

Obesity 2018: Conversion from gastric bypass to duodenal switch secondary to dumping syndrome: a case report- Jose Antonio Casteneda- Universidad de Guadalajara, Mexico

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I am writing Abstract based on my conference topic those I observed during my researching period .This is helpful for our country our word . 2Other people have symptoms one to three hours after eating, and still others have both early and late symptoms. this condition can prevent by changing the diet chart after surgery and strictly follow the diet chart . Changes might include eating meals with be care full and limiting and care with high-sugar foods. In more-serious cases of dumping syndrome, it may need medications or surgery and strictly follow diet chart .In this case was a woman 46 years old, with a history of metabolic syndrome, who underwent bariatric surgery of 1 year 3 months ago. I observe my patients with 3 months after the completion of her surgery, which is unique idea used, as well as findings during a surgical time, this because it was worked in other surgical group also . Failed medical treatment and follow diet chart as well as present overweight. Regarded as intractable dumping syndrome, for which she is considered as patient for practise and surgical conversion. Before the surgical law and rules , under general anesthesia and endotracheal intubation, trocar is always placed

in the between of the , 15 cm below the xiphoid appendix, and the rest of the trocars are placed with direct vision, adding a sixth in the middle clavicular line at the level of the left ileac crest. Laparoscopic finding that left 3 meters of absorption surface, but debuting 3 months after surgery with dumping syndrome and weight gain. Laparoscopic revision procedure was performed with modified biliopancreatic diversion like to duodenal switch was performed to relieve her intractable condition. The procedure lasted 50 minutes without any intraoperative complication, the final purpose absorption surface with 100cm, blood losing 300 ml, the postoperative stay in hospital was 2 days. This day the patient is not completely well but we can say uncomplicated , metabolic syndrome is controlled, and BMI it's in normal range. In this case, not work medically treatment in the syndrome and required only surgical interference , in which it was n ecessary to modify the gastric emptying by the pyloric restitution, together with the procedure, the intestinal absorption surface is reduced in order to correct the weight gain. Obtaining metabolic syndrome and weight gain control.