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SURGICAL TECHNIQUE

Robotic-assisted laparoscopic bilio-pancreatic bypass with duodenal switch



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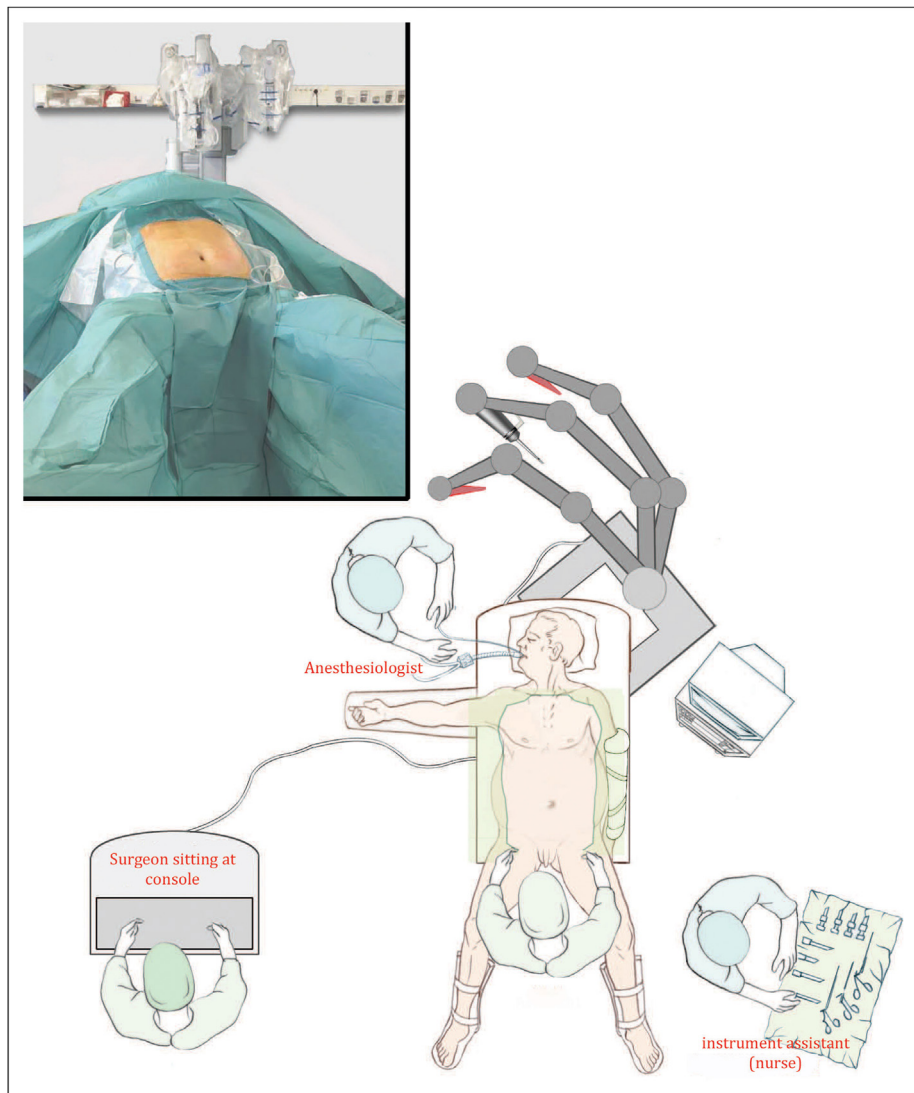
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Introduction

Bilio-pancreatic bypass (BPB), described for the first time in 1979, is a bariatric procedure that combines gastrectomy with a proximal small intestinal bypass [1]. The pyloric preservation modification was introduced to try to improve the functional outcome. Laparoscopic BPB has been shown to be feasible and reproducible, but its technical difficulty and the steep proficiency curve limit its widespread diffusion [2,3]. Within this context, robotic surgery facilitates performance of the procedure, especially when a longitudinal (sleeve) gastrectomy has already been done for super-obesity. We present our technique of bilio-pancreatic bypass after previous longitudinal gastrectomy, creating a 100-cm common channel and a 200-cm alimentary limb [2].

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1 Patient position

The patient is positioned recumbent with both legs in abduction. Thighs and knees are moderately flexed, fixed in leg supports. The buttocks should overlap the table. The left arm is tucked beside the patient while the right arm is in 90° abduction. The table is inclined in 30° reversed Trendelenburg.

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