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REDUCED TROCARS OMEGA LOOP BYPASS -SAFETY & FEASIBILITY

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aparoscopic 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 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.



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