

RICCIONE, SABATO 12 APRILE 2025

**CHIRURGIA DELL'OBESITA:
DAL TRATTAMENTO INTEGRATO
AL WELLNESS**



Resp. Scientifico

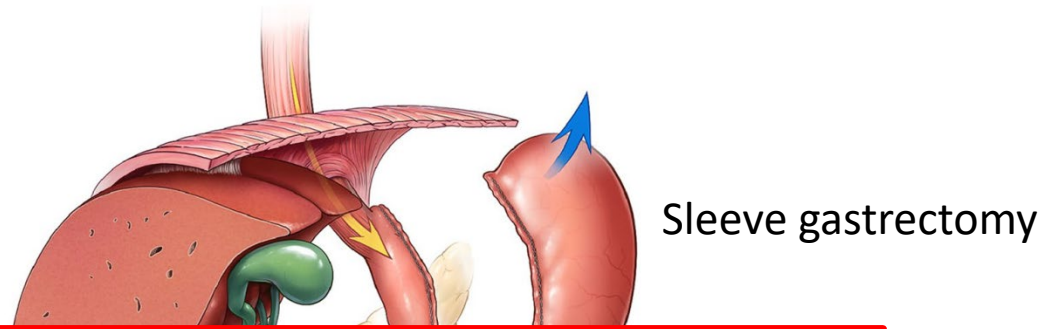
Andrea Lucchi

iscriviti all'evento sicobriccione.cloud

LA TRANSIT BIPARTITION SEC. SANTORO

DOTT.SSA GIULIA VITALI
CHIRURGIA GENERALE RICCIONE

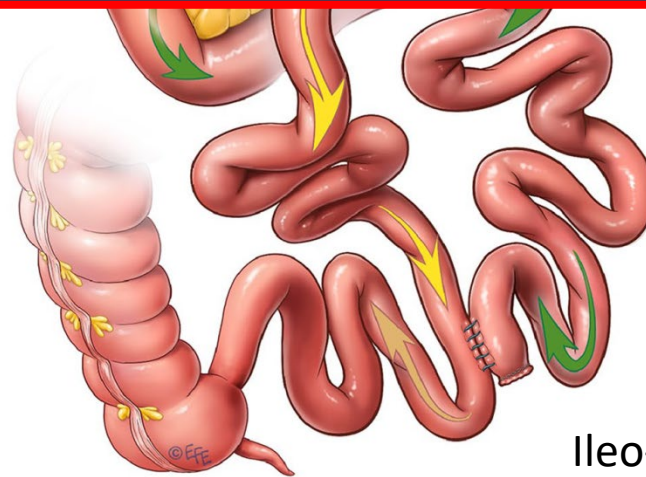
LA TRANSIT BIPARTITION SEC. SANTORO



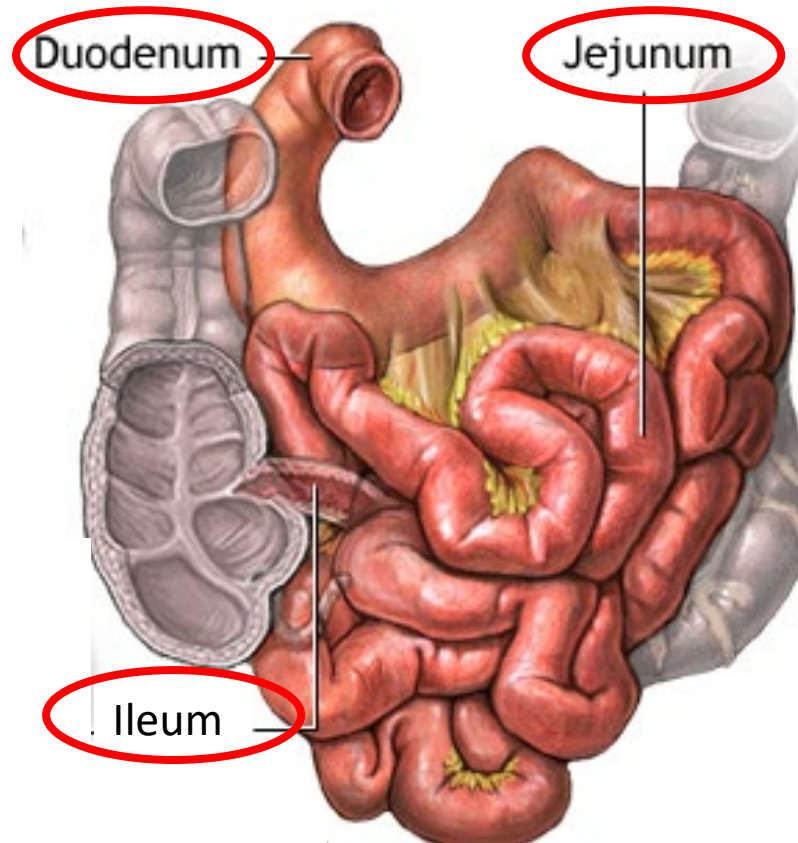
**FROM BARIATRIC...
TO METABOLIC SURGERY**

