

EXPERIENCE IN REVISION SURGERY AFTER SADI-S IN THE LATE POSTOPERATIVE PERIOD

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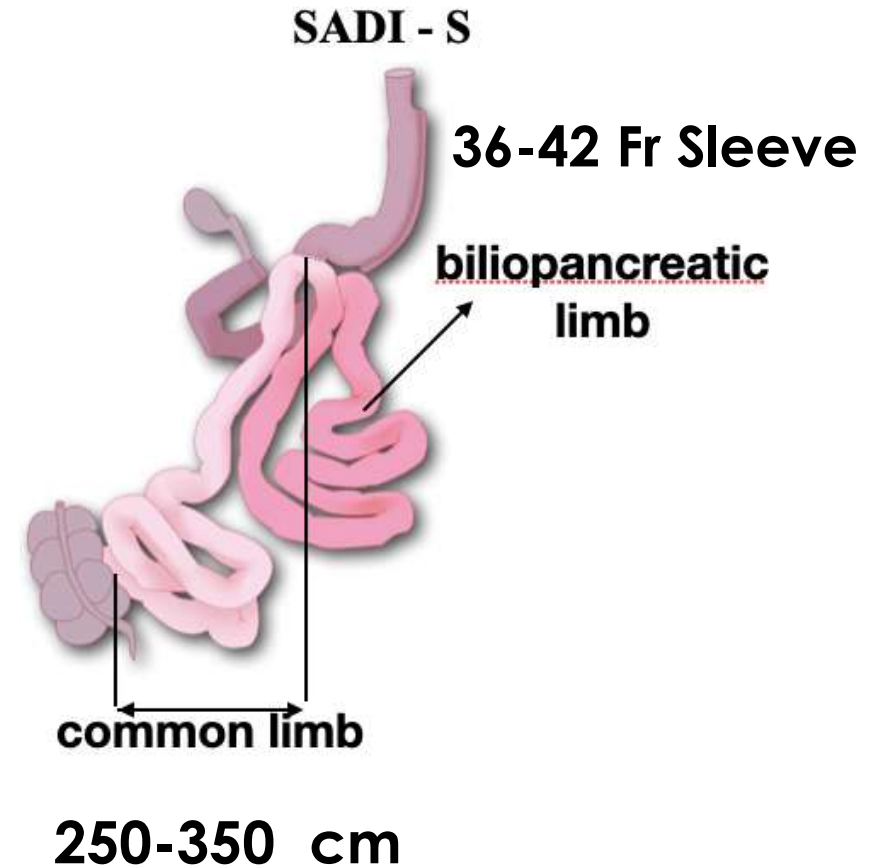
Rostov on Don, Russia



Materials and methods

2017 -2020

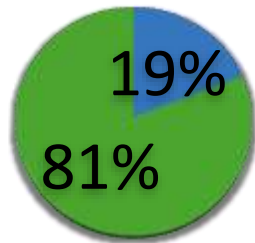
Common limb length	Sleeve	n
250 cm	42 Fr	50
350 cm	36 Fr	340
		390



