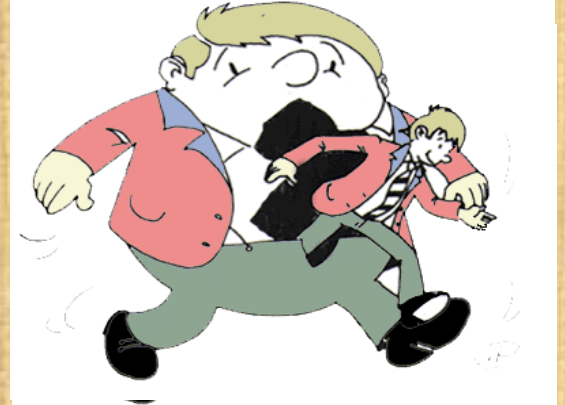




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Türkiye Obezite Cerrahisi Derneği

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# ANKARA CERRAHİ GÜNLERİ-6

## SİRKÜLER STAPLER UYGULAMALARI

Prof. Dr. Mustafa TAŞKIN

İ.Ü.Cerrahpaşa Tıp Fak.

Genel Cerrahi A.D.

Türkiye Obezite Cerrahisi Derneği Başkanı

- İlk Laparoskopik Roux en Y Gastrik by Pass (LRYGB) 1994 yılında Wittgrove tarafından tanımlanmıştır.

# GASTROJEJUNAL ANAZTOMOZ

- Sirküler stapler ile(transoral veya abdominal)
- Lineer
- El yardımı ile yapılır.

**COMPARISON OF LINEAR VERSUS CIRCULAR STAPLING  
TECHNIQUES IN LAPAROSCOPIC GASTRIC BYPASS SURGERY  
– A PILOT STUDY**

**S. Giordano, P. Tolonen, M. Victorzon**

Department of Gastrointestinal Surgery, Vaasa Central Hospital, Vaasa, Finland

- ABD'de en fazla sirküler stapler tekniđi, bunu lineer stapler tekniđi, en az ise elle yapılan anastomoz tekniđi uygulanmaktadır.

## Anastomotic Leaks after Laparoscopic Gastric Bypass

Rodrigo Gonzalez, MD; Lana G. Nelson, DO; Scott F. Gallagher, MD; Michel M. Murr, MD, FACS

Interdisciplinary Obesity Treatment Group, Department of Surgery, University of South Florida College of Medicine, Tampa, FL, USA

**Table 1.** Anastomotic complication rates utilizing different gastrojejunostomy techniques during laparoscopic Roux-en-Y gastric bypass as reported in selected large series from the English literature

Source	Year	No. of patients	Leak rate (%)
Schauer et al <sup>5</sup>	2000	275	3.3
Wittgrove et al <sup>6</sup>	2000	500	2.2
Nguyen et al <sup>3</sup>	2001	79	1.3
Higa et al <sup>7</sup>	2001	1,500	0.9
Oliak et al <sup>6</sup>	2002	300	1.3
Champion et al <sup>9</sup>	2002	743	0.4
Gonzalez et al <sup>10</sup>	2003	108	0
Hamilton et al <sup>11</sup>	2003	210	4.3
Papasavas et al <sup>12</sup>	2003	246	1.6
Gould et al <sup>13</sup>	2004	100	3
Dresel et al <sup>14</sup>	2004	120	0.8
Fernandez et al <sup>15</sup>	2004	554	4.3
Carrasquilla et al <sup>16</sup>	2004	1,000	0.1
<b>TOTAL</b>		<b>6,135</b>	<b>1.4</b>

# Kaçak oluşumunu önlenmesi;

- Gastrik poşun kanlanması
- Anostomoz gerginliği
- Stapler hattının güçlendirilmesi (prolen , fibrin yapıştırıcı vs..)