**No mechanical
restriction**

No malabsorption



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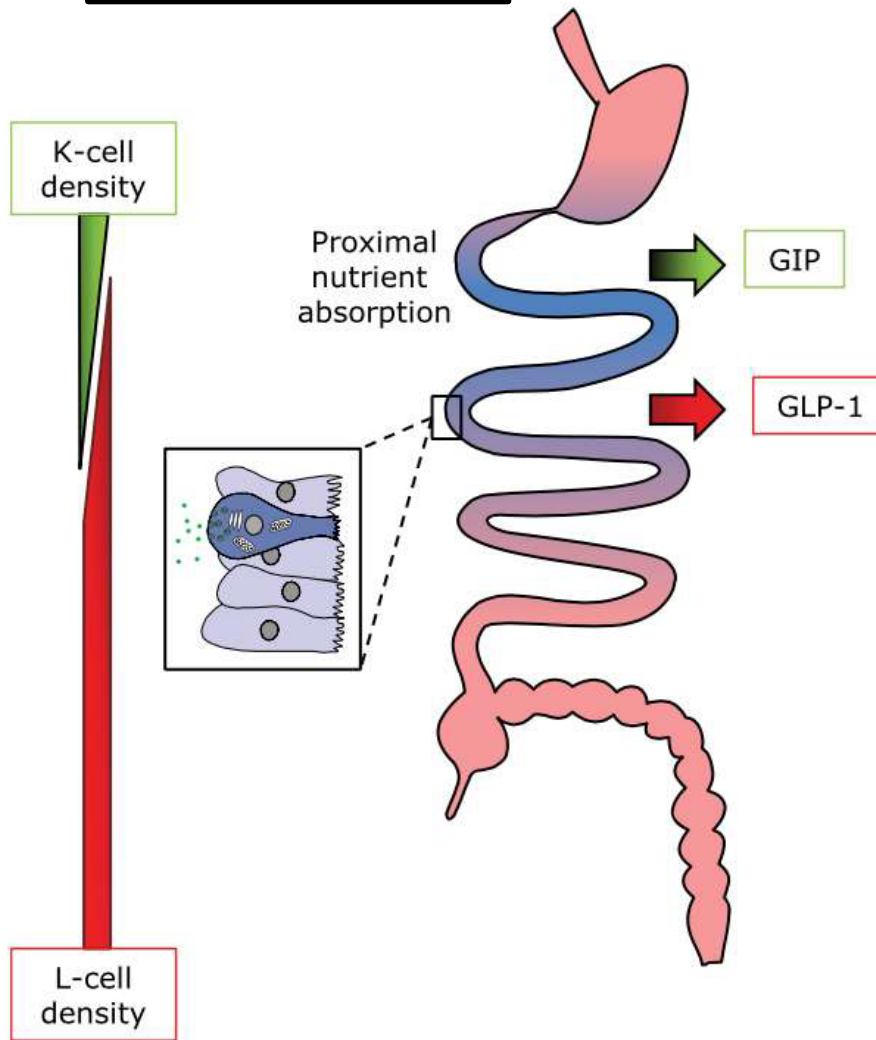
- Satiety
- Clearance of fat acids from the blood
- Energy expenditure
- Blockage of gluconeogenesis
- Insulinic sensitivity

- Still hungry
- Absorption of fat
- Still saving energy
- Intense gluconeogenesis
- Insulinic resistance

Santoro S., DOES EVOLUTIONARY BIOLOGY HELP THE UNDERSTANDING OF METABOLIC SURGERY? A FOCUSED REVIEW. ABCD (Arq Bra Cir Dis). 2020

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INCRETINES



- Produced from absorption of fat and sugar
- Increase secretion of insulin and glucagon
- Inhibitor of gastrin

- Potent stimulation of insulin
- Reduce release of glucagon
- Reduce gastric emptying
- Relaxation of the gastric fundus
- Reduce food consumption
- Goes beyond the blood brain barrier and causes satiety

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Absorption of nutrients
in the **ileum**

Reabsorption of
bile in the **ileum**



GLP-1 (glucagon-like peptide-1)
PYY (Peptide tyrosine tyrosine)
OXM (oxyntomodulin)
FGF-19 (fibroblast growth factor-19)

- | | |
|---|---|
| <ul style="list-style-type: none">• Insulin secretion• Insulin sensitivity• Block gluconeogenesis• Clearance of Triglycerides• Reduce Inflammation• Block gastric Emptying | <ul style="list-style-type: none">• Increase Brown Fat tissues• Enhance Energy Expenditure• Reduce Hepatic Steatosis• Satiety• Reduce Food intake• Weight loss |
|---|---|

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From a "poor" diet
with a lot of
cellulose...

