

gastric sleeve anatomy

gastric sleeve anatomy is a critical aspect of understanding the bariatric surgery known as gastric sleeve or sleeve gastrectomy. This surgical procedure involves the removal of a significant portion of the stomach, resulting in a tube-like structure that resembles a sleeve. Understanding the anatomy involved in this surgery is essential for patients considering the procedure, as well as for healthcare professionals who work with them. This article will explore the gastric sleeve anatomy in depth, including the surgical process, the altered digestive system, and the implications for weight loss and overall health. Additionally, we will discuss potential complications and the importance of postoperative care, providing a comprehensive overview of this transformative procedure.

- Introduction to Gastric Sleeve Anatomy
- The Surgical Procedure
- Postoperative Changes in Digestive Anatomy
- Physiological Implications of Gastric Sleeve
- Potential Complications
- Importance of Postoperative Care
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Introduction to Gastric Sleeve Anatomy

The gastric sleeve surgery is designed to assist individuals struggling with obesity by significantly reducing the size of the stomach. The anatomy involved in this procedure includes the stomach, esophagus, and small intestine. During the surgery, approximately 75-80% of the stomach is removed, leaving a narrow tube or "sleeve" that holds significantly less food. This change not only restricts food intake but also alters the hormonal signals related to hunger and satiety.

The anatomy of the stomach is crucial to understanding how the gastric sleeve works. The stomach is a muscular organ located between the esophagus and the small intestine, consisting of several distinct regions: the fundus, body, and antrum. Each region plays a role in digestion and the regulation of appetite. By focusing on the gastric sleeve anatomy, we can better understand the mechanisms behind weight loss and the overall impact of this procedure on a patient's health.

The Surgical Procedure

The gastric sleeve surgery is performed laparoscopically, which involves small incisions and the use

of a camera to guide the surgeon. This minimally invasive approach reduces recovery time and minimizes scarring.

Step-by-Step Overview of the Procedure

1. Anesthesia: The patient is placed under general anesthesia.
2. Incisions: The surgeon makes several small incisions in the abdomen.
3. Laparoscopic Tools: Specialized instruments, including a camera, are inserted through these incisions.
4. Stomach Resection: The surgeon removes approximately 75-80% of the stomach, primarily from the greater curvature side, while preserving the valve (pylorus) that connects to the small intestine.
5. Formation of the Sleeve: The remaining stomach is shaped into a long, narrow tube.
6. Closure: The incisions are closed, and the patient is taken to recovery.

This surgical technique results in significant changes to the stomach's anatomy, impacting how food is processed and absorbed in the body.

Postoperative Changes in Digestive Anatomy

After the gastric sleeve surgery, the anatomy of the digestive system undergoes significant alterations. The reduced stomach size limits food intake, which is one of the primary mechanisms for weight loss.

Alterations in Stomach Structure

The sleeve gastrectomy alters the stomach's structure in several ways:

- Reduced Capacity: The new stomach can hold about 60-150 milliliters of food, compared to the normal capacity of around 1-1.5 liters.
- Change in Hormonal Signals: The surgery reduces the production of ghrelin, the hormone responsible for stimulating appetite, leading to reduced hunger levels.
- Accelerated Gastric Emptying: Food passes more quickly from the stomach to the small intestine, which can enhance feelings of fullness.

These anatomical changes contribute to significant weight loss and can improve obesity-related health conditions like type 2 diabetes, hypertension, and sleep apnea.

Physiological Implications of Gastric Sleeve

The physiological implications of gastric sleeve surgery are profound. Beyond weight loss, the changes in gastric anatomy result in metabolic shifts that can enhance overall health.

