BARIATRIC REOPERATIONS

AN ONGOING SURVEY FROM A HIGH-VOLUME CENTER IN GREECE

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[ ] I have no potential conflict of interest to report

- ~600.000 operations worldwide per year
- Most effective treatment for weight loss
- Constant increase of bariatric operations results to a higher volume of revisional bariatric surgery (RBS)

Objective

- To present the 12 year experience with revisional bariatric surgery in a Greek high volume center

Background

Revisional Bariatric Surgery for Insufficient Weight Loss and Gastroesophageal Reflux Disease: Our 12-Year Experience

Manabu Amiki[1,2] · Yosuke Seki[1] · Kazunori Kasama[1] · Kenkichi Hashimoto[1,3] · Michiko Kitagawa[1] · Akiko Umezawa[1] · Yoshimochi Kurokawa[1]

Obesity Surgery
https://doi.org/10.1007/s11695-019-04374-6

N=24

Revisional Bariatric Surgery for Weight Regain and Refractory Complications in a Single MBSAQIP Accredited Center: What Are We Dealing with?

Jeffrey Qiu[1] · Peter W. Lundberg[2] · T. Javier Birriel[2] · Leonardo Claros[2] · Jill Stoltzfus[2] · Maher El Chaar[1,2]

Obesity Surgery
https://doi.org/10.1007/s11695-018-3245-5

N=84

Outcomes in revisional bariatric surgery: a high-volume single institution experience

Fareed Cheema[1] · Michael Choi[1] · Erin Moran-Atkin[1] · Diego Camacho[1] · Jenny Choi[1]

Surgical Endoscopy
https://doi.org/10.1007/s00464-020-07855-3

N=266

Worthy or not? Six-year experience of revisional bariatric surgery from an Asian center of excellence

Anirudh Vij, M.D.[a], Kirubakaran Malapan, M.D.[a], Ching-Chung Tsai, M.D.[b], Kuo-Chung Hung, M.D.[c], Po-Chi Chang, M.D.[a,d], Chih-Kun Huang, M.D.[a,d,*]

