

# Laparoscopic Roux-en-Y Gastric Bypass (LRYGB): Techniques, Complications, Outcomes, and Controversies

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The original open Roux-en-Y gastric bypass was described by Mason and Ito [1] in 1966 and it was almost 30 years later in 1994 when Wittgrove and Clark first reported their experience with the laparoscopic Roux-en-Y gastric bypass (LRYGB) [2]. In the two decades since, surgeons around the world have made further modifications to the LRYGB in an effort to improve efficacy and decrease complications. The details of the LRYGB are well described in subsequent chapters on operative techniques.

In Chap. 25, Professor Higa discusses some of the controversies and questions surrounding the LRYGB, including whether the different types of anastomotic reconstruction, the different limb lengths and pouch sizes have any significant impact on outcomes.

The different types of anastomoses and their variations are described by experienced surgeons who give us the benefit of their detailed operative techniques, their peri-operative management strategy and their unit's results. Within each chapter, the surgical team has presented their work in full, and this has resulted in some duplication across chapters in this section. However, it has the advantage of each chapter being a complete entity, taking the reader through an operative technique from start to finish.

Chapter 19 describes the linear stapler technique for the gastro-jejunostomy with slight variations in the placement and formation of the alimentary limbs. In Chap. 20, the circular stapler technique for the gastro-jejunostomy is described with different methods of placing the anvil of the stapler into the stomach pouch. The hand-sewn technique requires more advanced laparoscopic suturing skills and is well described in Chap. 21. In addition, in Chap. 22, a completely standardised fully stapled technique is described, which, according to Professor Dillemans, offers a fast, reproducible, safe and easy technique to impart to trainees.

Chapter 23 provides a comprehensive overview of the complications that can occur with the LRYGB, along with preventative measures to lessen the likelihood of them occurring and helpful algorithms and management plans to lessen the impact of the complications if they do occur.

Finally Chap. 24 reports on the outcomes after LRYGB, including a brief mention on possible adverse outcomes to put things into perspective. However it is the therapeutic outcomes specific to LRYGB that is important and the authors have provided us with the knowledge to inform us why the LRYGB is currently still considered the 'gold standard' and the most popular bariatric procedure worldwide [3].

1. Mason EE, Ito C. Gastric bypass in obesity. *Surg Clin North Am.* 1967;47:1345–51.
2. Wittgrove AC, Clark GW, Tremblay LJ. Laparoscopic gastric bypass, Roux-en-Y: preliminary report of five cases. *Obes Surg.* 1994;4:4353–7.
3. Buchwald H, Oien DM. Metabolic/bariatric surgery worldwide 2011. *Obes Surg.* 2013;23(4):427–36.