

Roux-en-Y Divided Gastric Bypass

Roux-en-Y Divided Gastric Bypass (RYDGB) is recognized by the NIH Consensus Report for the effective treatment of clinically severe obesity. This is the most common Bariatric Procedure in the United States due to the low complication rate and long-term proven results in achieving weight loss. This procedure combines a gastric restrictive operation with slow gastric emptying and reduced food absorption to provide lifelong help for clinically severe obesity. Most RYDGB procedures can be performed laparoscopically or with minimally invasive surgery. Laparoscopic procedures produce smaller incisions, allow for a shorter hospital stay and provide a quicker recovery. The RYDGB offers a high average long term success rate with low rates of mortality, complications and failures.

This operation divides the stomach into a small and large portion. When the small, functioning upper stomach pouch is full (after only a few bites), patients will feel full and satisfied. In this way, the intake of food is dramatically limited and appetite is reduced. The rerouting of the small intestine slows food passage and mildly reduces absorption.

Most average patients will lose as much as 100 pounds of about two thirds of their excess weight in one year. Some will lose a little more, some a little less. Weight loss may continue slowly during the second year.

The Divided Gastric Bypass with Roux-en-Y gastrojejunostomy consists of separating the stomach into two sections and using parallel rows of titanium staples, with the staples additionally secured with sutures as needed. The staples remain fixed and do not migrate. The larger distal segment connected to the duodenum no longer comes in contact with ingested food. In the next phase, the surgeon disconnects the continuity of the part of the small intestine (upper jejunum) and brings the lower end up to the small gastric pouch. The intestine is connected to this small stomach pouch by means of an opening a little larger than a dime. This allows food to pass directly into the intestine where it is digested. This is called gastrojejunostomy.

Following the gastrojejunostomy anastomosis (connection of the jejunum to the stomach pouch), the free end of the small bowel is then reconnected in the shape of a "Y" (hence, the name Roux-en-Y) by means of another anastomosis below the first. Secretions from the lower segment of the stomach and duodenum empty into the jejunum well below the upper (gastrojejunostomy) anastomosis. Thus, food passing through the small upper stomach pouch will mix with secretions from the lower stomach pouch and duodenum at this Y junction. From here on, digestion and absorption of food nutrients are carried on in a completely normal fashion.