particular intended, in the context of the bariatric surgical technique of longitudinal gastrectomy, to guide the surgeon for resection of a part of the stomach and to define the closure line (stapling-suture) after resection.

This catheter is characterized in that this distal part carries a balloon having, in the inflated state, a shape substantially matching that of the pyloric antrum -4-, in such a way that it can be lodged in this pyloric antrum -4-, the end of the inflated balloon then preferably being in abutment against the pylorus -5- and the distal end of the body of the catheter for its part preferably being in abutment against the pyloric antrum -4-, while the part of the body of the catheter arranged above the inflated balloon is wedged against the wall of the lesser curvature -6- of the stomach -1-, and thus make it possible:

- to determine the position of the start of the closure resection line in the area of the pyloric antrum -4-,
- to define the closure resection line,
- and to calibrate the pyloric antrum -4- and the gastric sleeve to be preserved.

In one aspect, there is provided an orogastric catheter comprising a body whose distal part is in particular intended, in the context of the bariatric surgical technique of longitudinal gastrectomy, to guide the surgeon for resection of a part of the stomach and to define the closure line after resection, wherein the body extends between a proximal end and a distal end, and presents an outer face and a distal part at the vicinity of the distal end, said distal part carrying a balloon having a deflated state and an inflated state,

characterized in that the balloon is arranged transversally on the outer face of the body at a distance *d* from the distal end of the body,

and in that, in the inflated state, the balloon has a shape substantially matching that of the pyloric antrum, the inflated balloon having a truncated conical shape that is asymmetric and distorted with a terminal diameter *Dt* at an end of the balloon, a diameter *Db* at a base of the balloon and a diameter *Dm* of a middle part of the balloon, with $Dt < Db \leq Dm$; the end being offset relative to an axis of the base of the balloon, upwards towards a part of the body of the catheter arranged above the inflated balloon, so that an upper face of the inflated balloon directed towards the proximal end of the body and intended to be arranged opposite the angular notch of the stomach, has a less pronounced curvature than that of a lower face of the inflated balloon directed towards the distal end of the body.

in such a way that the balloon can be lodged in said pyloric antrum, the end of the inflated balloon then preferably being in abutment against the pylorus and the distal end of the body of the catheter for its part preferably being in abutment against the pyloric antrum, whereas the part of the body of the catheter arranged above the inflated balloon is wedged against the wall of the lesser curvature of the stomach, and thus permit:

- determining the position of the start of the closure resection line in the area of the pyloric antrum,
- defining the closure resection line,
- and calibrating the pyloric antrum and the gastric sleeve to be preserved.

This novel orogastric catheter makes it possible to perform longitudinal gastrectomy efficiently and reliably by reducing the capacity of the stomach by two thirds and thus give the patient a sensation of early satiety, leading to weight loss.

This novel orogastric catheter corrects the earlier difficulties of calibration of the portion of stomach to be removed. These difficulties could have the consequence that, without having sufficiently reduced the stomach, the latter dilates over time and the effect of the longitudinal gastrectomy is lost, so that the problem of the patient being overweight is unchanged.

This novel orogastric catheter therefore has a distal part which, once introduced into the stomach, can assume the shape of the pyloric antrum -4- by inflating the balloon.

This distal appendage formed by the inflated balloon is intended to be in abutment against the pylorus -5- while resting on the pyloric antrum -4- and to allow wedging of this distal part of the catheter, and therefore its correct, stable positioning, for the purpose of closure resection preferably by stapling.

This novel multifunction orogastric catheter in particular improves this bariatric surgical technique by supplying valuable assistance to the surgeon. The procedure is carried out more easily, more rapidly, more reliably and more effectively with respect to the intended result.

According to an advantageous embodiment of the invention, the dimensions of the body of the catheter in right cross-section, i.e. the outside diameter *De* when the body is a round