / moderate obesity.

BIOGRAPHY

Fernando Robledo is currently working at Maryland in Buenos Aires, Argentina.

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Note:

REDUCED TROCARS OMEGA LOOP BYPASS -SAFETY & FEASIBILITY

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Laparoscopic Omega Loop bypass (LOLB) has proven to be a safe and successful bariatric procedure. Typically, the procedure is performed using five to seven trocars. The urge to minimize surgical trauma and pain has led to the development of reduced trocars procedure, which has been shown to be a safe and less-invasive. We describe the feasibility and safety of 3-trocar approach in performing Laparoscopic omega loop gastric bypass.

Methods: 367 patients underwent 3 trocars LOLB between February 2011 and February 2017. The same surgeon performed all procedures. The umbilicus was the point of optical port for all patients with a 5mm trocar and the same operative technique and perioperative protocol were used in all patients. Data were prospectively collected and retrospectively studied. Prior to surgery, all patients underwent an evaluation by a multidisciplinary team. Postoperatively all patients had routine laboratory blood tests and oral water soluble contrast study the next day after surgery to rule out gastric leak or bleeding. A proton pump inhibitor was prescribed for 3 months. Follow-up consisted of 4 visits to the clinic during the first postoperative year and annual follow-up thereafter. The collected data included the operative time, subjective pain scores, length of stay, operative complications. Data regarding excess weight loss were collected after 1 year follow-up. The parameters were compared to 529 patients who had 5 to 7 trocars technique in the same time period.

Results: A total of 367 triple-incision LOLB procedures were performed. The procedures were successfully performed in all patients. Mean operating time was 88 minutes. One patient required conversion to laparotomy, two patients leaked and required reoperation, one patient developed a pelvic abscess one week postoperatively and 3 patients dropped hemoglobin and required blood transfusion. There were no mortalities.

Conclusion: Three trocar laparoscopic omega loop bypass is safe, technically feasible and reproducible. Operative time was acceptable and post-operative recovery and complications were comparable to 5-7 trocars technique.

BIOGRAPHY

Enas Al Alawi is a laparoscopic & bariatric surgeon currently working in Dubai, United Arab Emirates. Graduated from the National University of Ireland and fellowship from the Royal college of surgeons in Ireland. Completed surgical training in Ireland, UK and USA.

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Note: