



GBMC

مركز الجهاز الهضمي وعلاج السمنة وأمراض الأيض
Gastrointestinal, Bariatric & Metabolic Center

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

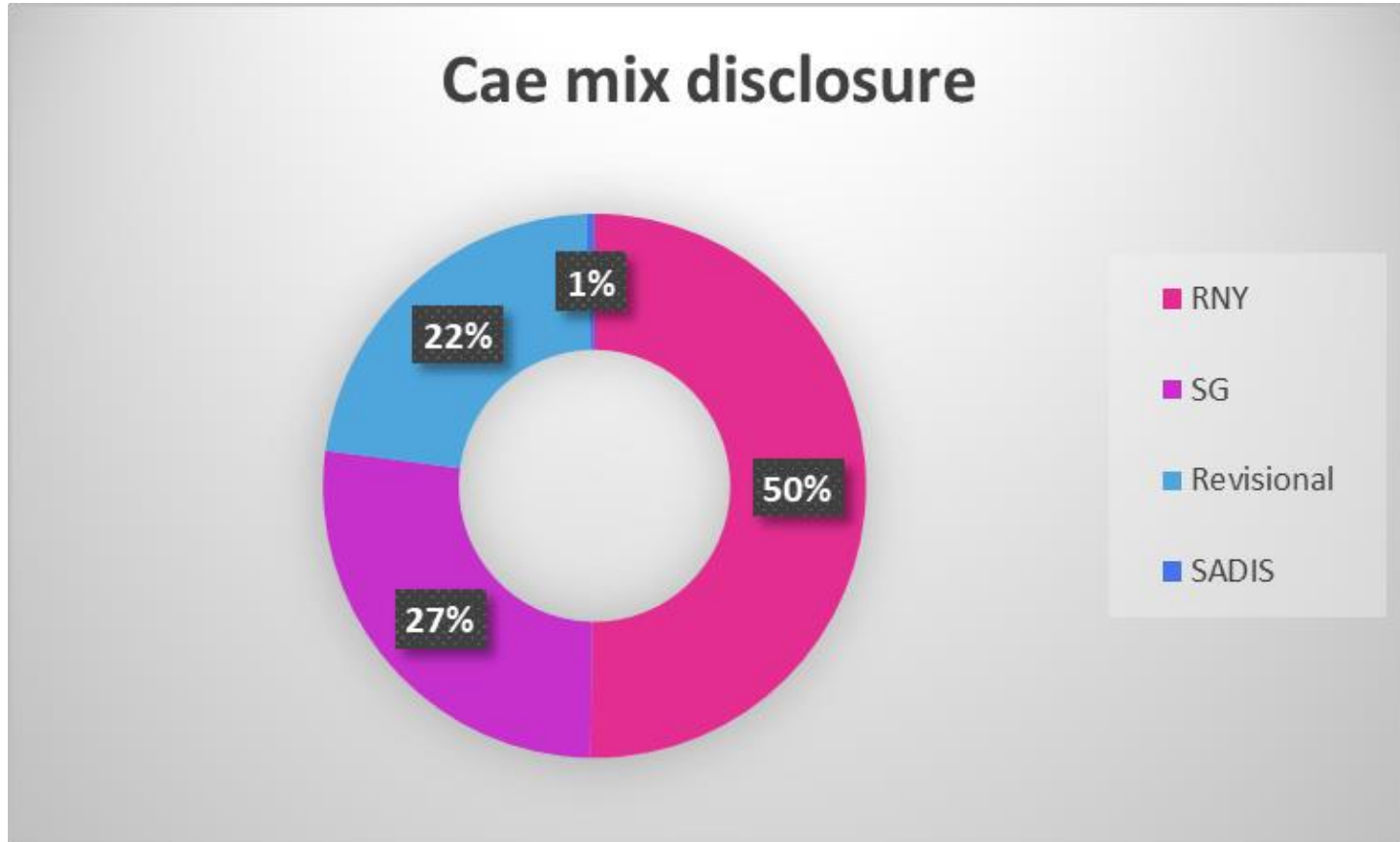
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Minimally Invasive, Advanced GI and Bariatric Surgery