Impact on Digestion and Nutrient Absorption

The alterations in gastric anatomy affect digestion and nutrient absorption in various ways:

- Nutritional Intake: Patients must adopt a diet rich in proteins and vitamins to prevent nutritional deficiencies, as the reduced stomach size limits food variety.
- Malabsorption: While the gastric sleeve does not involve rerouting the intestines like some other bariatric procedures, the rapid passage of food can still lead to malabsorption of certain nutrients.
- Hormonal Changes: The surgery influences various hormones that regulate metabolism, potentially enhancing insulin sensitivity and reducing the risk of diabetes.

Understanding these physiological implications is essential for patients to make informed dietary choices post-surgery.

Potential Complications

While gastric sleeve surgery is generally safe, there are potential complications that can arise from the procedure. Awareness of these risks is vital for patients and healthcare providers.

Common Complications

- Leakage: A leak can occur at the surgical site, which may lead to infection or other serious complications.
- Narrowing of the Stomach (Stricture): Some patients may experience a narrowing of the sleeve, which can cause difficulty in food passage.
- Nutritional Deficiencies: Due to altered absorption, patients may face deficiencies in vitamins and minerals if not monitored and managed properly.
- Gastroesophageal Reflux Disease (GERD): Some patients may develop GERD symptoms post-surgery due to changes in stomach anatomy.

It is essential for patients to be aware of these potential complications and to maintain regular follow-ups with their healthcare team.

Importance of Postoperative Care

Postoperative care plays a crucial role in the success of gastric sleeve surgery. Comprehensive care includes nutritional guidance, regular medical check-ups, and psychological support.

Key Components of Postoperative Care

- Dietary Management: Following a structured diet plan that is high in protein and low in sugars and fats is essential for recovery and weight loss.

- Regular Monitoring: Patients should have regular follow-ups to monitor weight loss progress and nutritional status.
- Support Groups: Joining support groups can provide emotional support and help patients navigate the lifestyle changes after surgery.

Proper postoperative care is fundamental to achieving long-term success and maintaining the health benefits gained from gastric sleeve surgery.

Conclusion

In summary, understanding gastric sleeve anatomy is crucial for both patients and healthcare providers involved in the management of obesity. The surgical removal of a significant portion of the stomach leads to profound changes in anatomy and physiology, resulting in weight loss and improved health outcomes. Awareness of potential complications and the importance of postoperative care cannot be overstated. As more individuals seek effective solutions for weight management, knowledge about gastric sleeve anatomy will continue to play a vital role in ensuring safe and successful surgical experiences.

Q: What is gastric sleeve surgery?

A: Gastric sleeve surgery, or sleeve gastrectomy, is a weight-loss surgery that involves the removal of approximately 75-80% of the stomach, creating a tube-like structure that limits food intake and alters hormonal signals related to hunger.

Q: How does the anatomy change after gastric sleeve surgery?

A: The surgery reduces the capacity of the stomach, changes hormonal production (particularly ghrelin), and accelerates gastric emptying, significantly altering the digestive process.

Q: What are the risks associated with gastric sleeve surgery?

A: Potential risks include leakage at the surgical site, stricture (narrowing of the sleeve), nutritional deficiencies, and the development of gastroesophageal reflux disease (GERD).

Q: What dietary changes are necessary after gastric sleeve surgery?

A: Patients must follow a high-protein, low-sugar, and low-fat diet, often starting with liquids and gradually moving to solid foods while ensuring adequate nutrient intake to prevent deficiencies.

Q: How does gastric sleeve surgery affect hunger and satiety?

A: The surgery significantly reduces the production of ghrelin, the hunger hormone, which leads to decreased appetite and increased feelings of fullness.

Q: What is the expected weight loss after gastric sleeve surgery?

A: Patients can typically expect to lose 50-70% of their excess weight within the first 12-18 months after surgery, depending on adherence to dietary guidelines and lifestyle changes.

Q: Is gastric sleeve surgery reversible?

A: Gastric sleeve surgery is generally considered a permanent procedure, as a significant portion of the stomach is removed and cannot be restored.

Q: What follow-up care is required after gastric sleeve surgery?

