# Managing Weight Regain after One Anastomosis Gastric Bypass (OAGB)


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# MOHAK BARIATRIC AND ROBOTIC SURGERY CENTER INDORE, INDIA (MBRSC)

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MOHAK BARIATRICS ROBOTICS WEIGHT LOSS & DIABETES SURGERY CENTRE

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# DISCLOSURE

**Mohit Bhandari MD**

Consultant to:

- Johnson and Johnson
- Medtronic
- Bariatric Solution
- Intuitive Surgical
- Karl Storz
- Stryker
- Apollo Endo-surgery
- Pentax
- Olympus

**Mathias Fobi MD FACS, FICS, FACN**

- Founding President, Bariatec Corporation

**Manoel Galvao Neto**

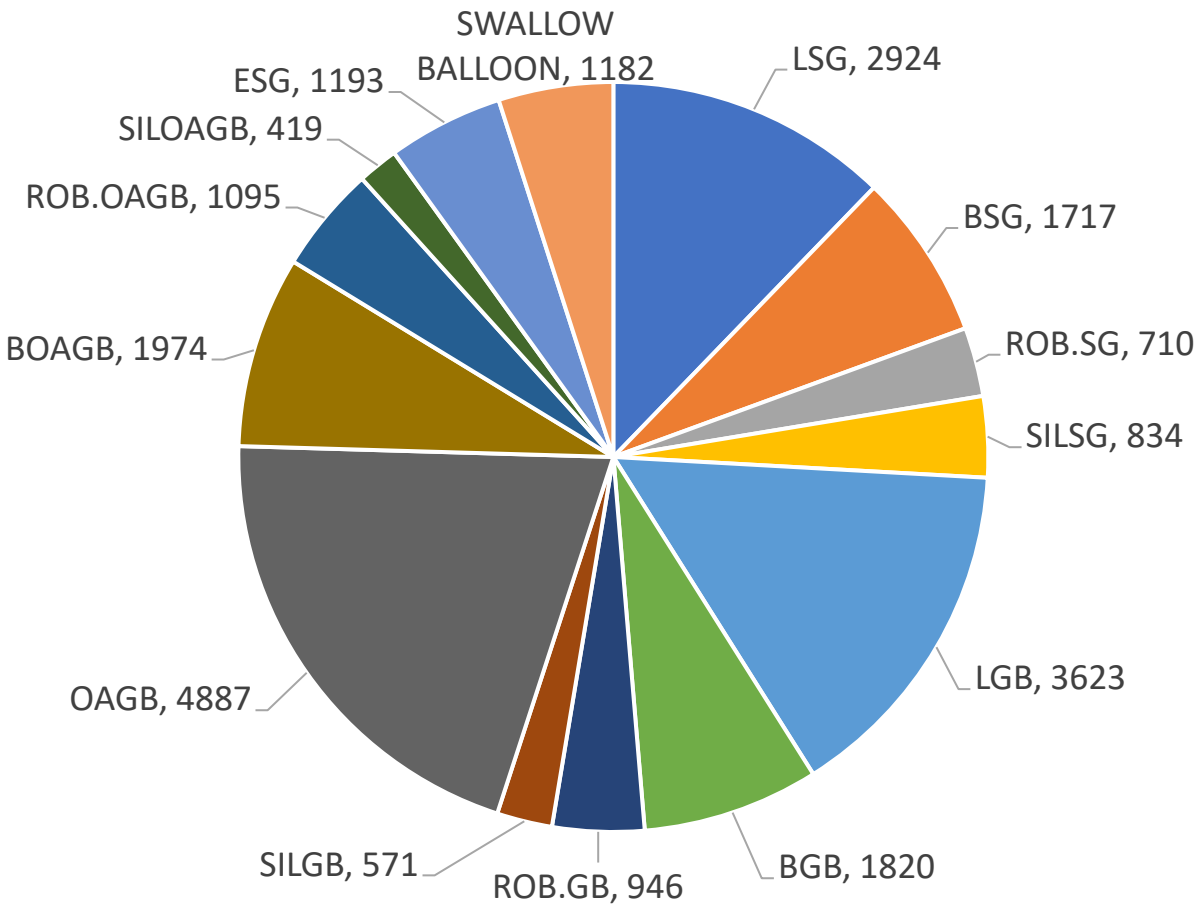
- Director Bariatric Endoscopy

CASE MIX DISCLOSURE

# 2010- 2024

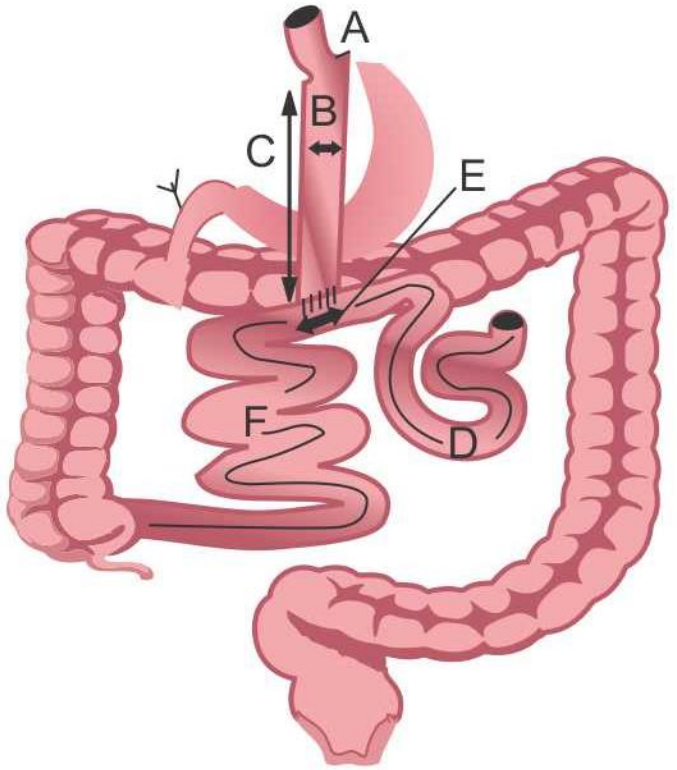
# BARIATRIC PROCEDURES MIX DISCLOSURES MBRSC
## January 2010 – July 2024

| TOTAL | 30,400 |
|---|---|
| LSG | 7185 |
| LGB | 7960 |
| OAGB | 9375 |
| ESG | 1493 |
| SWALLOW BALLOON | 2182 |
| Other | 1505 |



# OAGB-180 cm BP limb –weight regain !

- A=1cm-------  Distance away from EG Junction
- B=2.5cm-------Width of the pouch
- C=15-18cm----Length of the pouch
- D= 180 cm------Bilio-pancreatic Limb
- E=3-4cm--- ---Gastro-enterostomy
- F=??  -- -------Common Channel not measured
- V=75-90cc---  Volume of the pouch



One Anastomosis (OAGB) is a popular bariatric procedure due to its effective short- and long-term weight loss.

However, weight regain remains a significant concern, with studies indicating that **15-30%** of patients experience varying degrees of weight regain 3-7 years post-surgery.

## Physiological Adaptations

- **Intestinal Adaptation:** Over time, the small intestine may enhance its absorptive capacity, reducing the malabsorptive effect of the surgery.
- **Hormonal Changes:** Variations in hunger-regulating hormones like ghrelin and GLP-1 can diminish, leading to increased hunger and potential overeating.

## Surgical Factors

- **Pouch Dilation:** Stretching of the gastric pouch can increase food intake capacity.
- **Anastomotic Widening:** A dilated anastomosis may reduce restriction, allowing for larger portions.
- **Biliopancreatic Limb Length:** A shorter limb length could result in reduced malabsorption, leading to insufficient weight loss and potential regain.