GBMC-Jordan Hospital

Amman- Jordan

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

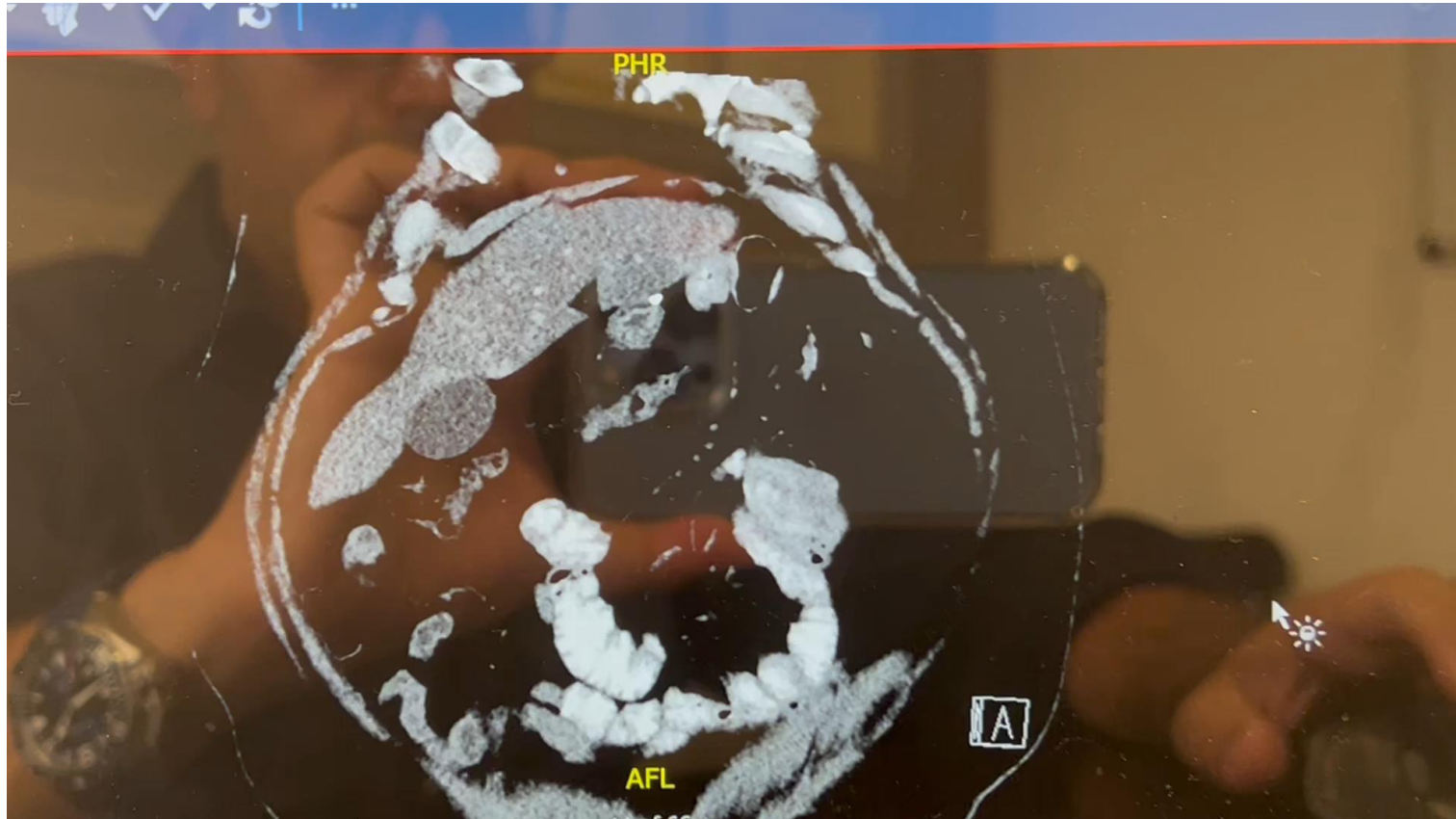
At our center

- January 2021 Wt: 172.5 kg Ht 192 cm, BMI 45.5
It is easy to blame the patient!!
- Patient had a gastric bypass surgery
But Did we do a good job to start with
He lost 100 kg
But he started to gain weight again
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??
- He was told he is the only one to ever gain weight after gastric bypass