...to
pre-digestive
foods

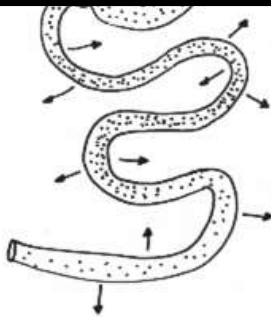


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THE GUT IMBALANCE THEORY

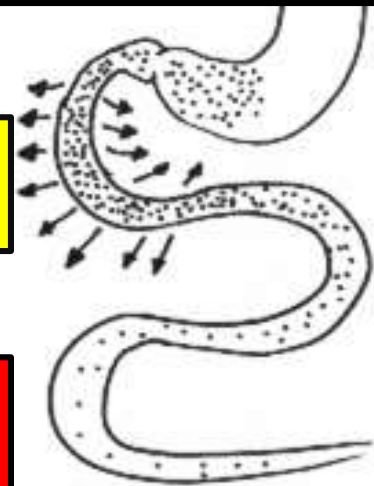
“Refined diet” with
high-glycemic index
food

- Increase GIP in obese and diabetic patients
- Distal gut hormones and drugs (like GLP-1 analogs) improved outcomes in patients with Metabolic Syndrome



**Duodenojejunal
hyperactivity**

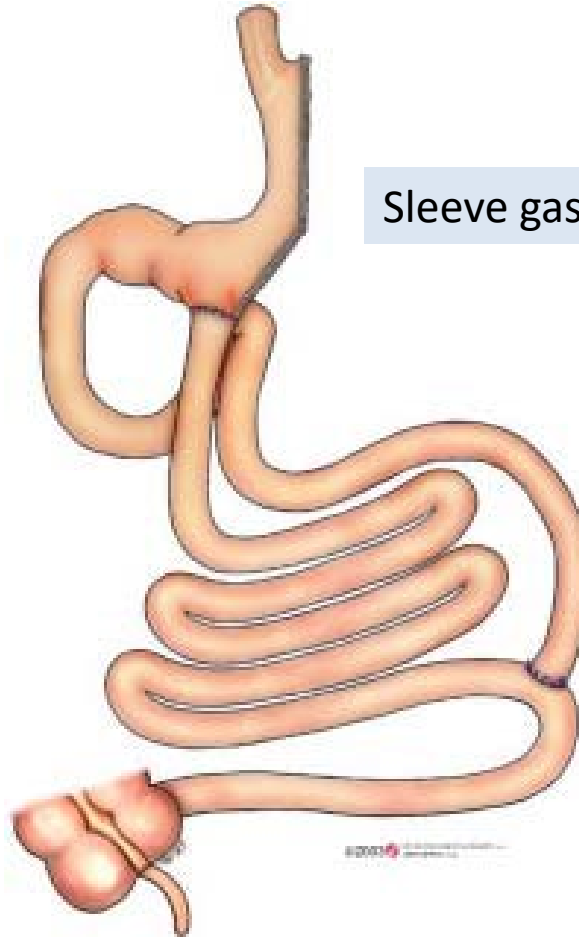
**Ileal
Hypoactivity**



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Digestive Adaptation with Intestinal Reserve 3 case report

Enterectomy that
leaves the first 40 cm
of jejunum and the last
260 cm of the ileus



Sleeve gastrectomy

Jejuno-ileal
anastomosis at 80
cm from the
ileocecal valve

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“..A Potent Intervention for Metabolic Syndrome and Obesity..”

RESULTS:

- Excess BMI loss: 91% after 1 year
94% after 2 years
85% after 3 years
78% after 4 years
74% after 5 years
- EARLY satiety
- Major improvement in comorbidities (DIABETES: 86% in remission)

ADVANTAGES:

- NO prostheses
- NO excluded segments
- FULL endoscopic access
- FEASIBLE

5 y
BMI

SLEEVE
RECTOMY

D-ILEAL
OMOSIS
O CM

DM
ECAL
LVE

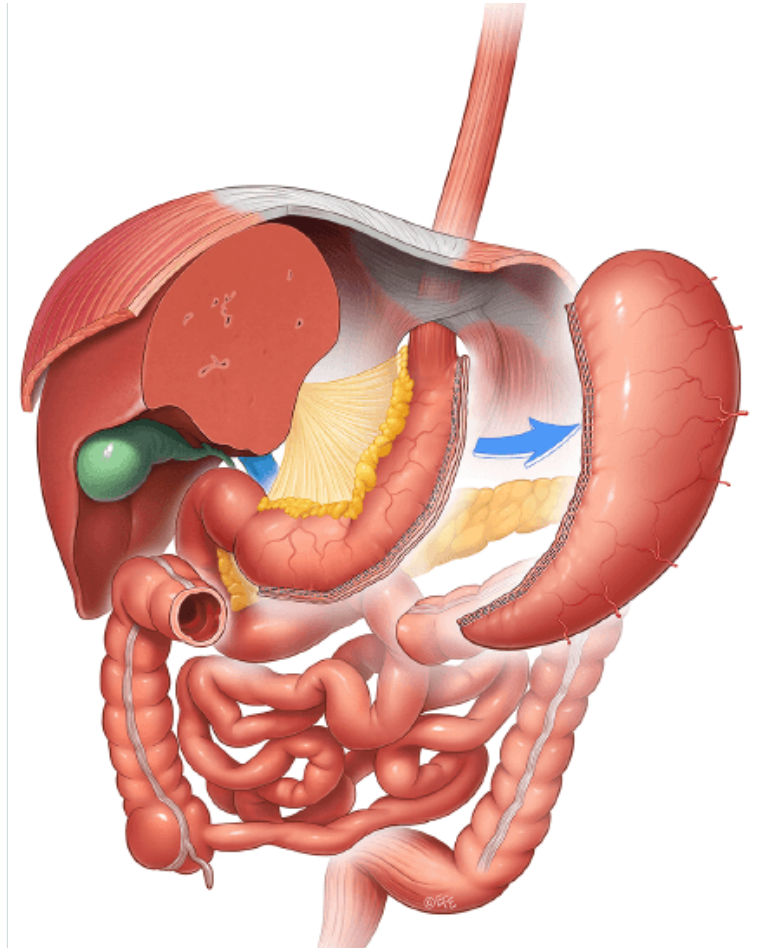
ILEAL
OMOSIS
M FROM
ECAL

VALVE

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THE SLEEVE GASTRECTOMY

Good
procedure..



...BUT

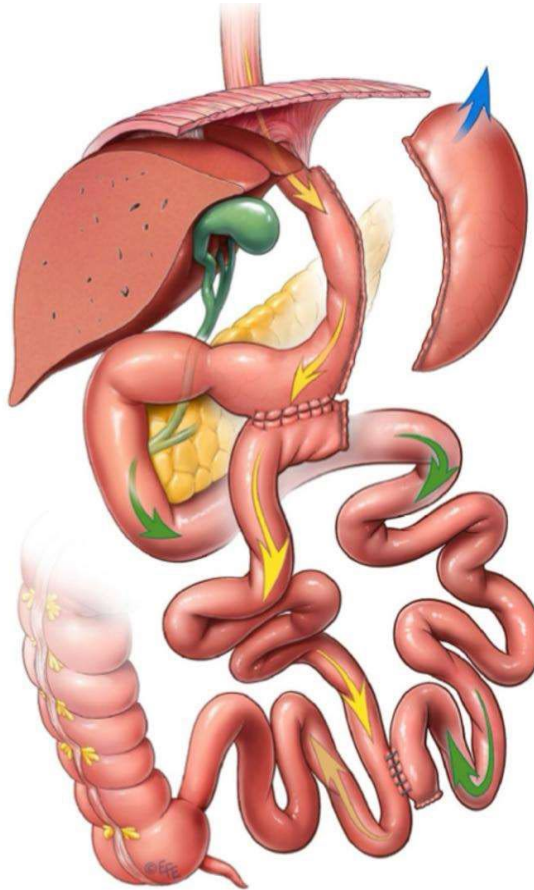
It may not be
potent enough
&
Worsen GERD



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THE BIPARTITION

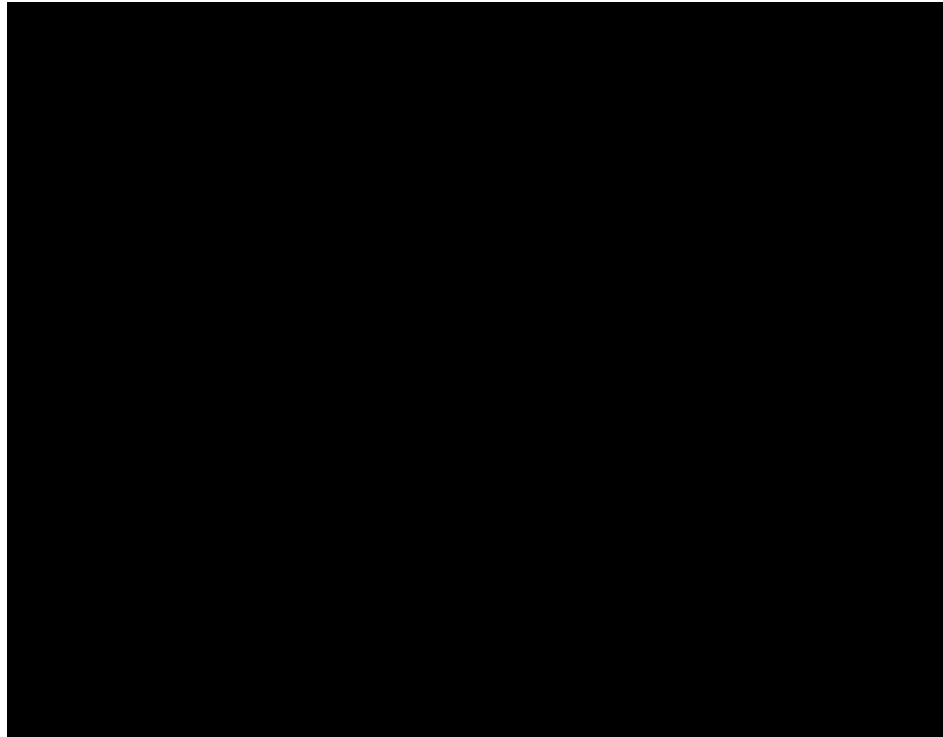
ADD
the ileal stimulation
(GLP-1, PYY,
OXM, FGF-19)