## Behavioral Factors

- **Dietary Choices: Reverting to high-calorie, low-nutrient foods can result in caloric surplus.**
- **Physical Inactivity: Reduced physical activity undermines the metabolic advantages of OAGB-MGB.**

## Psychological and Social Factors

- **Emotional Eating:** Patients struggling with stress, anxiety, or depression may revert to maladaptive eating behaviors.
- **Inconsistent Follow-Up:** Poor compliance with regular follow-up appointments and recommended lifestyle modifications are significant contributors to weight regain.

# Pre-Revision Evaluation

- Dietary history
- Lifestyle activities
- Radiological evaluation
- Endoscopic evaluation

# Management Strategies

Managing weight regain requires a multidisciplinary approach that includes lifestyle interventions, behavioral therapies, and, in some cases, revisional surgery.

## Lifestyle and Behavioral Interventions

- **Nutritional Counseling:** Ongoing dietary education focusing on portion control, nutritional quality, and avoidance of high-calorie foods.
- **Physical Activity:** A structured exercise regimen tailored to improve metabolism and maintain lean body mass.
- **Psychological Support:** Addressing emotional eating, depression, and anxiety through cognitive behavioral therapy (CBT) or counseling.

## Pharmacotherapy

- **Anti-Obesity Medications:** Adjunct use of medications like GLP-1 receptor agonists/phentermine to help control appetite and improve weight loss.

## Revisional Surgery/endoscopy

- **Surgical Options:** Revisional surgery may involve reducing pouch size, tightening the anastomosis, or converting to a more complex procedure like RYGB

# Pharmacotherapy for OAGB weight regain !

- No data on pharmacotherapy for OAGB
- Similar data on gastric bypass suggest 2/3 rd of gained weight is lost again
- Complete weight regain within 1 year  for stoppage of pharmacotherapy

# Efficacy of the Glucagon-Like Peptide-1 Receptor Agonists Liraglutide and Semaglutide for the Treatment of Weight Regain After Bariatric surgery: a Retrospective Observational Study

Anders Boisen Jensen,[1] Frida Renström,[1] Stefan Aczél,[1] Patrick Folie,[2] Magdalena Biraima-Steinemann,[2] Felix Beuschlein,[3,4] and Stefan Bilz[1]

post-bariatric weight regain of total body weight 4.6 kg/m$^2$ . After 6 months of GLP1 treatment, a reduction of total body weight of 2.9 kg/m$^2$ was observed , corresponding to 67.4% (40.4, 92.2) of the weight regain

