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# Robotic Mini Gastric Bypass Surgery

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**Abstract :** Background: Robotic Roux en Y gastric bypass is being done for some time but is technically difficult, requiring operating in both the sub diaphragmatic and infracolic compartments of the abdomen. This can mean a dual docking of the robot or a hybrid partial laparoscopic and partial robotic surgery. The Mini /One anastomosis /omega loop gastric bypass (MGB) has the advantage of having all dissection and anastomosis in the supracolic compartment and is therefore suitable technically for robotic surgery. Methods: We have done 208 robotic mini gastric bypass surgeries. The robot is docked above the head of the patient in the midline. Camera port is placed supra umbilically. Two ports are placed on the left side of the patient and one port on the right side of the patient. An assistant port is placed between the camera port and right sided robotic port for use of stapler. Distal stomach is stapled from the lesser curve followed by a vertical sleeve upwards leading to a long sleeve pouch. Jejunum is taken at 200 cm from the duodenojejunal junction and brought up to do a side to side gastrojejunostomy. Results: All patients had a successful robotic procedure. Mean time taken was 85 minutes. There were major intraoperative or post operative complications. No patient needed conversion or re-explorative surgery. Mean excess weight loss over a period of 2 year was about 75%. There was no mortality. Patient satisfaction score was high and was attributed to the good weight loss and minimal dietary modifications that were needed after the procedure. Long term side effects were anemia and bile reflux in a small number of patients. Conclusions: MGB / OAGB is gaining worldwide interest as a short simple procedure that has been shown to very effective and safe bariatric surgery. The purpose of this study was to report on the safety and efficacy of robotic surgery for this procedure. This is the first report of totally robotic mini gastric bypass.

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