Standard Duodenal Switch
What is it

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No disclosures
Key Steps

- Place ports
- Measure and mark small bowel
- Anchor bowel to anterior abdominal wall.
- Sleeve gastrectomy
- Loop duodeno-ileostomy
- Divide biliary limb
- Ileo-ileostomy
- Closure of mesenteric defect
- Leak Test
BPD/DS
Duodenum

Pylorus

Bowel anchored to anterior abdominal wall

250 cm

250 cm

100 cm
BPD/DS
(sleeve gastrectomy with pylorus preservation)
250 cm alimentary limb

100 cm common channel

Biliary limb
BPD/DS
(completed procedure)
Techniques

- Open
- Laparoscopic
  - Hand sewn (free needle and endo stitch)
  - EEA
  - Linear cutter
- Robotic
Port Placement / Cart position
Key Steps

- Place ports
- Measure and mark small bowel
- Anchor bowel to anterior abdominal wall.
- Dock the robot
- Sleeve gastrectomy
- Loop duodeno-ileostomy
- Divide biliary limb
- Ileo-ileostomy
- Closure of mesenteric defect
- Undock robot and perform EGD
Movie of DS
Robotic DS technique

Robotically assisted biliary pancreatic diversion with a duodenal switch: a new technique

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Abstract

Background: Minimally invasive surgical techniques decrease the length of hospitalization and the morbidity for general surgery procedures. Application of minimally invasive techniques to obesity surgery had previously been limited to stapled techniques used primarily for the Roux-en-Y gastric bypass and laparoscopic band placement. The authors present the technique for totally intracorporeal robotically assisted biliary pancreatic diversion with a duodenal switch (BPD/DS) using five ports.

Methods: After development of the technique in animal and human cadaver models, the da Vinci robot was first used in October 2000 to perform BPD/DS using five ports and a totally intracorporeal technique. Patient selection was based on standard surgery guidelines for the morbidly obese.

Results: The technique was used in 18 patients with the biliary pancreatic diversion for weight loss purposes, described by Scopinaro et al. [13], is a combined restrictive and malabsorptive procedure. The stomach capacity usually is restricted to 250 ml by an extended antrectomy. Malabsorption is the result of a distal Roux-en-Y type reconstruction in which a common channel of 50 cm and an alimentary limb of 250 cm are created.

The duodenal switch (DS) operation for bariatric surgery was initially described by Hess and Hess [4] as a modification of the Scopinaro biliary pancreatic diversion (BPD). In this operation, a sleeve gastrectomy, instead of an antrectomy, restricts the stomach capacity to approximately 150 ml and preserves the pylorus and first part of the duodenum. A distal bypass is performed in a manner similar to the Scopinaro BPD.

As a result of this modification, Maresca et al. [7] recently performed duodenal switch interventions.
Learning curve of BPD/DS

Multifactorial Analysis of the Learning Curve of Robot-Assisted Laparoscopic Biliopancreatic Diversion With Duodenal Switch

Ranjan Sudan, MD, Kyla M. Bennett, MD, Danny O. Jacobs, MD, MPH, and Debra L. Sudan, MD
Totally robot-assisted biliary pancreatic diversion with duodenal switch: single dock technique and technical outcomes

Ranjan Sudan · Erica Podolsky
Thank You

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