A: Patients need regular follow-ups to monitor weight loss, nutritional status, and overall health, along with dietary counseling and support.

Q: How does the surgery impact long-term health outcomes?

A: Many patients experience improved health outcomes, including better management of obesity-related conditions such as type 2 diabetes, hypertension, and sleep apnea following gastric sleeve surgery.

Q: Can I still eat normally after gastric sleeve surgery?

A: While patients can eat food after recovery, the amount they can consume is significantly lower, and they must focus on a balanced diet rich in nutrients to ensure optimal health.

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gastric sleeve anatomy: The ASMBS Textbook of Bariatric Surgery Ninh T. Nguyen, Stacy A. Brethauer, John M. Morton, Jaime Ponce, Raul J. Rosenthal, 2019-10-16 The fully updated 2nd edition of this textbook continues to serve as a comprehensive guide for information dealing with the ever-evolving field of bariatric surgery. The chapters are written by experts in the field and include the most up-to-date information, including new sections on quality in bariatric surgery, endoscopic surgery, and management of bariatric complications. This new edition continues to cover the basic considerations for bariatric surgery, the currently accepted procedures, outcomes of bariatric

surgery including long-term weight loss, improvement and resolution of comorbidities, and improvement in quality of life. Other special emphasis is given to the topics of metabolic surgery and surgery for patients with lower BMI. In addition, new endoscopic bariatric procedures including the gastric balloons, endoscopic revisional procedures, and newer pharmacotherapy for obesity are reviewed. The ASMBS Textbook of Bariatric Surgery Second Edition will continue to be a leading source of scientific information for surgeons, physicians, residents, students, and integrated health members today and for years to come.

gastric sleeve anatomy: The Perfect Sleeve Gastrectomy Michel Gagner, Almino Ramos Cardoso, Mariano Palermo, Patrick Noel, David Nocca, 2020-05-06 Sleeve gastrectomy (SG) is the most common bariatric procedure performed worldwide, more than 55% of bariatric procedures are sleeve gastrectomies. This title will be comprehensive and detail all the approaches used in performing sleeve gastrectomy, offering readers all the tools needed to perform the perfect SG. Obesity has become a major global problem that continues to spread in both developed and developing countries. It costs more than any other health problem due to its prevalence and its many costly complications such diabetes and heart disease as well as in disability and loss of productivity. While prevention of obesity is the best approach for the future, the current problem lies with managing those who are already obese or morbidly obese who constitute close to two thirds of the population in many countries such as the US. Diet, exercise, and behavioral change are the mainstays for any meaningful attempt for significant and durable weight loss. Unfortunately, for those who are morbidly obese, these measures alone almost consistently fail to achieve acceptable weight loss in the long term. Today, bariatric surgery is the only evidence-based treatment for morbid obesity with a low complication rate and acceptable results in the long-term for both weight loss and resolution of comorbidities. Despite the data, the acceptance of these operations was limited due to fear of what was perceived as major surgery. Today, applying minimally invasive technology to these complex operations made them more acceptable to patients due to decreased pain, faster recovery and fewer overall complications. This, in addition to improved outcomes as we went further along the learning curve, has made these operations more common and helped growing the field to be an independent specialty for surgeons and perhaps a new specialty for gastroenterologist. In these exciting times, the 5 international editors (one of them, Michel Gagner, is the creator of the SG) wanted to capture the global standards of practice at a time of change, excitement, and lots of controversy, regarding this common procedure. We an aim to shed light on best practices across the borders, the intention of this volume is to develop a reliable reference to guide the practicing physician anywhere in the world, and from whatever specialty (surgeon, gastroenterologist or endoscopist) to navigate through the many current options of therapy in this rapidly changing field. We also aim to provide high quality illustrations and high-definition videos of these techniques to go with the didactic chapters written by thought leaders. In this book we will focus first on the clinical problems of the patients and the indications for the sleeve. Regarding the technical aspects, we will describe the technique step-by-step (including videos) and also we will detail the staplers, its size and different colors -- and the different sizes of the bougies, and also special description of the reinforcement of the sutures after the sleeve. We know that mainly the SG has a restrictive function, but we will also describe the metabolic effects of this surgery. Then we will describe the nontraditional SG techniques, such as the endoscopic approach, staples sleeve and robotic technologies. Bariatric surgery has very few rates of complications, but when complications happen, they are severe. Thus we will describe how to identify them immediately and also the different approaches to treat them by endoscopy, laparoscopy and percutaneous image guided surgery. A chapter will also cover revisional surgery and the different revisional procedures, not only from sleeve to other procedures but also from other procedures to SG. For the last section, we will include the lessons learned from almost 20 years now since the SG was first described, providing an overview on how we imagine the future will be for the most common bariatric procedure performed worldwide. This title will be an ideal reference for general surgeons, bariatric surgeons, endoscopists and gastroenterologists with interest in obesity management as well as researchers