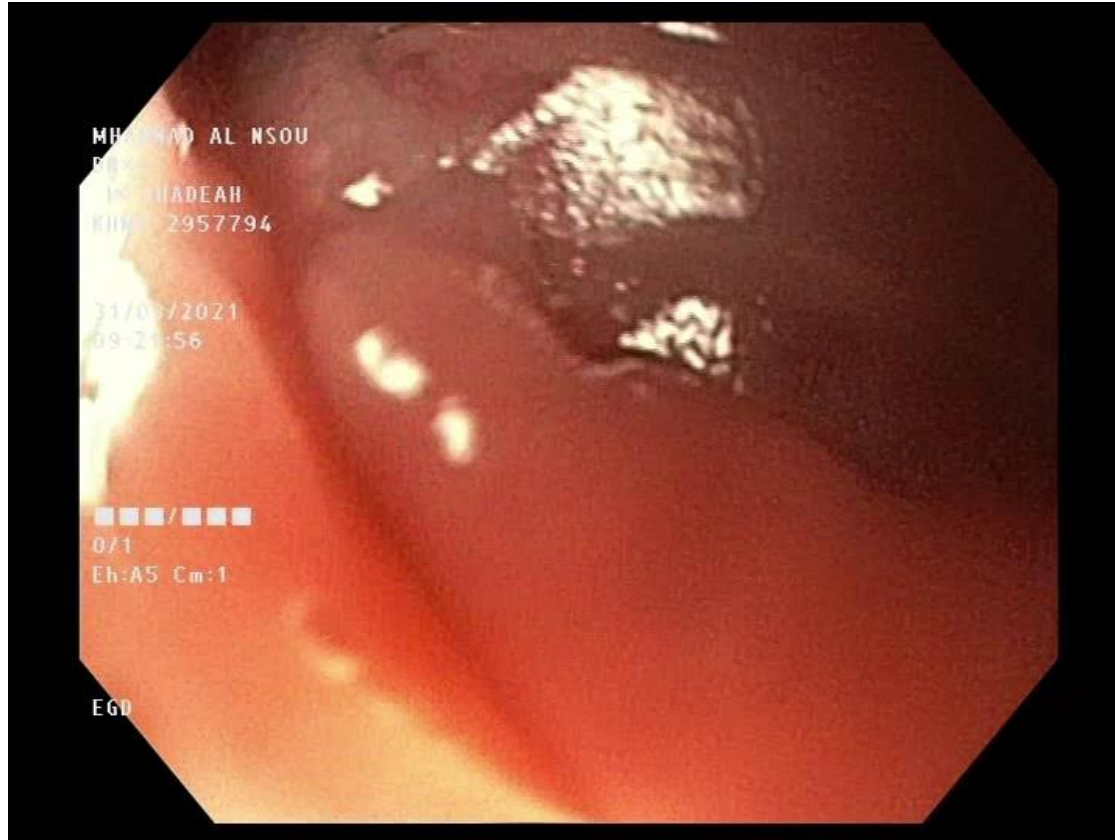
How to assess a patient for a 4th revision?