Surgery for Obesity and Related Diseases 11 (2015) 612–620

N=52

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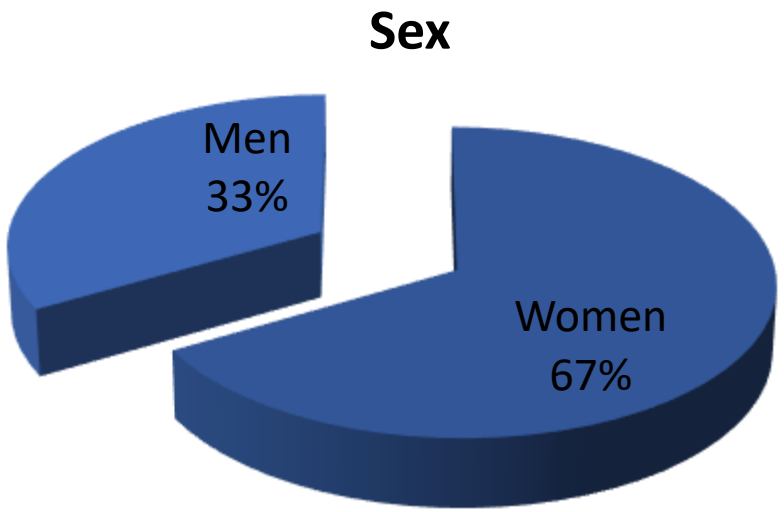
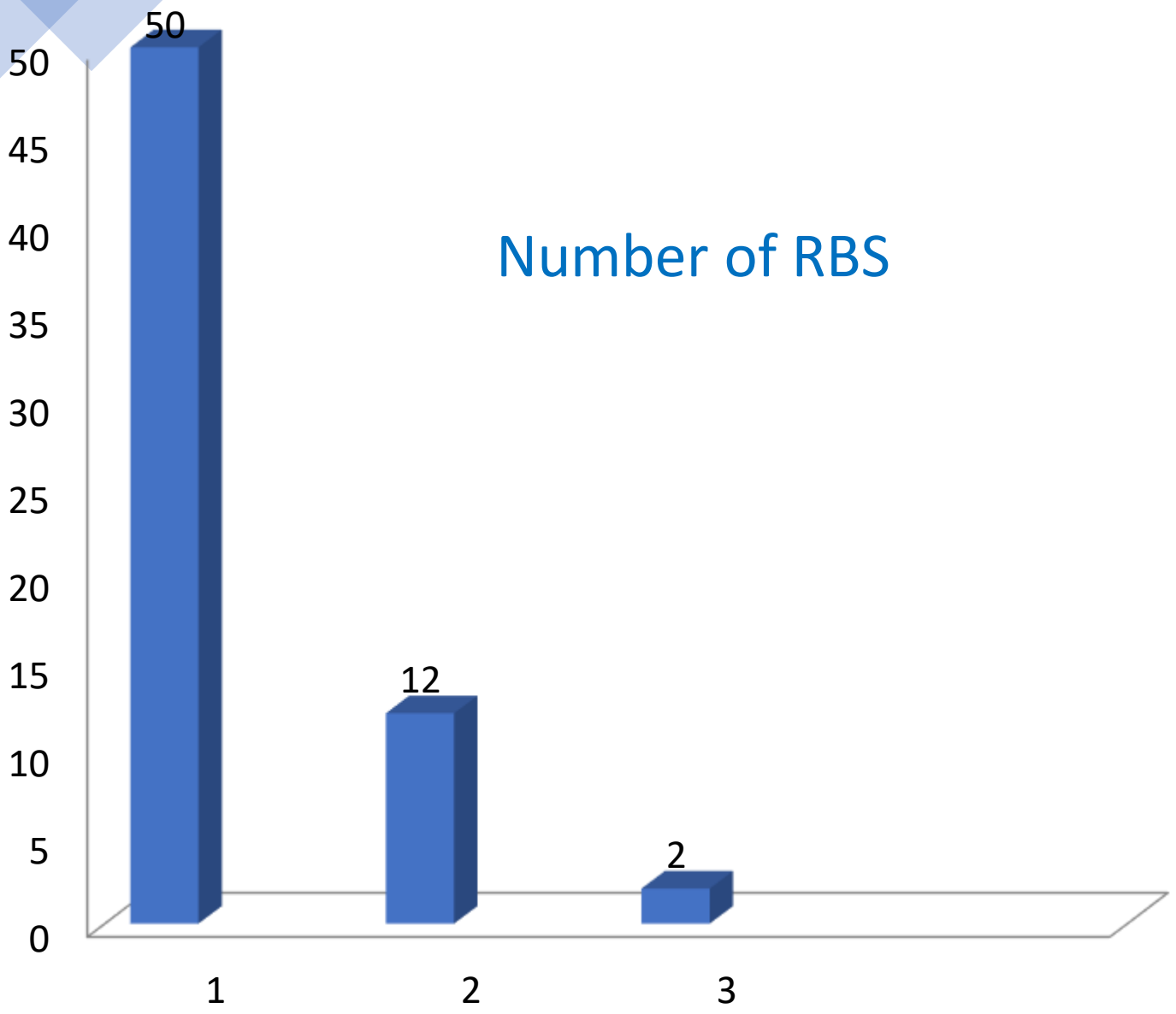
DEMOGRAPHICS