with interest in obesity. Residents and fellows training in general and bariatric surgery as well as in endoscopy. Dietitians, diabetes specialist, psychotherapists with interest in obesity management as well as hospital administrators and quality officers in hospitals with bariatric practices will also benefit by this book.

gastric sleeve anatomy: *Atlas of Surgical Techniques for the Upper Gastrointestinal Tract and Small Bowel* Michael J. Rosen, Jeffrey R. Ponsky, 2010 Atlas of Surgical Techniques for the Upper GI Tract and Small Bowel, by Drs. Ponsky and Rosen, presents state-of-the-art updates on the full range of surgeries for the upper GI tract and small bowel performed today. This title in the new Surgical Techniques Atlas series edited by Drs. Townsend and Evers offers you expert advice on a variety of techniques-open and interventional-to help you expand your surgical repertoire and hone your skills. Full-color illustrations and photographs enhance visual guidance and Expert Consult functionality gives you easy access to the full text online at expertconsult.com. Includes convenient access to the full-text online as well as procedural videos that highlight pivotal moments and the techniques of the physicians who pioneered the procedures, showing you how to proceed. Provides step-by-step guidance on a wide range of procedures, both open and interventional, giving you multiple options for approaching any challenge. Examines the hottest topics in upper gastrointestinal and small bowel surgery. Discusses pearls and pitfalls to help you avoid complications. Presents more than 300 full-color illustrations and step-by-step intraoperative photographs for expert visual guidance. Offers pre- and postoperative imaging studies that show the outcomes of various conditions following surgery. Uses a consistent, easy-to-follow chapter format that includes clinical anatomy, pre-operative considerations, operative steps, post-operative care, and pearls and pitfalls to make reference easy.

gastric sleeve anatomy: The SAGES Manual of Metabolic and Bariatric Surgery Omar M. Ghanem, Farah Husain, Judy Y. Chen, Robert B. Lim, Matthew Kroh, 2024-12-26 Obesity is an epidemic - more than 40% of the United States population suffers from obesity and, as such, it has a high burden of weight-related conditions and diseases. Metabolic and bariatric surgery has proven to be the most effective and durable treatment of severe obesity. Technological advances including applications of laparoscopy, robotics and endoluminal techniques have rapidly advanced this field. Data and outcomes examining treatments have also improved and, as providers, we have a wide spectrum of therapeutic options to treat patients. As techniques and outcomes change rapidly, access to a comprehensive yet focused resource regarding bariatric surgery is currently limited. The third edition of this manual is designed to present a comprehensive and state-of-the-art approach to the current and future status of metabolic and bariatric surgery. Sections will address the evolution in specific treatments available to patients, initial evaluation, and selection of procedures for individual patients, the latest surgical and endoscopic techniques being employed to treat patients including data on outcomes, and future directions for therapy. In particular and unique amongst references, a major focus of this text will be on both the bariatric and metabolic bases of therapies and outcomes.

