SIMPLIFIED LAP VERTICAL BANDED GASTRIC BYPASS APPROACH WITH A NEW MODEL OF SILICONE BAND

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BACKGROUND: The gastric bypass is considered one of the most complex procedures in laparoscopy. Any maneuver or approaches that can improve its feasibility are welcome. The authors had performed more than 1000 lap bypass using a simplified approach with good results and time savings. This approach allowed (due to surgeon option) to place a silicone band (authors design) over the gastroplasty witch its technique will be highlighted . AIM: Demonstrate in ***video***, the technical steps of the so called simplified gastric bypass with silastic non adjustable silicone band placement over the gastroplasty . METHOD: 5 trocars similar to Nissen's procedure; His angle dissection; Small curvature dissection ; Vertical gastroplasty with linear staplers between the second and the third vessels of the gastric lesser curvature (first firing horizontally, followed by consecutive vertical firings); Silicone band placement due to dissection 2cm above the end of the gastroplasty from the greater curvature in to the lesser curvature with the help of an goldfinger, adapting the band stitch to the instrument and passing the band behind the gastroplasty, the band is closed with stitches choosing between one of the four reinforced holes at the end of the silicone band tips over a modeling gastric boogie ; Infra mesocolic step done with antecolic approach; From the Treitz angle the biliopancreatic limb is measured until it reaches the surgeon option; than ***without diving,*** the intestinal limb is guided to the supramesocolic space (as if it will be an BII isoperistaltic limb); the gastrojejunostomy (G-J) is done with a linear stapler; than the alimentary limb (left side of gastroplsty) is mobilized at the distance desired by the surgeon and a side-to-side enteroanstomosis with a linear stapler closed with a running suture is performed. The G-J is closed in the same way of the enteroanastomosis. At the end, the BII like limb is converted in a Roux-and-Y bypass by just dividing the biliopancreatic limb with a liner stapler (at the right side of the gastroplasty from the surgeons view),: the defects are closed and a methylene blue leak test is done. CONCLUSION: This approach to gastric bypass seems to be an valid option to simplified the procedure even when a banded gastroplasty is the option