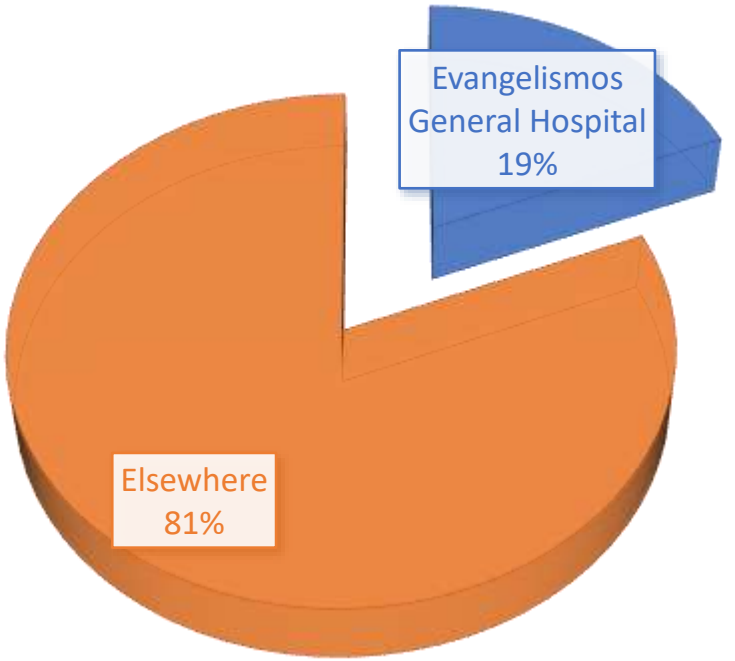
- N=64
- 5/2010 – 2/2023
- Interval time 8,9 years (0,5-20)
- Mean age 42.5 years
- Mean BMI 44,6

