



Venezia

SPRING MEETING

13-14 MAGGIO 2025

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DEL CASINÒ/LIDO
DI VENEZIA

TRANSIT BIPARTITION E CHIRURGIA ROBOTICA

PIERO GIUSTACCHINI

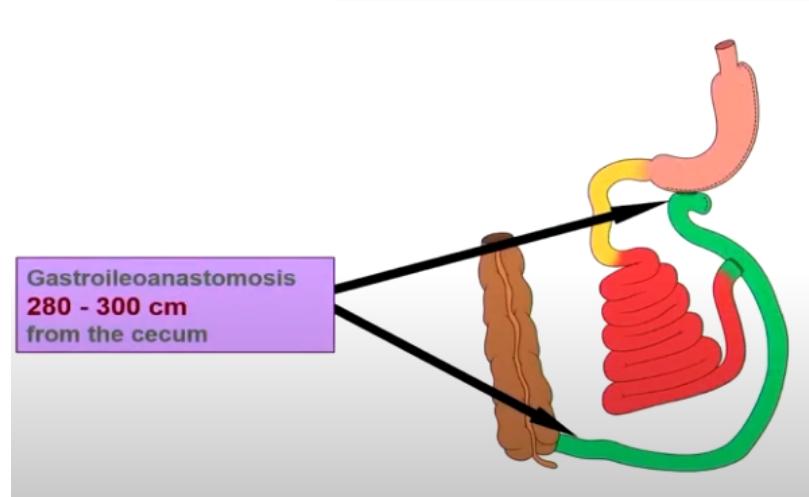
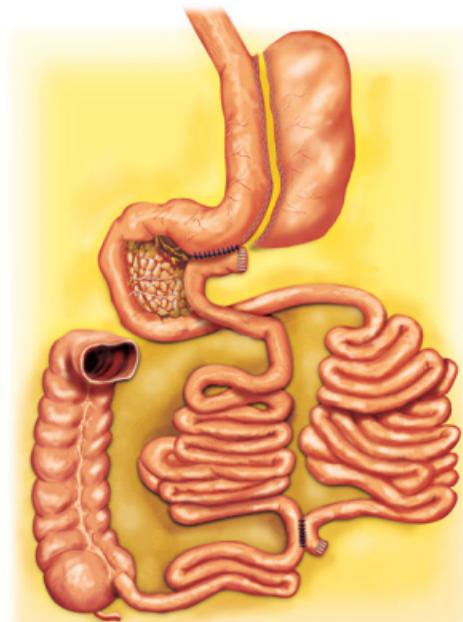
CENTRO DIPARTIMENTALE DI CHIRURGIA ENDOCRINA E DELL'OBESITÀ,
U.O.C. CHIRURGIA ENDOCRINA E METABOLICA, FONDAZIONE POLICLINICO
UNIVERSITARIO AGOSTINO GEMELLI IRCCS, ROMA

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ORIGINAL ARTICLE

Sleeve Gastrectomy With Transit Bipartition A Potent Intervention for Metabolic Syndrome and Obesity

Sergio Santoro, MD,* Luis Carlos Castro, MD,† Manoel Carlos Prieto Velhote, MD, PhD, FACS,‡
Carlos Eduardo Malzoni, MD, FACS,* Sidney Klajner, MD, FACS,* Leandro Perandin Castro, MD,†
Arnaldo Lacombe, MD,* and Marco Aurélio Santo, MD, PhD‡



- **Sleeve gastrectomy**
- **Anastomosi gastro-ileale a circa 300 cm dalla valvola ileo-cecale**
- **Anastomosi entero-enterica a circa 30-50 cm dalla anastomosi G-I**

