

Comparison of 5 year weight loss outcomes of Primary OAGB and Revision OAGB after LSG,

a Single Surgeon study.

SHAH POONAM, KHARAT SUSHIL, SHAH RADHIKA, SHAH SHASHANK

Dr. Poonam Shah

MD Medicine

Director- *Laparo-Obeso Centre*, India.

NABH Accredited for Bariatric and Laparoscopic

Centre Of Excellence – OSSI, IEF

Ex- Integrated Health Member – IFSO

Ex- Joint Secretory- AIAARO

Affiliate Member- OSSI

Life Member- Asso Of Physicians of India

- AIDS soc of India

- RSSDI , DiabetesIndia



Background:

One Anastomosis Gastric Bypass (OAGB) has become popular as a Primary procedure, with acceptable long-term weight loss outcomes.

OAGB is also being used as a Revision procedure after Restrictive procedures.

This study compares weight loss outcomes of **Primary OAGB (PGB)** and **Revision OAGB (RGB)**, after **LSG**, at 1 and 5 years.

Objective- Compare only weight loss outcomes of PGB and RGB.

Methods- Retrospective analysis of prospectively collected data of PGB and RGB, performed by a single surgeon, from January 2012 to December 2018, Which was evaluated statistically and compared.

Weight & BMI was compared at Base line, 1 year/ minimum & 5 years for both groups.

This study focuses only on weight loss outcomes, since it is a predictor of many comorbidities.



Baseline characteristics

	PRIMARY OAGB PGB	REVISION OAGB RGB
NUMBER	74	35
MALE : FEMALE	35 : 39	15:20
AGE	20 TO 70	23 TO 73



Baseline characteristics

	PGB (PRIMARY OAGB)	RGB (REVISION OAGB)
Mean Baseline Weight In Kg	110.60	111.09
Mean Baseline BMI Kgs/m2	40.67	40.63



Baseline characteristics

RGB – 35 patients

Initial BMI @ Lap. Sleeve Gastrectomy - Mean 58.9

14

Inadequate weight loss Revision @2 to 3 years

21

Weight regain
Revision @ 6 to 8 years



*From 2005 to 2012/2014 _____ LSG ____ RYGBP

*From 2012/2014 ONWARDS →

LSG RYGBP if GERD/HIATUS HERNIA

LSG OAGB for the rest



Procedure Details – Single Surgeon

	PRIMARY OAGB PGB	REVISION OAGB RGB
Bougie Size	36 fr	Re-sleeve to 36 fr
Bilio-Pancreatic Limb Length	150 cm	150 cm
Stomal size	5 cm	5 cm



BOTH GROUPS COMPARABLE AT BASELINE

	PGB (PRIMARY OAGB)	RGB (REVISION OAGB)
Mean SD Baseline Weight In Kg	110.60	111.09
Mean Baseline BMI Kgs/m2	40.67	40.63

There is no significant difference between Mean weight at Baseline prior to OAGB Surgery (p-value > 0.05).



OBSERVATIONS AT 1 year

	PGB (PRIMARY OAGB)	RGB (REVISION OAGB)
Mean (SD) for Weight 1st year	74.92	84.38
Mean BMI at 1 yr	27.74	32.17

There is significant difference between Mean weight at 1 year. There is significant change in weight at 1 year for PGB (p-value < 0.05).



OBSERVATIONS at 5 years

	PGB (PRIMARY OAGB)	RGB (REVISION OAGB)
Mean SD Weight In Kg at 5 years	80.80	91.51
Mean BMI Kgs/m2	29.69	33.74

At 5 year, there was more weight loss at 5 years in the PGB group but the difference was not statistically significant, but clinically significant..



Weight & BMI Trend

	WT baseline	WT 1 yr / Min	WT at 5 yrs	Change in WT at 5 yrs
PRIMARY OAGB (PGB)	110.29	74.92	80.80	30.10
REVISION OAGB (RGB)	111.09	86.38	91.51	15.99

	BMI Baseline	BMI 1 yr / Min	BMI at 5 yrs	Change in BMI at 5 yrs
PRIMARY OAGB (PGB)	40.60	27.74	29.69	11.1
REVISION OAGB (RGB)	40.63	32.17	33.74	5.37

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	PGB (PRIMARY OAGB)	RGB (REVISION OAGB)
Change in Weight at 5 years Change in BMI at 5 years	30.10 11.01	15.99 5.37
% Change in Weight at 1 Year % Change in Weight at 5 year	31.79 26.85	21.64 15.64
% Change in BMI at 1 year % Change in BMI at 5 year	32.33 26.62	25.18 14.59

There is significant difference in percentage (%) change in weight loss at 1 year and at 5 years in PGB and RGB groups-

So the Mean % Change in Weight is significantly more in PGB than RGB group.

Limitations

- * Only weight loss was evaluated in the study.
- * Even though the baseline BMI before OAGB was same in both the groups initial BMI in the revision group was very high making them less comparable.
- * Complied results of weight loss with all comorbidities was beyond the scope of this abstract but will be reported and published.



Conclusion / Clinical application

- 1. Revision OAGB for inadequate weight loss or weight regain after sleeve gastrectomy (LSG) is safe and effective for weight loss up to 5 yrs but less effective than Primary OAGB.
- 2. Biliopancreatic limb should be more than 150 cm in patients undergoing revision OAGB.
- 3. Larger and more comprehensive studies are needed to understand the mechanisms behind less effectiveness of the same procedure when used as a revision procedure.



THANK YOU!

