



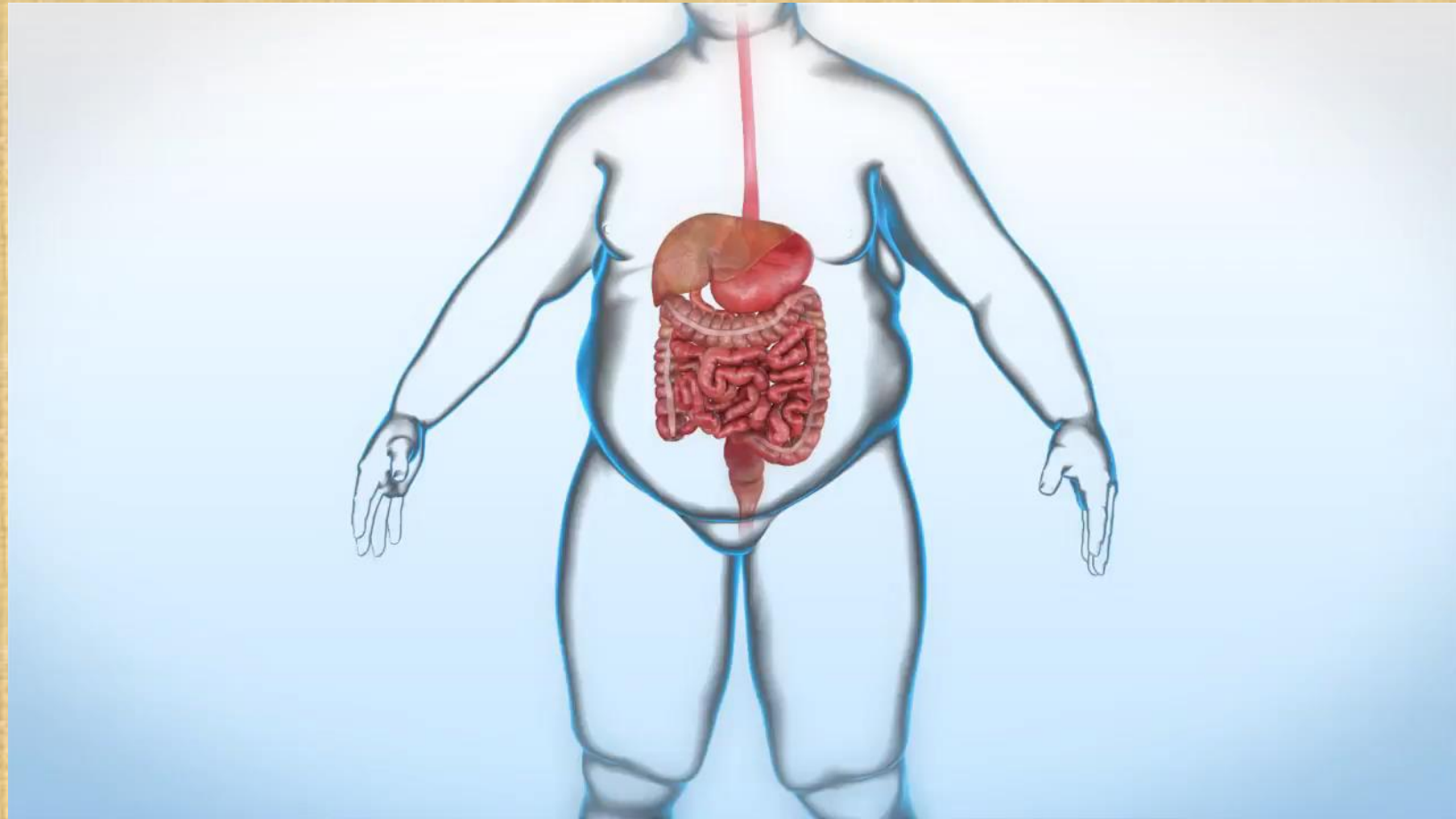
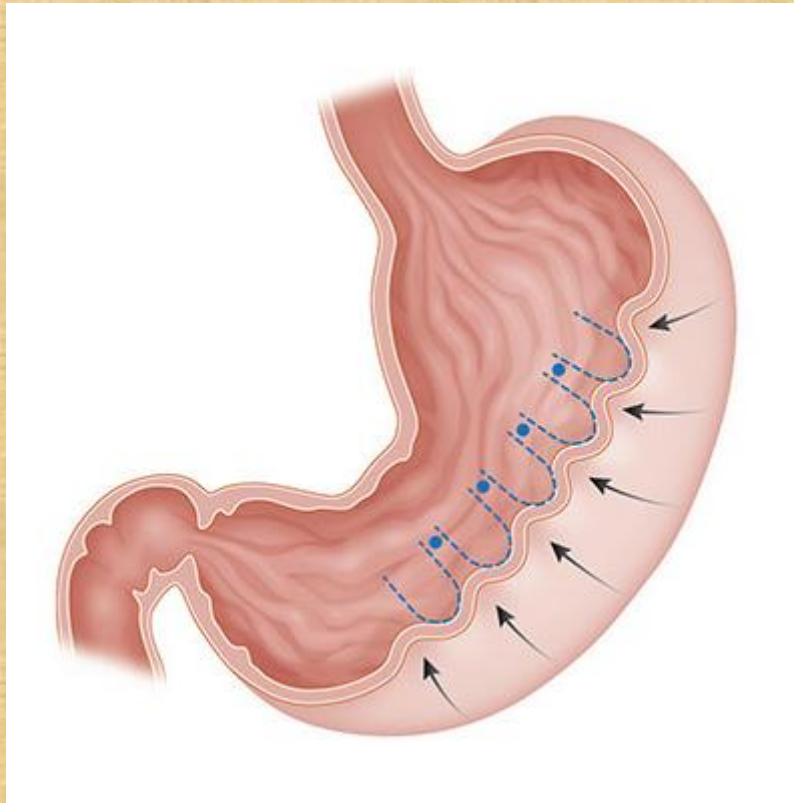
L'intervento chirurgico

Prof. Alessandro Balani

Udine, 20 marzo 2026



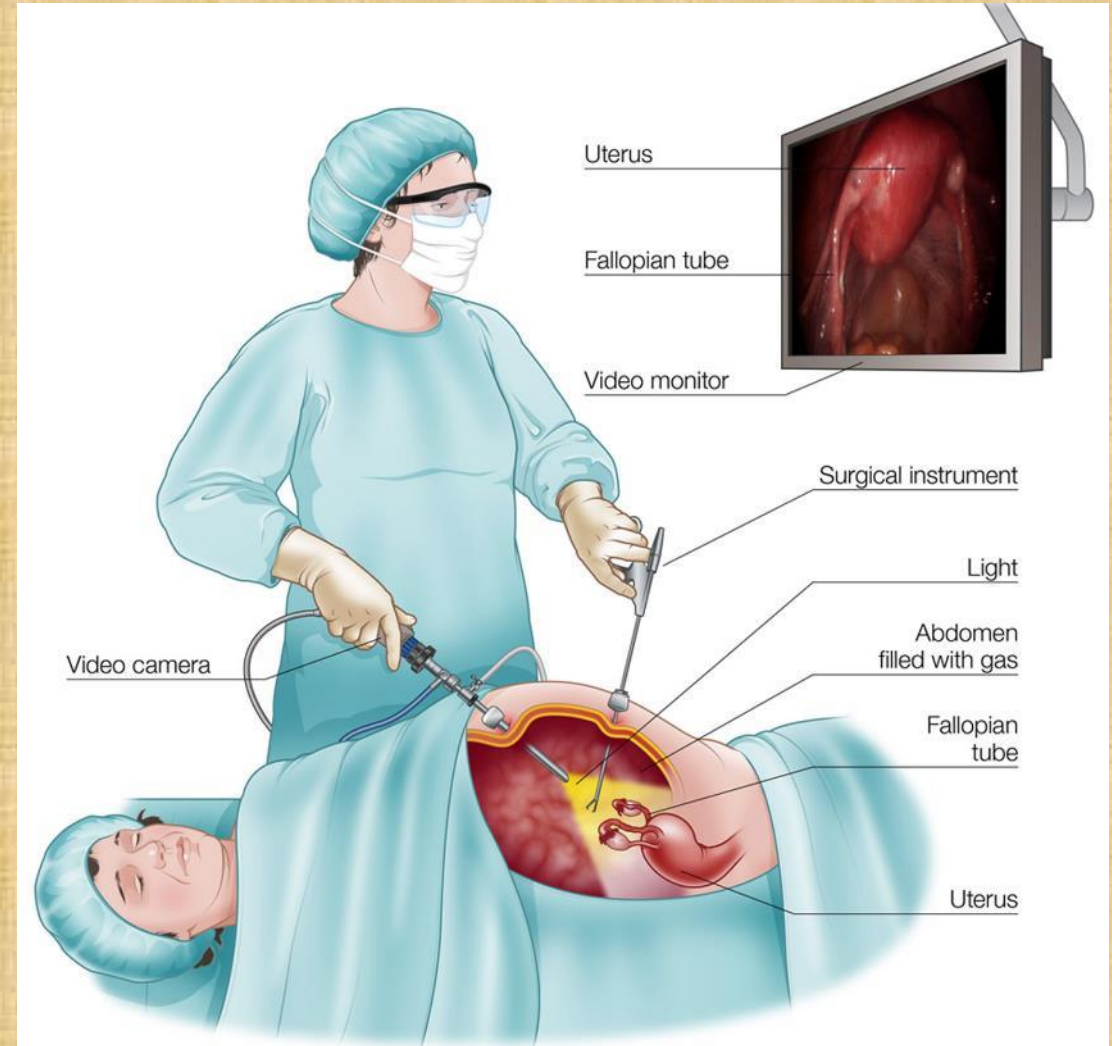
Plicatura gastrica ENDOSCOPICA



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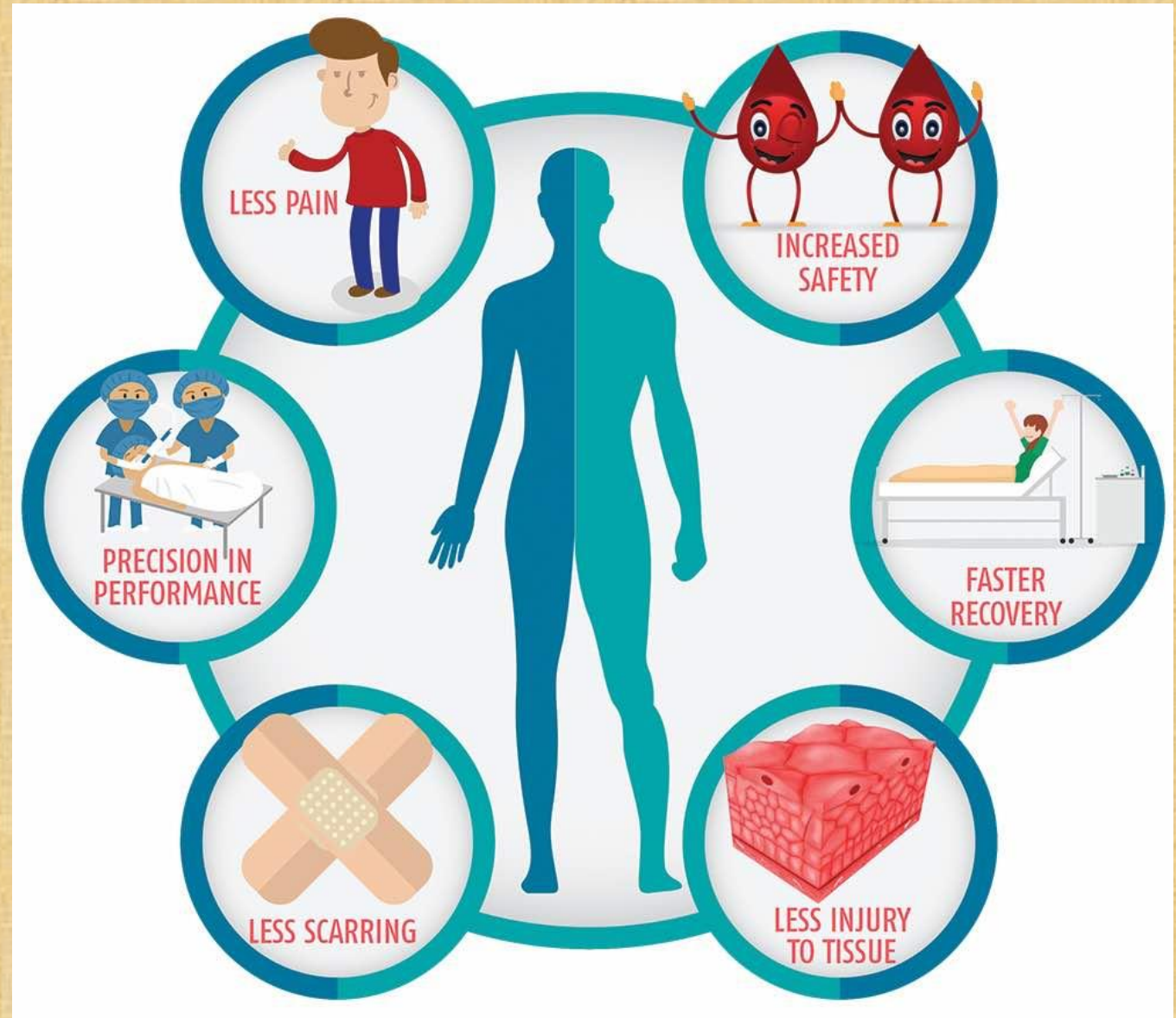
LAPAROSCOPIA

E l'intervento?



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perchè in LAPAROSCOPIA ?



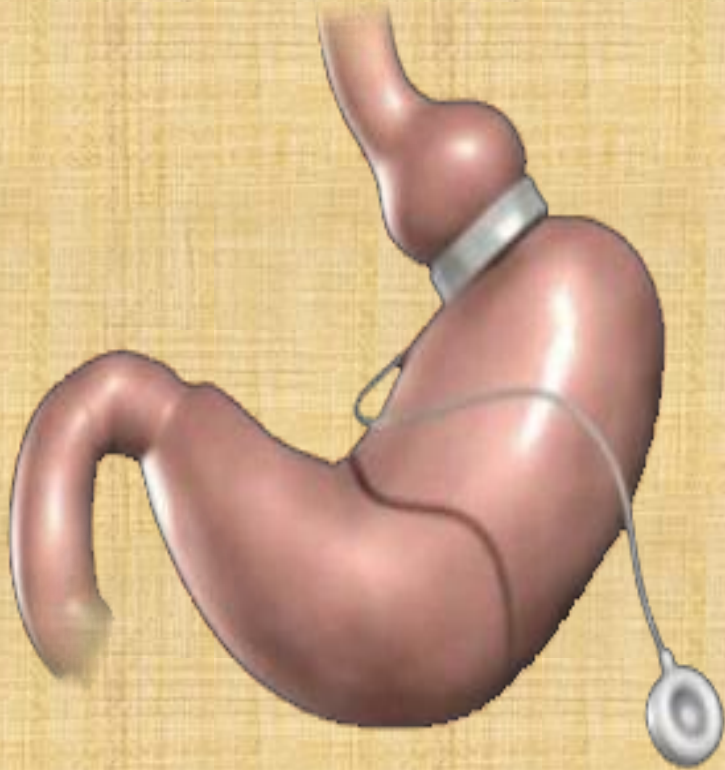
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Ok ma alla fine,
in cosa consiste
l'intervento?



- **Interventi restrittivi**
Bendaggio gastrico regolabile
Sleeve Gastrectomy
- **Interventi malassorbitivi**
Diversione bilio-pancreatica
- **Interventi misti**
Bypass gastrico
mini-Bypass gastrico (OAGB)

Bendaggio gastrico regolabile

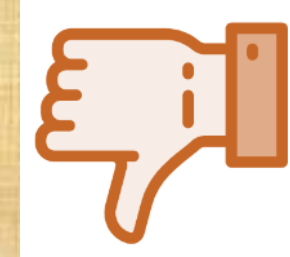


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BENDAGGIO GASTRICO regolabile

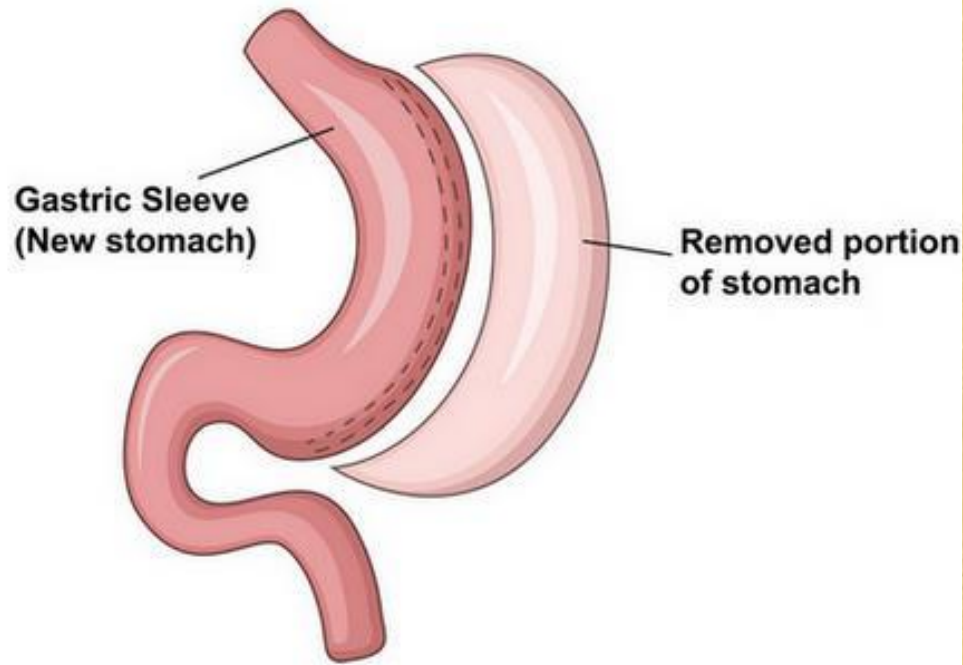


- Regolato in ambulatorio
- Completamente **reversibile**
- EWL a 12 mesi: **40-45%**



- Frequente **ripresa ponderale**
- Risultato **dipendente** dalla **collaborazione** del paziente
- Complicanze a lungo termine del **18-20%**

SLEEVE gastrectomy

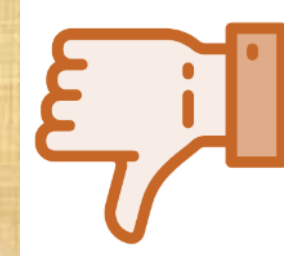


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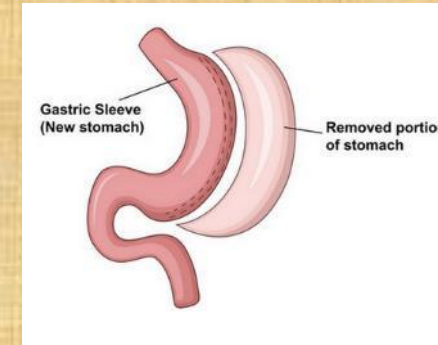
SLEEVE gastrectomy