gastric sleeve anatomy: The SAGES Manual of Bariatric Surgery Kevin M. Reavis, Allison M. Barrett, Matthew D. Kroh, 2018-04-04 Morbid obesity is an epidemic as more than 2/3 of the United States population is obese and as such, has a high burden of weight-related co-morbid diseases. Bariatric surgery has proven to be effective and durable for treatment of severe obesity. Technological advances including applications of laparoscopy and endoluminal techniques have rapidly advanced this field. Data and outcomes examining treatments have also improved and as providers, we have a wide spectrum of therapeutic options to treat patients. As techniques and outcomes have evolved, access to a comprehensive yet focused resource regarding bariatric surgery is currently limited. The proposed textbook is designed to present a comprehensive and state-of-the-art approach to the current and future status of Bariatric interventions, which has changed significantly since the first edition of the Manual. Updates in this version will include the rapidly expanding field of endoluminal bariatric procedures, with a focus on new devices and theories of mechanisms. New data regarding laparoscopic approaches to treat obesity, as well as improved

longer-term data outcomes will be reviewed. Newer surgical approaches to treat metabolic disease and obesity are included, as well as proposed mechanisms of action and efficacy. Additional new sections include sections on the application of robotic technologies, special circumstances including transplantation and pregnancy, and telemedicine and social media in bariatric surgery. Sections will address the evolution in specific treatments available to patients, initial evaluation and selection of procedures for individual patients, the latest surgical and endoscopic techniques being employed to treat patients including data on outcomes, and future directions for therapy. In particular and unique amongst references, a major focus of this text will be on both the bariatric and metabolic bases of therapies and outcomes. The SAGES Manual A Practical Guide to Bariatric Surgery, Second Edition aligns with the new SAGES UNIVERSITY MASTERS Program. The Manual supplements the Bariatric Surgery Pathway from Competency to Proficiency to Mastery. Whether it's for Biliary, Hernia, Colon, Foregut or Bariatric, the key technical steps for the anchoring bariatric procedures are highlighted in detail as well as what the reader needs to know to successfully submit a video clip to the SAGES Facebook Channels for technical feedback. Readers will also learn about how to count credits for Bariatric from the other Master Program Series, Guidelines, Top 21 Videos, Pearls, FLS, FES, FUSE, SMART and Annual SAGES Meeting. The Masters Program promotes lifelong deliberate learning.

gastric sleeve anatomy: Vitamins and Minerals after Bariatric Surgery Kristina Spetz, 2024-10-10 Obesity is a complex, chronic disease that increases the risk of other serious medical conditions. Bariatric surgery provides long-term weight loss and remission of obesity-related comorbidities. Currently, about 1% of the Swedish population have undergone bariatric surgery. A side effect of the bariatric operations is an increased risk of micronutrient deficiencies, which can lead to nutritional complications, including anemia. Therefore, a lifelong vitamin and mineral supplementation is recommended. This thesis aims to assess real-world use of vitamin and mineral supplements after bariatric surgery with a particular focus on adherence and patterns of biochemical deficiencies. Study I is a cohort study assessing adherence to vitamin and mineral supplements and development of biochemical deficiencies two years after bariatric surgery. Study II validates the psychometric properties of the patient questionnaire 5-item Medication Adherence Report Scale (MARS-5) in measuring adherence to vitamin and mineral supplementation after bariatric surgery. Study III is a randomized controlled trial evaluating the effect of the PromMera smartphone application, designed to improve adherence to vitamin and mineral supplements after bariatric surgery. Study IV is a cross-sectional registry study assessing prevalence of anemia up to 10 years after bariatric surgery and factors associated with anemia following bariatric surgery in a Swedish national cohort. In this thesis it is concluded that: 1) Poor adherence to vitamin and mineral supplementation after bariatric surgery is a concern, and about 10% of patients discontinue supplementation within two years after surgery. 2) The patient questionnaire MARS-5 may be a useful tool in identifying patients with poor adherence to vitamin and mineral supplementation. 3) The PromMera smartphone application, designed to support adherence to vitamin and mineral supplementation after bariatric surgery, demonstrated no long-term benefits for adherence. 4) Five years after bariatric surgery, nearly one in five individuals in the Swedish cohort who have undergone bariatric surgery have anemia. Undergoing gastric bypass surgery (as compared to sleeve gastrectomy), female sex, large weight loss and young age at surgery is associated with an increased risk of anemia. Obesitas (fetma) är en global folksjukdom som medför risk för allvarliga följsjukdomar och för tidig död. Obesitaskirurgi leder till bestående viktning och förbättring av följsjukdomar. Cirka 1 % av Sveriges befolkning har genomgått obesitaskirurgi. Operationerna leder till en ökad risk för vitamin-och mineralbrister som i förlängningen kan leda till bland annat blodbrist (anemi). För att förebygga dessa brister ordineras livslång daglig vitamin-och mineralbehandling efter obesitaskirurgi. Det övergripande syftet med detta doktorandprojekt är att studera användningen av vitamin och mineraltillskott efter obesitaskirurgi, med ett särskilt fokus på följsamhet, samt kartlägga hur biokemiska brister kan förebyggas hos obesitasopererade personer. Studie I är en kohortstudie som utvärderar följsamheten till vitamin- och mineraltillskott samt

