شبكة المعلومات الجامعية

التوثيق الإلكتروني والميكروفيلم

بسم الله الرحمن الرحيم

HANAA ALY

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

HANAA ALY

شبكة المعلومات الجامعية

التوثيق الإلكتروني والميكروفيلم

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار

HANAA ALY

Short-Term Results of Single-Anastomosis Gastric Bypass After Failed Sleeve Gastrectomy

Thesis

Submitted For Partial Fulfillment of Master Degree In General Surgery

By

Mohamed Mohamed Ahmed Abd-Elsalam
M.B.B.Ch (Faculty of Medicine, Ain Shams University)

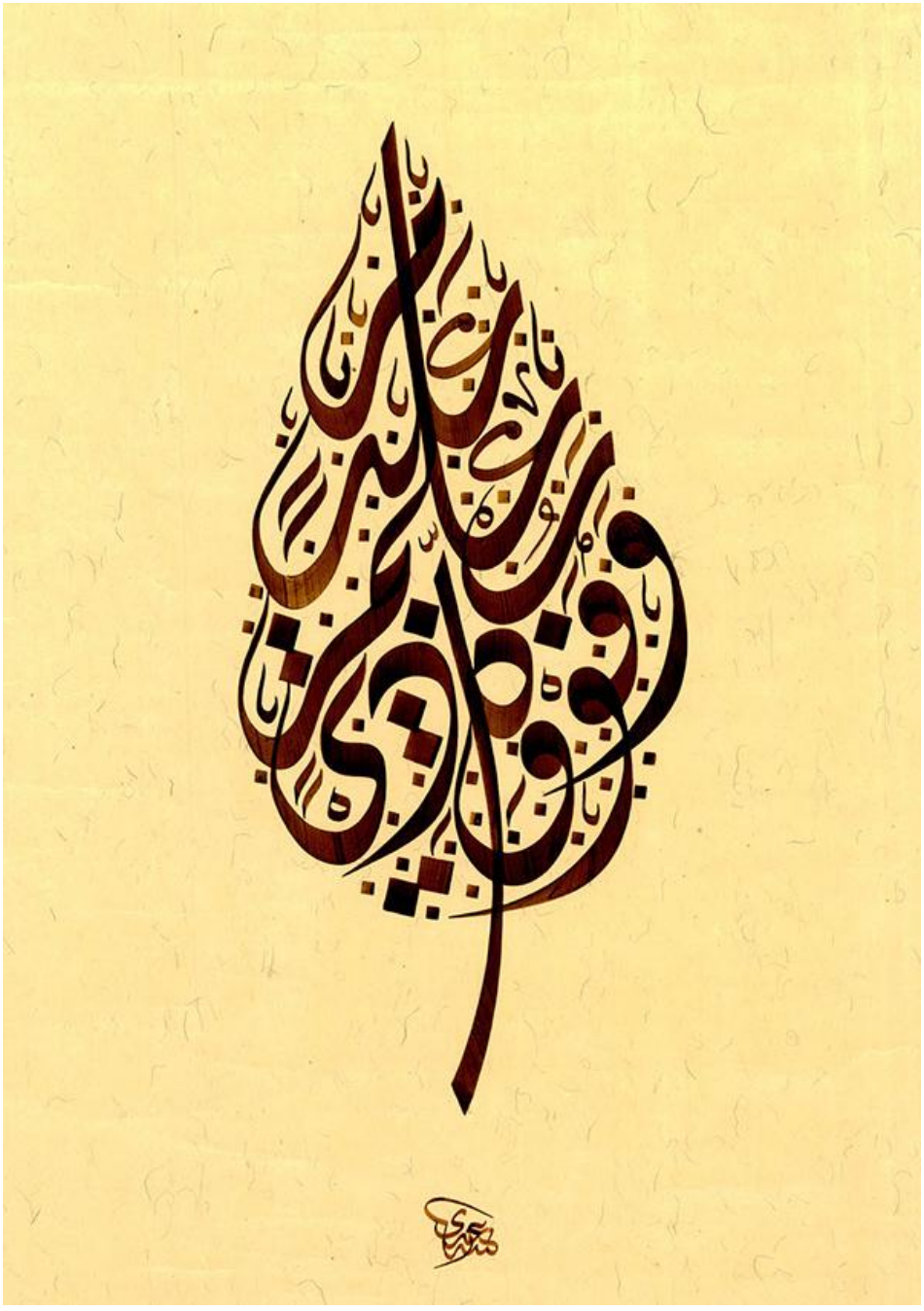
Under supervision of

Prof. Dr. Alaa Abbas Sabry Moustafa
Professor of General Surgery
Faculty of Medicine, Ain Shams University

