

## *New concept in bypass surgery*

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### *Abstract*

**Background:** Goals of bypass surgery are weight loss, prevention of further weight gain, long-term maintenance, improvements of co-morbidities, no nutritional deficiency, psychological and QOL improvements.

**Objectives:** Modified intestinal bypass operation (Elbanna Operation) is less problematic than other bypass surgery in nutrition. The problem is that Bypass procedures depend on BPD and the concept of maldigestion and consequently malabsorption. These procedures sacrifice or exclude parts of the stomach (85-90%) and bypasses the duodenum and the proximal jejunum. These parts represent the most active digestive and absorptive areas of the gastrointestinal tract. Protein digestion begins in the stomach with pepsin. In the duodenum, trypsin and chymotrypsin (pancreatic juice) in addition to carboxypeptidase, peptidase, and biliary secretion split polypeptides into free amino acids ready for absorption and digest fats to get fat-soluble vitamins. Vitamin absorptions and minerals are chelated by free form amino acids in the duodenum and in the proximal jejunum.

**Methods:** We have experienced 256 patients morbidly obese patients, 198 females (77.4%) and 58 males (22.6%), aged 21 to 52 years old; ( $39.7 \pm 9.2$ ) mean age, with morbid and severe obesity BMI  $\geq 40$  kg/m<sup>2</sup> up to 106 Kg/m<sup>2</sup>. All subjects have undergone a new modified intestinal bypass (MIBP) surgery Novel (Elbanna Operation) in the period from December 1999 to July 2015. Subjects were followed up for 3 years after the operation. In our procedure, we have the gastric and biliopancreatic secretion for digestion, together with 30 cm duodenum, 50 cm of proximal jejunum, and 100 cm of terminal ileum for absorption with removal of the fundus.

**Results:** Excellent weight loss ( $93\% \pm 3.5$ ), most of the element deficiencies in our study occurred in the maximum period of weight loss followed by normal levels. Additionally, there was no liver affection, no micro or macronutrients deficiency without any post-operative vitamin supplementation or any nutritional support.

**Conclusion:** Novel modified intestinal bypass (MIBP) "Elbanna Operation" concept has a good digestion, selective absorption, better satiety, and decreased appetite.



### *Biography:*

Abduh ELSayed Mohamed Elbanna is an Professor of Surgery at Al-azhar University, Faculty of Medicine Cairo, and also Alhosain hospital General Surgery Department Unit A, Egypt.

### *Speaker Publications:*

- 1.Elbanna A, Tawella N, Neff K, et al. Abstracts from the 18th World Congress of the International Federation for the Surgery of Obesity & Metabolic Disorders (IFSO), Istanbul, Turkey 28–31. *Obes Surg.* 2013;23:1017–1243[DOI: 101007/s11695-013-0986-z].
- 2.Elbanna A, Taweela NH, Gaber MB, et al. Medical management of patients with the modified intestinal bypass: a new promising procedure for the morbid obesity. *GJMR.* 2014;14:8–19.

[19th International Conference on Diabetes, Endocrinology and Obesity](#) August 21-22, 2020- Webinar.

### Abstract Citation:

Abduh ELSayed Mohamed Elbanna, New concept in bypass surgery, Diabesity Europe 2020, 19th International Conference on Diabetes, Endocrinology and Obesity, August 21-22, 2020, Webinar.

(<https://worldobesity.conferenceseries.com/abstract/2020/new-concept-in-bypass-surgery>).