Makes all limbs
ALIMENTARY LIMBS

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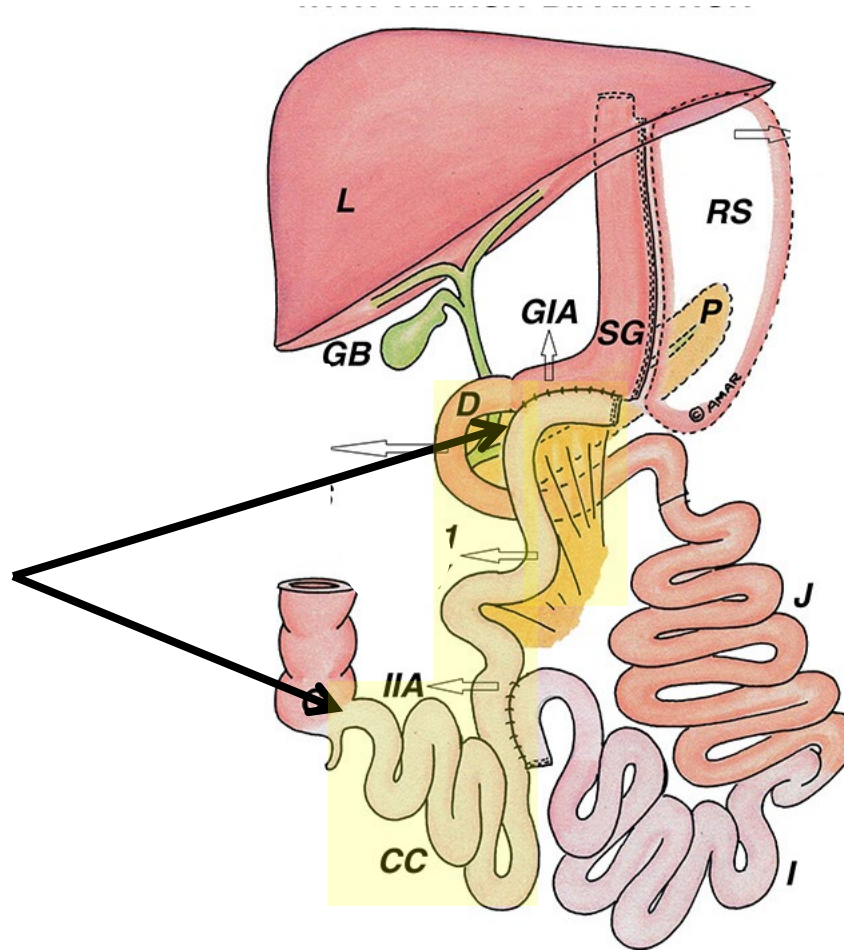
THE BIPARTITION



AVOID malabsorption
(75% into the Gastroileal anastomosis
25% into the duodenum)

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Gastroileal
anastomosis **280 cm**
from cecum