Materials and methods



n 50



n 340

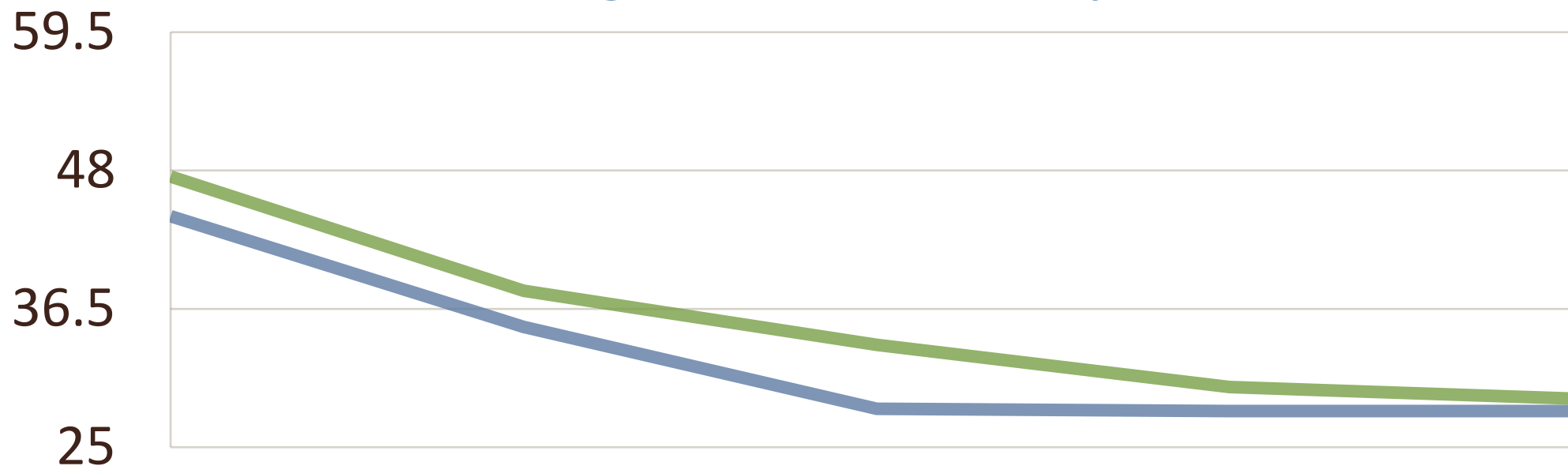
■ Male

■ Female

250 cm	male	female
	Median (25%-75%)	Median (25%-75%)
Weigh	143,0 (136,0;165,0)	128,0 (110,0; 137,0)
BMI	44,2 (42,4; 48,4)	44,6 (38,5; 49,6)
Age	41,0 (36,0; 52,0)	44,0 (35,0; 54,0)

350 cm	male	female
	Median (25%-75%)	Median (25%-75%)
Weigh	144,0 (123,0; 162,0)	130,0 (115,0; 145,0)
BMI	44,1 (39,6; 51,5)	47,5 (42,2; 52,6)
Age	43,0 (36,0; 50,0)	43,0 (37,0; 50,5)

Change in BMI (5 years)

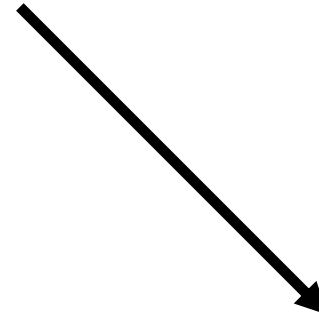
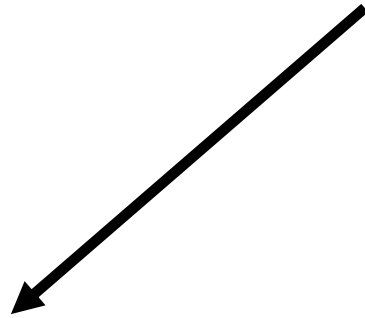


	250 cm	350 cm	p
%EWL	80,4 (47,8; 111,5)	75,5 (49,0; 81,3)	>0,05
%EBMIL	80,4 (47,8; 111,5)	73,5 (49,0; 81,3)	>0,05
%TWL	36,1 (22,0; 41,0)	32,4 (20,8; 38,4)	>0,05

Indication to revisional procedure

Complications	SADI-S with 250 cm:	SADI-S with 350 cm:
malabsorption	1(2%)	1(0,3%)
severe diarrheal syndrome	1(2%)	-
re-gaining of body weight	-	1(0,3%)
unsatisfactory control glucose	-	1(0,3%)

