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An Australian perspective on SADI-S/OADS: Excess weight loss and comorbidity improvement

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SADI-S/OADS - An Australian perspective

EXCESS WEIGHT LOSS AND COMORBIDITY IMPROVEMENT

An observational retrospective cohort study Nov 2016 to Aug 2019



Charlene Matthews



Dr Skye Marshall



Dr Jacobus Jordaan



Dr Nova Jordaan



JordaanSurgical

Dr Jacobus Jordaan

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Disclosures

- Dr J Jordaan and Dr N Jordaan provided surgical/medical services to all participants
- Data extraction and data analysis was done independently by C Matthews and Dr Marshall, respectively
- Speaker for WL Gore, Medtronic

Ethical consideration

This study was approved by the Bond University Human Research Ethics Committee

Acknowledgements

We acknowledge Weightloss Solutions Australia for facilitating the presentation and making

their premises available for data collation





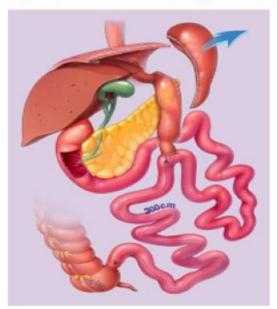
Surgical Technique and Caseload

Pouch: 36 or 40 F ViSiGi

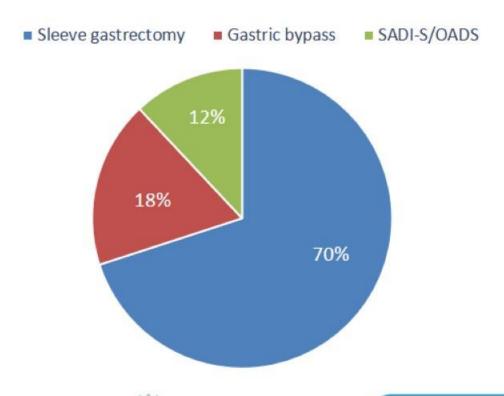
Limb length: 300cm

Anastomosis: Hand sewn, 3/0 V-Loc

+/- division of R gastric artery



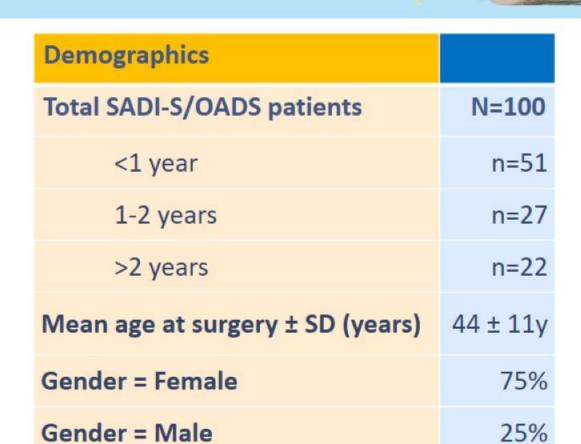
12 months to Aug 2019 447 Bariatric Cases







Characteristics



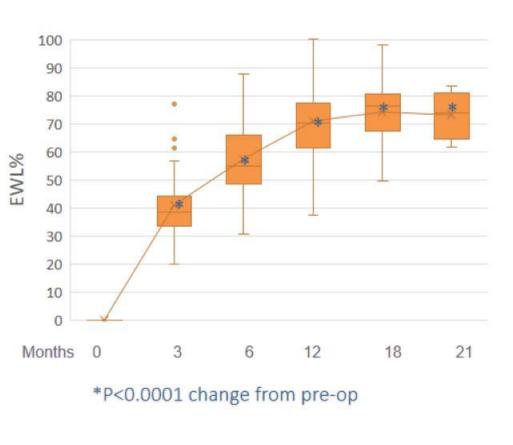
Clinical	
Primary procedure	61%
Super obesity BMI >50	34%
T2DM BMI >43	10%
Other (case by case)	17%
Revisional surgery	39%
2° to sleeve gastrectomy	30%
2° to other procedures	9%

