



Does re-sleeve gastrectomy allow us to get good results?

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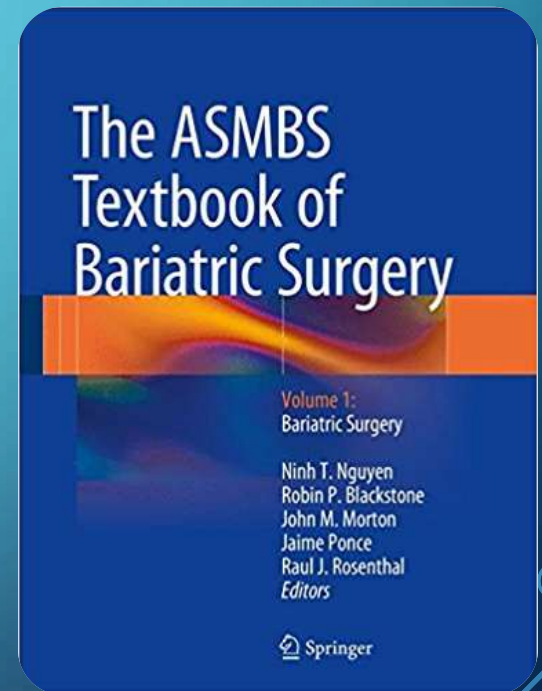
Founder ABMSA,

Disadvantages of bariatric surgery

- Inadequate WT. loss
- Weight regain
- Insufficient co-morbidity
- Remission-Resolution



Cross sectional data suggests that weight regain after Bariatric surgery occurs in 20 - 35% of patients



Revisional bariatric surgery

Most Surgeries for failed-
primary restrictive procedures

*Coakley BA et al
Surg Obes Relat Dis 2008 Sept*

Evolution of a surgeons mind

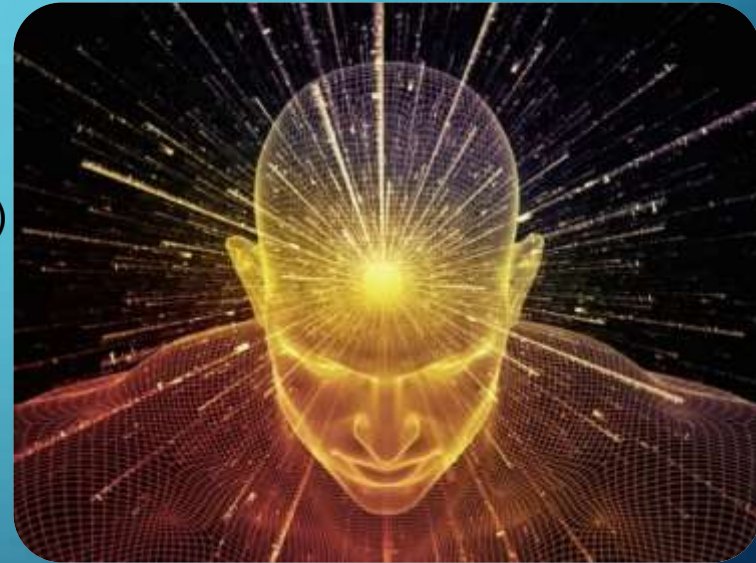
Give your best the first time (BPD, RYGB)



Give the simplest the first time (LAGB, LSG)



Bypasses or sleeve plus



Causes

- Technical
- Anatomical
- Physiological



Surgical

Revizional surgery (RS)

“NO Validated Algorithms”



Points to ponder

- Minimize complications

1

Points to ponder

- Minimize complications
- Optimize metabolic results

2

Points to ponder

- Minimize complications
- Optimize metabolic results
- Prevent weight regain

3

Points to ponder

- Minimize complications
- Optimize metabolic results
- Prevent weight regain
- Growing distrust

4

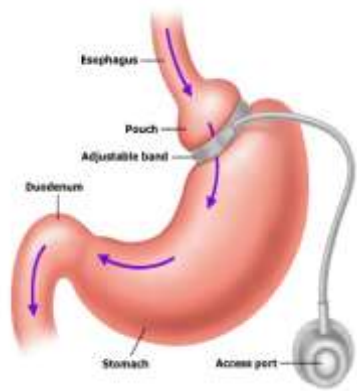
Points to ponder

- Minimize complications
- Optimize metabolic results
- Prevent weight regain
- Growing distrust
- Legal issues