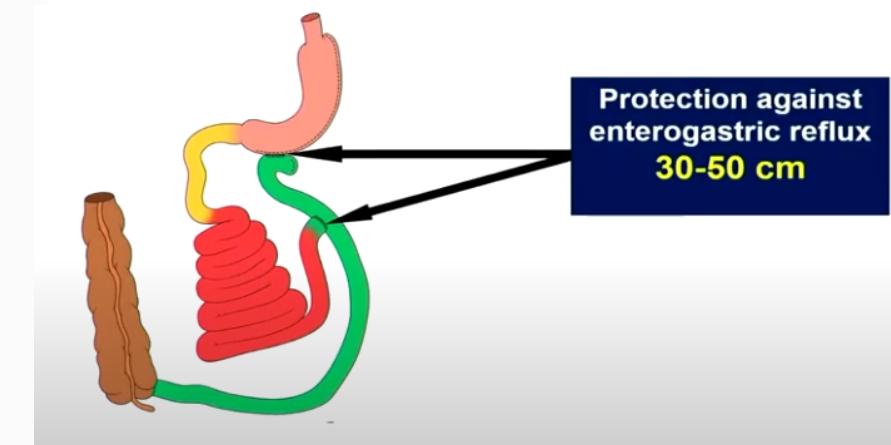


FIGURE 1. Didactic scheme of sleeve gastrectomy with transit bipartition.





Video case report

Combined robotic/laparoscopic sleeve gastrectomy with transit bipartition for an obese patient with complicated metabolic syndrome

Accepted for video presentation at Digestive Disease Week at the San Diego Convention Center in San Diego, CA, May
18–21, 2019.

Cigdem Benlice M.D. ^a  , Can Karaca M.D. ^b, Bilgi Baca M.D. ^a

- **49 aa; BMI 34.5**
- **DMT2, IA**
- **Sleeve LPS**
- **Anastomosi manuali robotiche**





Robotic Transit Bipartition with Sleeve Gastrectomy: Technical Points

Maud Robert^{1,2} · Arnaud Pasquer^{1,2}  · Toufic Saber¹

- **63 aa; BMI 46**
- **DMT2, IA, OSAS**
- **4 bracci robotici in linea obliqua tra la spina iliaca di destra e l'ipocondrio di sinistra**
- **Trocar 5 mm in ipocondrio destro per retrazione epatica**
- **Trocar ausiliario sovraombelicale**
- **Bougie 37 Fr**
- **Ansa comune 150 cm, alimentare 100 cm**

Results

Postoperative course was uneventful. Liquid diet was started on postoperative day 1 (POD) and solid foods on POD 2. Insulin requirements were divided by 6. Patient was discharged on POD 4.

Conclusion

Transit bipartition with sleeve gastrectomy surgery has gained popularity recently with its ability to improve metabolic syndrome without causing severe malabsorptive side effects. Four robotic arm assistance shows to facilitate the surgical procedure.

Robotic Transit Bipartition with Sleeve Gastrectomy (Da Vinci)