utveckling av biokemiska brister under de två första åren efter obesitaskirurgi. Studie II validerar en skattningsskalas (5-item Medication Adherence Report Scale's [MARS-5]) förmåga att mäta följsamhet till vitamin- och mineraltillskott efter obesitaskirurgi. Studie III är en randomiserad kontrollerad studie som utvärderar effekten av smartphone-applikationen PromMera, som designats för att stötta följsamhet till vitamin- och mineraltillskott efter obesitaskirurgi. Studie IV är en registerstudie som undersöker anemiförekomst hos personer som genomgått obesitaskirurgi i Sverige, samt faktorer som är relaterade till ökad risk för anemi. Avhandlingens slutsats är: 1) Ungefär en av tio patienter avslutar vitamin- och mineralbehandlingen, som var ordinerad livslångt, inom två år efter operationen. 2) Skattningsskalan MARS-5 kan användas som verktyg för att identifiera patienter med bristande följsamhet. 3) Användning av Smartphone-applikationen PromMera, som designats för att stödja följsamheten, visade ingen långsiktig positiv effekt. 4) Fem år efter obesitaskirurgi hade nästan var femte person som registrerats i det svenska kvalitetsregistret anemi. Kvinnligt kön, stor viktneidgång, ung ålder vid operation och att ha opererats med metoden gastric bypass (jämfört med sleeve-gastrektomi) ökar risken för anemi.

gastric sleeve anatomy: Laparoscopic Sleeve Gastrectomy Salman Al-Sabah, Ali Aminian, Luigi Angrisani, Eliana Al Haddad, Lilian Kow, 2021-01-04 This book provides a complete guide to laparoscopic sleeve gastrectomy and the management of obesity. The chapters discuss guidelines for healthcare providers for the management of patients with obesity, the rationale behind choosing patients, performing the procedure in line with the patient's condition, the perioperative period, postoperative requirements, and postoperative complications. This book aims to give readers an understanding of the surgical techniques involved in laparoscopic sleeve gastrectomy and the wider treatment options available. It is relevant to bariatric, metabolic, and general surgeons, physicians, clinical nutritionists as well as students.

gastric sleeve anatomy: Gastrointestinal Imaging Angela D. Levy, Koenraad J. Mortele, Benjamin M. Yeh, 2015-07-29 Gastrointestinal Imaging presents a comprehensive review of gastrointestinal pathologies commonly encountered by practicing radiologists and residents in training. This book offers a guided approach to imaging diagnosis with examples of all imaging modalities complimented by the basics of interpretation and technique and the nuances necessary to arrive at the best diagnosis.

