C.S.T.O.

Gastric Bypass: To have or not to have the Ring. That is the question.

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Presented at:
Invitation to world wide study.
Porto, Portugal. September 6, 2007

Rationale for the ring in a primary gastric Bypass operation:

1:The pouch size is important for weight loss and maintenance.

2: The stoma size is important for weight loss and maintenance.

Rationale for the ring in a primary gastric Bypass operation:

1:The pouch size is estimated by each surgeon variably.

2: The stoma size is variable with the gastroenterostomy made by the surgeon.

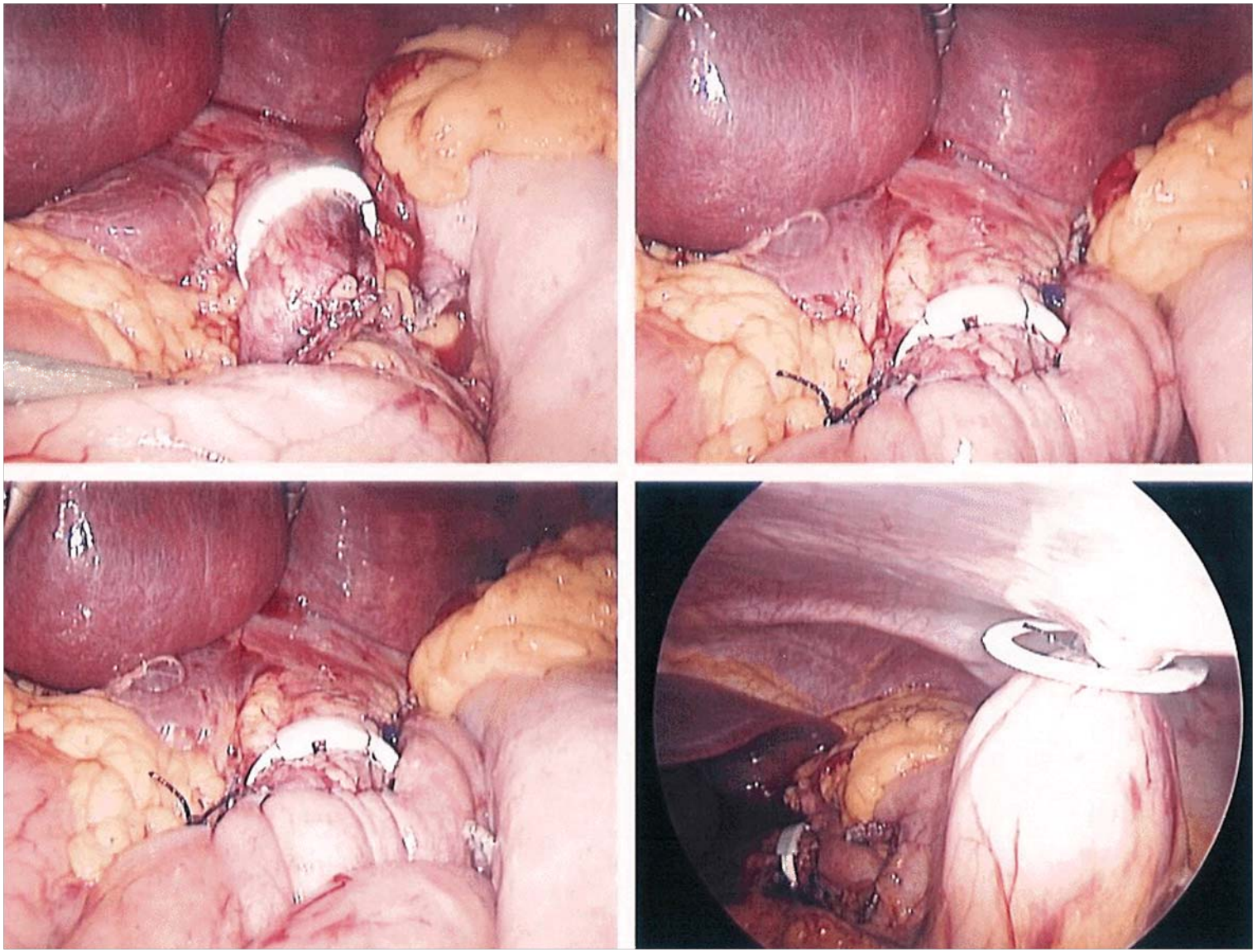
Rationale for the ring in a primary gastric Bypass operation:

In a subset of patients, the stoma in the Gastric bypass operation stretches significantly beginning after the third year resulting in a larger pouch and thus loss of the restrictive component of the weight loss mechanism of the operation

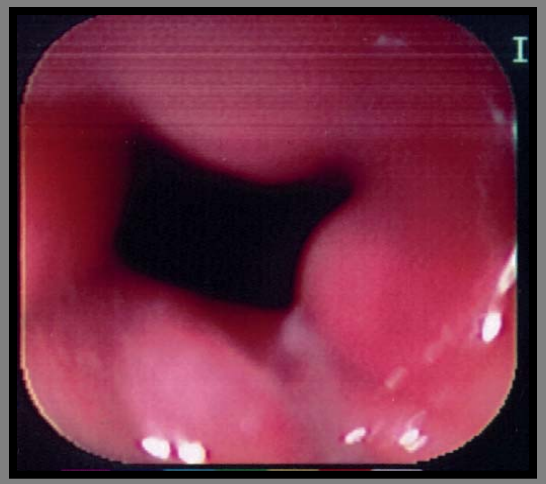
Rationale for the ring in a primary gastric Bypass operation:

1: Control Stoma Size
2: Control Pouch Size

Ring placement forces the use of a small tubular pouch with a standard stoma



Why the Ring in the gastric bypass?



