

List of Contents

Title	Page
♦ List of Figures	II
♦ List of Tables	V
♦ Introduction	1
♦ Aim of the Work	5
♦ Review of the Literature	
▪ Pathophysiology of Obesity	6
▪ Different Surgical Procedures for Morbid Obesity	30
▪ Operative Technique for Laparoscopic Roux EN Y Gastric Bypass	53
▪ Postoperative Complications in Bariatric Surgery	65
▪ Outcome of Bariatric Surgery	95
♦ Patients and Methods	113
♦ Results	132
♦ Discussion	158
♦ Summary	169
♦ Conclusion	172
♦ References	173
♦ Arabic Summary	—

List of Figures

Fig. No.	Title	Page No.
1	Normal afferent signals.	8
2	Normal efferent signals.	8
3	Signalization after RYGB.	9
4	Map of Obesity in Adult Males.	20
5	Map of Obesity in Adult Females.	21
6	Vertical banded gastroplasty.	31
7	Application of AGB.	33
8	Trocars placement for LSG.	34
9	Formation of gastric sleeve.	35
10	Gastric plaction.	37
11	Minigastric bypass.	41
12	Biliopancreatic Diversion.	42
13	Port placement for BPD.	44
14	Performing the distal gastrectomy.	45
15	Creating the ileoileostomy for biliopancreatic diversion.	47
16	Creation of the gastrojejunostomy.	48
17	Configuration of the duodenal switch.	50
18	RouxenY gastric bypass.	53
19	Port placement of RYGBP.	57
20	Creation of gastric pouc.	58
21	Creation of jejunojejunostomy.	59
22	Formation of gastrojejunostomy using transoral stapling method.	60
23	Creating the proximal anastomosis.	62
24	Anastomotic leak.	67

25	Postoperative edema at the gastrojejunal anastomosis.	71
26	Post-operative edema at the jejuno-jejunal anastomosis with mild, partial small bowel obstruction.	73
27	Normal postoperative anatomy and potential mesenteric defects for IH following RYGBP.	75
28	Internal hernia in the left upper and mid abdomen.	76
29	Transmesocolonic internal hernia after gastric bypass surgery.	77
30	Stenosis at the jejuno-jejunal anastomosis with small bowel obstruction.	79
31	Endoscopic view of an anastomotic stricture before and after balloon dilatation.	80
32	Marginal ulcer. A fluoroscopic UGI spot image in the left posterior oblique position shows a small collection of contrast material (arrow) located along the gastrojejunal anastomosis consistent with a small ulcer.	81
33	Endoscopic view of a marginal ulcer at the gastrojejunal anastomosis of a gastric bypass.	82
34	Leakage of contrast material across the gastric staple line into the excluded stomach (staple-line disruption).	86
35	To create the Roux limb, the jejunum was transected with endo-GIA cartridge (white), approximately 50cm. from the ligament of Treitz	119
36	The roux limb was then measured 150cm.	120

37	The enterotomy sites were closed using hand sewn running sutures	121
38	The defect of the mesentery was closed using hand sewing to prevent internal herniation.	122
39	The dissection began at the right side of the stomach.	123
40	The stapler, was inserted and the gastric pouch was created using endo-GIA cartridge (gold) and applied three to five times to staple and cut the gastric pouch after removal of the nasogastric tube.	124
41	The gastrojejunostomy was created using a linear stapling technique; the stapler, was inserted through enterotomies into the pouch and jejunum to create the side to side anastomosis.	125
42	The remaining enterotomy and gastrotomy were closed using hand sewn running suture.	126
43	The gastrojejunostomy was then tested to make sure that anastomosis is air tight.	126
44	Mean weight in different follow up measurements.	144
45	Mean excess weight loss in different follow up measurements.	147
46	Mean body mass index in different follow up measurements.	152

List of Tables

Table No.	Title	Page No.
1	Results of Two Major Bariatric Procedures.	96
2	Distribution of cases according to personal characteristics of medical importance.	133
3	Distribution of cases according to the preoperative weight & height.	134
4	Distribution of cases according to comorbidities.	135
5	Distribution of cases according to conversion to open surgery and postoperative intensive care unit admission.	136
6	Distribution of cases according to operative time and postoperative hospital stay.	137
7	Early postoperative complications.	140
8	Late postoperative complications.	142
9	Patients' weight in different follow up measurements.	143
10	Comparison between patients according to weight at different follow ups.	145
11	Patients' excess weight loss in different follow up measurements.	146
12	Comparison between patients according to excess weight loss at different follow ups.	148
13	Description of the patient with poor weight loss.	150

14	Patients' body mass index in different follow up measurements.	151
15	Comparison between patients according to body mass index at different follow ups.	153
16	Comparison between males and females regarding weight and BMI percent of change.	154
17	Comparison between sweet eaters and non sweet eaters regarding weight and BMI percent of change.	155
18	Comparison between patients with and without family history of obesity regarding weight and BMI percent of change.	156
19	Fate of different comorbidities after operation.	157
20	Comparison between the operative time and conversion to open surgery for the present study and others.	160
21	Comparison between the hospital stay for the present study and others.	161
22	Comparison between the BMI decrease for the present study and others.	162
23	Comparison between the percentage of anastomotic leakage in the present study and others.	165
24	Comparison between the in the present study and other studies regarding the postoperative complications.	168



Introduction





Aim of the Work





Review of Literature





Chapter (1)

PATHOPHYSIOLOGY OF OBESITY





Chapter (2)

**DIFFERENT SURGICAL
PROCEDURES FOR
MORBID OBESITY**





Chapter (3)

**OPERATIVE TECHNIQUE
FOR LAPAROSCOPIC ROUX
EN Y GASTRIC BYPASS**





Chapter (4)

**POSTOPERATIVE
COMPLICATIONS IN
BARIATRIC SURGERY**





Chapter (5)
**OUTCOME OF BARIATRIC
SURGERY**





Patients and Methods