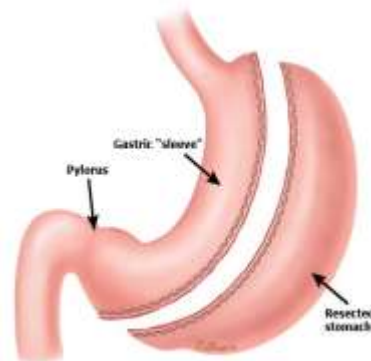
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Sleeve Gastrectomy

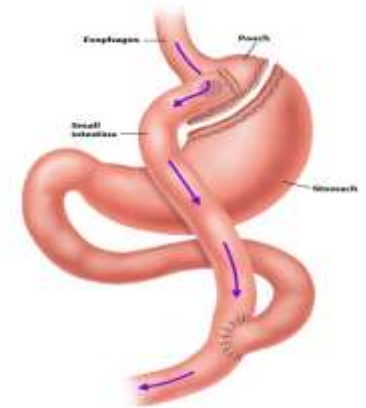
- Restrictive Procedure
- easy
- Effective
- less co-morbidity



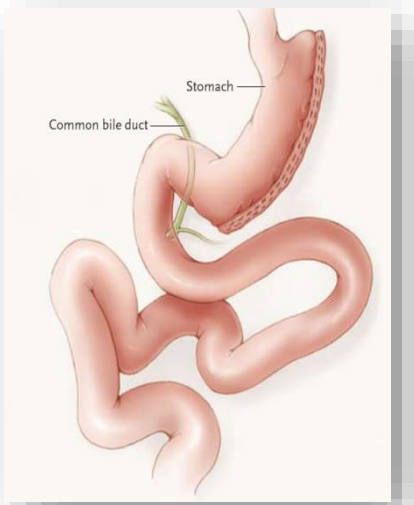
Effectiv



easy

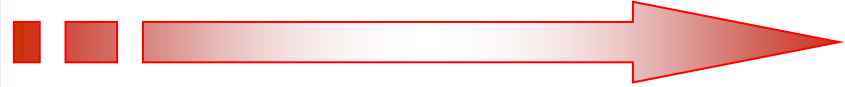
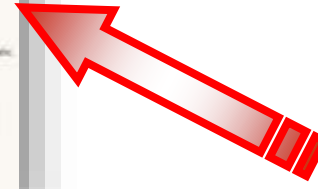
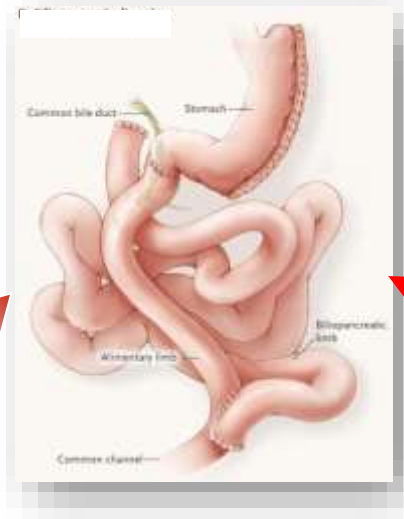


- Part Of BPD-DS
- 1st Step in super-super obese (BMI > 60)
- simple

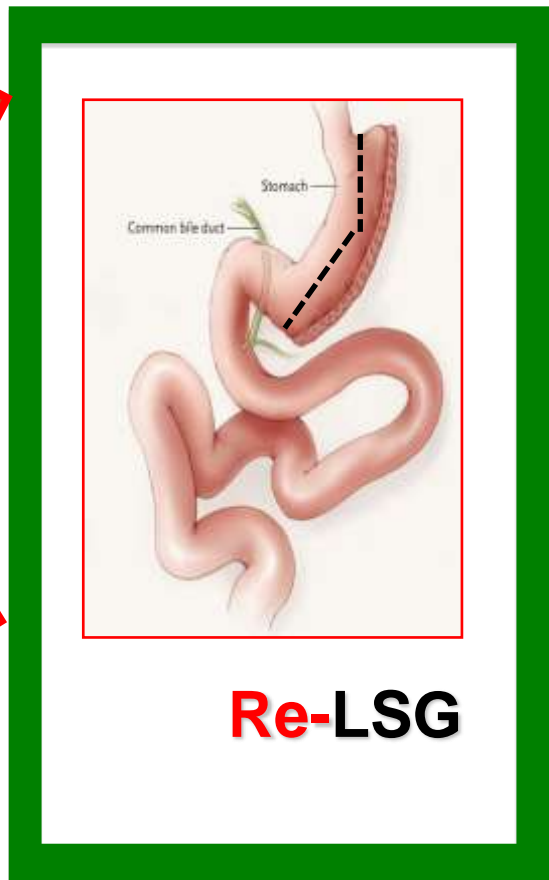
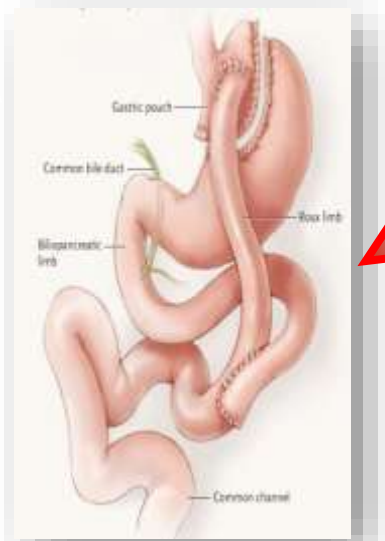