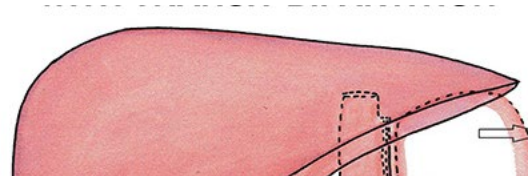
LA TRANSIT BIPARTITION SEC. SANTORO

Gastroileal
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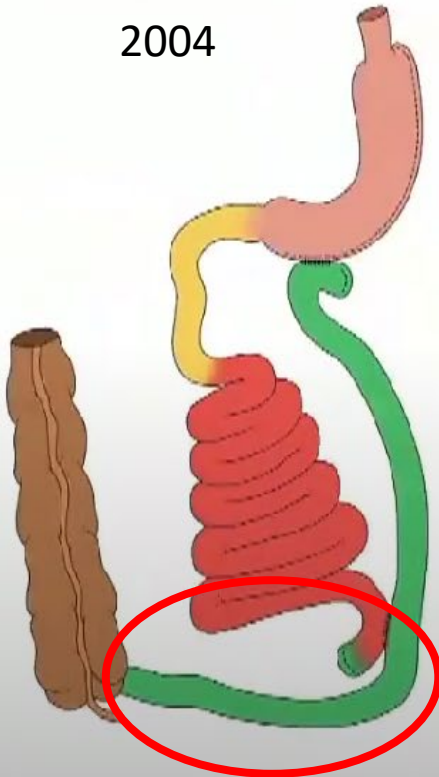
Anterior gastric wall
30-45 mm linear stapler

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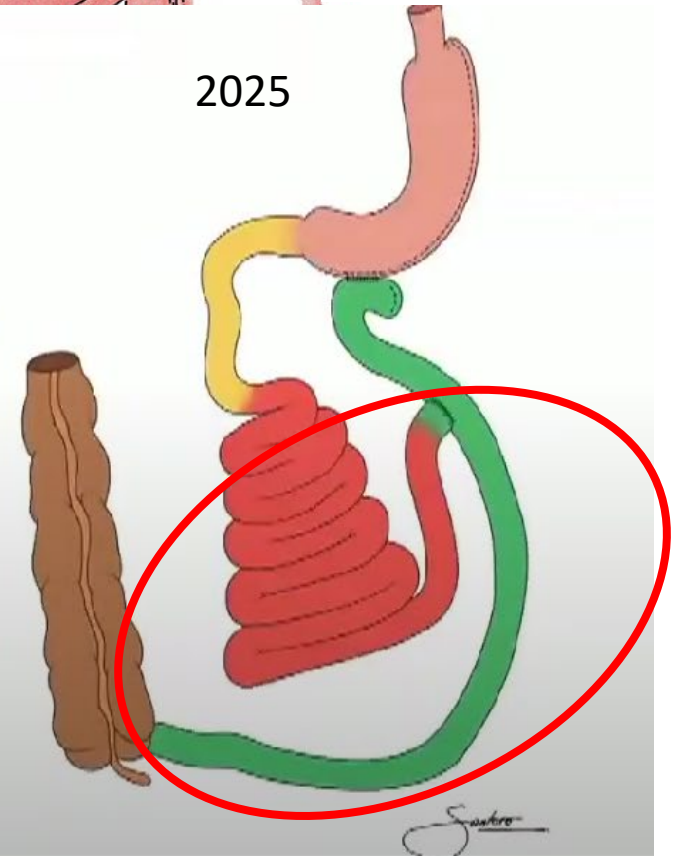
The “Holoileum” theory



