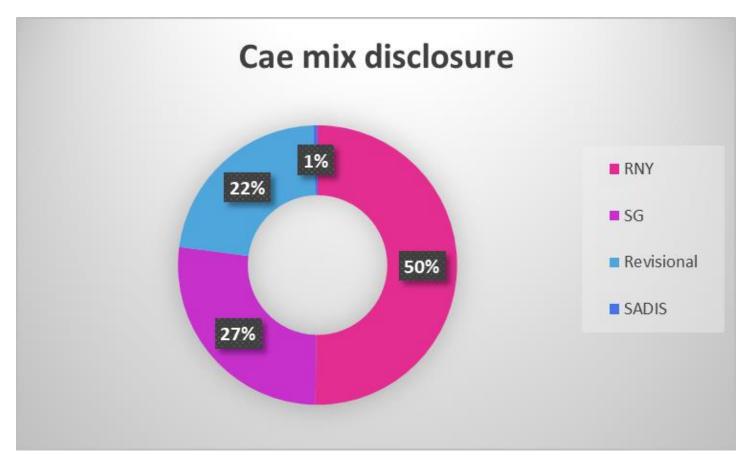


"Recurrence of Weight Gain after RYGB... The story of the 4th Redo"

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Case mix disclosure





History

- 48 years old male patient
- HTN
- 2002: Lap band weight 140 kg → 95 kgs.
- 2014: Lap band removal



2015

- Conversion to OAGB
- no weight loss what so ever
- Was able to eat normally
- Severe hunger feeling
- Immediately gained from 140 kg to 150 kg



2018

- The patient sought out another opinion
- An endoscopy report by the second surgeon correctly diagnosed G-G fistula
- The surgeon revised him to RYGB (theoretically addressed the fistula)
- Patient gained weight immediately to 170 kg



At our center

- January 2021 W/t· 172 5 kg Ht 192 cm,
 BMI ∠ It is easy to blame the patient!!
- He was to the control of the control o



How to assess a patient for a 4th revision?

- The usual laboratory tests
- Cardiac clearance
- Most importantly you have to try and delineate the anatomy pre-op "preoperative planning is key"

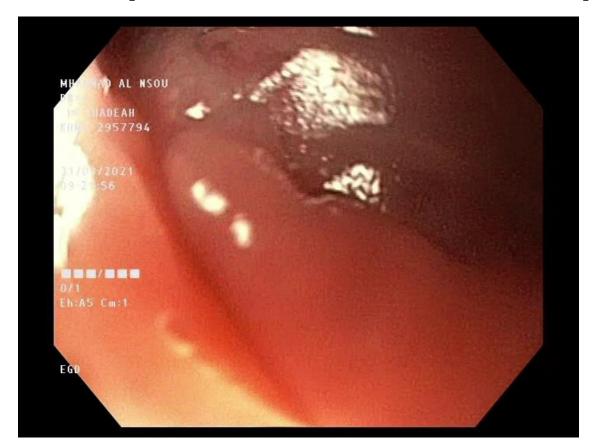


CT scan



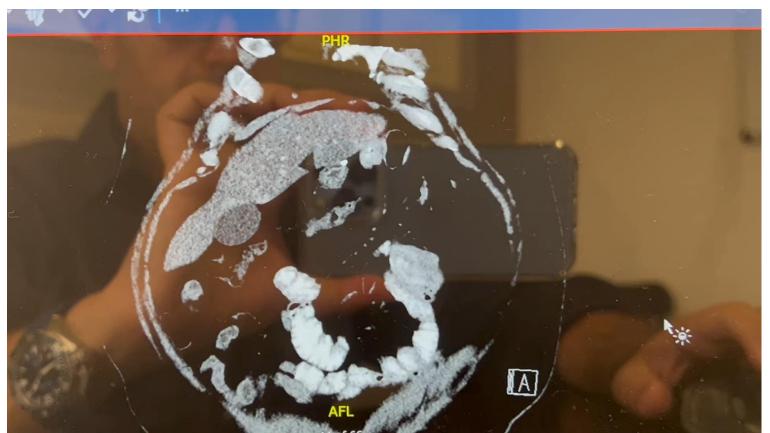


Preoperative Endoscopy

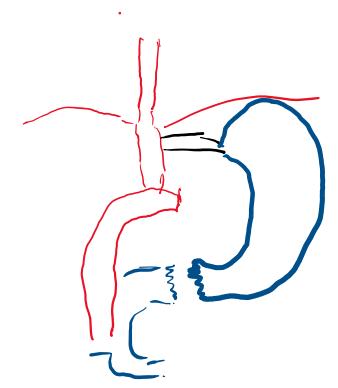




CT scan





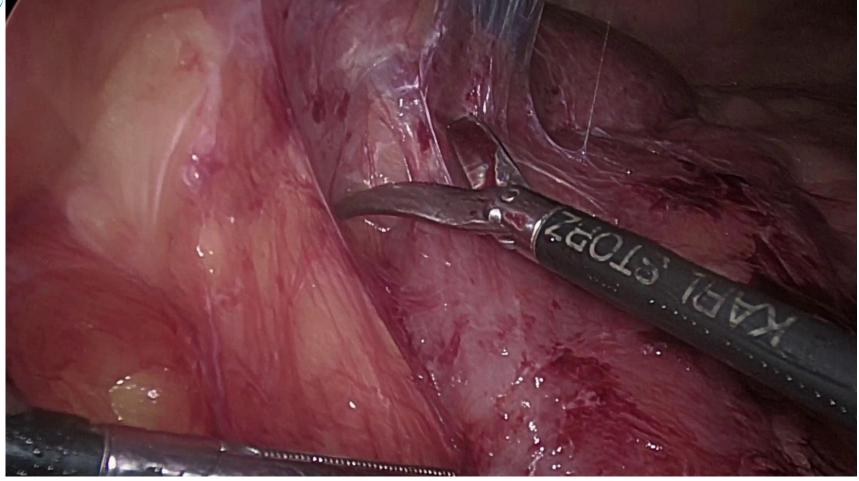




Plan

- Laparoscopic revision
- Resect the remnant stomach and GG fistula
- Revise the pouch
- ± distalization







Postop

- Patient did well
- Discharged home on POD#3 with drain
- Drain removed at 1 week follow up follow



Follow up

- 7 months post op
- Weight 143 kg
- Weight loss 30
- %EBWL: 37%



Lessons learned



- Do the Job right
- Do not innovate
- Do not blame the patient
- Not every surgeon can do revisions. If you cannot, send the patient to someone who can



Rules learned during My fellowship

- If it looks hard, you're doing it wrong
- Think about the Next Guy
- Shortcuts don't work
- Adapt, improvise, overcome
- Common sense trumps expert opinion



Kelvin Higa, M.D.