SG

DS



RYGBP

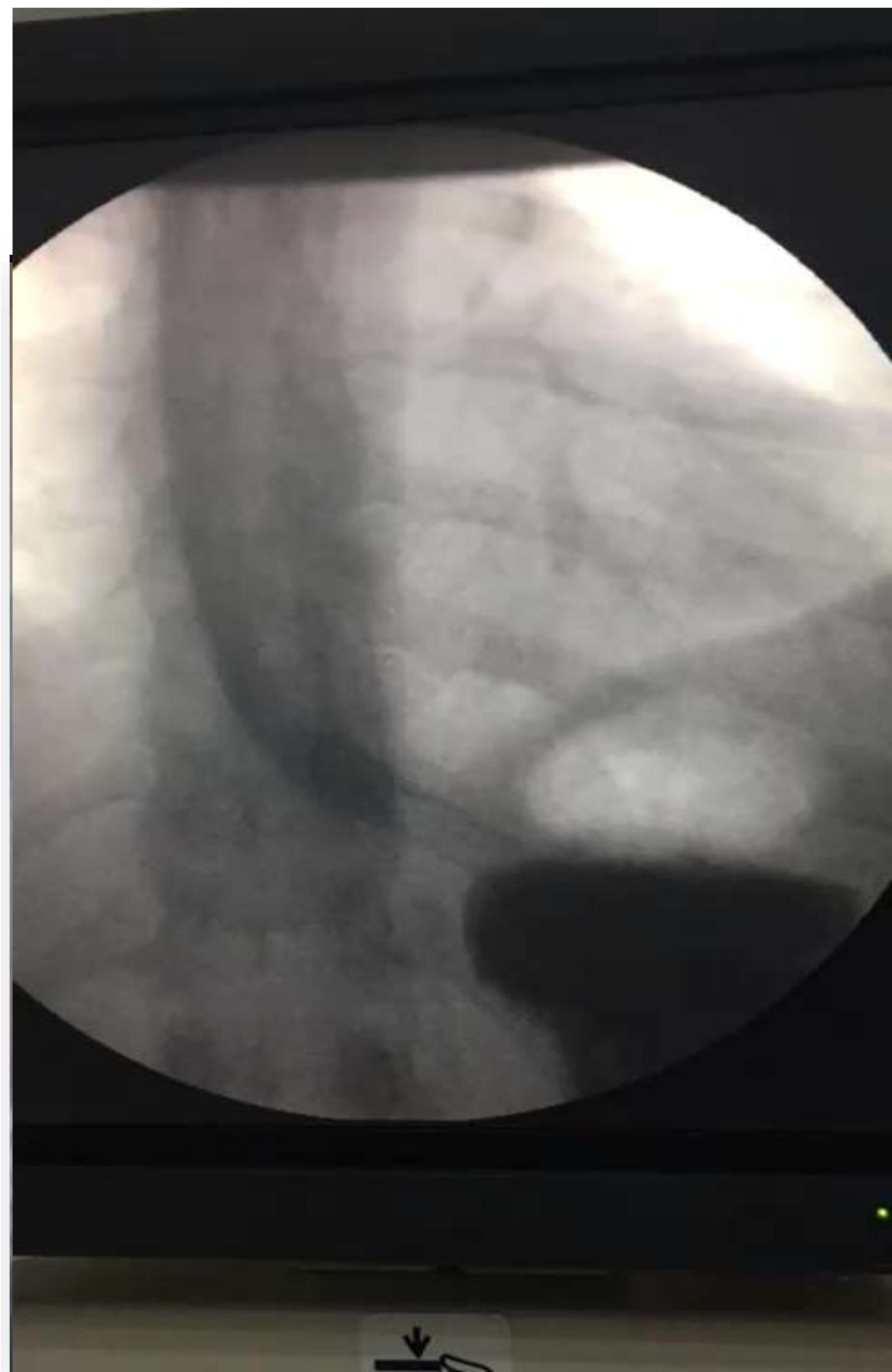


Re-LSG

Classification and mechanisms

Primary dilation

Remaining of the stomach fundus
Neofundus
Failure is fast (no doubt)
Do not eat too much solid food
Stapler's line before the cardiac
region
Difficult patient (male, central
obesity, large liver, previous
surgery)



Classification ve mechanisms

Secondary dilation

Homogeneous dilatation

Late indicator of failure (weight gain again)

He cannot eat very solid food

The stapler line extends to the cardiac region

Wide boogie at primary LSG time
> 40 Fr

Insufficient antrum resection