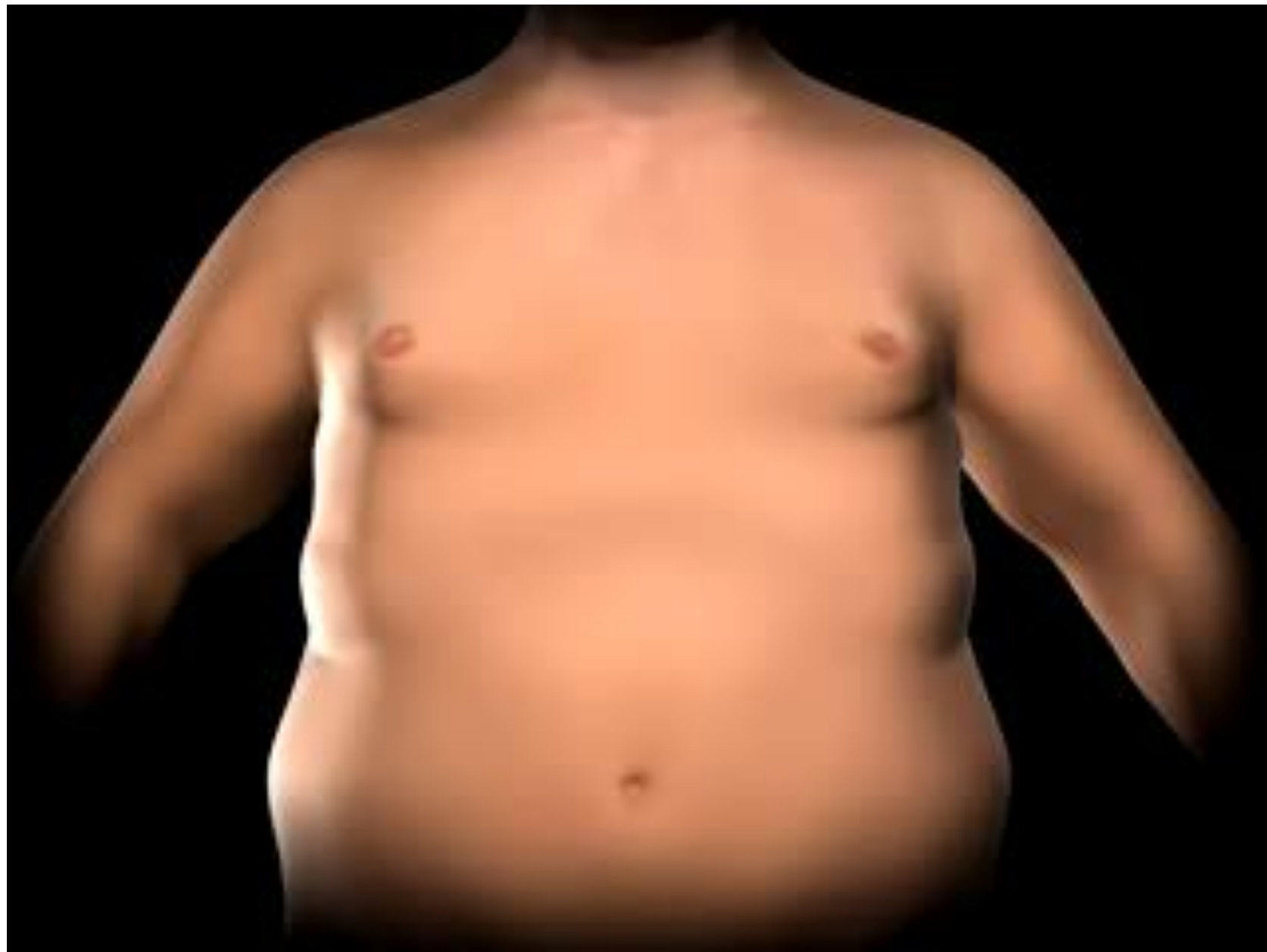
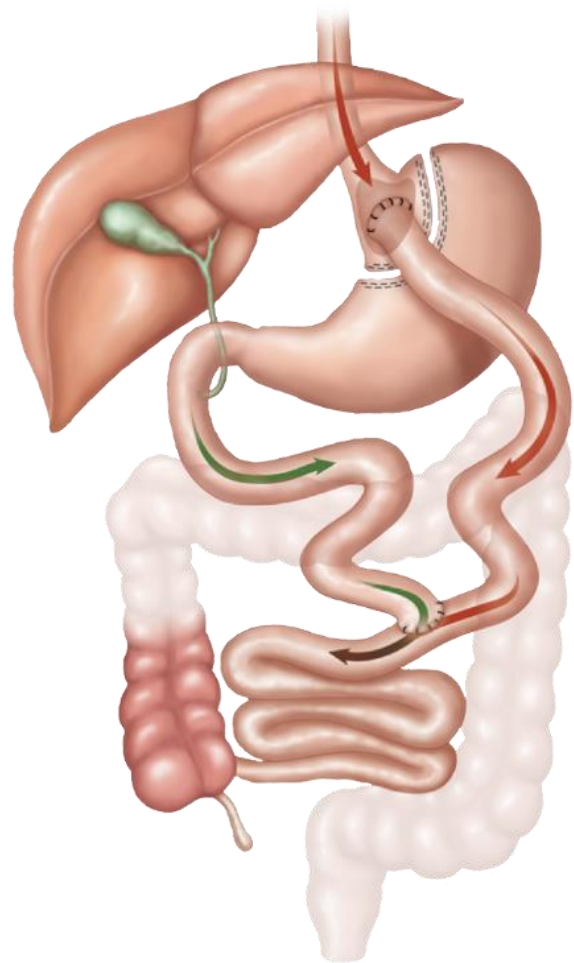
- **Ridotti** tempi chirurgici
- EWL a 12 mesi: **60 - 70%**
- Discreto **effetto ormonale**
(miglioramento diabete 80 %)
- **Basso rischio** di malassorbimento
- **1-2%** di **complicanze chirurgiche**