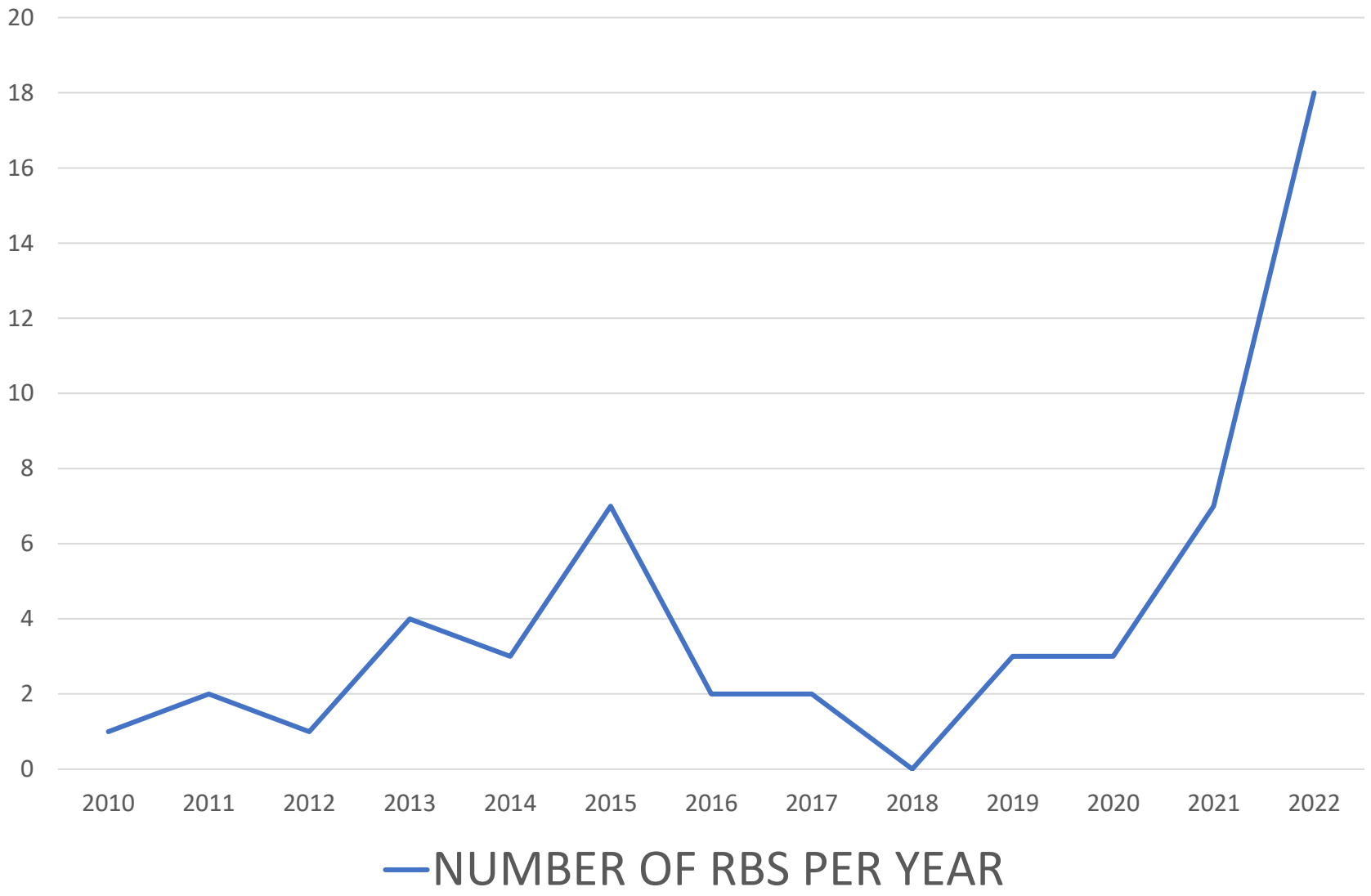


Number of RBS

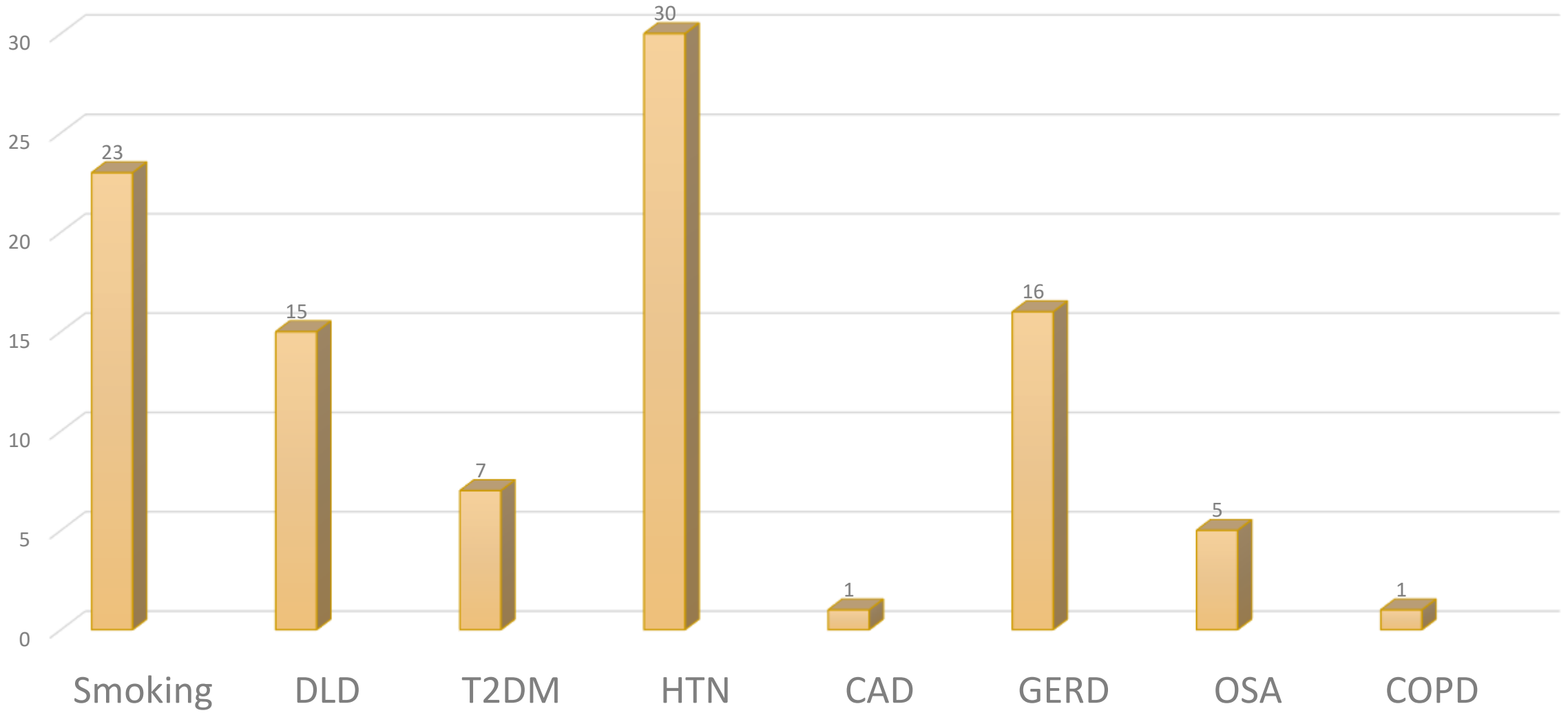


Place of index surgery