Interposing Limb of Jejunum used as a Serosal Patch

Proximal Pouch 10-20 cc

GaBP Ring Band

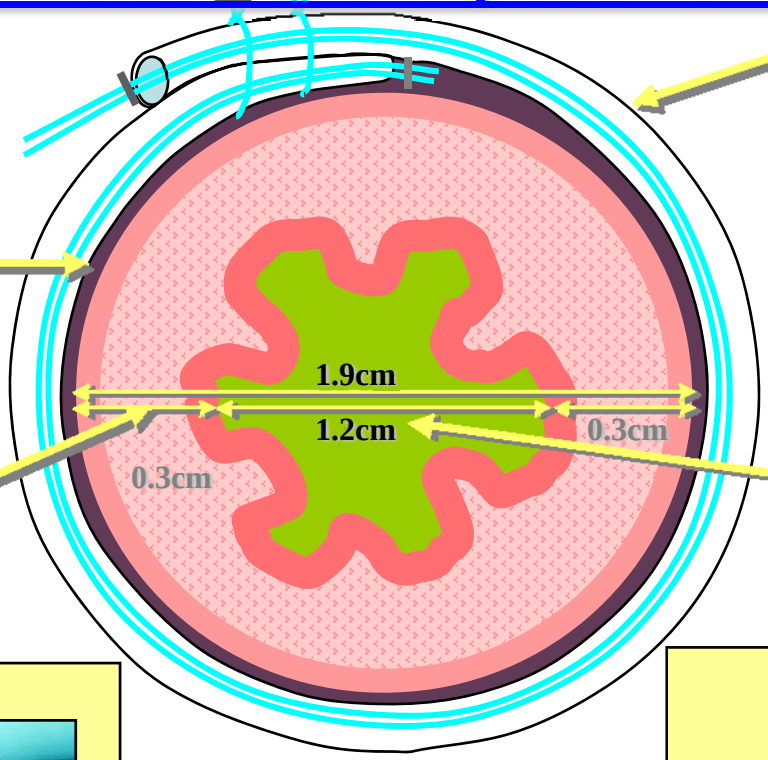
Gastrojejunostomy Anastomosis

The Effect of the Ring

Stabilize stoma and pouch size

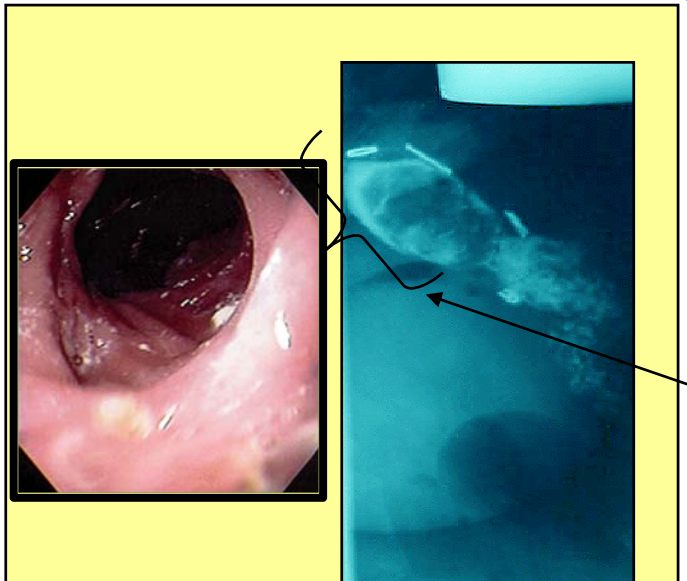
Silastic Ring
(Band)
(5.5-7 cm circumference)

Space between Band and Stomach Wall (0.1 cm)

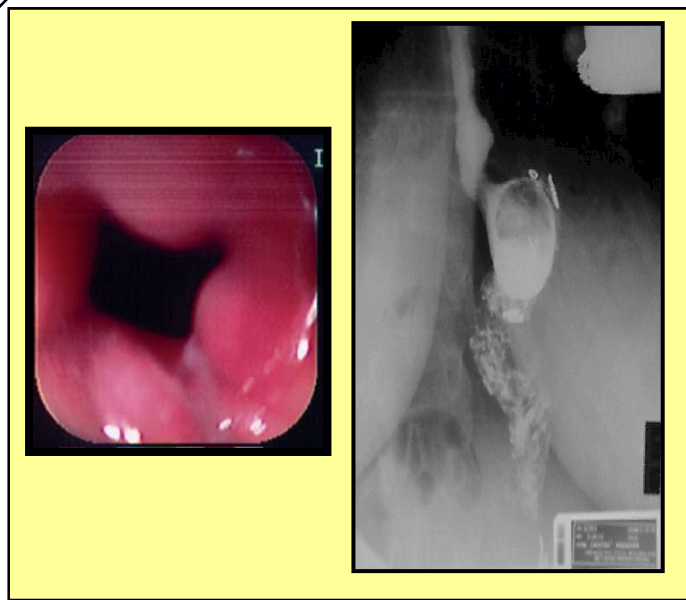


Lumen
(1.2 cm)

Stomach Wall
(0.3 cm)