Prof. Dr. Karim Sabry Abd-Elsamee
Associate Professor of General Surgery
Faculty of Medicine, Ain Shams University

Dr. Mohamed Ibrahim Mohamed
Lecturer of General Surgery
Faculty of Medicine, Ain Shams University

Faculty of Medicine
Ain Shams University
2020



Acknowledgment

First of all, I wish to thank God Almighty, for showering His most abundant grace and blessings on me throughout this work and providing me strength to accomplish this work successfully. And as The Prophet (ﷺ) said: He who does not thank the people is not thankful to Allah.

I want to thank **Prof. Dr. Allaa Abass** for all what he have taught us specially how to be a man of great science and also be very decent and so humble with people, Millions of thank you will also be less, because what you have done for us is incomparable to the mere thank you! Because they are just words!

I also want to thank my dear **Prof. Dr. Karim Sabry,** for his invaluable mentoring these past three years. I've had fun getting to know you better, and I've learned so much from talking with you and seeing how you work. You are amazing at what you do! I'm grateful to have had the chance to work with you so closely.

I also want to thank **Dr. Mohamed Ibrahim** for his help throughout this work, what I have told before meeting you was less than what I have seen, a great personality with a lot of experience.

Finally I want to thank my family for their support all the past 10 years.

Dedication

Dad, Mom, Moaz, Reem & Yasmeen I love you all.

List of Contents

List of Tables

List of Figures

List of Figures Cont...

List of Figures Cont...

List of Abbreviations

Abb.	Full term
AACE	American Association of Clinical Endocrinologists
ASA	American Society of Anesthesiologists
ASMBS	American Society for Metabolic and Bariatric Surgery
BMI	Body mass index
BPD	Biliopancreatic diversion
BPD-DS	Biliopancreatic diversion with duodenal switch
CCK	Cholecystokinin
CT	Computed tomography
CVD	Cardiovascular diseases
DVT	Deep vein thrombosis
EWL	Excess weight loss
FDA	Food and drug administration
GERD	Gastroesophageal reflux disease
GLP-1	Glucagon- like peptide-1
HbA1c	Haemoglobin A1C
GIA	Gastrointestinal anastomosis
IDF	The International Diabetes Federation
IGB	Intragastric balloons
IV	Intravenous
JIB	Jejunoileal bypass
LAGB	Laparoscopic adjustable gastric banding
LGGCP	Laparoscopic gastric greater curvature plication
LMGB	Lap-minigastric bypass

List of Abbreviations Cont...

Abb.	Full term
LMGBP	Laparoscopic mini-gastric bypass
LSG	Lap sleeve gastretomy
MSCT	Multislice CT
NIH	National Institutes of Health
OAGB	One anastomosis gastric bypass
OSA	Obstructive sleep apnea
PYY	Peptide YY
RYGB	Roux-en-Y gastric bypass
SADI-S	Single anastomosis doudeno-ileal anastomosis with sleeve gastrectomy
SG	Sleeve gastrectomy
SPSS	Statistical Package for Social Science
T2DM	Type 2 diabetes mellitus
VBG	Vertical banded gastroplasty

INTRODUCTION

Obesity is a pandemic health problem in both developed and developing countries and the costs of care continue to grow in parallel with the prevalence of the disease. This morbid condition leads to a high incidence of complications and a decrease in life expectancy, especially among younger adults ***(Fontaine et al., 2013).***

Surgical treatment of morbid obesity results in significant sustained weight loss, which reduces obesity-related morbidity and increases survival compared with patients receiving optimal medical therapy ***(Sjostrom et al., 2007).***

Laparoscopic sleeve gastrectomy (SG) has demonstrated its effectiveness in achieving weight loss and resolution of co-morbidities in patients with severe obesity and super-obesity ***(Fuks et al., 2009).***

However, this purely restrictive technique may sometimes be associated with long-term failure, due either to inadequate weight loss or to renewed weight gain; this requires effective low-morbidity alternative procedures ***(Weiner et al., 2011).***

Himpens et al. reported that more than 30% of the SG patients had inadequate weight loss or renewed weight gain, requiring an additional procedure ***(Himpens et al., 2010).*** Patients with insufficient weight loss or weight regain can be