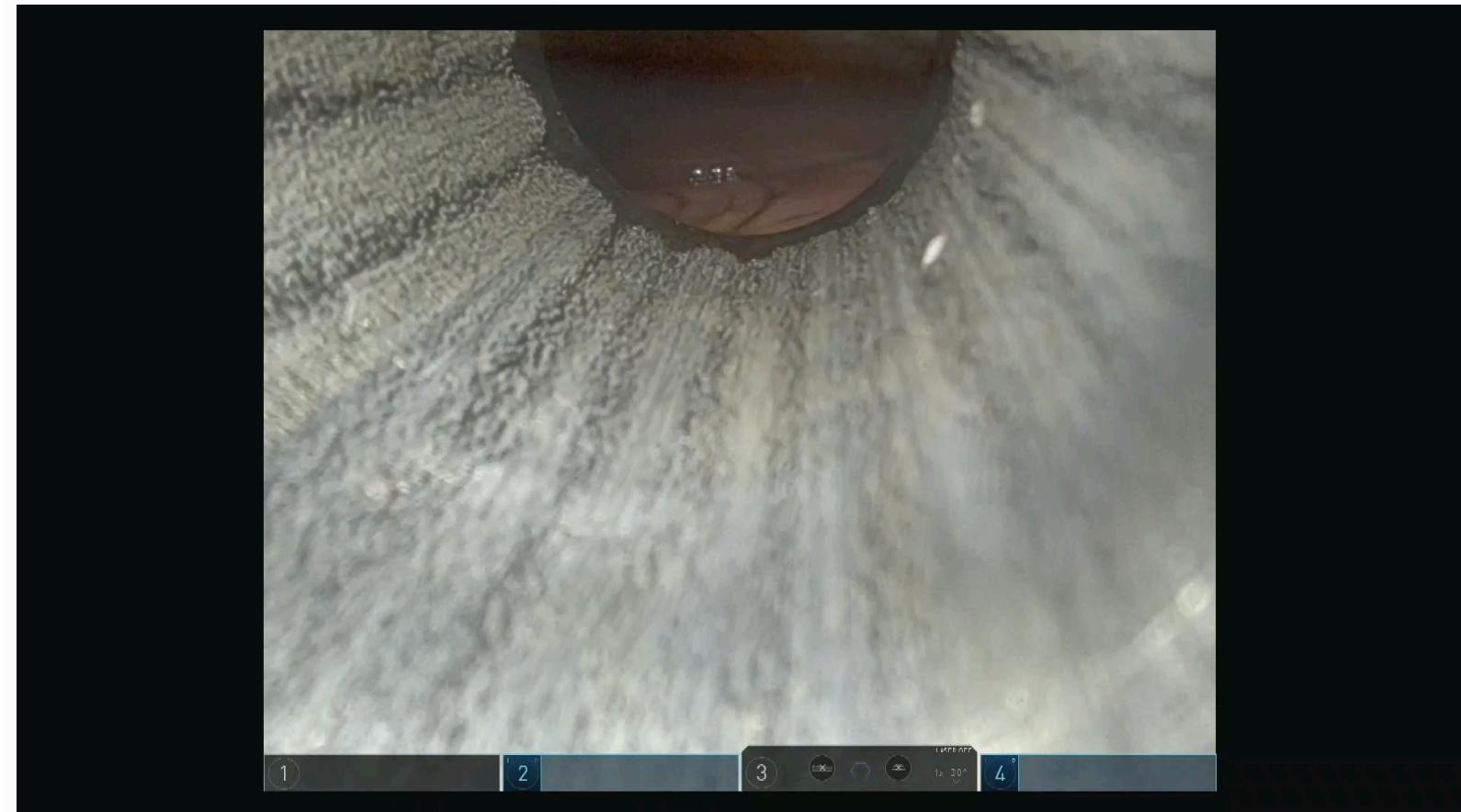
- 48 aa; BMI 37.8
- Pregressa plicatura gastrica LPS (2014)
- 4 bracci robotici
- Trocar ausiliario
- Ansa alimentare 50 cm
- Ansa comune 250 cm
- Decorso regolare e dimissione in II giornata p.o.



Robotic Transit Bipartition with Sleeve Gastrectomy (Da Vinci)

