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COMMENTARY

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Surgical Characteristics of Single Anastomosis Duodeno-Ileal Bypass Surgery (SADI-S)

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Description

The bariatric surgical procedure known as SADI-S (Single Anastomosis Duodeno-Ileal bypass with sleeve gastrostomy) helps patients reduce weight. This procedure, which combines a vertical sleeve gastrostomy with a gastric bypass approach, is a version of the Duodenal Switch surgery.

A specific kind of bariatric surgery called the SADI-S uses only one anastomosis. When the stomach's larger curvature is reduced, it has a restrictive component, but because the common channel is likewise diminished, it also has a malabsorptive component. This surgical procedure aims to shorten the intestinal loop that allows nutrients to be absorbed.

Technique

Both laparotomy and laparoscopy can be used to execute it. By dividing the stomach's larger curvature, as in the sleeve procedure, a tiny gastric sleeve is produced. The duodenum is then divided with regard to the pylorus. Between 250 centimetres (98 in) and 300 centimetres (120 in) from the ileocecal valve, a duodenum-intestinal anastomosis is performed. The length of the common channel through which nutrients are absorbed is thus determined by this distance.

Advantages

A single anastomosis bariatric procedure is the SADI-S. The conventional duodenal switch, the gastric bypass (RNY), and the sleeve gastrostomy are not comparable to it. It is a type of bariatric surgery used to treat metabolic conditions such Type 2 Diabetes, dyslipidemia, Metabolic Syndrome, and Polycystic Ovarian Syndrome as well as to help patients lose weight.

According to published studies, the SADI-S procedure was superior to gastric bypass or sleeve gastrostomy in terms of overall weight loss and the beneficial effect or remission of Type 2 Diabetes SADI retains the stomach/pyloric valve in comparison to RNY surgery, retaining better anatomical control over food flow into the intestines and lowering the risk or occurrence of dumping syndrome.

In comparison to the Duodenal Switch (DS), the SADI procedure often leaves a longer common channel and only calls for one anastomosis (which lowers the risk of leakage or stricture complications). This lessens the degree of diarrhoea and flatulence linked to DS as well as the severity of malnutrition caused by malabsorption.

Disadvantages

Patients will need to take vitamin, mineral, and other dietary supplements for the rest of their lives, just like with other bariatric malabsorptive procedures like RNY and DS. Malnutrition must be avoided, which calls for analytical monitoring.Compared to the non-bariatric population, gallbladder stones, gas, and diarrhoea are more common.

Intestinal perforation, infection, abscess, venous thrombosis, pulmonary embolism, and andanastomotic leaks are among the surgical risks that are similar to those of other bariatric procedures (although the single anastomosis is designed to present less risk overall compared to the multi-anastamosis techniques). It may eventually result in a bowel obstruction. Compared to a conventional duodenal switch, there is a larger possibility of bile reflux.

Both the American Society of Metabolic and Bariatric Surgery (ASMBS) and The International Federation for Surgery of Obesity and Metabolic Disorders (IFSO) released statements endorsing SADI as an efficient and well-established surgical technique in 2020 and 2018, respectively, despite it having previously been regarded as experimental.

The common channel in SADI is typically longer than in Duodenal Switch surgery, compared to Roux-en-Y gastric bypass surgery, meaning there is a slightly lower degree of nutritional deficiency. However, there is no research to suggest that it requires any significant reduction in vitamin or mineral supplementation as compared to the Roux-en-Y gastric bypass surgical technique.

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