MINI- GASTRIC bypass (MGB) – a superior bariatric operation

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Background: The author started bariatric surgery in 1970 with JI-bypass, horizontal gastroplasty, VBG, and RYGB – 2,850 cases. In 1997, the MGB commenced, and in 2002, the author as Editor of *Obesity Surgery*, was invited for 2 weeks to observe technique and clinical follow-up of the MGB to the present. A channel is constructed from 3 cm below crow's foot, proximally to the left of angle of His; the long channel is attached by a wide antecolic gastrojejunostomy 200 cm distal to Treitz' ligament.

Methods: 102 published papers on the MGB were reviewed: 24 were comparisons with other bariatric operations – 18 with RYGB, 6 with sleeve gastrectomy.

Results: In every comparison, MGB was superior. OR time, length of stay, learning curve, early and late complications, and mortality were less. Mean long-term EWL (5 years) was 74%. Superior resolution of co-morbidities was found in all studies (with diabetes resolving in 85-94% of diabetics). Post-op QOL was better than the other operations. Marginal ulcer was less than RYGB. GE reflux occurred in 0.6%, and CA did not occur. Low serum iron in menstruating women and low albumin were infrequent problems that must be treated. The MGB is now the 3rd most common bariatric operation in the world, although done less commonly in North America.

Conclusion: MGB should be a primary operation and also used for revisions.