Revision interventions were divided into two groups



Decreasing of the operation effect
correction of the
malabsorptive syndrome

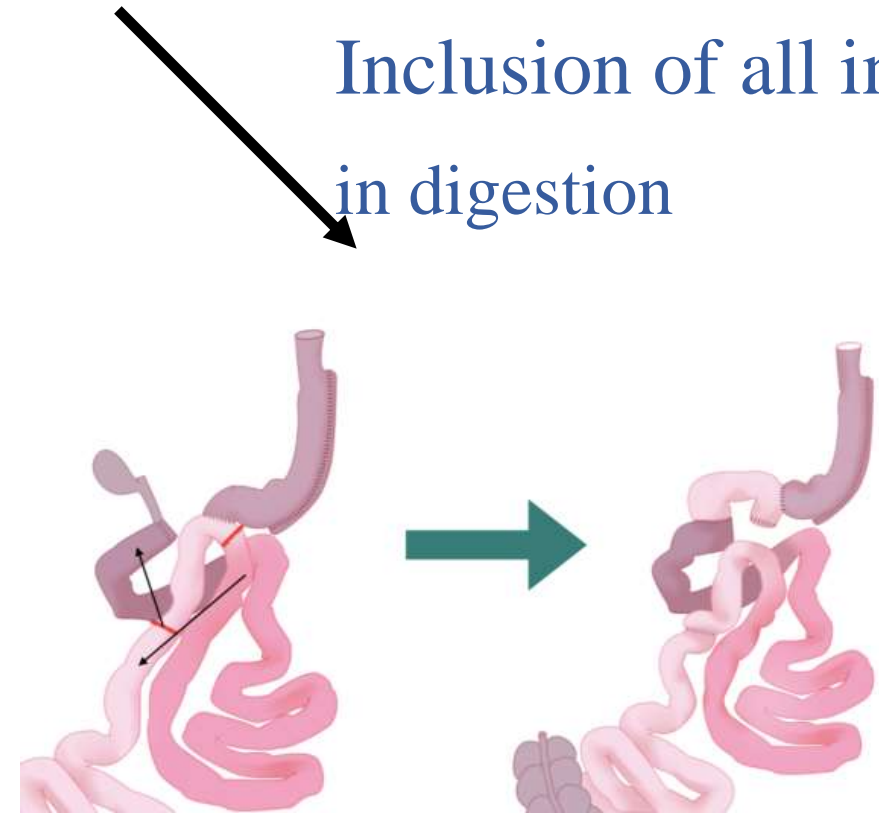
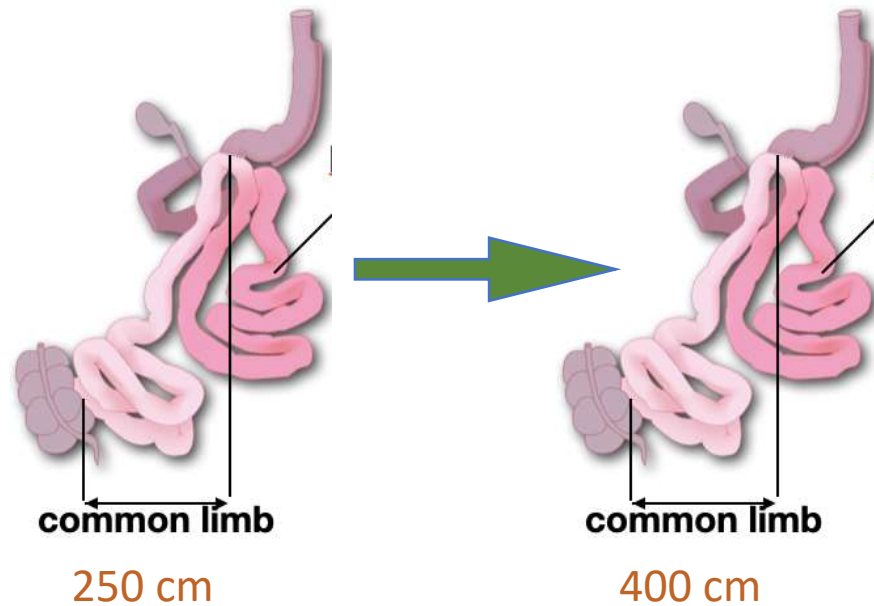
Increasing of the operation effect
correction of weight regain
and unsatisfactory antidiabetic effect