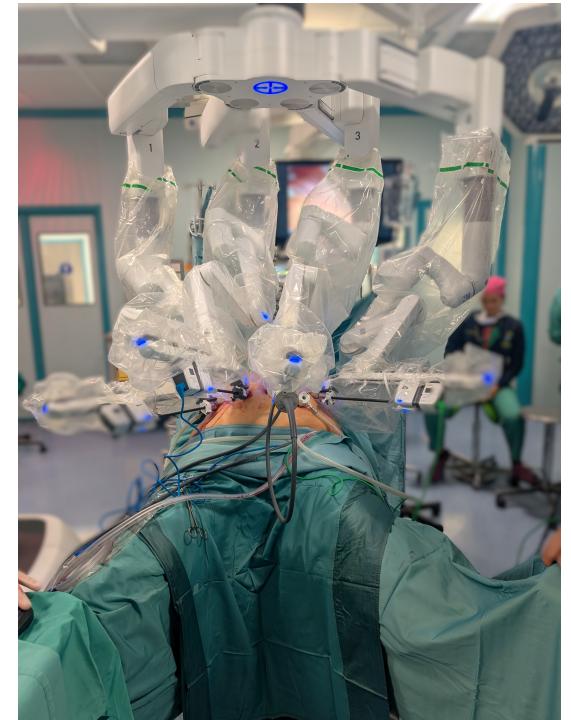
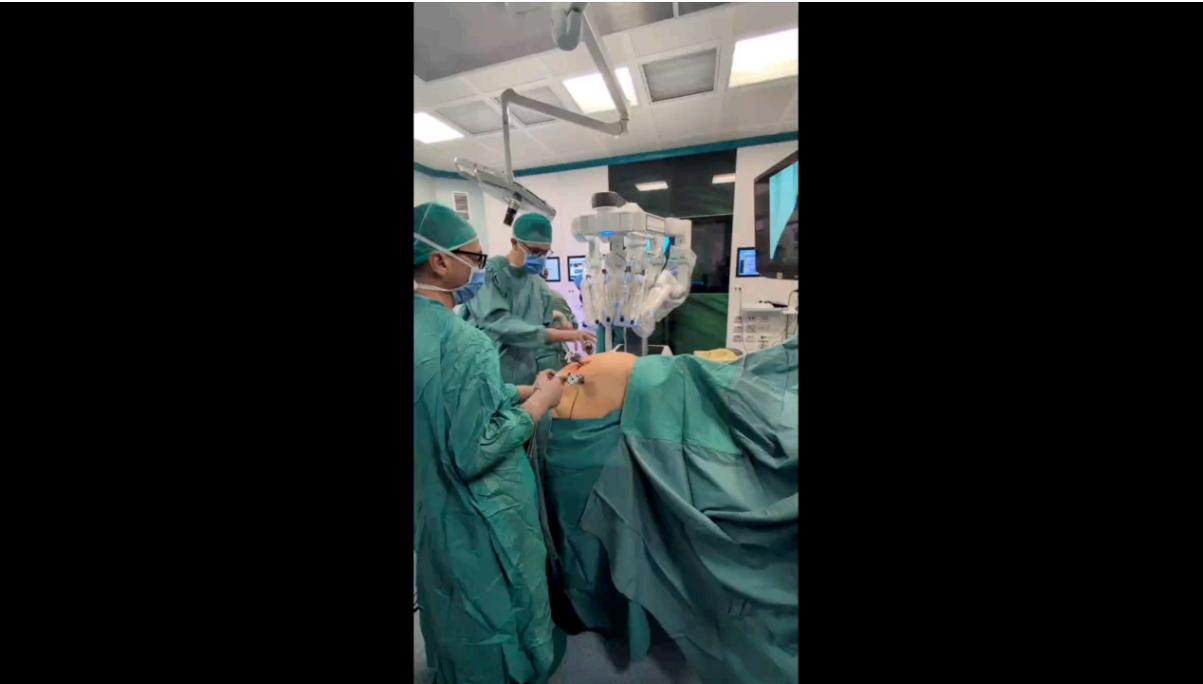
- **Tempo laparoscopico:**

- **Visualizzazione esiti della placcatura gastrica**
- **Identificazione ultima ansa ideale**
- **Misurazione 300 cm dalla valvola ileocecale**
- **Punto di sospensione e marcatura**



Robotic Transit Bipartition with Sleeve Gastrectomy (Da Vinci)

