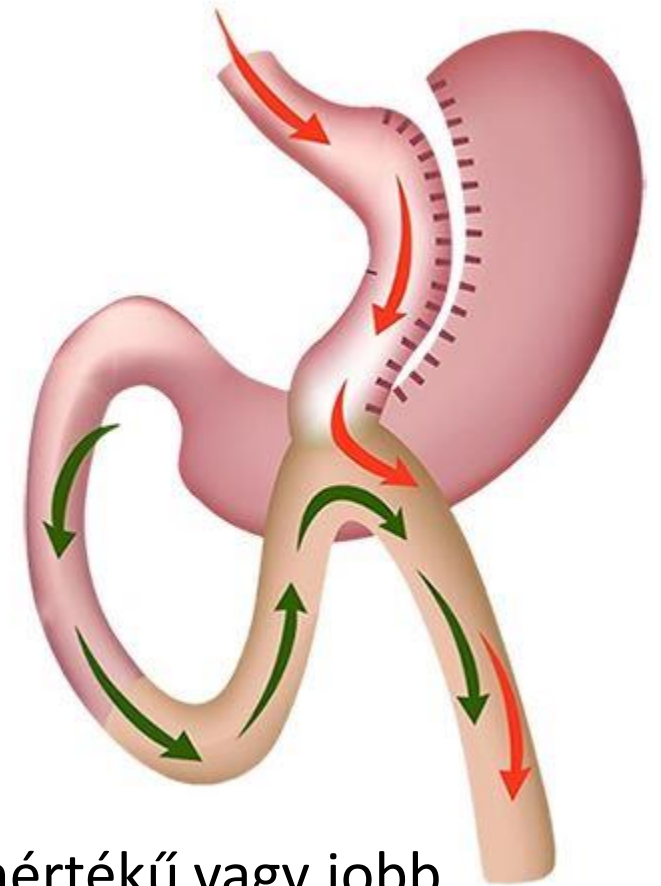


Mini bypass / Single (one) anastomosis gastric bypass / Omega loop bypass

- 1997. Rutledge.
- Roux Y gastric bypass-hoz hasonlítva:
 - Technikailag egyszerűbb,
 - Magasabb BMI mellett elvégezhető,
 - Testsúly csökkenés és a társbetegségek javulása azonos mértékű vagy jobb.
- Fontos: biliaris kacs 200 cm alatt (súlyos malnutrícia veszélye) !



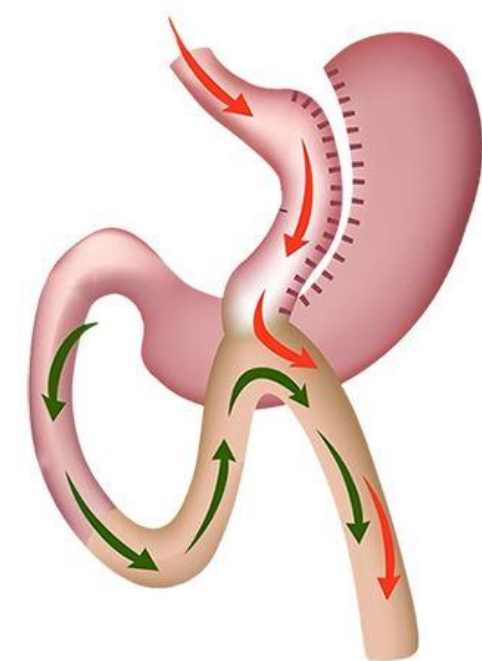
DE: BILIÁRIS REFLUX !!!

Once in a Bile — the Incidence of Bile Reflux Post-Bariatric Surgery

[Thomas A. Eldredge](#) , [Madison Bills](#), [Ying Yang Ting](#), [Mikayla Dimitri](#), [Matthew M. Watson](#), [Mark C. Harris](#), [Jennifer C. Myers](#), [Dylan L. Bartholomeusz](#), [George K. Kiroff](#) & [Jonathan Shenfine](#)

Obesity Surgery **32**, 1428–1438 (2022) | [Cite this article](#)

