One anastomosis gastric bypass—revisional versus primary bariatric procedure

Deeba Siddiqui, Indraprastha Apollo Hospital, New Delhi

- One anastomosis gastric bypass (OAGB) prevalence is increasing worldwide and shows good mid- to long-term results.
- Data on long-term outcomes of revisional OAGB (rOAGB) is limited.
- Weight loss following revisional surgery may not be at par with the weight loss achieved by the revised procedure performed as a primary bariatric option.

I hereby declare that we have no potential conflict of interest to report

Objective

This study's objective was to evaluate the long-term outcomes of patients undergoing primary OAGB (pOAGB) and rOAGB.

A retrospective comparison and analysis were done of patients at the Indraprastha Apollo hospital undergoing revisional surgery (One ansatoosis gastric bypass—OAGB) with patients having the same procedure performed as the primary bariatric surgery for obesity.

Method

All patients undergoing OAGB from January 2014 through May 2015 were included in this study.

- **Data captured included baseline characteristics of patients: Age, gender, preoperative body mass index (BMI), obesity-associated medical conditions including type 2 diabetes (T2D), hypertension, hyperlipidemia, obstructive sleep apnea (OSA), gastroesophageal reflux disease (GERD), and metabolic-associated fatty liver disease.**
- **Patients were grouped into pOAGB and rOAGB.**
- **All patients underwent a thorough evaluation by a multidisciplinary team and were found eligible for surgery.**

Follow Up

- Data regarding the patient follow-up were retrieved at 1, 3, 5 and 8 years.
- All patients that completed at least 8-year follow-up were included in the study.
- Weight loss was calculated as a change in BMI points
- Percentage of total weight loss (TWL)
  (preoperative weight-postoperative weight at the time of measurement)/(preoperative weight *100).

Statistical Analysis

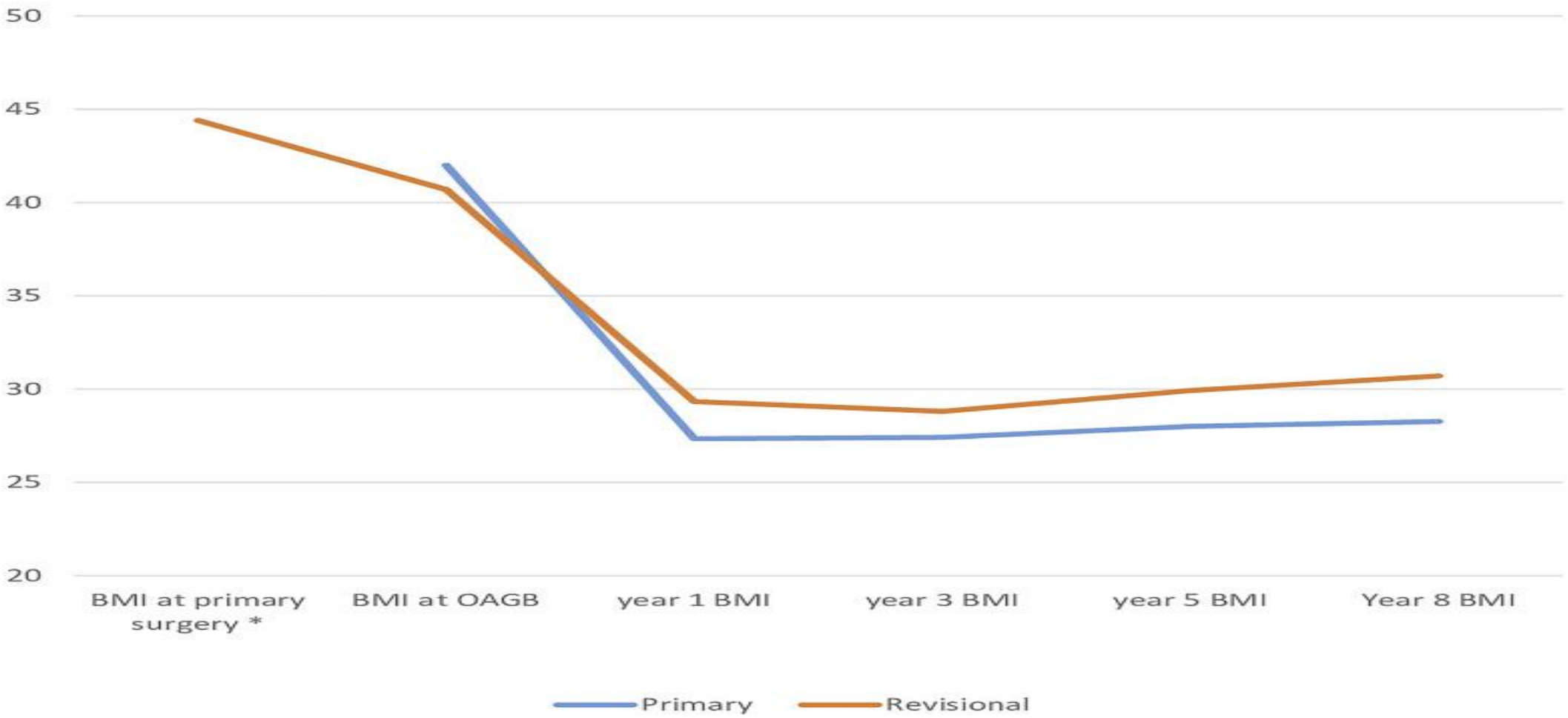
- **Continuous data are expressed as mean values with the corresponding standard deviation.**
- **Categorical data are presented as number (percent).**
- **Fischer test and χ^2 test were used for categorical data,**
- **Student's *t* test was used for continuous data analysis.**
- **All *p* values were derived from two-tailed tests.**

Results

	Total (*n* = 221)	pOAGB (*n* = 182)	rOAGB (*n* = 39)	*p* value
Follow-up time, months	98.5±3.9	98.5±3.9	98.9±3.9	0.47
TWL from OAGB, %	30.1±15	31.3±14	24.1±17.6	0.006
BMI at last follow-up	28.7±6.6	28.3±6.1	30.7±7.9	0.03
BMI point decrease from OAGB	12.1±7.9	13.7±7.5	10.4±8.3	0.01

Results

BMI Trends over the years



Results

- **In the current study, the mean TWL at the last follow-up was 30.1% and the rate of patients with a poor clinical response of TWL <20% was ≈20%.**
- **Patients undergoing pOAGB had a significantly higher rate of TWL and lower mean BMI in the last follow-up (31.3% vs. 24.1%, *p* = 0.006, and 28.3 vs. 30.7, *p* = 0.03, respectively).**
- **These outcomes were insignificant when analyzing the preoperative weight in the primary procedure in the rOAGB group.**
- **There was no significant difference in the operative time, complications and hospital stay between the revisional and primary procedure.**

Conclusion

- **One anastomosis gastric bypass can be performed safely as a revisional bariatric procedure.**
- **However, weight loss following revisional OAGB is lower compared to the same procedure being performed primarily**


THANK
YOU