"Physiological"?



Re-SLG step by step



Obesity Surgery (2020) 30:4945–4952
<https://doi.org/10.1007/s11695-020-04927-0>

ORIGINAL CONTRIBUTIONS

The Effectiveness and Feasibility of Laparoscopic Re-sleeve Gastrectomy

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The result

The first surgery - the best
choice!

Determining defects

Selective revision

Protocols are needed
and recommendations



FINISH

Re-SLG gives us a chance to:

To a more physiological procedure

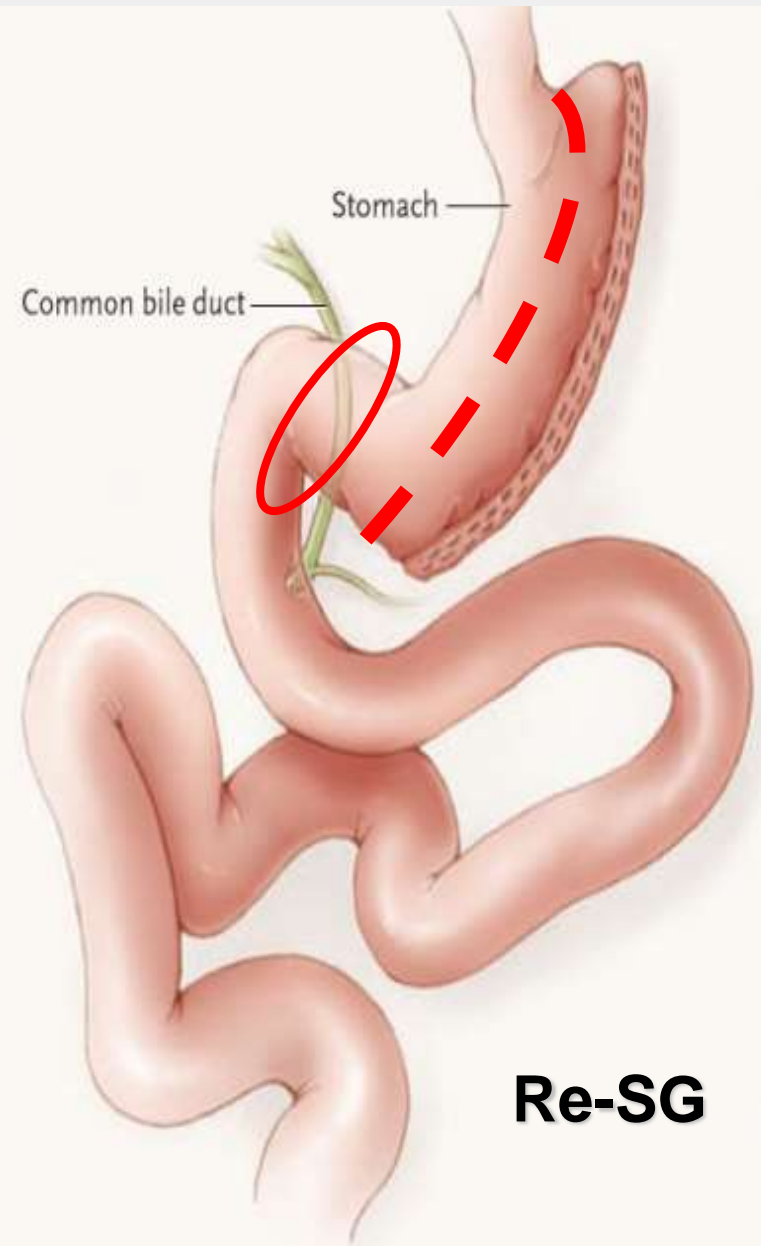
2. A more normal anatomy to a protective procedure