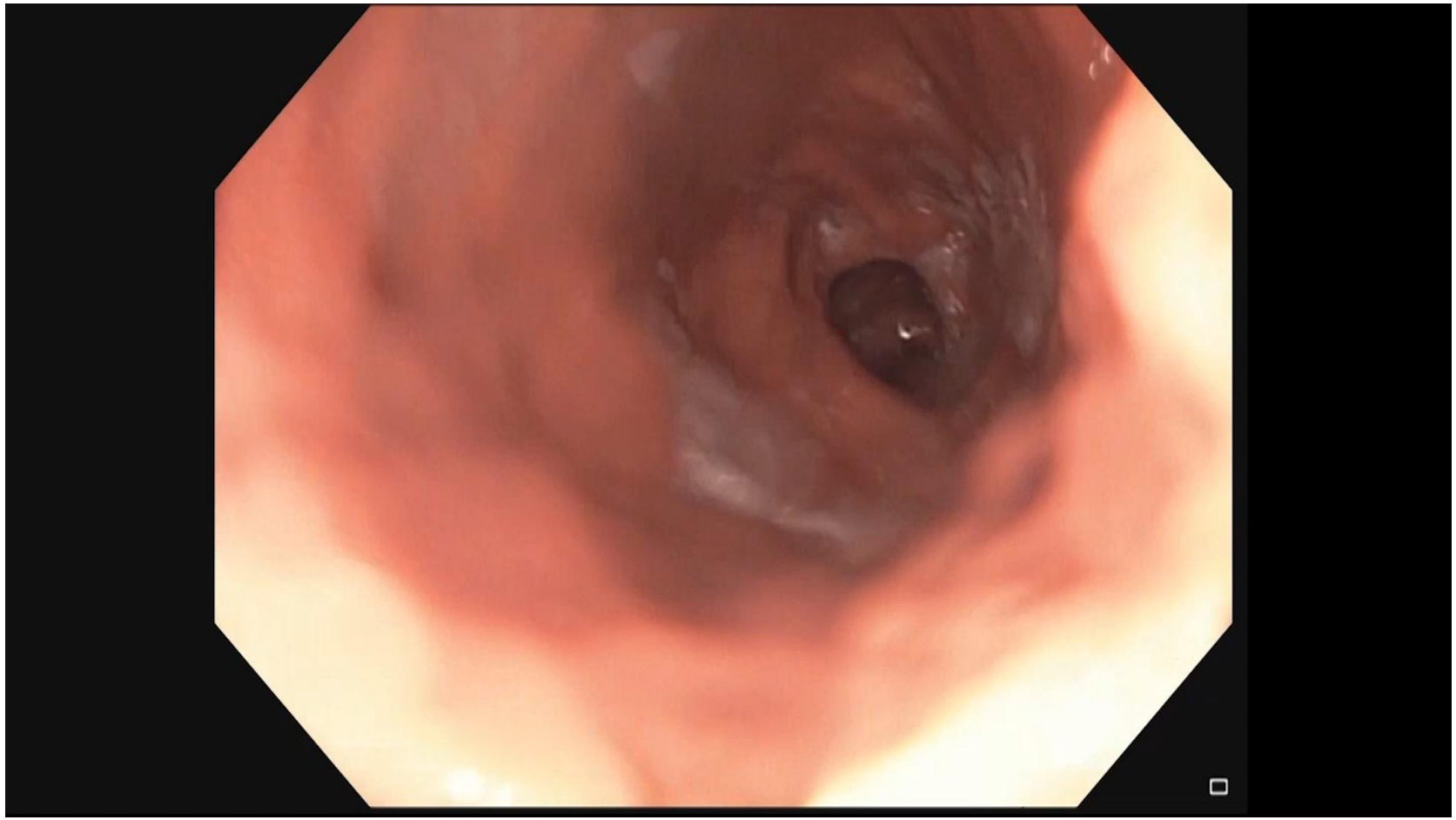
For patients experiencing weight regain after bariatric surgery, two-thirds of the weight regain can be safely lost with GLP1

# How to treat ?-no long term data –algortithm

- Early weight gain from nadir (5-10 kilos ) –not keen on surgical management –options are endoscopic suturing ,pharmacotherapy or combination .
- BMI less than 40 –trim the oagb pouch with or without placing the band
- BMI less than 40 with GERD or hiatus hernia –conversion to banded gastric bypass with 100 cm alimentary limb and same bp limb
- BMI more than 40 with GERD and volume eater /grazer –increase BP limb to 350 cm or keep common channel to 300 cm (distalise the bypass ).
- BMI more than 40 without GERD –trim the pouch ,band,increase length of BP limb to 350cm
- Always count the entire length of small bowel if BP limb is more than 200 cm.

