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## Function preserving metabolic surgery for low BMI type-2 diabetes

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Metabolic surgery has an obvious ambiguity. Even though surgery is most effective treatment for type-2 diabetes mellitus, on the other hand, also has catastrophic obstacles. Safety concern and postoperative deterioration of life quality are expected to be the major obstacle. Another expected obstacle is unresponsiveness to surgery or recurrent hyperglycemia after primary remission. Recently, we invented new surgical model to cope with possible obstacles at the same time. Until year 2015, modified minigastric bypass was primary procedure at our institute. The mechanism and outcomes were published elsewhere. Our technique was modified to overcome minor problems from surgery, even though the results were satisfactory. Until now, 40 patients were treated with modified technique. The procedure was conducted under the three principles: Total duodenal exclusion, securing biliopancreatic limb more

than 200 cm and preservation of pyloric sphincter. Post-operative quality of life was improved markedly. Meanwhile, anti-diabetic effect was comparable or even better than before. We believe that, pyloric sphincter function is critical to maintain normal GI physiology and possible cause of recurrent hyperglycemia after primary remission, depends on the completeness of duodenal exclusion. For example, the results of the anti-diabetic effect of DJB are quite inconstant. A group of paper reporting acceptable outcomes but another group does not. Difference between the groups is whether using gastrojejunostomy or duodenojejunostomy. The unique regeneration mechanism of intestinal mucosa is the clue of enigma. In this presentation the author will discuss for better anti-diabetic effects with better quality of life after surgery.

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