## Early Results after Laparoscopic Gastric Bypass: EEA vs GIA Stapled Gastrojejunal Anastomosis

Timothy R. Shope, MD; Robert N. Cooney, MD, FACS; Janelle McLeod, RD; Cynthia A. Miller, BS; Randy S. Haluck, MD, FACS

Department of Surgery, Penn State Milton S. Hershey Medical Center, Hershey, PA, USA

- RNYGB yapılan 61 hasta (EEA: 32, GIA:29)

	<b>EEA</b>	<b>GIA</b>	
Ameliyat süresi	180±56.1	145.3±27.9	<b>P=0.003</b>
Postop komplikasyon (yara yeri enf, Ac enf, anostomoz kaçağı)	43.8%	27.6%	<i>P=0.19</i>
6-8 aylık EWL	46.7%±12.2%	51.4%±10.7%	<i>P=0.25</i>
Hastane masrafları	9761 ± 6567	10830 ± 6588	<i>P=0.53</i>

## **The Effect of Stoma Size on Weight Loss After Laparoscopic Gastric Bypass Surgery: Results of a Blinded Randomized Controlled Trial**

**Daniel R. Cottam · Barry Fisher · Varun Sridhar · James Atkinson · Ramsey Dallal**

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- Bu çalışma GJ anastomozlarda anastomoz genişliğinin kilo vermeye etkisinin araştırıldığı ilk randomize kör çalışmadır.
- Aşırı kilo kaybının stapler boyutu ile bağlantısı saptanmamış olsa da GJ anastomozlarda stenoz 21mm olan grupta daha yüksek orandadır.
- Diğer yandan stenoz gelecekteki kilo kaybı oranını etkilememektedir.



# 21-25 mm stapler

- 15%-3% stenoz.
- Kilo kaybı farkı yok.

OBES SURG (2009) 19:13–17  
DOI 10.1007/s11695-008-9753-y

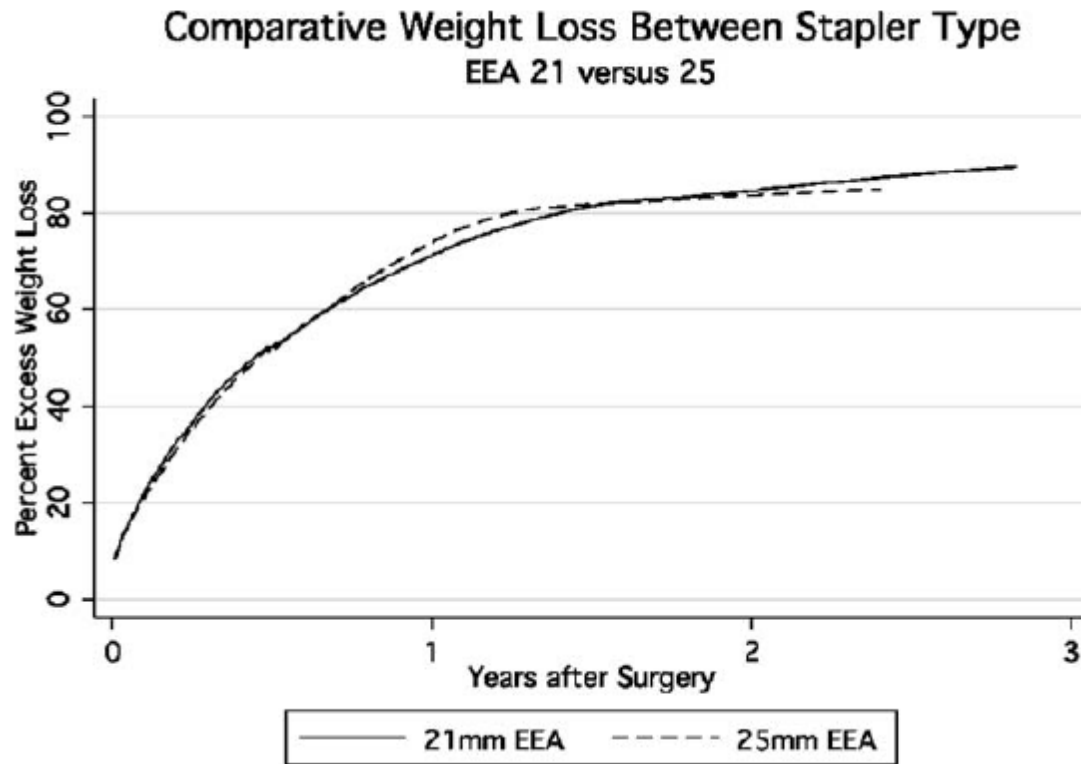
RESEARCH ARTICLE

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## **Anastomotic Leaks after Laparoscopic Gastric Bypass**