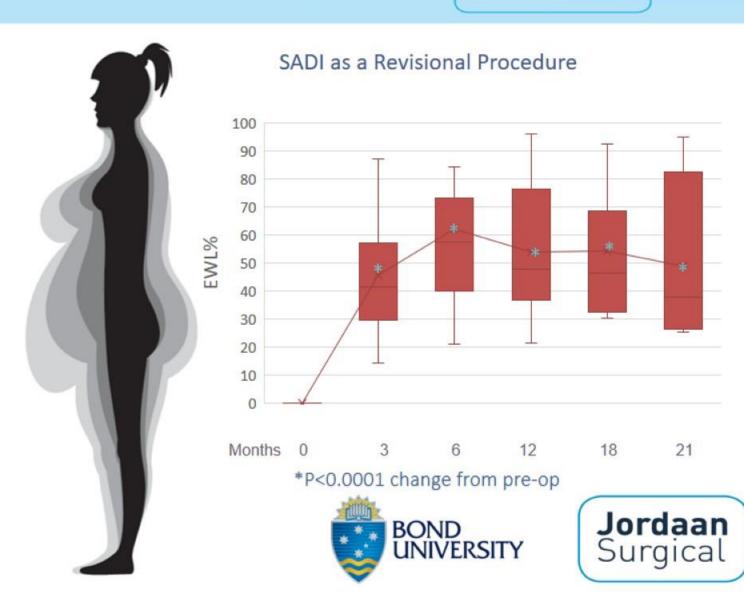




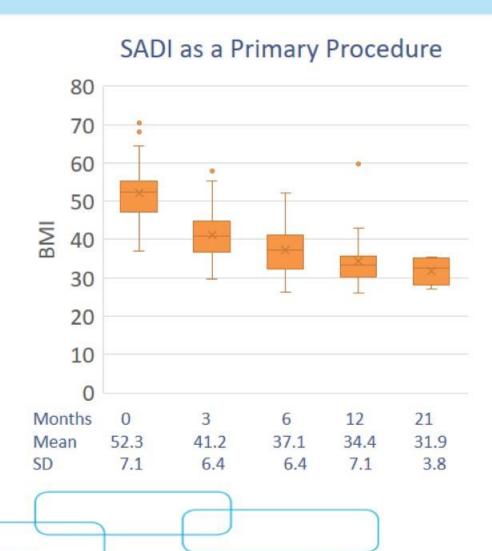
Excess Weight Loss

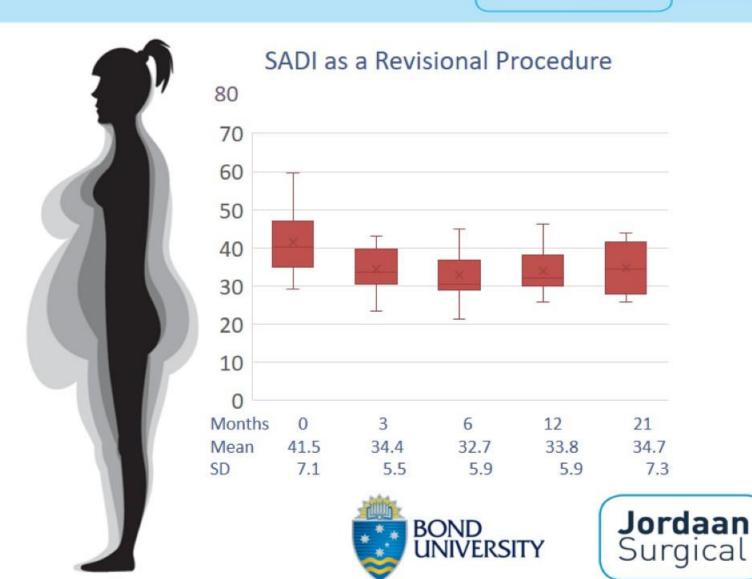
SADI as a Primary Procedure





Body Mass Index (BMI)