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

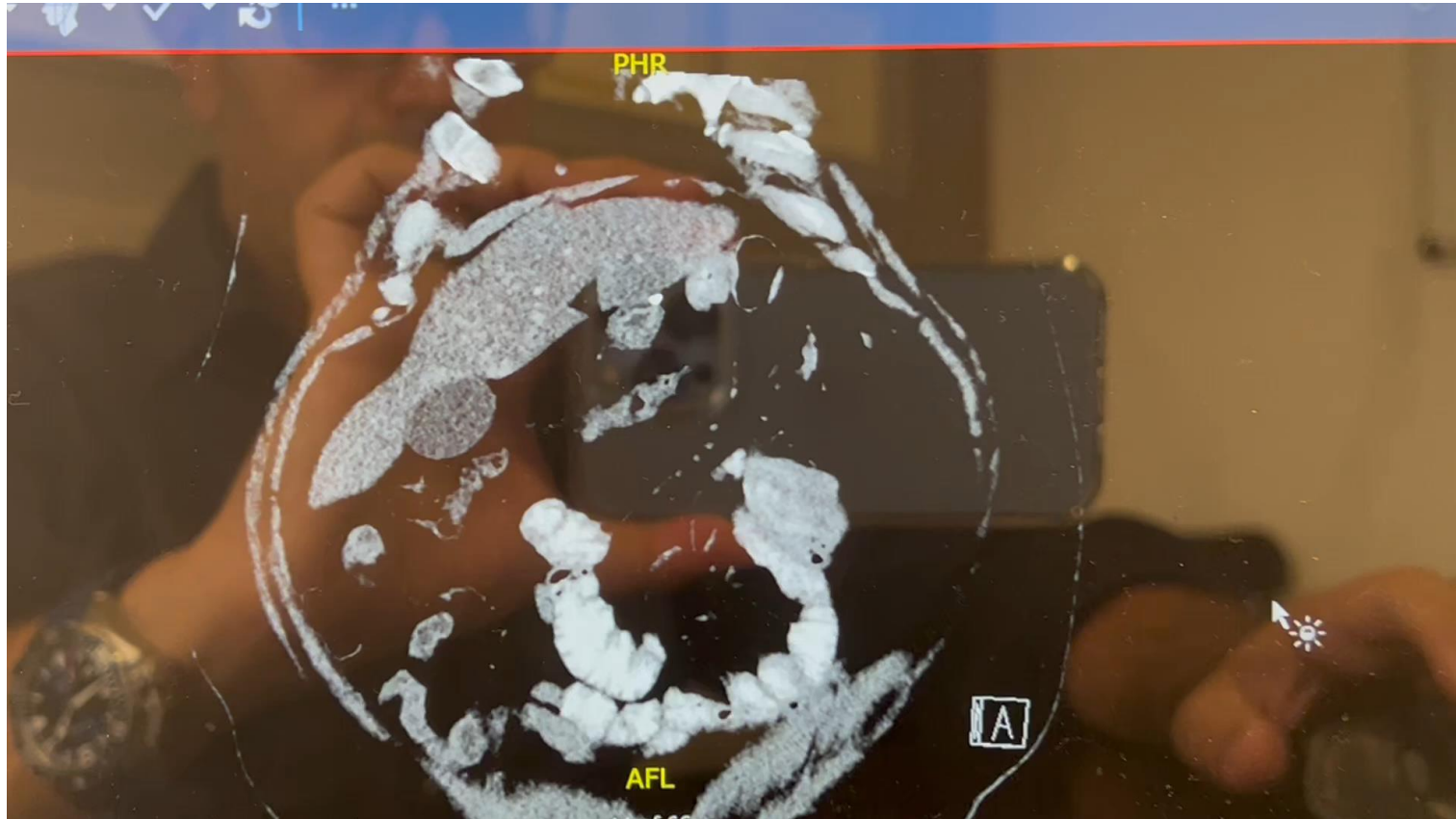
CT scan

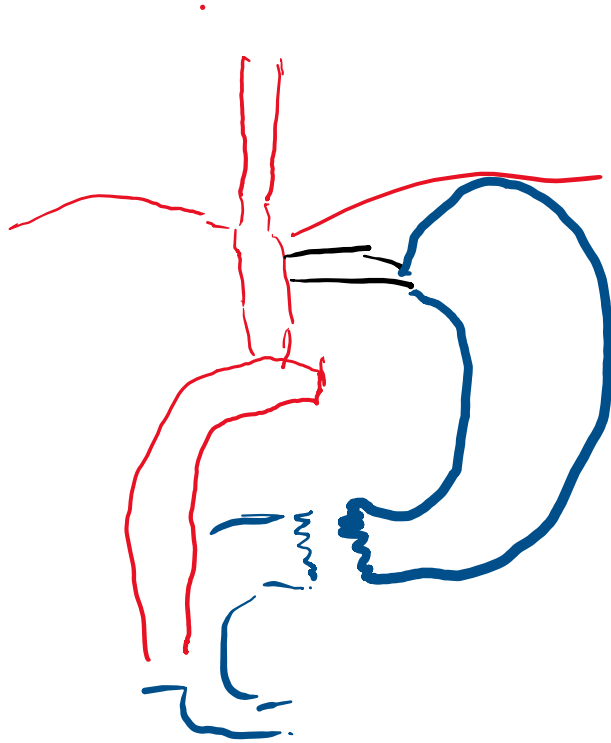


Preoperative Endoscopy



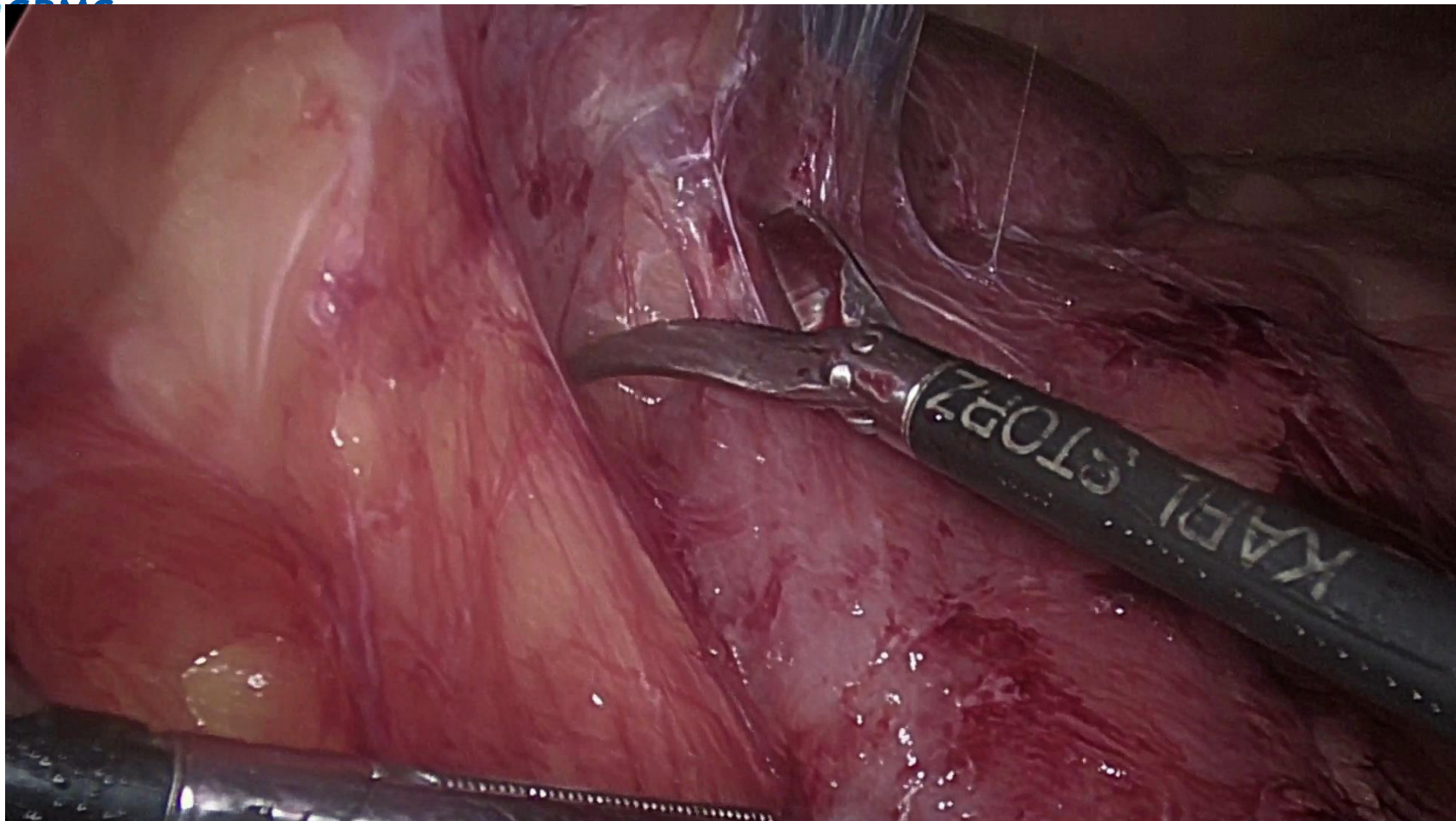
CT scan





Plan

- Laparoscopic revision
- Resect the remnant stomach and GG fistula
- Revise the pouch
- \pm 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

**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