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*Interdisciplinary Obesity Treatment Group, Department of Surgery, University of South Florida College of Medicine, Tampa, FL, USA*

- LRNYGB anostomoz kaçağı riski
  - Hastaya bağlı faktörler (komorbiditeler vs..)
  - Teknik yeterlilik
    - Elle ve lineer stapler ile yapılan anostomozlarda sirküler staplere göre **darlık** oluşması daha azdır.
  - Cerraha bağlı faktörler (tecrübe vs..)

STENOZ	sirküler	lineer	elle
Gonzales et al	31%	0%	3%
Abdel-Galil et al.	16%	10%	33%
Lujan et al.	1.1%		
Chavarriaga et all.	13,3%	4,9%	
Cadieri	8,3%	1%	

**Table 3** Complications related to gastrojejunal anastomosis

	Transabdominal technique		Transoral technique	
	Value	%	Value	%
Wound infection	1	3.3	2	6.6
Bleeding	1	3.3	1	3.3
Strictures	2	6.6	0	0

OBES SURG (2010) 20:846–850  
DOI 10.1007/s11695-008-9761-y

RESEARCH ARTICLE

## **Transoral Technique for Gastrojejunostomy in Laparoscopic Roux-en-Y Gastric Bypass (LRYGBP) Can Accelerate Learning Curve and Reduce Cost**

**Luis Felipe Chavarriaga • Michael W. Cook •  
Brent White • Louis Jeansonne • Nana Gletsu •  
Cheryl B. Parker • John Sweeney • S. Scott Davis •  
Edward Lin**

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Department of Gastrointestinal Surgery, Vaasa Central Hospital, Vaasa, Finland

*Comparison of peri-operative parameters Group 1 and Group 2 patients.*

	Group 1 (n = 30)	Group 2 (n = 41)	P-value*
Operative time (min, mean $\pm$ SD)	135.07 $\pm$ 28.3	121.64 $\pm$ 33.24	0.09
Hospital stay (days, mean $\pm$ SD)	5.72 $\pm$ 5.31	3.9 $\pm$ 2.98	0.04

\* Student's T test.

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Department of Gastrointestinal Surgery, Vaasa Central Hospital, Vaasa, Finland

*Postoperative complications.\*\**

	Group 1 (n=30)	Group 2 (n=41)	P-value*
Patients with complications	17 (56.67%)	14 (34.15%)	0.050
Overall number of complications	20	17	0.016
Patients with major complications	4 (13.33%)	7 (17.07%)	>0.05
Total major complications	4	8	
Mortality	0 (0%)	1 (2.44%)	>0.05
Anastomotic leak	2 (6.67%)	2 (4.88%)	>0.05
Jejuno-jejunostomy	2	1	
Gastro-jejunostomy	0	1	
Haemorrhage	2 (6.67%)	4 (9.76%)	>0.05
Pulmonary emboli	0 (0%)	1 (3.45%)	>0.05
Patients with minor complications	14 (46.67%)	9 (21.95%)	0.026
Total minor complications	16	9	
Anastomosis stricture	4 (13.33%)	2 (4.88%)	0.157
Ulcus marginalis	1 (3.33%)	2 (2.44%)	>0.05
Wound infection	9 (30%)	5 (12.19%)	0.060
Pneumonia	1 (3.33%)	0 (0%)	>0.05
Ileus	1 (3.33%)	0	>0.05

\* Fisher's Exact Test.

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*Intra-operative complications.*

	Group 1 (n= 30)	Group 2 (n= 41)	P-value*
Conversion to open	1 (3.33%)	0 (%)	>0.05
Perforation	1 (3.33%)	3 (7.32%)	>0.05
Bleeding	0 (0%)	1 (2.44%)	>0.05
Anastomotic complications	2 (6.67%)	4 (9.76%)	>0.05
Total patients	4 (13.33%)	5 (11.9%)**	>0.05





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