Decreasing of the operation effect

Correction of the diarrheal syndrome and malabsorptive syndrome

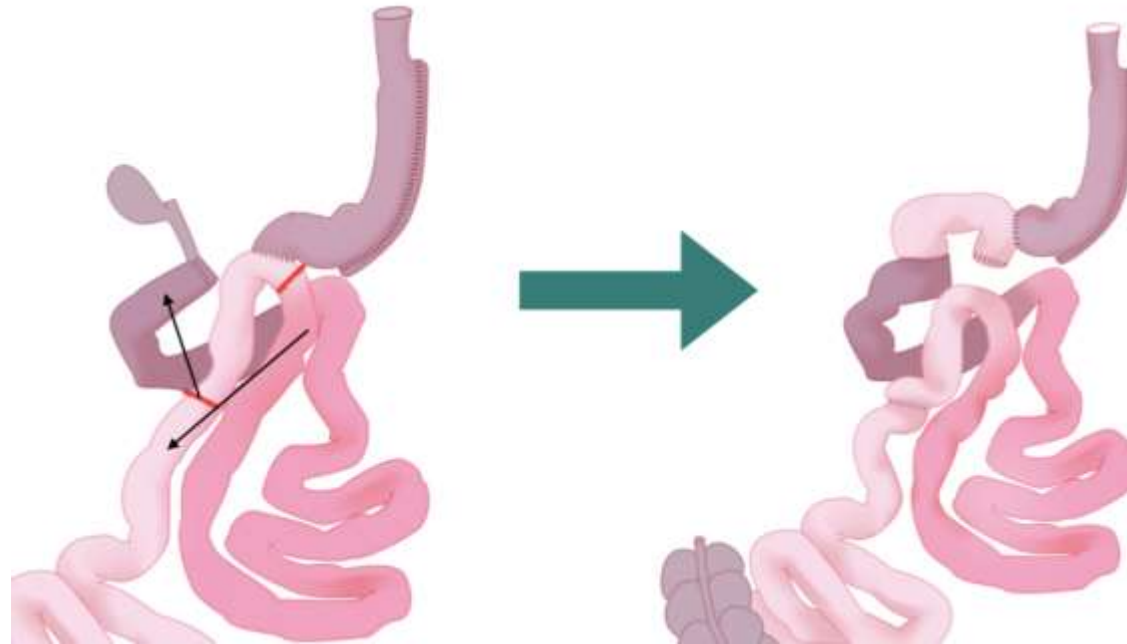
Proximalization
of the anastomosis

Inclusion of all intestine
