

DREAM 2020 : DEVELOPMENT OF LAPAROSCOPIC SURGERY AND ENDOSCOPY IN THE UNIVERSITY HOSPITAL OF KINSHASA, DRC. B. Nsadi (1), D. Veyi (1), J. Kazadi (1), D. Sanduku (1), P. Mukaba (1), Y. Kosi (1), P. Mukuna (1), A. Kaba (2), O. Detry (2). (1) Cliniques Universitaires de Kinshasa (CUK), Kinshasa, Belgium ; (2) CHU de Liège, Liège, Belgium.

Introduction : Nowadays, laparoscopic surgery is widely disseminated in developed countries, even in small primary hospitals. The spreading of laparoscopy in developing countries has not been as successful. The technological nature of laparoscopy, and the required specific laparoscopic tools and medical skills, may render the initiation of this approach difficult for the developing countries.

Aim : We hypothesized that laparoscopy may be developed in the Cliniques Universitaires de Kinshasa (CUK), University of Kinshasa (UNIKIN) and may be cost-effective for the population, considering the reduction of the cost of the associated medications and of the length of hospital stay. The final aim of this program is to bring the benefits of laparoscopy to the population of DRC, by allowance of adequate training of the UNIKIN anaesthetists and surgical trainees, who in the future might have the opportunity to apply their knowledge in their own professional practice. We hypothesized also that the availability of adequate and modern equipment may reduce the incentive for the brain drain and may help to keep some highly trained doctors within DRC.

Methods : In partnership with the university of Liège and the financial support of Wallonia region, a complete CUK team, including a surgeon (2 years training in Belgium), an anaesthetist and nurses, was trained in Belgium and then after in DRC. The laparoscopic equipment, adapted to the African conditions, was sent to Kinshasa, and three theoretical and practical missions of a Belgian team were organised over one year.

Results : The CUK team performed 57 surgical laparoscopic procedures in the first 12 months, including 18 appendectomies, 13 cholecystectomies, 8 hernia repairs, 5 laparoscopy explorations for peritoneal carcinoma assessment and biopsy, 3 procedures for catheter of peritoneal dialysis, 2 minors gynecologic procedures, 2 management of generalized peritonitis, 2 adhesiolysis, 2 abscess drainages, 1 rectal prolapse, and 1 cystocoele. No mortality and no postoperative infection were observed. After 12 months of local use, all the medical material was in perfect condition. In addition to surgery, this program allowed the improvement of the quality of anaesthesia for non laparoscopic procedure.

Conclusion : This program demonstrated the development, accessibility and durability of such new approaches in developing countries. The interest for laparoscopy was demonstrated in several hospitals of Kinshasa. The next step will include the development of GI endoscopy and abdominal imaging. The needs of the DRC population are profound. The DRC medical schools, isolated from the developed countries for more than 30 years, are in great need for support. All the University and non-University GI teams or individuals willing to join such a project, are welcome.

THE EFFECT OF SHORT-TERM PREOPERATIVE WEIGHT LOSS USING VERY LOW ENERGY DIET ON OPERATIVE OUTCOME OF LAPAROSCOPIC GASTRIC BYPASS SURGERY. A MULTICENTER PROSPECTIVE RANDOMISED STUDY (SHOPWEL). Y. Van Nieuwenhove, E. Shopwel-study Group, european obesity academy. UZ, Gent, Belgium.

Introduction : Obesity with its associated disorders is an increasing health problem in the western society. Due to disappointing results after conservative treatment modalities, surgical therapy for morbid obesity (bariatric surgery), with its well documented long-lasting effects, has become the therapy of choice for an increasing number of patients with extreme overweight. Although morbidity and mortality rates associated with bariatric surgery are low, the need for measures to reduce perioperative complication rates is high. Excess body fat and, due to hepatosteatosis, enlarged liver complicate the technical aspects of the surgical procedure. It is known that, in response to a 2-weeks period of energy restriction, liver volume is decreased. Therefore, in many centres recommendation of a short period of preoperative very low energy diet (VLED) has become routine, since this procedure has been hypothesised to facilitate the surgical procedure and thus, resulting in less operative time and complications. However, this has never been evaluated in a controlled study.

Aim : To compare the results of a 2 week preoperative VLED on operative time and perioperative complication rates in laparoscopic Roux-en-Y gastric bypass (LRYGB).

Methods : International, prospective, randomised multicentre clinical trial. Patients scheduled for LRYGB were randomly assigned for a two weeks period of preoperative VLED or no dietary restriction. Primary endpoint was operative time ; the secondary endpoints are estimated perioperative blood loss, number of liver lacerations, complexity of the procedure, perioperative events/complications and the length of stay. Data were analyzed on an intention to treat basis.

Results : A total of 294 patients were randomized to either the control (n = 145) or diet group (n = 149). Nine patients in the control 12 patients in the study group dropped out during the study. Sixteen patients (10.7%) of the study group did not finish the two week diet because of intolerance. While the mean (s.d.) weight the day before surgery was not different in the groups, the mean weight loss during the weeks prior to surgery was 0.40 (3.24) kg in the control group and 4.97 (3.60) kg in subjects who followed the VLCD regimen (p < 0.0001). Similarly, BMI on the day before surgery