- **IRREVERSIBILE**
- Possibile peggioramento del **reflusso gastro-esofageo**

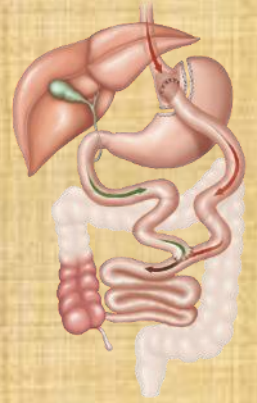


BY-PASS gastrico

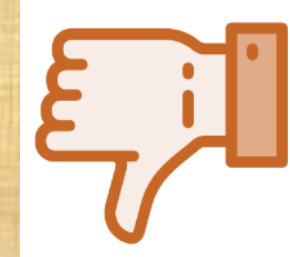


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BY-PASS gastrico



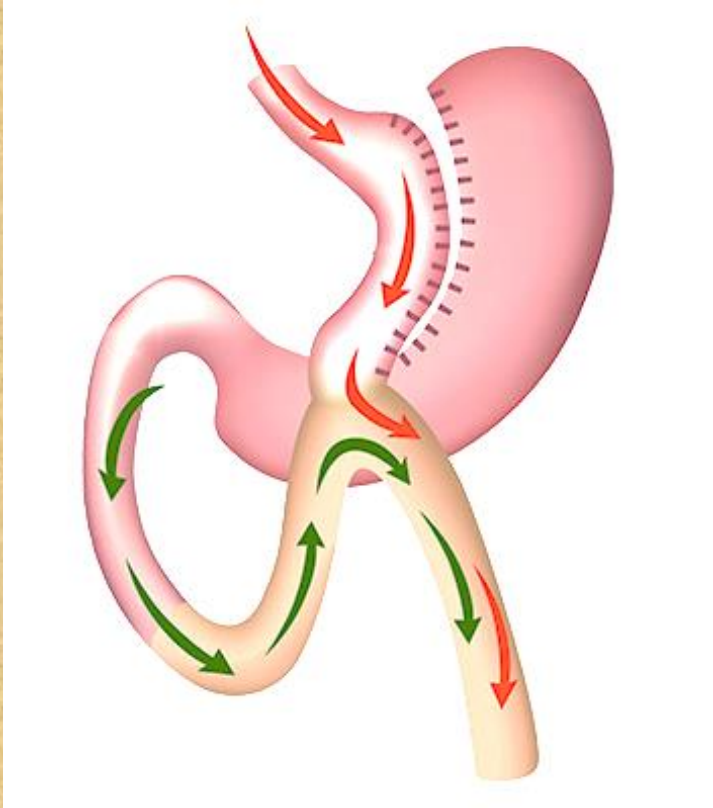
- **Non** rimozione di porzioni di stomaco/intestino
- EWL a 12 mesi: **60-70%**
- **Effetto ormonale**
(miglioramento diabete 80-94 %)



- **Non esplorabilità** endoscopica dello **stomaco residuo**
- Modesto rischio di **malnutrizione**

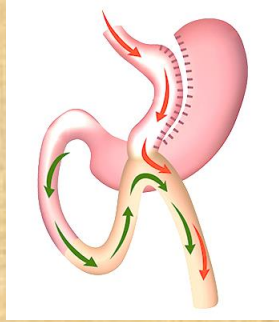
Buchwald et Al: *Bariatric surgery: a systematic review and meta-analysis*. JAMA
Sullivan et Al: *Quality of life in the treatment of patients with obesity*.
International textbook of obesity.