in digestion

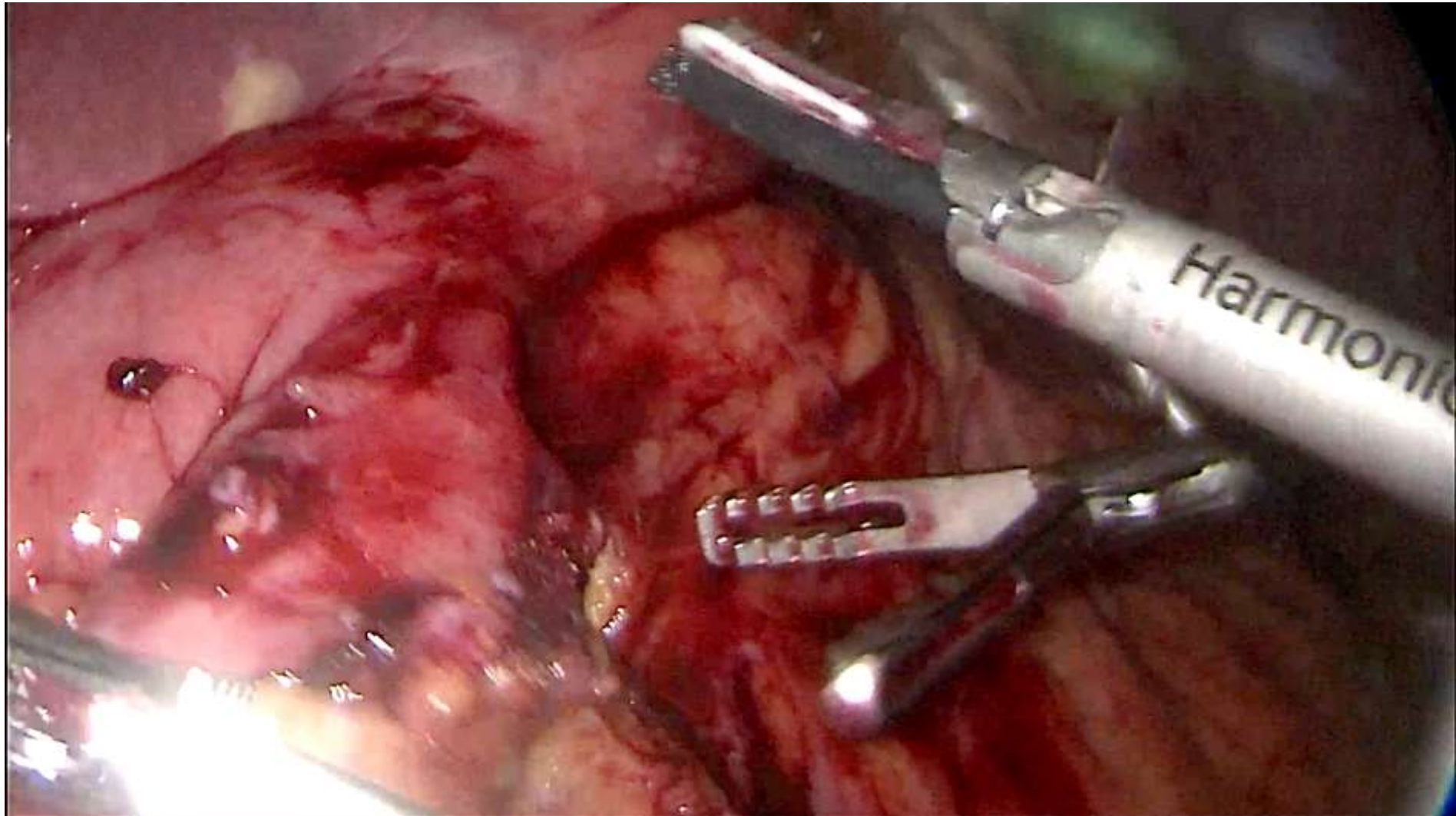


Inclusion of all intestine in digestion

- 1 case of the development of significant hypocalcemia,
- 1 case of the development of critical hypoalbuminemia

