



IFSO-EC Pre-Congress Course 3

"THE SCANDINAVIAN STANDARDIZED ROUX-EN-Y GASTRIC BYPASS- TECHNIQUE AND OUTCOMES"

organised by Swedish Society of Bariatric Surgery

Date: Wednesday June 1, 2016

Time: 12:30 – 15:30

Laparoscopic RYGBP has been performed in a very standardized way in Sweden and the Scandinavian countries since the Omega-loop technique was firstly described by Prof Hans Lönroth at the Sahlgrenska Academy in Gothenburg.

This technique has allowed high volume centers to increase productivity dramatically without jeopardizing patient safety. The results regarding learning curve, operation time, outcomes and complications have been extensively presented based upon data from the Scandinavian Obesity Registry SOReg.

Moderators:

Mikael Wirén, Linköping University

Torsten Olbers, Sahlgrenska Academy

Program:

- How is it done – step by step.
- Hans Lönroth Sahlgrenska Academy Video and lecture 45 min
- How to avoid pitfalls.
- Torsten Olbers Sahlgrenska Academy Video and lecture 45 min
- How to start (learning curve).
- Lars Göran Larsson Örebro University Hospital Lecture 20 min
- Perioperative care – fast track.
- Lars Granström Danderyd University Hospital
- Lecture 20 min
- Complication rates and readmissions
- Erik Stenberg Örebro University Hospital
- Lecture 40 min
- Total time; 3 hours

Learning objectives:

On completing this course the participants will know:

- what is characteristic elements of the LRYGBP technique developed by Hans Lönroth and Torsten Olbers which is currently used as the standard technique in Sweden.
- how this technique can be taught and if it is possible to shorten the learning curve.
- what are the pitfalls to avoid when performing the omega loop LRYGBP
- what are the key elements to perform fast track surgery with the focus on patient safety issues
- what are the collected experiences regarding complications and readmissions postoperatively in Sweden



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In this workshop the surgical technique will be presented by lectures and video presentations. Outcome data will be covered in lectures and handouts. There will be ample time to discuss technical details but also unsolved problem areas as for example regarding the construction of the EA after closing mesenteric defects. We aim for a group of not more than 20 participants to allow optimal interactivity. The session will be evaluated and rated by the participants.



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