mini BY-PASS gastrico

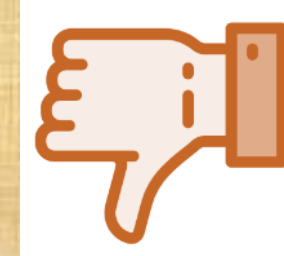


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mini BY-PASS gastrico

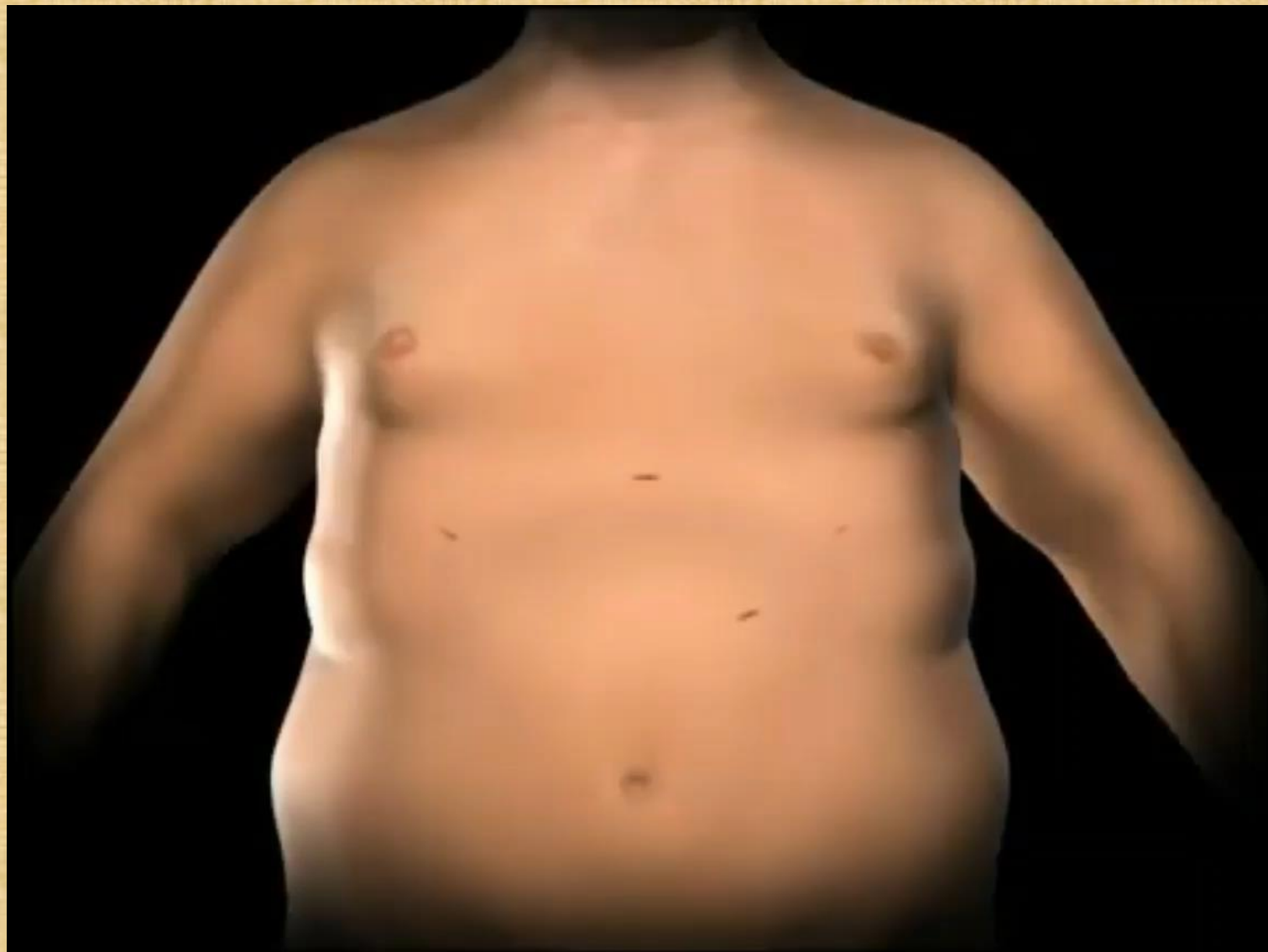
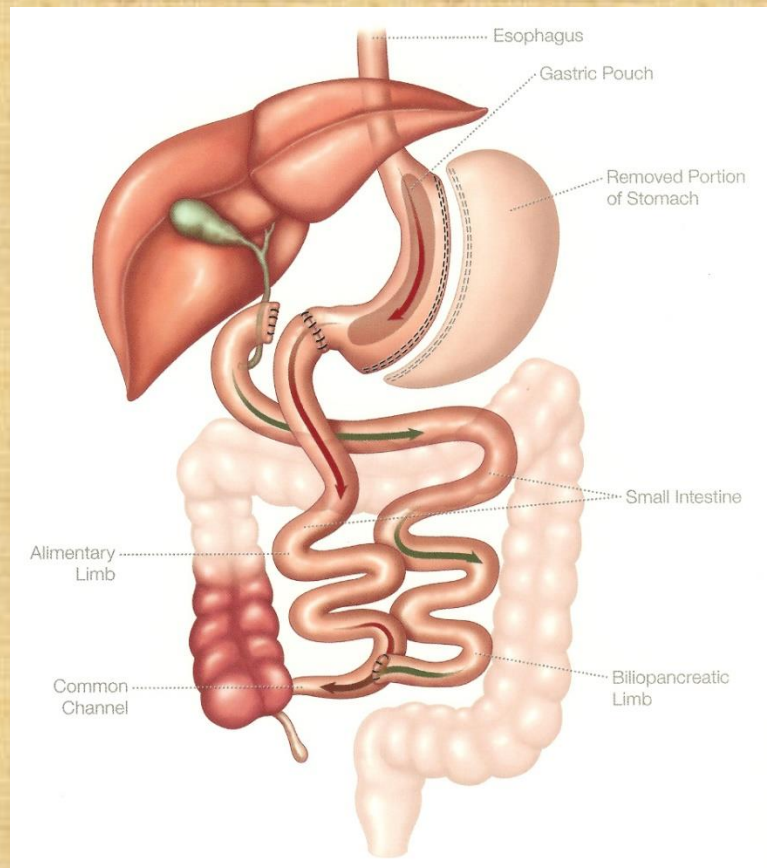


- **Non** rimozione di porzioni di stomaco/intestino
- EWL > RYGB
- **Effetto malassorbitivo > RYGB**



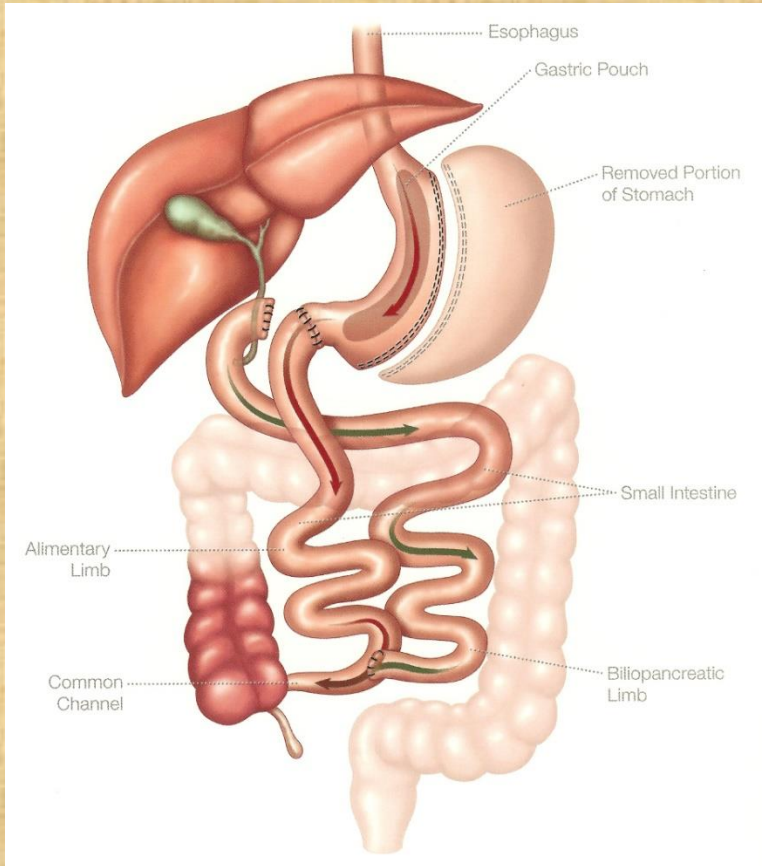
- **Rischio di malnutrizione > RYGB**
- Reflusso biliare gastrico

DIVERSIONE bilio-pancreatica

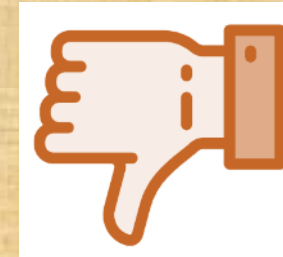


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DIVERSIONE bilio-pancreatica



- EWL a 12 mesi: **70 - 80%**
- Potente **effetto ormonale**



- **IRREVERSIBILE**
- Elevato **malassorbimento**
- Potenziale impatto sulla **qualità di vita** (diarrea, dieta, integrazioni nutrizionali)