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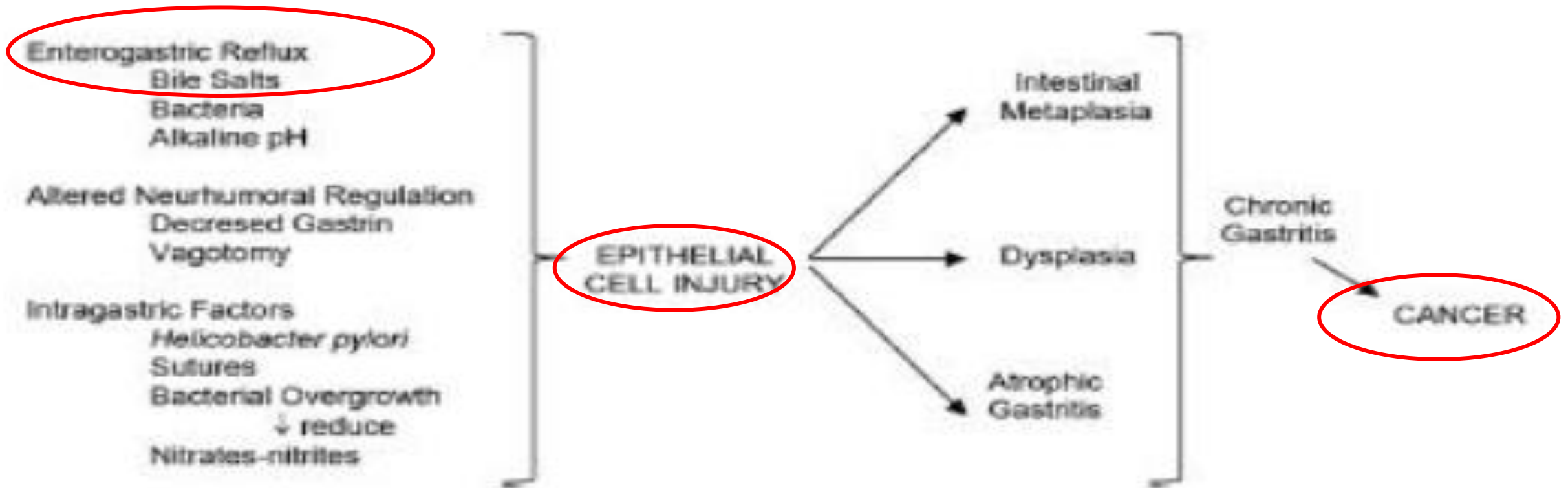
Results

Gastric reflux of bile was identified by biliary scintigraphy in **14 OAGB (70%)**, one RYGB (5%) and four SG participants (31%), with a mean of 2.9% (SD 1.5) reflux (% of total radioactivity).

8 SINGLE ANASTOMOSIS GASTRIC BYPASS (ONE ANASTOMOSIS GASTRIC BYPASS OR MINI GASTRIC BYPASS): THE EXPERIENCE WITH BILLROTH II MUST BE CONSIDERED AND IS A CHALLENGE FOR THE NEXT YEARS

Italo BRAGHETTO Attila CSENDES

[ABOUT THE AUTHORS](#)



8 SINGLE ANASTOMOSIS GASTRIC BYPASS (ONE ANASTOMOSIS GASTRIC BYPASS OR MINI GASTRIC BYPASS): THE EXPERIENCE WITH BILLROTH II MUST BE CONSIDERED AND IS A CHALLENGE FOR THE NEXT YEARS

Italo BRAGHETTO Attila CSENDES

[ABOUT THE AUTHORS](#)

TABLE 3 Histologic findings of distal esophagus and gastric stump after Billroth II or Roux-en-Y gastrojejunostomy in patients submitted to distal gastrectomy (%)

	Billroth II - mean (variation)	Y-de-Roux - mean (variation)
Distal esophagus		
Esophagitis	19,3 (2,4-45,4*)	15,9 (0-45,2*)
Intestinal metaplasia	25,6 (21,2-30)	1,6 (0-3,2)
Carcinoma	3,1	0
Gastric stump		
Normal mucosa	15,1	16
Gastritis	71,8 (39,4-94,4*)	14,7(1,8- 58**)
Intestinal metaplasia	6,1	0



Editorial

Bile or Acid Reflux Post One-Anastomosis Gastric Bypass: What Must We Do? Still an Unsolved Enigma