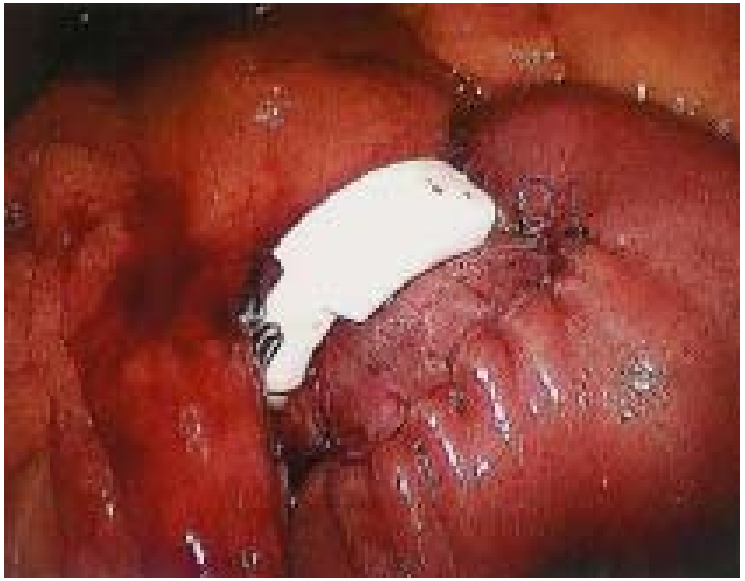


Increased pouch capacity with dilated proximal jejunum

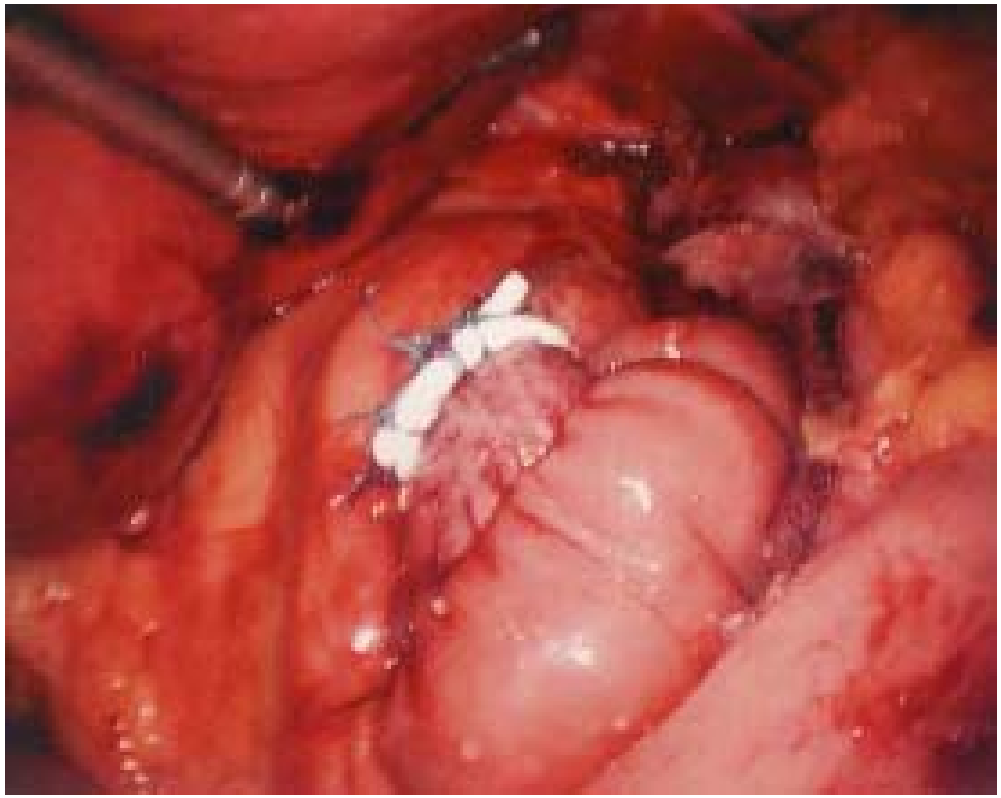


GaBP Ring System Clinical Trials

GaBP Ring, Prefabricated, Standardized,Sterilized and comes in various sizes

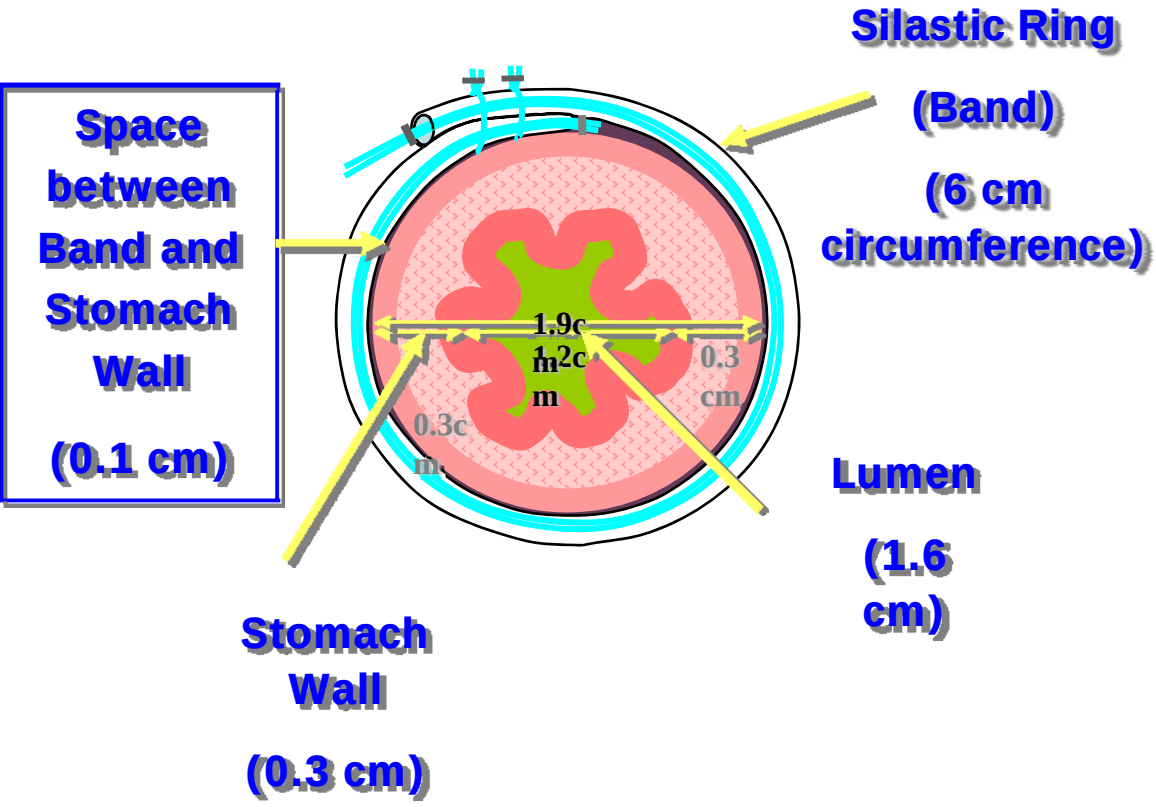


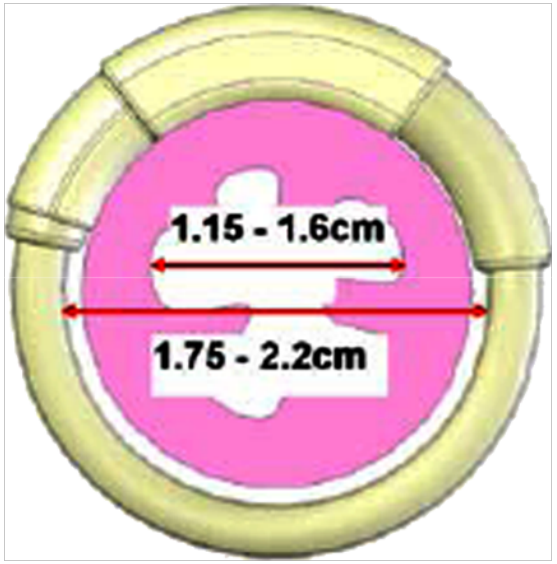
Surgeon Fashioned Ring



Fobi Pouch Gastric Bypass Operation For Obesity

Cross Section through the Ring

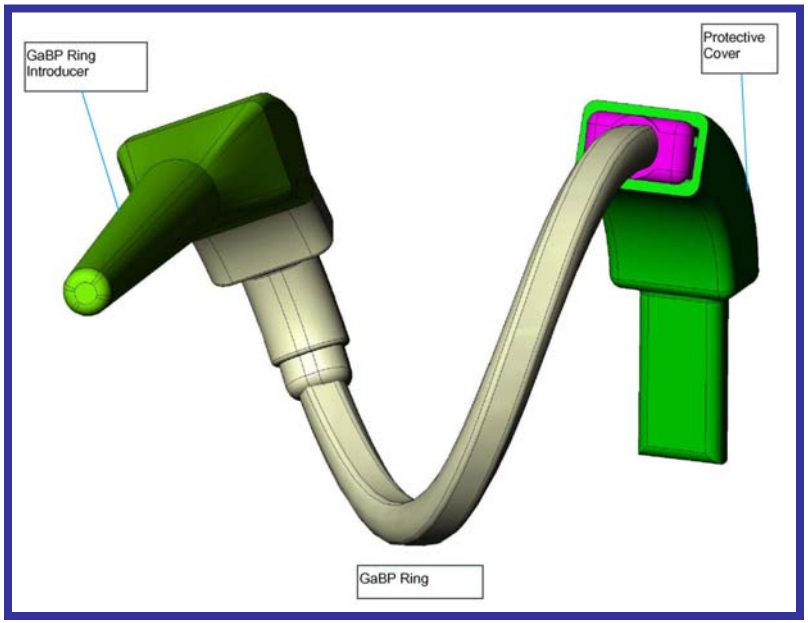


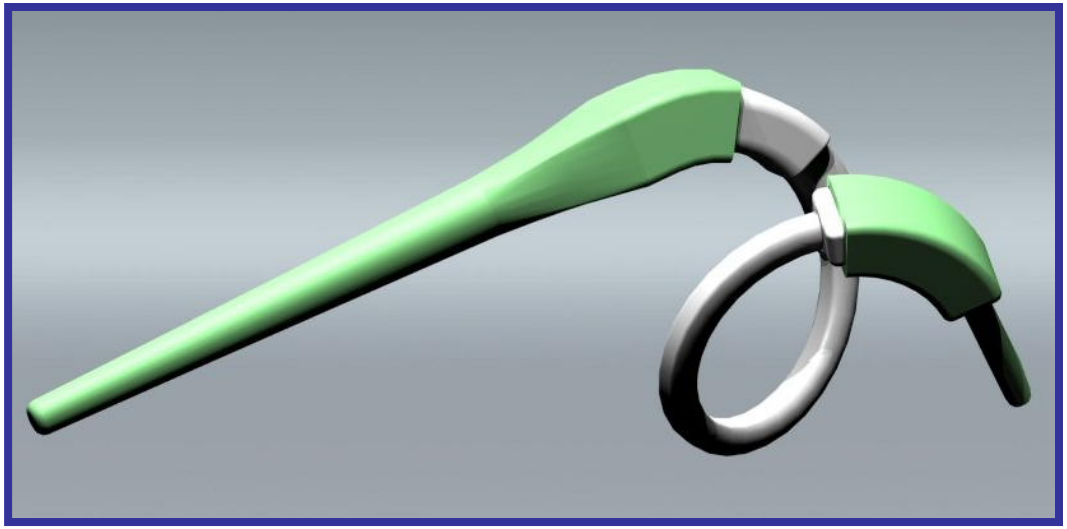


GaBP RING

Surgeon Fashioned Ring

GaBP Ring





GaBP Ring

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Location of Surgery	Number	%
Tricity Regional Medical Center	183	85.12
Saint Mary Medical Center	22	10.23
Lancaster Community Hospital	10	4.65
	215	100

GaBP Ring System Clinical Trials

PATIENT DATA		
	Average	Range
FEMALES	179 (83.25%)	N/A
MALES	36 (16.75%)	N/A
AGE (yrs)	40.00	12 to 71
