

Single-anastomosis duodeno-ileal bypass with sleeve gastrectomy for treating morbid obesity

Information for the public

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What has NICE said?

The evidence about how safe single-anastomosis duodeno-ileal bypass with sleeve gastrectomy (SADI-S) is for treating morbid obesity shows that there are well-recognised complications but, there is not much good evidence about how well it works. So, it should only be used if extra care is taken to explain the risks, and extra steps are put in place to record and review what happens. More research on this procedure is needed, and NICE may look at it again if more evidence is published.

What does this mean for me?

Your health professional should fully explain what is involved in having this procedure, and discuss the possible benefits and risks with you. In particular, they should explain the uncertainty about the evidence on how likely it is to improve your symptoms and possible

complications. You should also be told how to find more information about the procedure. You should only be asked if you want this procedure after having this discussion.

NICE is asking health professionals to send information about everyone who has the procedure and what happens to them afterwards to the [National Bariatric Surgery Registry](#), so that the safety of the procedure and/or how well it works can be checked over time. Your health professional should ask you if details of your procedure can be collected.

Other comments from NICE

NICE said that there can be serious metabolic complications after this procedure, and that people may need another procedure later on.

Your healthcare team

A healthcare team experienced in managing morbid obesity should decide who should be offered the procedure. It should only be done by surgeons with specific training in the procedure, in centres with expertise in treating morbid obesity.

The condition

Somebody has morbid obesity if their body mass index (BMI) is 40 or more, or if their BMI is 35 to 40 and they have significant health problems related to the obesity. People with morbid obesity are more likely to have other health problems like type 2 diabetes, coronary heart disease and high blood pressure. Weight loss reduces the risk of getting these conditions and also improves long-term survival. Morbid obesity is managed by lifestyle changes, including exercise and diet, and medication to reduce weight. If these don't work, then weight loss (bariatric) surgery is sometimes used.

NICE has looked at using [single-anastomosis duodenal-ileal bypass with sleeve gastrectomy](#) as another surgical treatment option.

The [NHS website](#) and [NICE's information for the public about overweight and obesity management](#) may be a good place to find out more.

The procedure

Single-anastomosis duodeno-ileal bypass with sleeve gastrectomy for treating morbid obesity is usually done under a general anaesthetic by keyhole (laparoscopic) surgery. It involves 2 steps. First, a gastric sleeve is made by removing some of the stomach to make it smaller and into a tube shape. Then, the first part of the small intestine is shortened and joined to the last part of the small intestine. The procedure is permanent. Sometimes, the steps are done in 2 separate operations. The aim is to reduce the size of the stomach and small intestine to reduce the amount of food that is absorbed into the body.

After surgery, patients have to eat a low-calorie diet. Multivitamins, calcium and iron supplements are prescribed when needed.

Benefits and risks

When NICE looked at the evidence for single-anastomosis duodeno-ileal bypass with sleeve gastrectomy, it decided that the evidence on efficacy is limited, and that there are well-recognised complications associated with the procedure. The 3 studies that NICE looked at involved a total of 247 patients.

Generally, they showed the following benefits:

- weight loss that was maintained for up to 5 years in some patients
- a decrease in blood sugar levels and diabetes (about 50% of patients had no diabetes at 5 years in 1 study, although diabetes did return in about 8% of people within 5 years)
- normal nutrient levels 12 months after the procedure.

The studies showed that the risks of single-anastomosis duodenal-ileal bypass with sleeve gastrectomy included:

- leaking from the stomach or small intestine in 3 people, which was treated successfully
- bruising of the abdomen in 4 people
- a hernia in 2 people, needing further surgery

- inflamed gall bladder in 2 people, needing treatment
- diarrhoea and constipation, each in 2 people
- death due to lung problems, a heart attack, bleeding in the stomach or abdominal cavity, an abscess in the abdominal cavity, narrowing of the gastric sleeve needing further surgery, a stomach ulcer and sporadic vomiting, each in 1 person
- low vitamin A levels in about 50% of patients in 1 study.

If you want to know more about the studies, see the [guidance](#). Ask your health professional to explain anything you don't understand.

Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works.

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Accreditation