T2DM Resolution

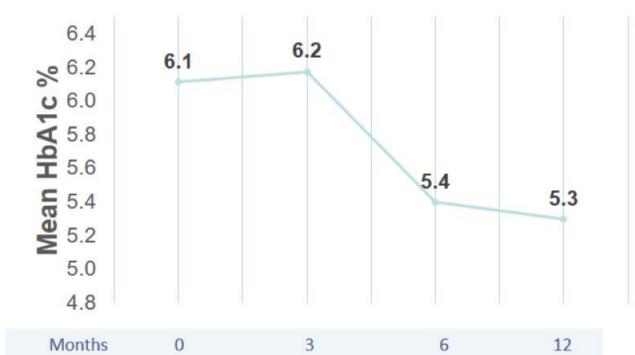
Total N

Data avail N

Data avail %

21

100



14

13

93

17

17

100

86

-		-				
D	rev	13	n	-		
		/a			$\overline{}$	2

Defined as HbA1c >6% or utilizing pharmacotherapy

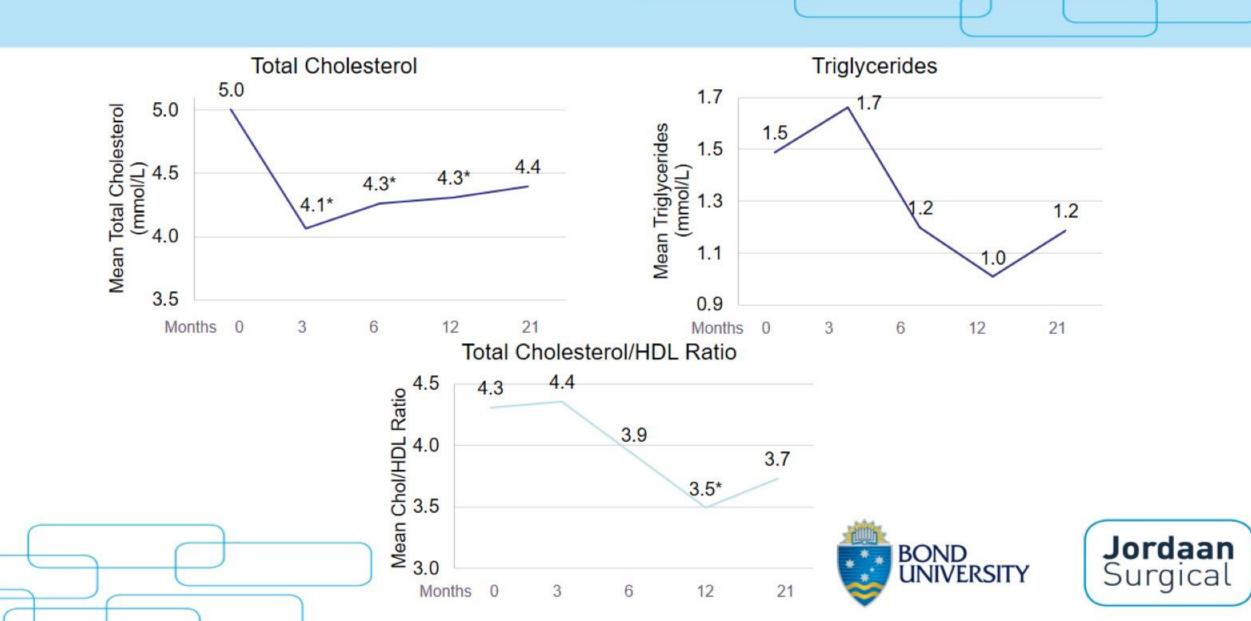
Pre-op prevalence	3m post-op	6m post-op	12m post-op
21/100	n=1/14	n=0/17	n=1* /7
21%	7%	0%	14%

* HbA1c 6.1%, nil pharmacotherapy





Lipid Profile



Key Messages





