



SIMPLIFIED LAP GASTRIC BYPASS ALLOWING TESTING THE TWO ANASTOMOSES

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INTRODUCTION: 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 2000 lap bypass using a simplified approach with good results and time savings, also surgical teams in 7 Latin America countries were trained in this approach with the same outcomes. A new small modification now allows testing the gastrojejunostomy and the enteroanastomosis with methylene blue at the same time. **AIM:** Demonstrate in *video*, the technical steps of the so called simplified gastric bypass . **CONTENT:** 5 trocars similar to Nissen's procedure; His angle dissection; Small curvature dissection ; Gastroplasty with linear staplers according with the surgeon practice; Silicone ring placement due to surgeon option ; Antecolic approach by dividing the great omentum ; 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; Closing of the G-J with one layer extra-mucosal running suture calibrated to 11-12mm ; mobilizing the alimentary limb (left side of gastroplsty) at distance desired by the surgeon and performing an side-to-side enteroanostomosis with a linear stapler closing with a running suture: the defects are closed and a methylene blue leak test is done in both anastomoses; the BII limb is converted in a Roux-and-Y bypass by dividing the biliopancreatic limb (at the right side of the gastroplasty from the surgeons view). **CONCLUSION:** This approach to gastric bypass seems to be an valid option to simplified the procedure also allowing to test the two anastomoses.