IN. WT (lbs)	300.00	173 to 585
IN. HT (inches)	66.10	59 to 76
IN. BMI	48.16	31.61 to 82.18
ID WT	139.00	115 to 179
% ID WT	214.20	141.7 to 364.1
EW (lbs)	161.00	50.6 to 418

GaBP Ring System Clinical Trials

COMORBIDITIES	
	frequency
arthritis	111
gastroesophageal reflux disease	96
discogenic disease	90
high blood pressure	90
diabetes mellitus	66
hypercholesterolemia	66
depression	60
sleep apnea	56
urinary incontinence	34
irrregular periods	28
asthma	20
bipolar disorder	4
fibromyalgia	3
obsessive compulsive dis.	1

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PREVIOUS NON-BARIATRIC SURGERIES	frequency
c-section	58
orthopedic	33
hysterectomy	27
tonsillectomy & adenoidectomy	26
bilateral tubal ligation	22
cholecystectomy	19
hernia	12
appendectomy	10
breast	8
ovarian	5
thyroid	3
bladder lifts	3
tummy tuck	3
others	25

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CONCURRENT SURGERIES	#	%
cholecystectomy	35	61.40
panniculectomy	20	35.09
bilateral tubal ligation	1	1.75
umbilical hernia repair	1	1.75

GaBP Ring System Clinical Trials

FOLLOW UP STATUS			
	ELIGIBLE	FOLLOWED	% FU
3Y	17	17	100.0
2Y	91	80	87.9
1Y	178	171	96.1
6M	215	211	98.1

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EARLY COMPLICATIONS			
		#	%
Leaks		14	
subclinical (no surgery done)	*8*		*3.72*
clinical (surgical intervention)	*6*		*2.79*
Gastric outlet stenosis		4	1.86
DVT		2	0.93
Marginal Ulcer		1	0.46

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LATE COMPLICATIONS		
	#	%
Small bowel obstruction	3	1.39
Ring slippage	2	0.93
Excessive weight loss	2	0.93
Ring erosion/Penetrating ulcer	1	0.46
Ventral incisional hernia	1	0.46

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Percentage Excess Weight Loss		
TIME	MEAN	> 50 % EWL
6M	56.26	120 (56.87%)
IY	74.31	149 (87.65%)
2Y	79.63	72 (92.31%)
3Y	74.09	18 (84.74%)