3. The possibility of easy transition to other operations.

4. Less malabsorption syndrome.

5. Avitaminosis less and others

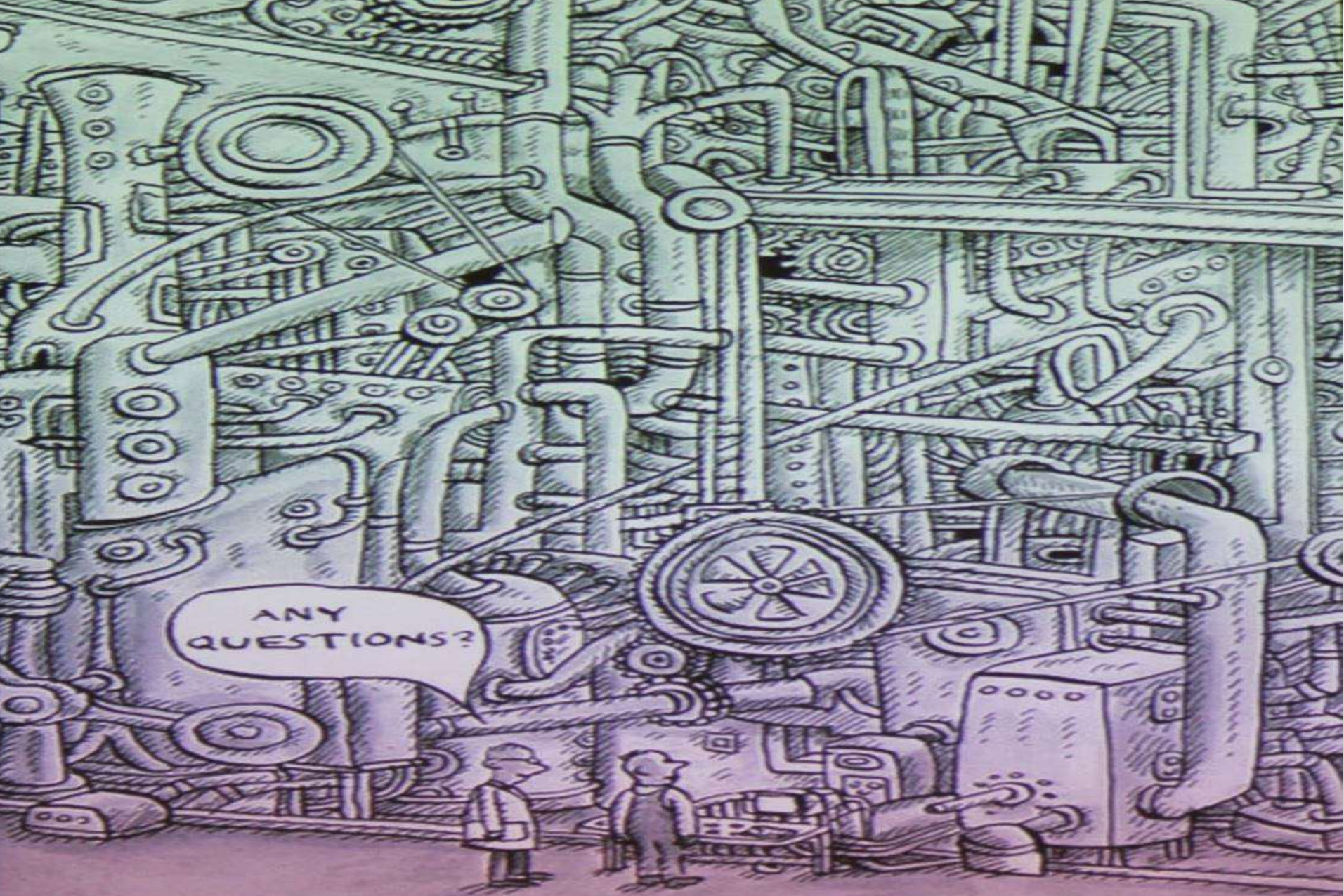
6. Pylorus



Conclusion

- Primary surgery – best chance!
- Define failures
- Selective revisions
- Need for guidelines & recommendations





How does it work?