- **Posizionamento e calibratura
del robot**



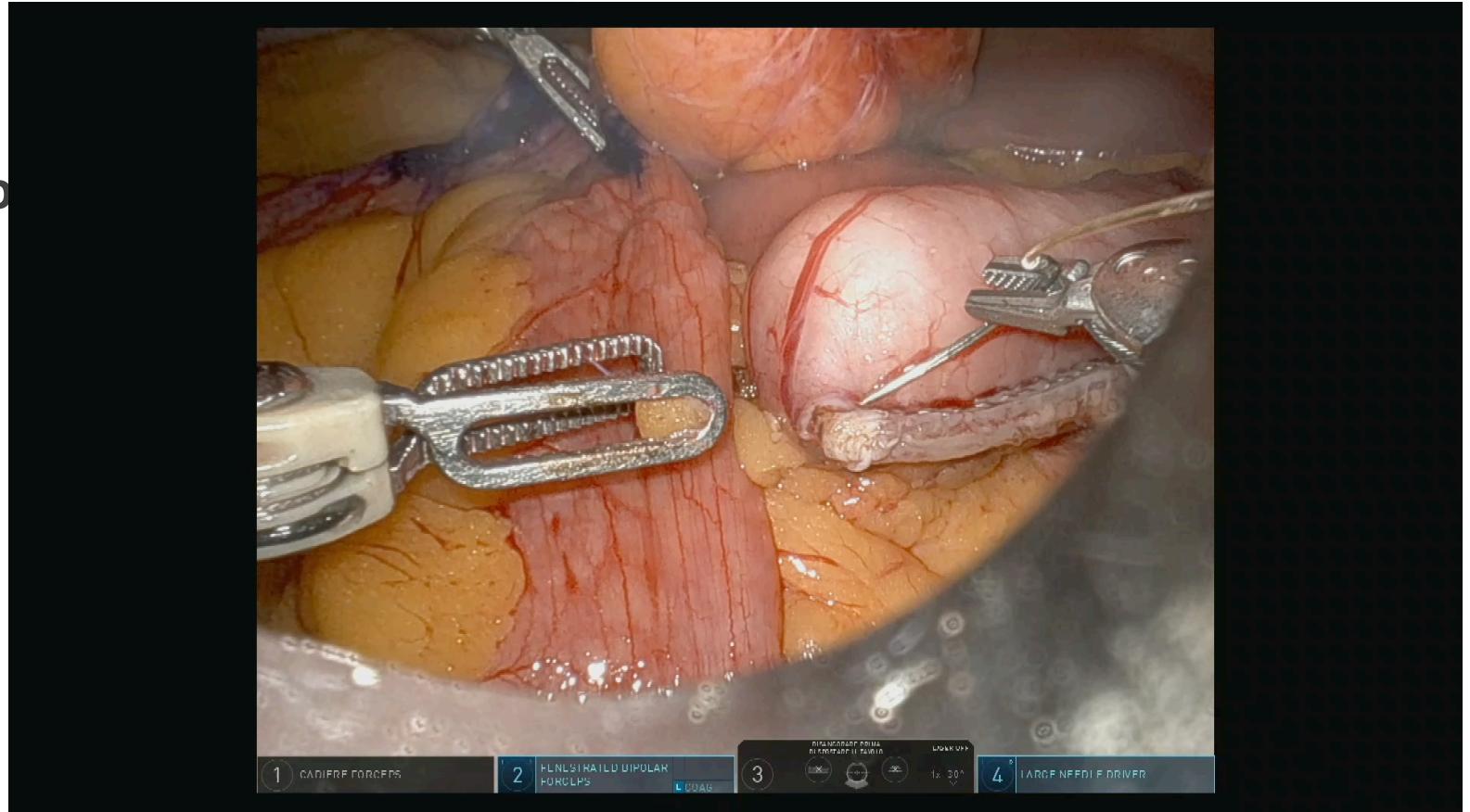
Robotic Transit Bipartition with Sleeve Gastrectomy (Da Vinci)

- **Tempo robotico:**
 - Liberazione della grande curva
 - Gastroresezione verticale con suturatrice robotica e sonda 36 Fr



