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LETTER TO EDITOR/LED REPLY

Reply to "Key Features of an Ideal One Anastomosis/Mini Gastric Bypass Pouch"

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We thank the author of "Key Features of an Ideal One Anastomosis/Mini Gastric Bypass Pouch" for taking interest in our original contribution and valuable comments on how to create an ideal gastric pouch in these procedures. The author wanted to address a few issues in our study that we would like to comment on.

Our study population consisted of the first patients that underwent a Mini Gastric Bypass (MGB) at our institution. At that time, we used a considerably long biliopancreatic (BP) limb (250–275 cm), which proved to be too long for some patients in our series, and we have since then revised our technique accordingly.

Also, the author was concerned about high number of patients with clinical findings of gastroesophageal reflux disease (GORD) in our series. Whether this is due to inadequate clearance of the pouch or because any sign of GORD was carefully evaluated during the follow-up is difficult to say at this point. Our 10-year experience with laparoscopic sleeve gastrectomies favors a technique of creating a tube that is narrower at the top, still staying 1 cm from gastroesophageal junction, and widening towards pylorus. Especially at angulus of the ventricle, it is crucial not to have a functional obstruction, as it causes reflux symptoms. With this experience, we have now revised the technique towards the same model as presented in the comment, i.e., long tube that widens towards the anastomosis.

At the moment, we are recruiting patients for a randomized prospective study comparing Roux-en-Y gastric bypass with 60-cm biliary and 150-cm alimentary limbs and MGB with a 210-cm BP limb and a gastric pouch similar to the one described by the author. In that study, we will perform bile reflux scintigraphy and gastroscopy after MGB. This upcoming study will provide more data on this topic.

Compliance with Ethical Standards

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Conflict of Interest The authors declare that they have no conflicts of interest.

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