

efficient procedure, it is important to remove the whole gastric fundus. For this, an anterior eversion of the gastric fundus is performed for the last two firings.

Conclusions: Dividing all connective tissue and vascular attachments of the stomach, especially in the posterior part, creates a tight and symmetric sleeve. A complete mobilization of the stomach is essential to understanding the anatomy.

OP-011

MINI GASTRIC BYPASS WITH 4K TECHNOLOGY AS TREATMENT OF MORBID OBESITY IN PATIENT WITH VENTRICULOPERITONEAL SHUNT (VIDEO)

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Ventriculoperitoneal (VP) shunt placement is used to treat idiopathic intracranial pressure. Obesity is a risk factor related to shunt migration, dislodgement, and subsequent failure due to increased intraabdominal pressure. Minigastric bypass consists in both restrictive and malabsorptive mechanisms, and indications to this procedure as an efficient primary and redo procedure are increasing lately. Technology can always improve the surgical act, and 4K vision is spreading in many operating rooms. Laparoscopic approach is subject to continuous change. Ultrahigh definition is the next development in video technology, it delivers fourfold more detail than full high definition resulting in improved fine detail, increased texture, and an almost photographic emulsion of smoothness of the image. New 4K ultrahigh-definition technology might remove the current need for the use of polarised glasses. We present the laparoscopic one anastomosis gastric bypass, done with the new 4K technology, as primary bariatric procedure for morbid obese patient with VP shunt.

OP-012

LAPAROSCOPIC TRANSGASTRIC PROCEDURES IN BARIATRIC SURGERY CANDIDATES - A SINGLE CENTER EXPERIENCE

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Background: The bariatric surgery candidates are routinely explored by upper endoscopy and sometimes previously unexpected pathologies or situations (gastric tumors, phytobezoars, foreign bodies – migrated bands) are discovered. Some of these instances will be dealt by endoscopic approach and some by laparoscopic means.

Objective: we present our experience with laparoscopic transgastric procedures performed between 2011-2016 in Ponderas Hospital – Centre of Excellence in Metabolic and Bariatric Surgery in bariatric surgery candidates.

Methods: All the candidates for bariatric surgery underwent upper endoscopy. The endoscopic findings and the therapeutic specifically chosen solution were analysed.

Results: 13507 candidates for bariatric surgery underwent upper endoscopy and in 46 (1,31%) we found gastric tumors, phytobezoars and migrated bands. 29/46 (63%) cases were treated by endoscopic approach (band removal, submucosal tumor excision, phytobezoars extraction) and 17/46 (37%) by laparoscopic transgastric approach (11 band removals and 6 tumor excisions). Laparoscopic transgastric procedures were successfully performed in all patients. Mean operation time was 105 min (50-165 min). One patient presented upper gastrointestinal tract bleeding from the intragastric staple line – treated with an endoscopic hemostatic clip. The mean hospital stay was 2,8 days (2-6 days).

Conclusions: the laparoscopic transgastric approach is a safe and effective technique, and can be taken in consideration when dealing with band removals and gastric tumors in patients candidates to bariatric surgery.