2004



2025

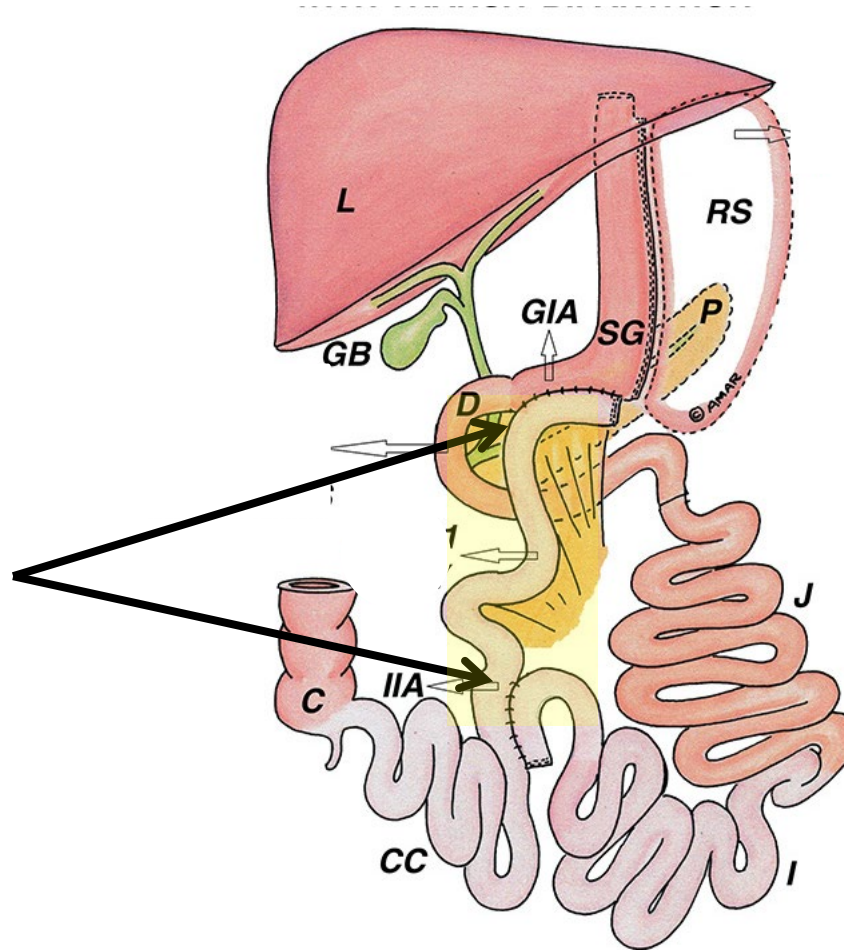


... FROM 80 CM

...TO 250 CM

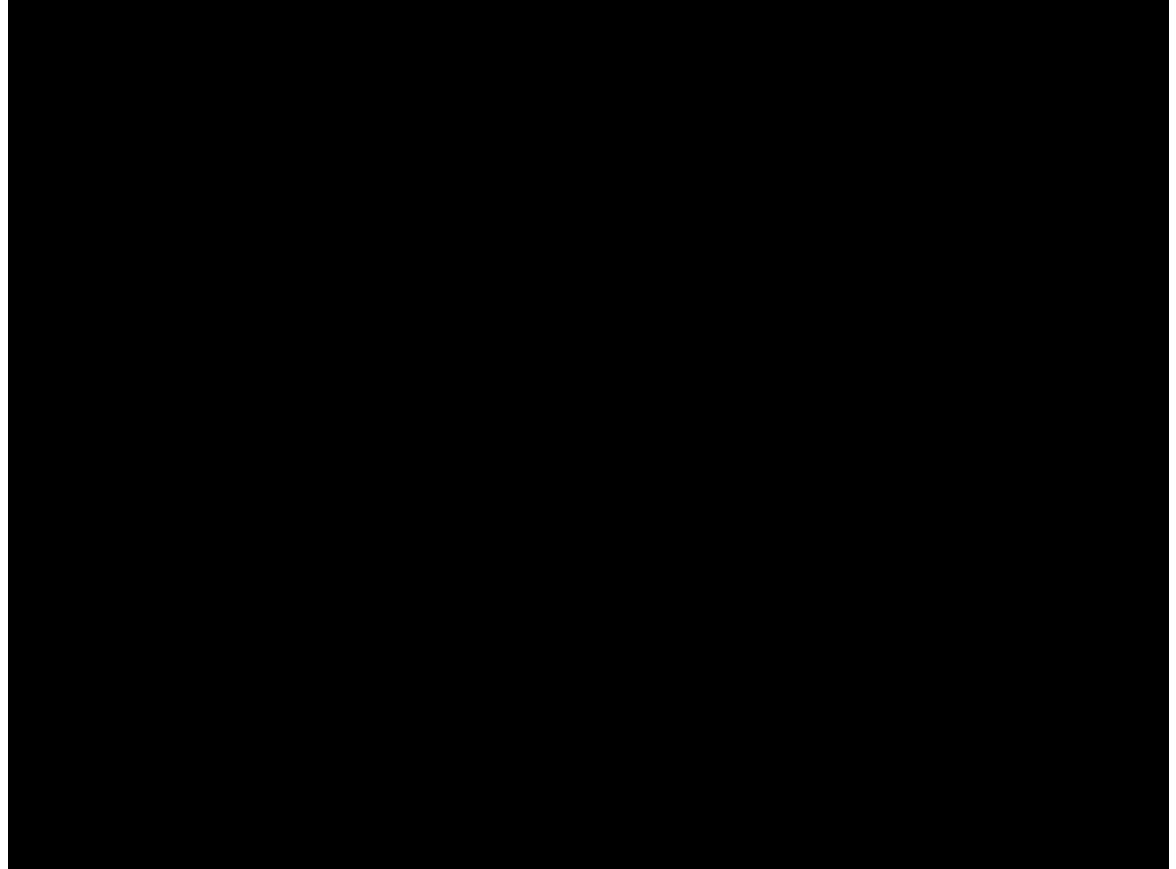
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Protection against
entero gastric reflux
30-50 cm