gastric sleeve anatomy: Berkshire Center for Weight Loss Surgery Patient Guide Andrew Lederman, 2017-12-06 Patient guide for weight loss surgery patients of Dr. Andrew B. Lederman. This is intended as a resource for patient who are considering or have had gastric bypass surgery, or sleeve gastrectomy. It is a practical guide to bariatric surgery, including recipes, nutritional guidelines and details about surgery.

gastric sleeve anatomy: The AFS Textbook of Foregut Disease Ninh T. Nguyen, John O. Clarke, John C. Lipham, Kenneth J. Chang, Felice Schnoll-Sussman, Reginald C.W. Bell, Peter J. Kahrilas, 2023-04-21 The AFS Textbook of Foregut Disease serves as a comprehensive guide of information covering the fast-evolving field of foregut disease. This textbook is designed as a partnership between gastroenterologists & gastrointestinal surgeons with an understanding that an essential component of moving forward in this field is through collaboration. This AFS textbook has been developed by the American Foregut Society, a premier society for foregut disease and all chapters are written by experts in the field. Readership is intended for gastroenterologists, GI and thoracic surgeons, gastroenterology and general surgery residents and fellows, medical students, and integrated health members that manage foregut disease. All chapters follow an organized format that contains many graphs, tables, intraoperative photographs, and illustrations of techniques. This textbook provides the most up-to-date scientific information and will be the definitive resource to guide both the diagnosis and management of foregut disease for years to come.

gastric sleeve anatomy: The SAGES Manual Operating Through the Endoscope Matthew Kroh, Salvatore Docimo Jr., Sofiane El Djouzi, Amber Shada, Kevin M. Reavis, 2023-03-13 In 2016 the first edition of the SAGES Manual Operating through the Endoscope was published. At the time,

this represented a review of cutting-edge new technologies that were being introduced within the field of flexible endoscopy. Largely based on applications and data up to 2013, this served as a unique resource for clinicians and researchers to learn about this expanding field. Since then, there has been a significant expansion of new technologies and procedures within this discipline that have meaningfully changed this entire sub-specialty. In addition, large numbers of high-quality data have emerged that support more heartily the safety and efficacy of these techniques. Major international societies now routinely include hands-on training and scientific content of this field in meetings and educational efforts, and many trainees and practitioners are looking for resources to improve their knowledge and technical skills sets. For these reasons, an update on this rapidly advancing field seems appropriate at this time, given the enormous amount of new content available. Endoscopic surgical procedures allow for less invasive access for performing increasingly complex procedures. This results in maximal benefit for patients with fewer complications, faster recovery, and less pain. Endoscopy allows access to the gastrointestinal tract without transgressing the abdominal or chest walls, by means of a truly less invasive route. These technologies and skills are being sought out by practitioners and asked for by patients. The proposed textbook is designed to present a comprehensive and state-of-the-art approach to the diverse applications of surgical techniques and procedures through the endoscopic platform. Written by experts and emerging specialists in that field, each of these sections will address patient selection, pre-operative considerations, technical conduct of the most common operations, and avoiding complications. A review of the existing literature addressing the particular topic will follow in each section. Extensive endoscopic images and illustrations will make this an interactive text. In addition to updates on most topics in the previous manual, this edition will include exciting new fields of advanced imaging, artificial intelligence and augmented imaging, applications of robotics to endoscopy, and more robust exposure of endoscopic applications for treatment of obesity, a worldwide epidemic. The subject of surgical endoscopy has changed meaningfully since publication of the first edition; now a substantial focus of major journals, scientific meetings, and online platforms. A timely update can capture this broad subject in an accessible manual focused on technologies and data supporting these interventions.