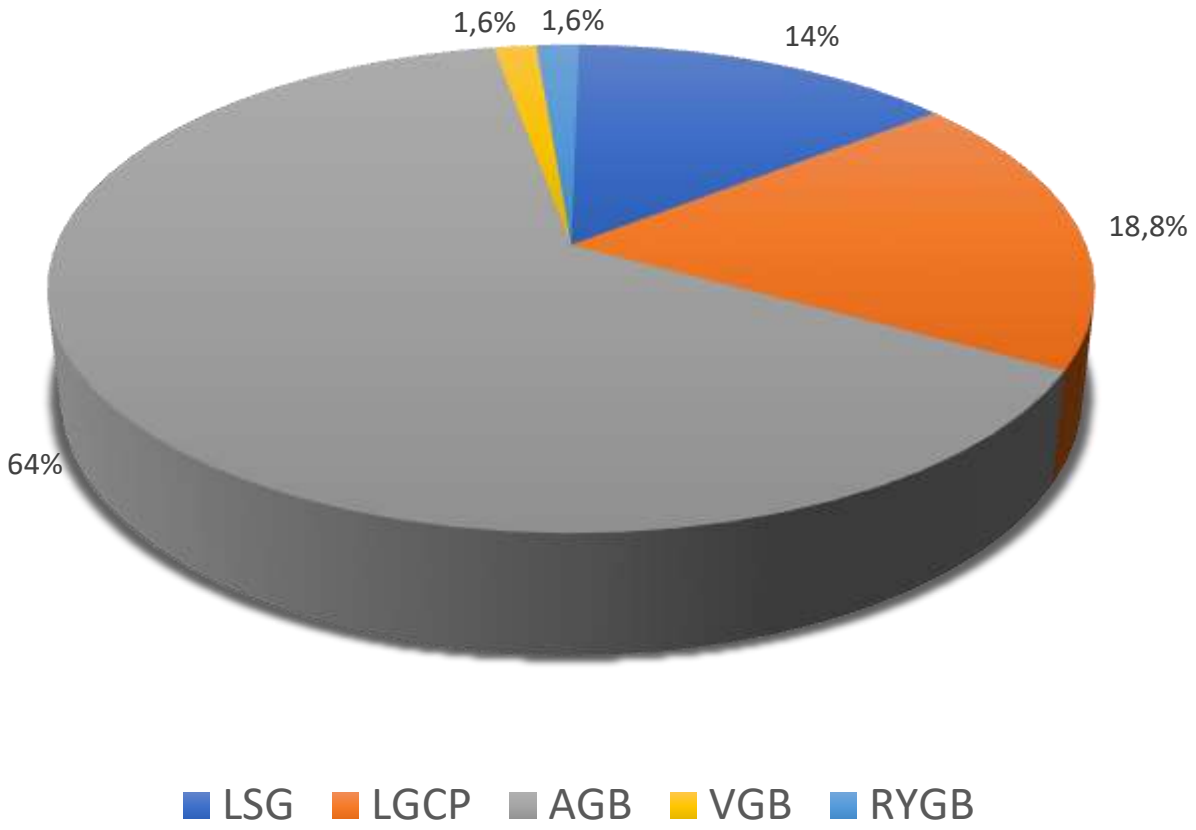



20
18
16
14
12
10
8
6
4
2
0
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