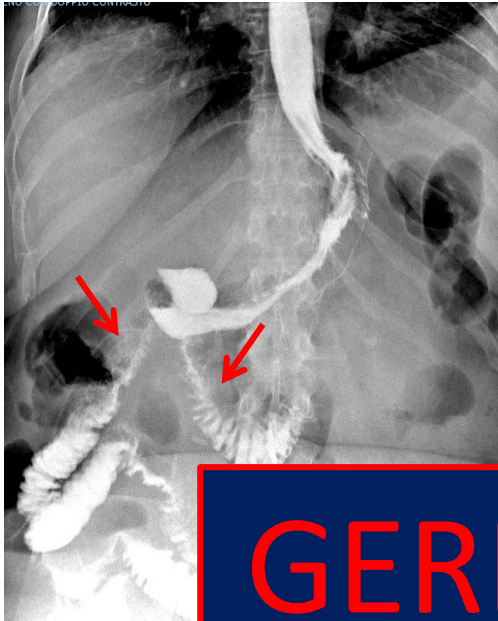


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Protection against
entero gastric reflux
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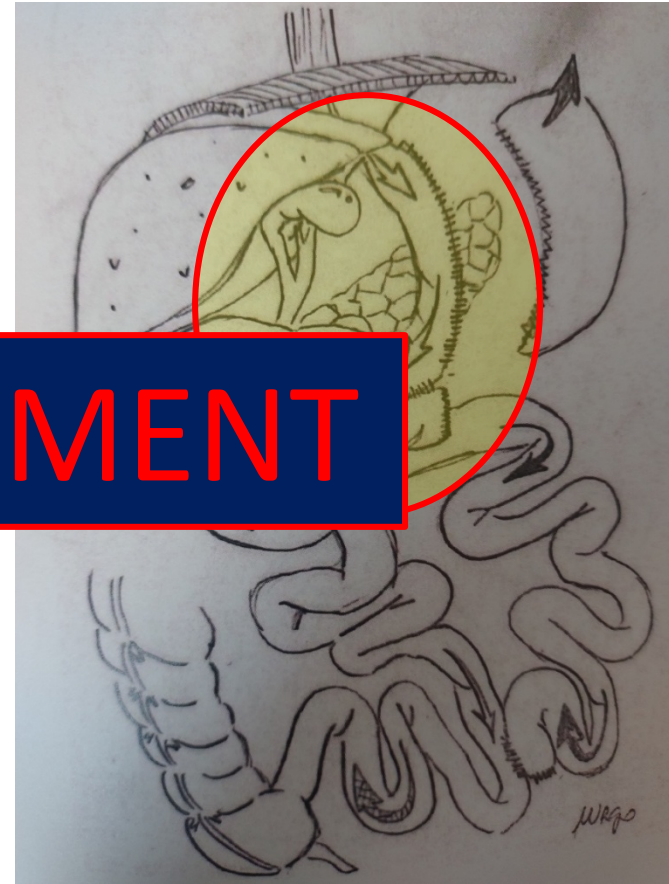


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BIPARTITION keeps the stomach in the right position
AVOIDING TWISTING

GERD IMPROVEMENT



pylorus

anastomosis

BIPARTITION is a
GASTRIC DRAINAGE
reducing intragastric
pressure

LA TRANSIT BIPARTITION SEC. SANTORO

U.O. CHIRURGIA GENERALE RICCIONE
DOTT. A. LUCCHI

February 2024 – March 2025
14 pts (9 females 5 males)
13 naive 1 redo-surgery
Laparoscopic surgery (1 conversion due to
adhesions and laparocele)
Operative time: 135 min (median)

	WEIGHT (kg)	BMI (kg/m ²)	EWL (%)
TIME 0	142	52	82 (EW-kg)
AFTER 3 MONTHS	124	46	15
AFTER 6 MONTHS	96	35	52
AFTER 1 YEAR	73	28	73

COMORBIDITY RESOLUTION

OSAS: 1 pt (9)

DM: 1 pt (4)

Hypertension: 1 pt (7)

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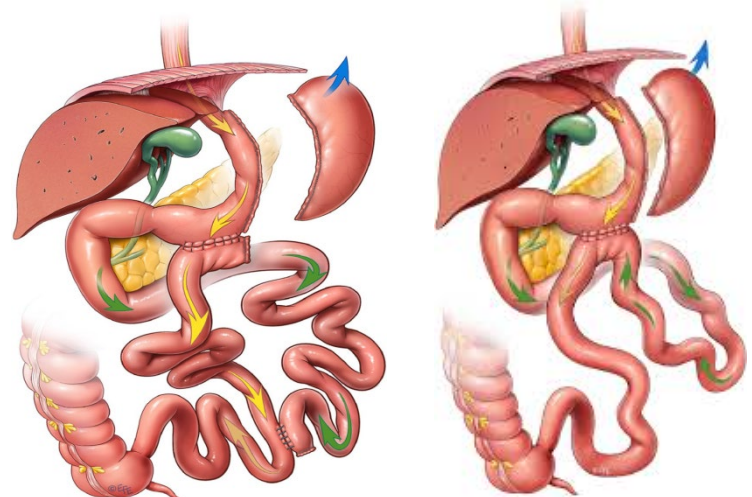
“TRANSADIS”

Randomized Prospective International
Multicentric Trial

SADIS



**BIPARTITION
(TRANSIT +SASI)**



[P.I. Dott. Andrea Lucchi](#)
Chirurgia.riccione@auslromagna.it

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Grazie