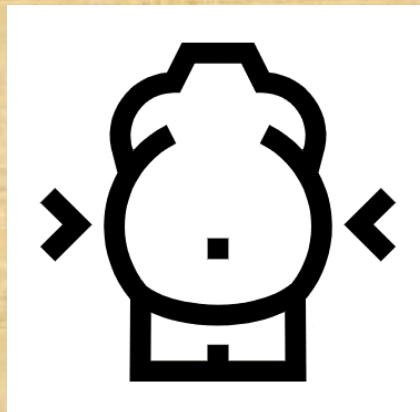
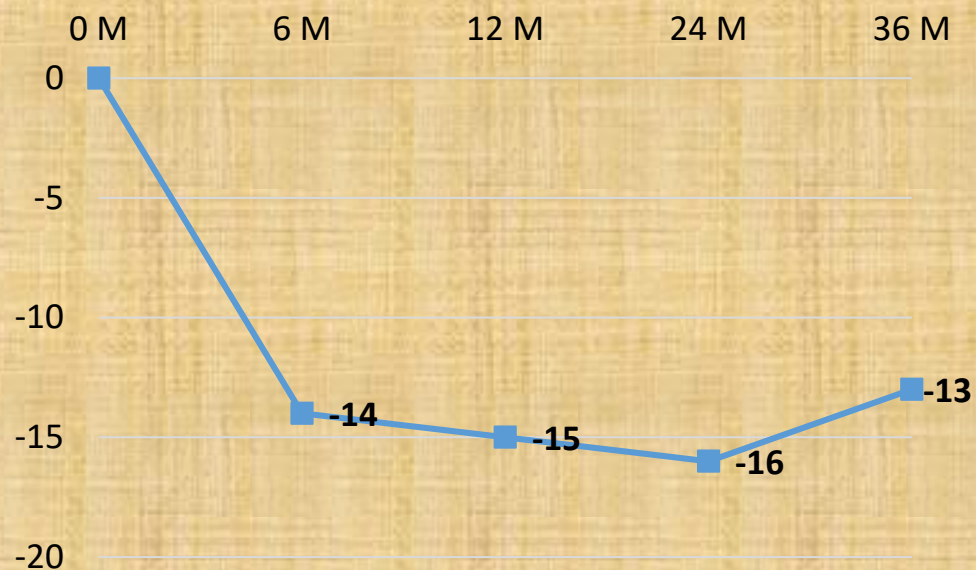
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textbook of obesity.

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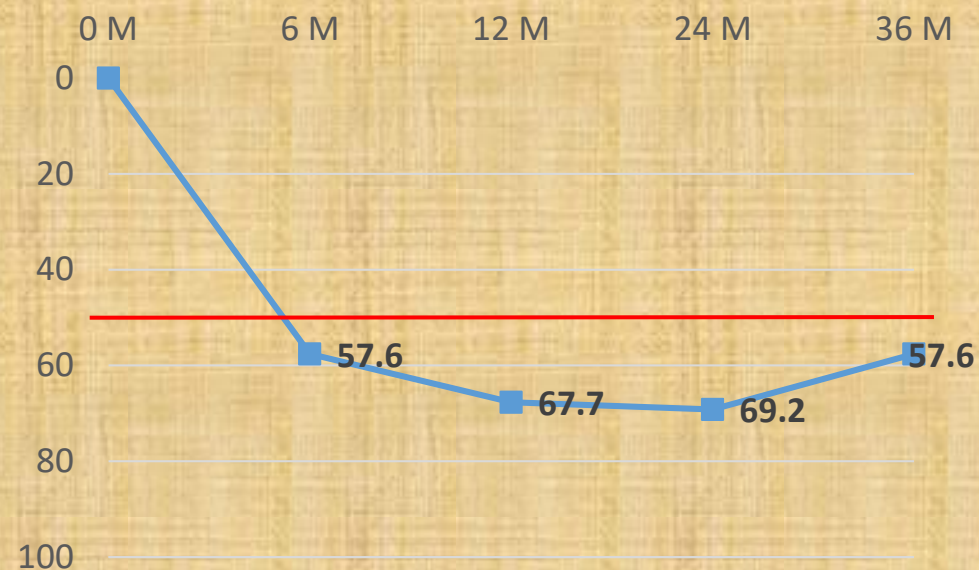


RISULTATI

RIDUZIONE DEL BMI



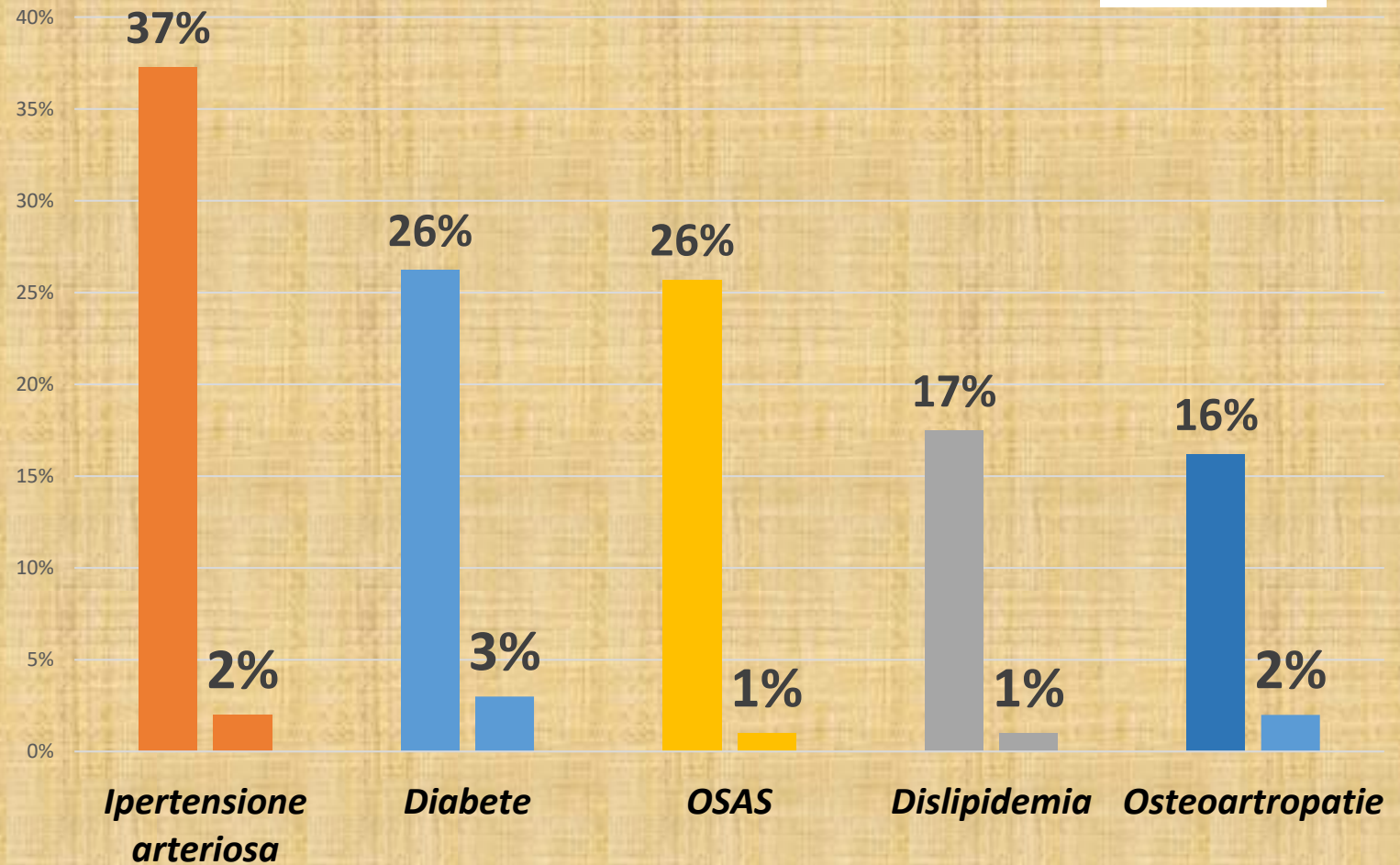
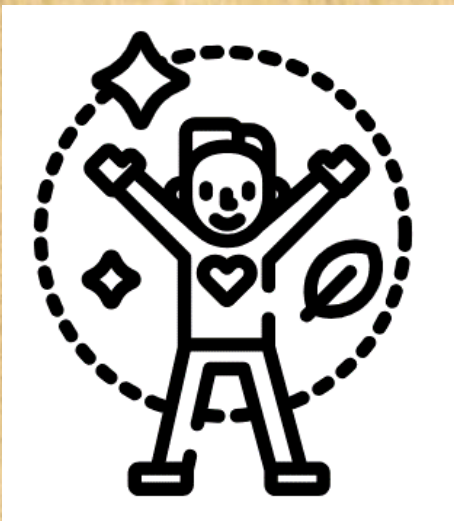
% EWL (PESO IN ECCESSO PERSO)