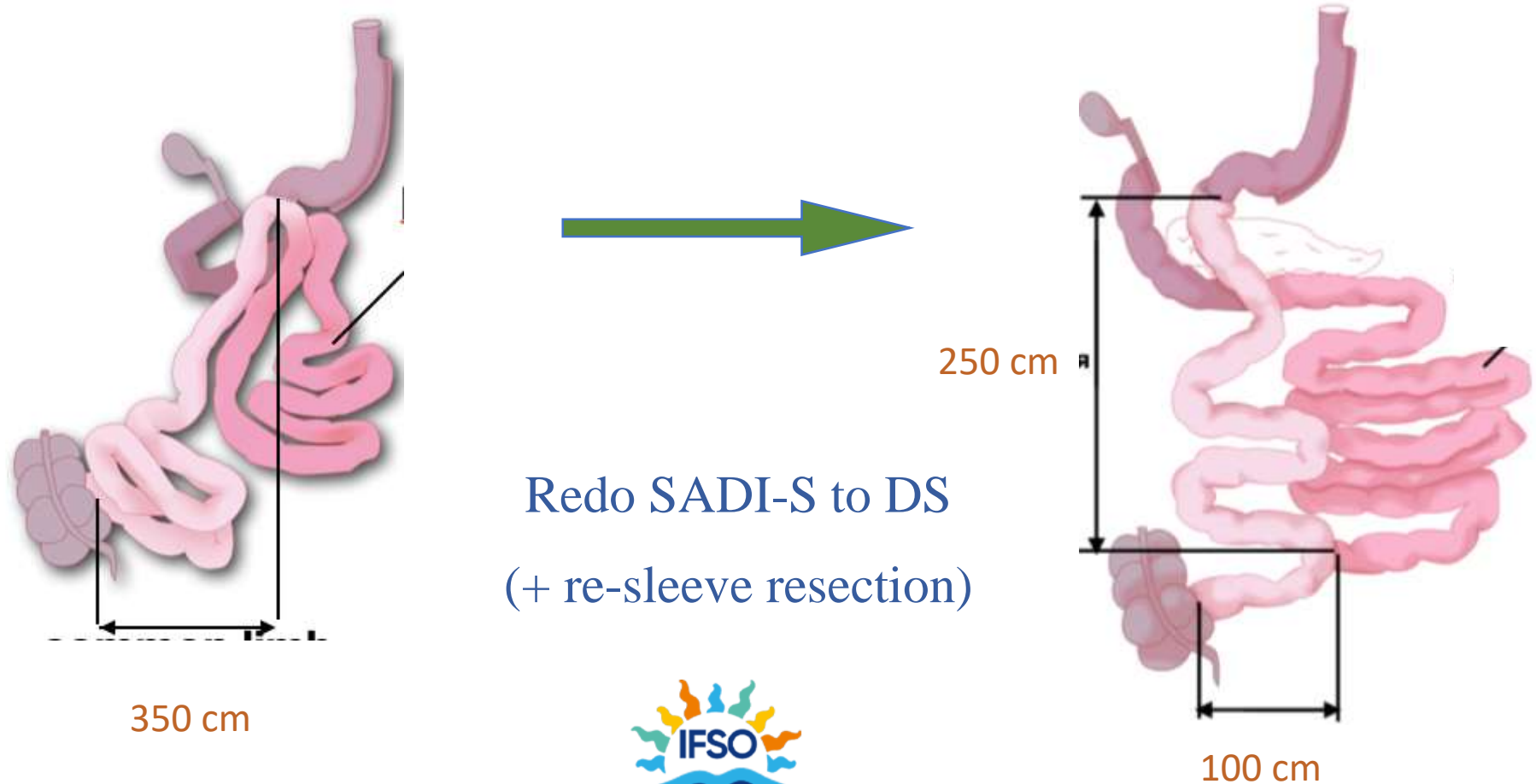


Inclusion duodenum in digestion



Increasing of the operation effect

Correction of weight regain and unsatisfactory antidiabetic effect



Re-sleeve resection and redo SADI-S to DS



Results

Complications	Result
malabsorption (<u>inclusion duodenum in digestion</u>)	Correction of metabolic rates
severe diarrheal syndrome (<u>proximalization of the anastomosis</u>)	Normalization of stool
re-gaining of body weight (<u>re-resection and redo SADI-S to DS</u>)	BMI 43. → BMI 27
unsatisfactory control glucose (<u>redo SADI-S to DS</u>)	AlcHb 6,7. → AlcHb 5,6

Conclusions

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2. In case of developing late complications it is possible to make effectively correction both in the direction of increasing and decreasing the malabsorptive effect of the operation.
3. Further research is needed to obtain more reliable data