A prime mini-gastric bypass (MGB) Conference was held at the Apollo Hospital, New Delhi, India, July 17 and 18, preceded by a day of instructive surgery. The “Conclave” was organised by Arun Prasad and Kuldeepsingh S Kular, with course leaders Robert Rutledge and Mervyn Deitel, plus an energetic Indian advisory and local committee with an illustrious national faculty.

The 240 attendees intensively discussed the rapidly emerging MGB: One-Anatomosis Gastric Bypass (OAGB), including the contraindications and modifications. This operation has had a large increase in many countries in recent years, and now makes up about 50% of the bypass operations in India.

On July 16, there was a pre-conference operating-room workshop with 20 surgeons. Four MGB operations were performed, two by robotics by Dr Arun Prasad, and one laparoscopically by Drs Rutledge/Kular, and one laparoscopy by Dr Mohit Bhandari. The four operations were accomplished with an operating time of 35-40 minutes each, with discussion of key technical aspects of the robotic and laparoscopic procedures. Robotics were demonstrated to be simple and accurate, with a particular advantage for super-obese patients.

The techniques for the MGB were emphasised, including the perpendicular division of stomach below crow’s foot, the vertical long pouch stapler-divided without crimping the stomach, extending to the left of the angle of His (the cardia not dissected), and a wide gastrojejunoanastomosis. Dr Rutledge pointed out when dissecting upwards parallel to the lesser curvature, that a twist should not be made, so that vomiting is avoided postoperatively, and this was by a counter-clockwise adjustment of the stomach before firing the stapler vertically.

On July 17, there was live transmission of lap MGB by Drs Rutledge/Kular from the operating theatre to the delegates in the auditorium. This was followed by a plenary session where Dr Pradeep Chowbey discussed the need for newer bariatric procedures. Dr Deitel discussed the global bariatric perspective, noting that the world’s greatest obesity-stricken countries are mainly private.

During the MGB, the operations in India are mainly private. MGB, which has shown to be superior in treating as many as 50% of MGB operations in India by the recent study, “Effects of omega-3 on Gastrointestinal function” by S Tolone S et al in SOARD, compared MGB by Robotics. In the recent study, “Effects of omega-3 on Gastrointestinal function,” S Tolone S et al in SOARD, compared MGB by Robotics. It was pointed out by Dr Rutledge that shorter bypass lengths should be used in certain situations, eg 150cm for type 2 diabetics who are not greatly obese. The general length has been 200cm (190 in many), but for super-obese, 250cm has been used. Lesser lengths may be used in vegetarians. It is important that there is at least 300cm of ileum distal to the bypass.

A panel on nutrition after MGB included dietitians. The importance of supplements of calcium, vitamin D3, folinic acid (especially in those intending to become pregnant), and adequate protein intake were emphasized. Of importance was Proferrin (heme-iron polypeptide) which is readily absorbed down the intestine; this preparation does not require iron surveillance. Approximately, 50% (menstruating) females who require contraception, tended to be opposed to any complaints. Four were diabetics, and one had undergone bypass without evidence.

Conclave went home within 24 hours, with patients doing well without any complaints. Four were diabetics, and one had undergone bypass without evidence. There were questions about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.

Regarding the threat of carcinoma, Dr Deitel presented data which showed that this was without evidence. He pointed out 45 cases of carcinoma of stomach after RYGB, and a number after gastric banding and after sleeve gastrectomy. There were concerns about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.

Regarding the threat of carcinoma, Dr Deitel presented data which showed that this was without evidence. He pointed out 45 cases of carcinoma of stomach after RYGB, and a number after gastric banding and after sleeve gastrectomy. There were concerns about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.

Regarding the threat of carcinoma, Dr Deitel presented data which showed that this was without evidence. He pointed out 45 cases of carcinoma of stomach after RYGB, and a number after gastric banding and after sleeve gastrectomy. There were concerns about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.

Concerns were expressed with young women who require contraception, tended to be opposed to any complaints. Four were diabetics, and one had undergone bypass without evidence. There were questions about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.

Regarding the threat of carcinoma, Dr Deitel presented data which showed that this was without evidence. He pointed out 45 cases of carcinoma of stomach after RYGB, and a number after gastric banding and after sleeve gastrectomy. There were concerns about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.

Concerns were expressed with young women who require contraception, tended to be opposed to any complaints. Four were diabetics, and one had undergone bypass without evidence. There were questions about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.

Regarding the threat of carcinoma, Dr Deitel presented data which showed that this was without evidence. He pointed out 45 cases of carcinoma of stomach after RYGB, and a number after gastric banding and after sleeve gastrectomy. There were concerns about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.

Concerns were expressed with young women who require contraception, tended to be opposed to any complaints. Four were diabetics, and one had undergone bypass without evidence. There were questions about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.

Concerns were expressed with young women who require contraception, tended to be opposed to any complaints. Four were diabetics, and one had undergone bypass without evidence. There were questions about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.

Concerns were expressed with young women who require contraception, tended to be opposed to any complaints. Four were diabetics, and one had undergone bypass without evidence. There were questions about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.

Concerns were expressed with young women who require contraception, tended to be opposed to any complaints. Four were diabetics, and one had undergone bypass without evidence. There were questions about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.

Concerns were expressed with young women who require contraception, tended to be opposed to any complaints. Four were diabetics, and one had undergone bypass without evidence. There were questions about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.

Concerns were expressed with young women who require contraception, tended to be opposed to any complaints. Four were diabetics, and one had undergone bypass without evidence. There were questions about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.

Concerns were expressed with young women who require contraception, tended to be opposed to any complaints. Four were diabetics, and one had undergone bypass without evidence. There were questions about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.

Concerns were expressed with young women who require contraception, tended to be opposed to any complaints. Four were diabetics, and one had undergone bypass without evidence. There were questions about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.

Concerns were expressed with young women who require contraception, tended to be opposed to any complaints. Four were diabetics, and one had undergone bypass without evidence. There were questions about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.

Concerns were expressed with young women who require contraception, tended to be opposed to any complaints. Four were diabetics, and one had undergone bypass without evidence. There were questions about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.

Concerns were expressed with young women who require contraception, tended to be opposed to any complaints. Four were diabetics, and one had undergone bypass without evidence. There were questions about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.

Concerns were expressed with young women who require contraception, tended to be opposed to any complaints. Four were diabetics, and one had undergone bypass without evidence. There were questions about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.

Concerns were expressed with young women who require contraception, tended to be opposed to any complaints. Four were diabetics, and one had undergone bypass without evidence. There were questions about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.

Concerns were expressed with young women who require contraception, tended to be opposed to any complaints. Four were diabetics, and one had undergone bypass without evidence. There were questions about long-term weight loss with the MGB, but long-term studies were noted showing durable weight loss by Drs Lee, Noun, Rutledge, Kular, Chevalier and Musella.