FOLLOW-UP 36 MESI

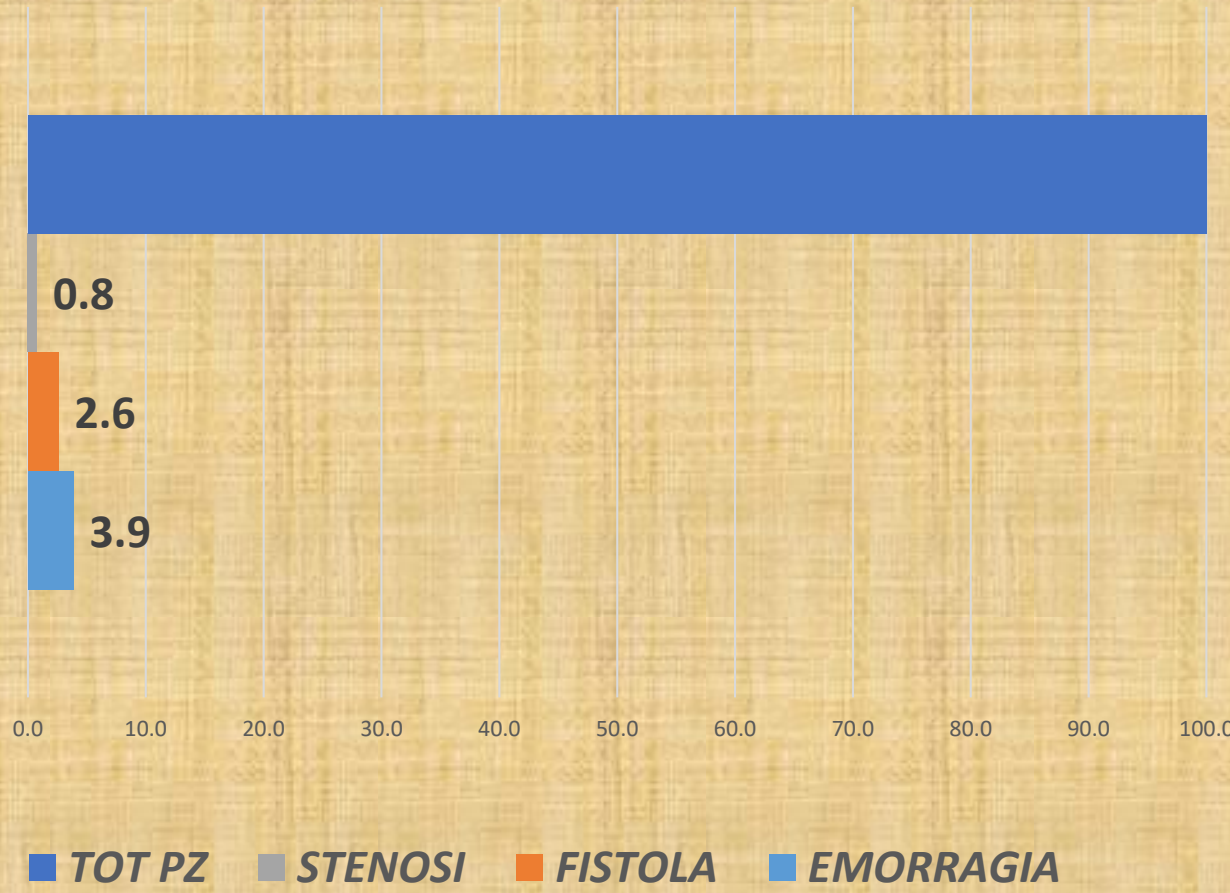
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COMORBIDITÀ 12 MESI



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COMPLICANZE POST-OP (< 30 g)



Mortality: 0,17%



TYPE OF SURGERY	% PERIOPERATIVE COMPLICATIONS	% PERIOPERATIVE MORTALITY
<i>LAP CHOLE</i>	5,8	0,05-0,1
<i>COLORECTAL SURGERY</i>	19,7	4-6
<i>BARIATRIC LAPAROSCOPIC SURGERY</i>	13,5	0.08-0,21



Su-Hsin Chang, et al.
The Effectiveness and Risks of Bariatric Surgery. An Updated Systematic Review and Meta-analysis, 2003-2012