gastric sleeve anatomy: *Radiology of the Stomach and Duodenum* Alan H. Freeman, E. Sala, 2007-12-22 A number of imaging techniques, many of them complementary, are used in the investigation and treatment of disorders of the stomach and duodenum. Optimal patient treatment requires a thorough knowledge of the application of these techniques, as well as a sound understanding of pathology of the stomach and its presenting symptomatology. This well-illustrated book covers the various investigative methods in detail, discussing their advantages and disadvantages and explaining their role in specific settings. It will be of great value to both trainee and experienced radiologists, and should assist in promoting effective and judicious patient management.

gastric sleeve anatomy: Laryngopharyngeal and Gastroesophageal Reflux Craig H. Zalvan, 2020-09-29 This text comprehensively reviews the current state of the art in Laryngopharyngeal Reflux (LPR) together with a comprehensive explanation and description of the known gastroesophageal reflux (GERD) literature. With chapters written by experts from around the world, this text aims to deliver what is current in reflux recognition, diagnosis, reflux related complications, and the various treatment modalities. This is the first textbook to combine the most up to date knowledge of both LPR and GERD meant for both specialties and the general medicine population. Completely unique to the reflux literature is a section detailing the substantial benefits of a mostly plant based, Mediterranean style diet in the treatment of reflux disease. Encouraging patients to read and learn about diet and health is likely the most important step in improving their disease. The text provides direction to the caregiver on how to transition to a mostly plant-based diet. Review of myths, effects of diet in the setting of other disease states, and dietary consequences are explained. Guidelines on how to transition diet, dining out while maintaining a plant-based diet, and how to wean off medication, such as PPI, are also provided. Laryngopharyngeal and Gastroesophageal

Reflux: A Comprehensive Guide to Diagnosis Treatment, and Diet-Based Approaches will provide the medical community with a resource to understand, teach, and provide the latest in LPR and GERD information to the caregiver and subsequently the patient.

gastric sleeve anatomy: *Oxford Handbook of Operative Surgery* Anil Agarwal, Neil R. Borley, Greg McLatchie, Greg R. McLatchie, 2017 This fully revised new edition provides a comprehensive, concise, and practical guide to all common operative equipment, techniques, procedures, and surgical management of the patient.

gastric sleeve anatomy: *Handbook of Bariatric Nutrition* Aparna Govil Bhasker, Lillian Craggs-Dino, Mary O'Kane, Vishakha Jain, 2025-06-13 The book covers all aspects of nutrition and well-being for patients who undergo metabolic and bariatric surgery. It also covers basic aspects of patho-physiology of obesity. With rising rates of obesity, metabolic and bariatric surgery is on the rise across the world. As metabolic and bariatric surgery leads to a major change in diet and has a potential to lead to nutritional deficiencies, there is an increasing need for experts in bariatric nutrition. The book explains the approach protocols and applications in the pre-surgery and post-surgery period. It covers the prevention and management of nutritional deficiencies in detail and contains relevant case scenarios to enhance the understanding of the readers. It explains specific nutritional approach to patients with special considerations who undergo metabolic and bariatric surgery, such as liver and kidney disease, organ transplant, pregnancy, adolescence, etc. The book provides easy-to-follow algorithms for nutrient supplementation and key points in each chapter. The book provides consolidated information on bariatric nutrition. It serves as a useful resource for practicing dietitians / nutritionists and students alike, surgeons, physicians and any other practitioners involved in metabolic and bariatric surgery.

gastric sleeve anatomy: *Prevention and Management of Complications in Bariatric Surgery* Tomasz G. Rogula, Philip R. Schauer, Tammy Fouse, 2018-04-25 Prevention and Management of Complications in Bariatric Surgery is the first book to compile the most up-to-date prevention and management strategies and techniques in the field. Edited by leading experts, it provides sound recommendations for collecting, monitoring, and analyzing outcomes, with an emphasis on quality and process improvement. This book is a valuable resource not only for bariatric surgeons and surgical trainees, but also physicians and nurses who participate in the perioperative care of the bariatric patient.

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