

Laparoscopic Magnetic Duodeno-Ileostomy

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A side-to-side duodeno-ileostomy is accomplished using linear magnets covered by titanium, delivered both trans-orally by flexible endoscopy, sequentially, while laparoscopic assistance provide adequate ileum measurements with markings at 250 cm from the ileo-cecal valve. A 43 y.o. male with previous sleeve gastrectomy, (BMI of 75.3 kg/m²), presented with several comorbidities like hypertension, sleep apnea, pre-diabetes, dyslipidemia, and bilateral lower limbs lymphedema. Three years later, he is having a second stage procedure (BMI of 42.5 kg/m²), a side-to-side duodeno-ileostomy uniting the lower first duodenum with the ileum, antecolic. The delayed compression anastomosis may decrease risks of bleeding and leak, as after 4 weeks magnets will pass. Advantages are the reversibility, partial passage in the natural duodenum for possible ERCP if needed, permits greater absorption of minerals and vitamins, and possible future conversion to full SADI (Single Anastomosis Duodeno-Ileostomy) or Duodenal Switch. The whole procedure is normally performed in 30-60 minutes of general anesthesia and patients are discharged after a stay of less than 24 hours.