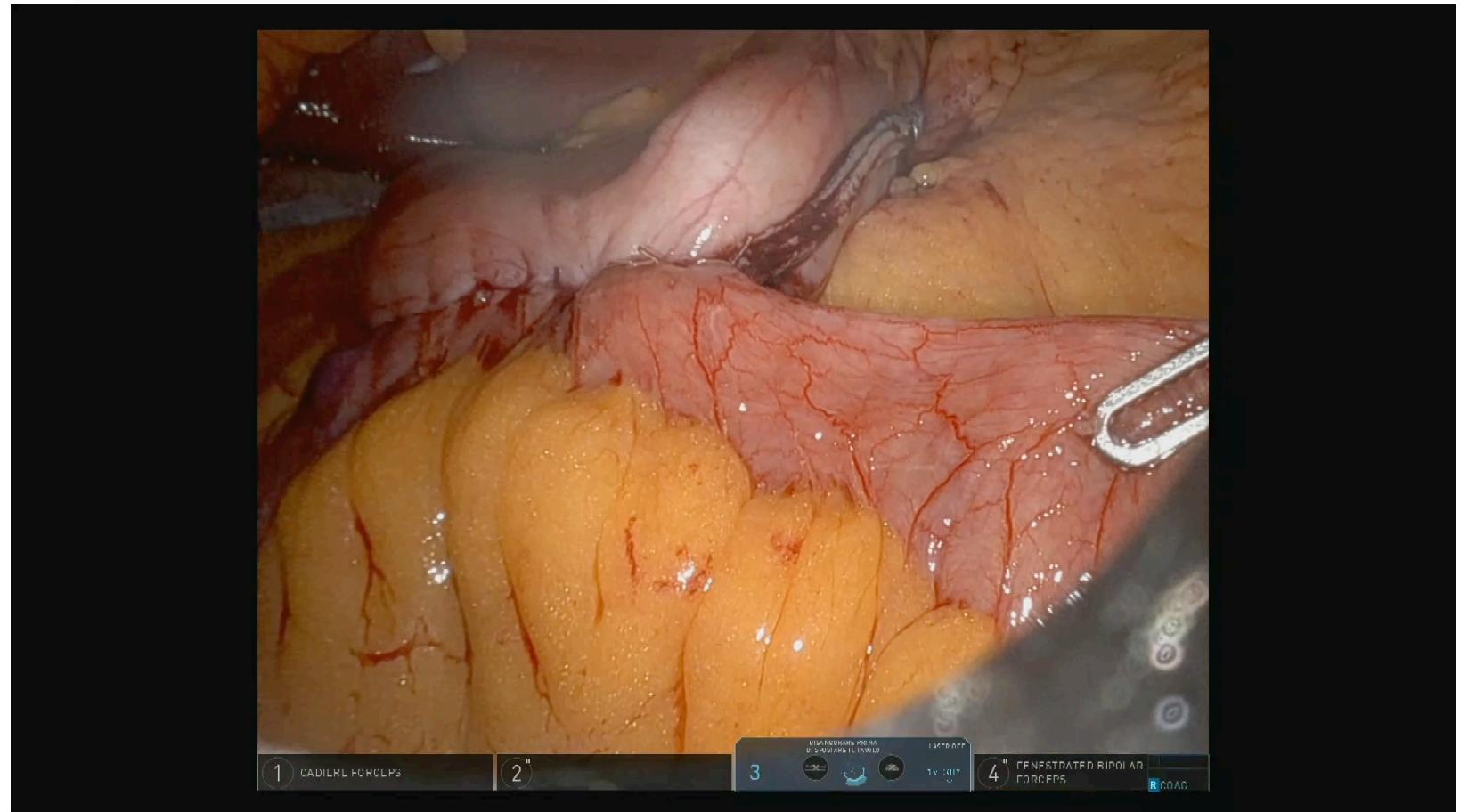
Robotic Transit Bipartition with Sleeve Gastrectomy (Da Vinci)

- **Tempo robotico:**
 - Anastomosi in duplice strato



Robotic Transit Bipartition with Sleeve Gastrectomy (Da Vinci)

- **Tempo robotico:**
 - **Sezione ansa biliare**
 - **Ileo-ileo anastomosi LL doppio strato**



Robotic Transit Bipartition with Sleeve Gastrectomy (Da Vinci)

- **Tempo robotico:**
 - Test blu di metilene ed aria
 - Un drenaggio spiralato





Grazie