Tigran Poghosyan ^{1,2,*} , **Sylvia Krivan** ³  and **Clement Baratte** ^{1,2} 


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² Université de Paris Cité, F-75005 Paris, France

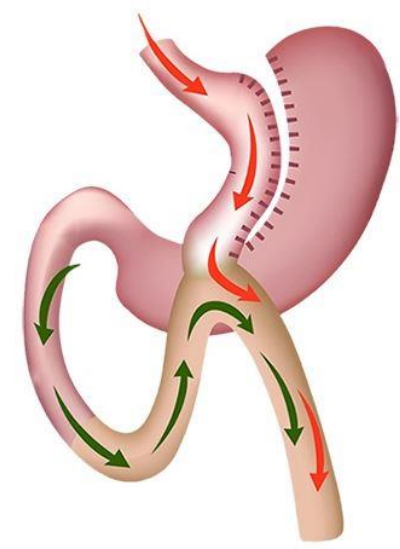
³ 2nd Department of General Surgery, Upper Digestive Tract Surgery Center, IASO Group (General Clinic), 15123 Athens, Greece; navirk@hotmail.com

* Correspondence: tigran.poghosyan@aphp.fr

Safety and Efficacy of One Anastomosis Gastric Bypass on Patients with Severe Obesity Aged 65 Years and Above

[Barmak Gholizadeh](#), [Behnam Reza Makhsosi](#), [Rohollah Valizadeh](#), [Abdolreza Pazouki](#) & [Mohammad Kermansaravi](#) 

[Obesity Surgery](#) **32**, 1610–1616 (2022) | [Cite this article](#)



Conclusions

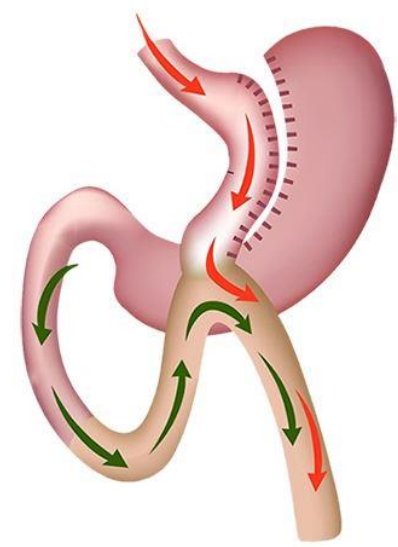
OAGB can be a good choice in older obese adults because of its shorter operative time, higher potency, and low complication rate.

One Anastomosis Gastric Bypass and Risk of Cancer

[Ahmed Guirat](#)  & [Hassan Majed Addossari](#)

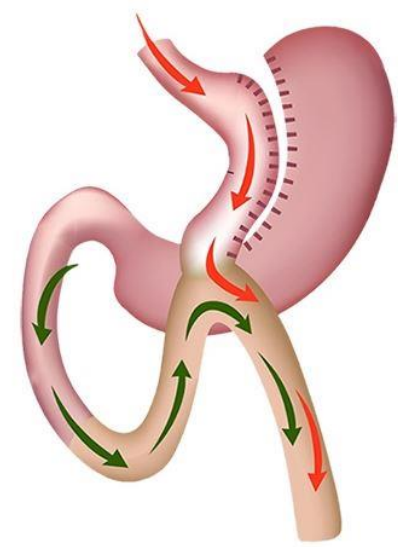
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indicate OAGB for patients over 50 years of age. Otherwise, it is reasonable to indicate endoscopic gastroesophageal examination periodically after OAGB in all patients in order to screen asymptomatic biliary reflux.

Esophago-Gastric Cancer after One Anastomosis Gastric Bypass (OAGB)



Mira Runkel, Norbert Runkel

PMID: 31928573 DOI: 10.21614/chirurgia.114.6.686

in the literature. Postoperative **gastroscopic surveillance** should be considered in patients with gastro-esophageal reflux and/or hiatal hernia. When reflux becomes symptomatic, diversion of the OAGB **into a Roux-en-Y construction** should be recommended.

Biliary reflux

Biliary and/or acid reflux

-- Roux Y gastric bypass

-- pouch resizing **and** Roux Y gastric bypass