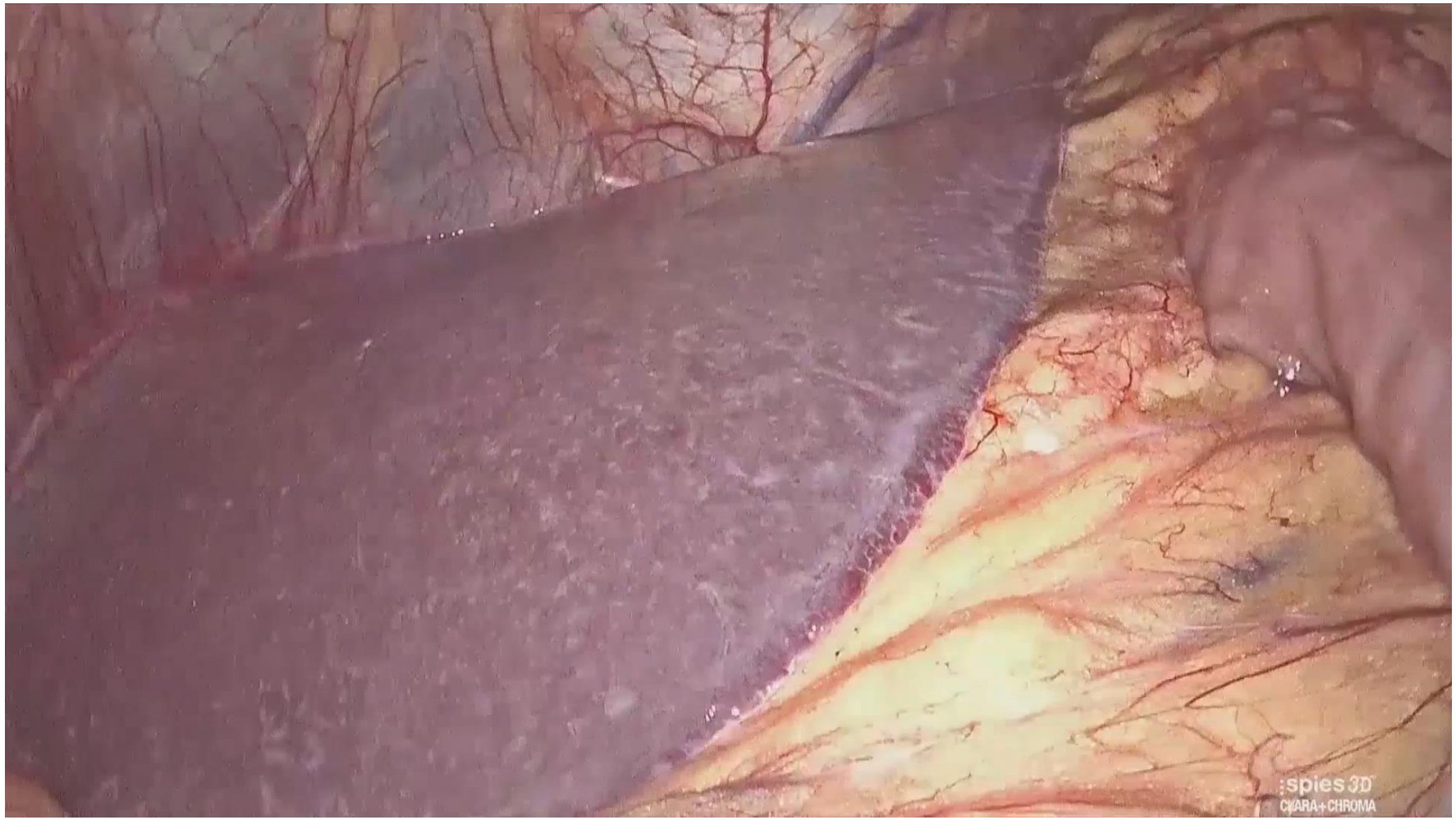
# ENDOSCOPIC OPTION

- Endoscopic revision of OAGB



# SURGICAL OPTIONS

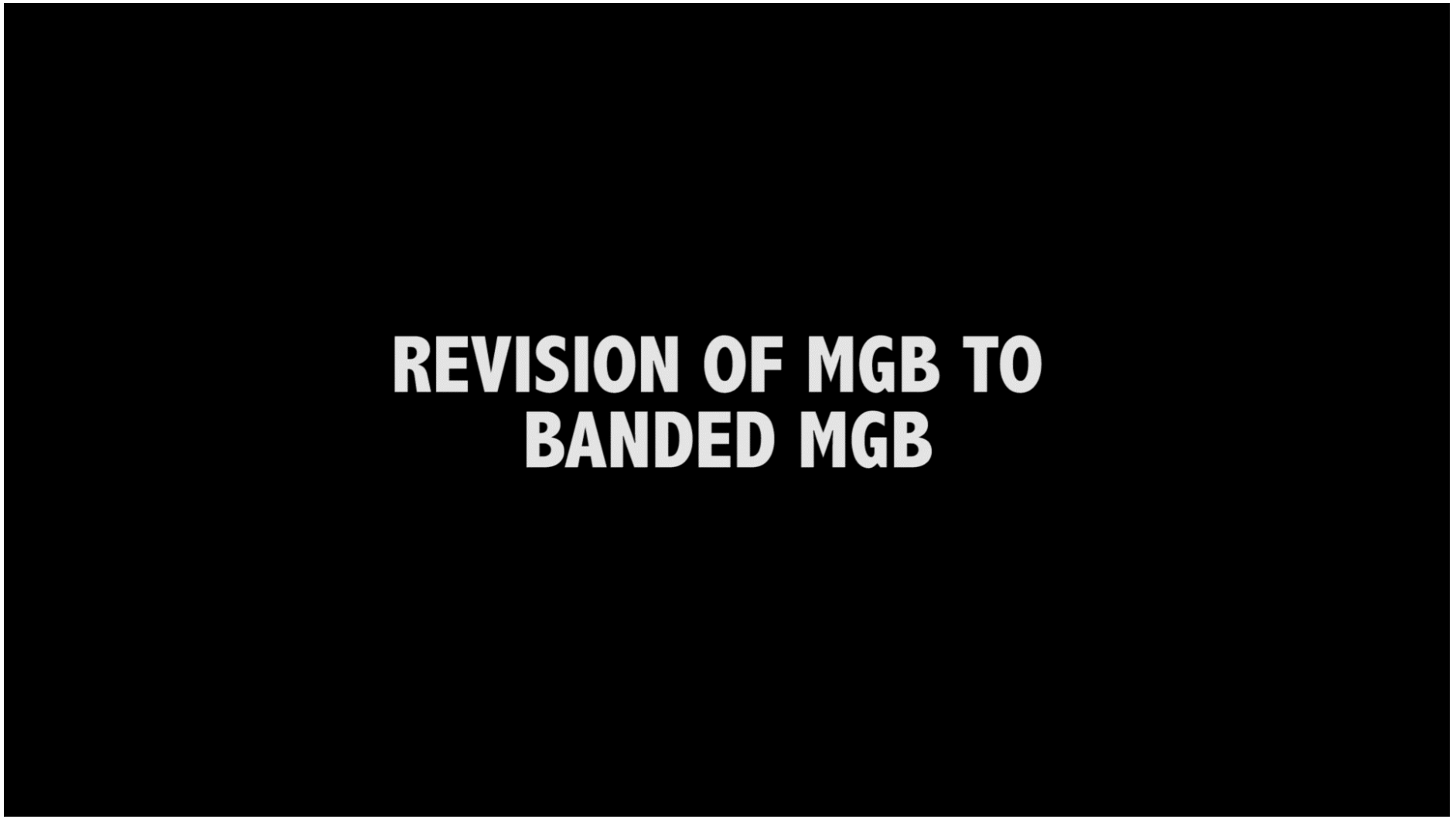
- Pouch trimming (BMI <40)



# SURGICAL OPTIONS

- OAGB to RYGB for GERD-BP limb strategies depends

# OAGB to banded gastric bypass with distalization-no GERD ,BMI more than 40



# OUTCOME

- **No major life-threatening Complications**
- **Satisfactory weight Loss**
- **Nutritional status should be  monitored with periodic follow-ups**
- **We lack long term data !!**

# MOHAK TEAM

THANK YOU

We offer various treatment modalities for obesity. The operation is determined by the profile of the patient and guided by findings from analysis of the data from our prospectively maintained database