NUMBER OF RBS PER YEAR

COMORBIDITIES



TYPE OF INITIAL SURGERY



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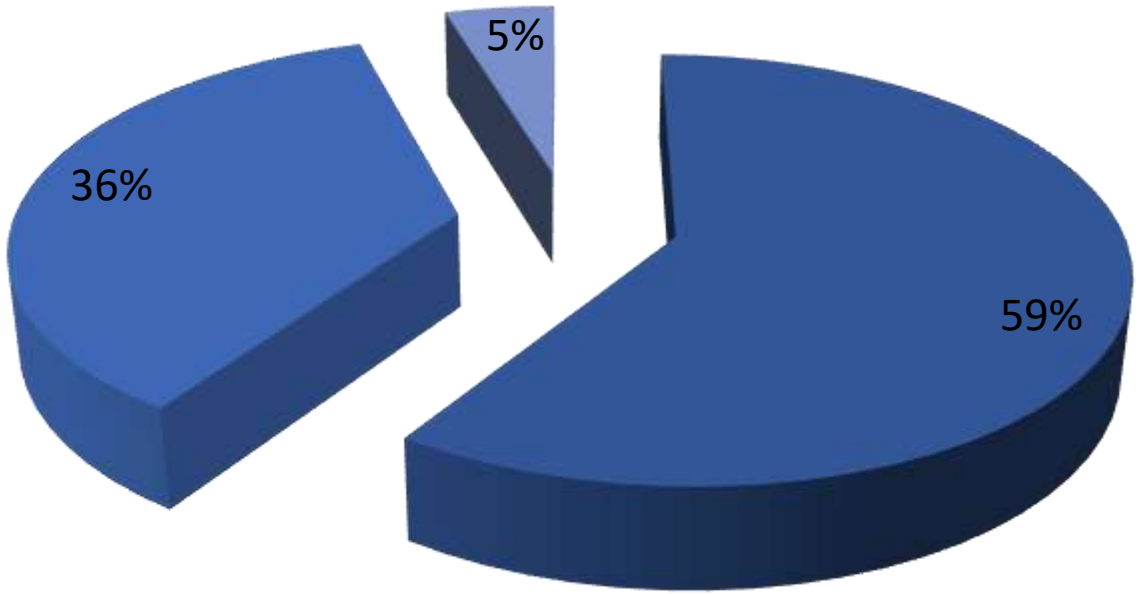
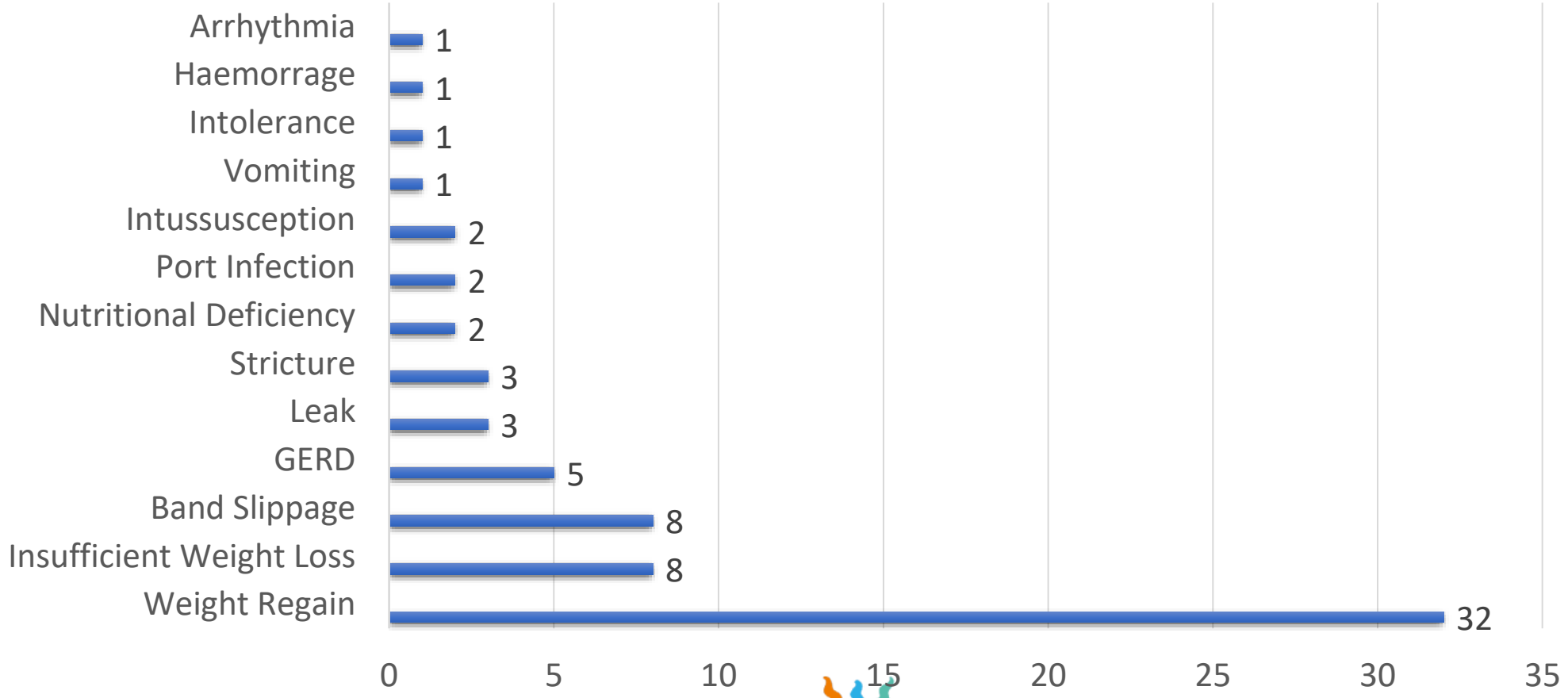
INDICATION FOR RBS



