



STAPERLESS LAP GASTRIC BYPASS

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INTRODUCTION: The lap bypass is considered an advanced procedure requiring experience, skill and expertise from the surgeon. This procedure is evolving continuously in matters of technique and limits. One of its technical limits is the possibility of performing a lap bypass without endo staplers. **AIM:** To present in video a simplified methodology to perform a staplerless lap bypass **CONTENT:** Technique: 5 trocars; His angle dissection; opening the gastric small curvature; Gastroplasty with 10mm Liga-Sure® Atlas between the first and second gastric vessel that initiates horizontally for 3-4cm than goes vertically over a gastric boogie in the direction of his angle. The Liga-Sure promotes a temporary closure and division of gastric wall and an extra mucosal running suture with Ethibond® 2-0 assures the closure of the pouch and the remaining stomach. ; the great omentum is divided with Liga-Sure® Atlas ; from the Treitz angle, the biliopancreatic limb is measured until it reaches 60-80cm; 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 extra mucosal running suture Ethibond® 2-0 calibrated to 11-12mm ; than the alimentary limb (left side of gastroplasty) is mobilized at 150cm and a side-to-side enteroanastomosis with extra mucosal running suture Ethibond® 2-0 is performed. . At the end, the BII like limb is converted in a Roux-and-Y bypass by just dividing the biliopancreatic limb with Liga-Sure® Atlas finishing with running sutures as described,; the defects are closed and a methylene blue leak test is done. **RESULTS:** The group had performed 30 cases in selected patients with a mean time of 150min without major complications but with significant more operative time than our regular simplified lap bypass. **CONCLUSION:** The Staplerless Lap Bypass is safe and feasible in selected cases.

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