INDICATIONS



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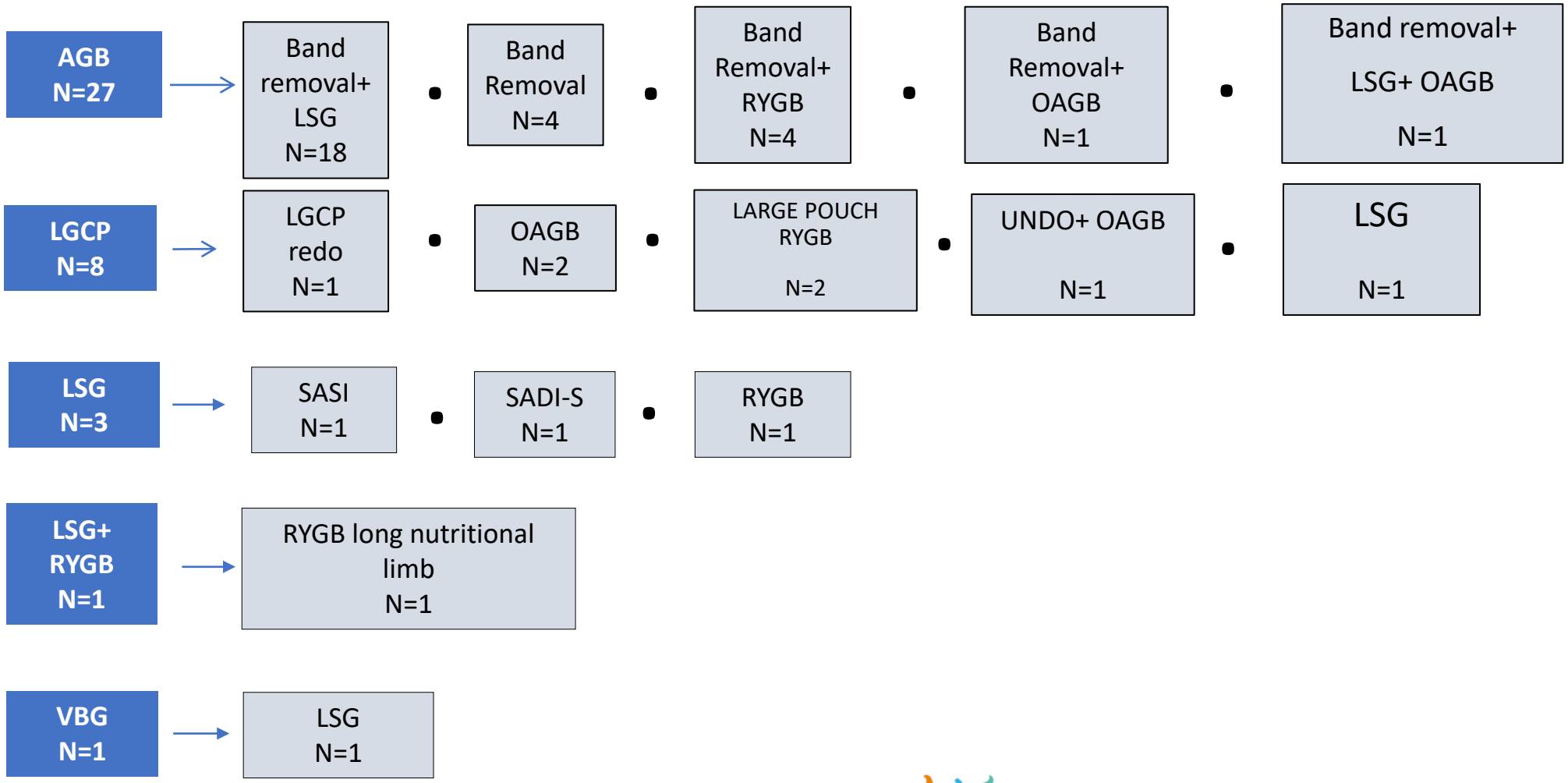
Weight regain / Insufficient weight loss N=41



COMPLICATIONS N=21

- **LSG N=4** → TOTAL GASTRECTOMY N=2
- **LSG N=4** → internal drainage Roux limb N=1
- **LSG N=4** → OAGB N=1
- **AGB N=11** → BAND REMOVAL N=7
- **AGB N=11** → BAND REMOVAL+ LSG N=2
- **AGB N=11** → PORT REPLACEMENT N=2
- **LGCP N=4** → LGCP UNDO N=3
- **LGCP N=4** → LGCP UNDO+ OAGB N=1
- **RYGB N=1** → RYGB UNDO N=1
- **AGB→ LSG→RYGB N=1** → RYGB UNDO N=1

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BOTH N=2

AGB
N=2

→ Band removal + RYGB
N=1

LSG
N=1

→ OAGB
N=1

RESULTS

- The most common index surgery remains AGB followed by LGCP
- Weight regain constitutes the main reason for RBS
- The majority of RBS were performed during the last three years
- Sleeve gastrectomy or gastric bypass were the most common revisional surgeries performed
- Great increase of revisional surgeries during the last years highlights the need for high-volume bariatric centers for RBS and the necessity for a national registry.

Thank you for your attention