

FEASIBILITY AND SAFETY OF REVISIONAL SURGERY AFTER ENDOSCOPIC BARIATRIC PROCEDURES

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I have no potential conflict of interest to report



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BACKGROUND

Bariatric surgery (BS) is currently the most effective and durable intervention for severe obesity. Endoscopic procedures (EP) for weight loss are rapidly rising both in primary and revisional setting. Unfortunately insufficient weight loss (IWL) and weight regain (WR) are common and represent the most common indication for revisional surgery.



The **aim** of this study was to evaluate the **feasibility and safety** of **revisional surgery** in patients underwent endoscopic treatment for weight loss including both **primary** (Endoscopic sleeve gastropasty: ESG) and **revisional** (Transoral outlet reduction endoscopy: TORe) endoscopic procedures.

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MATERIALS AND METHODS

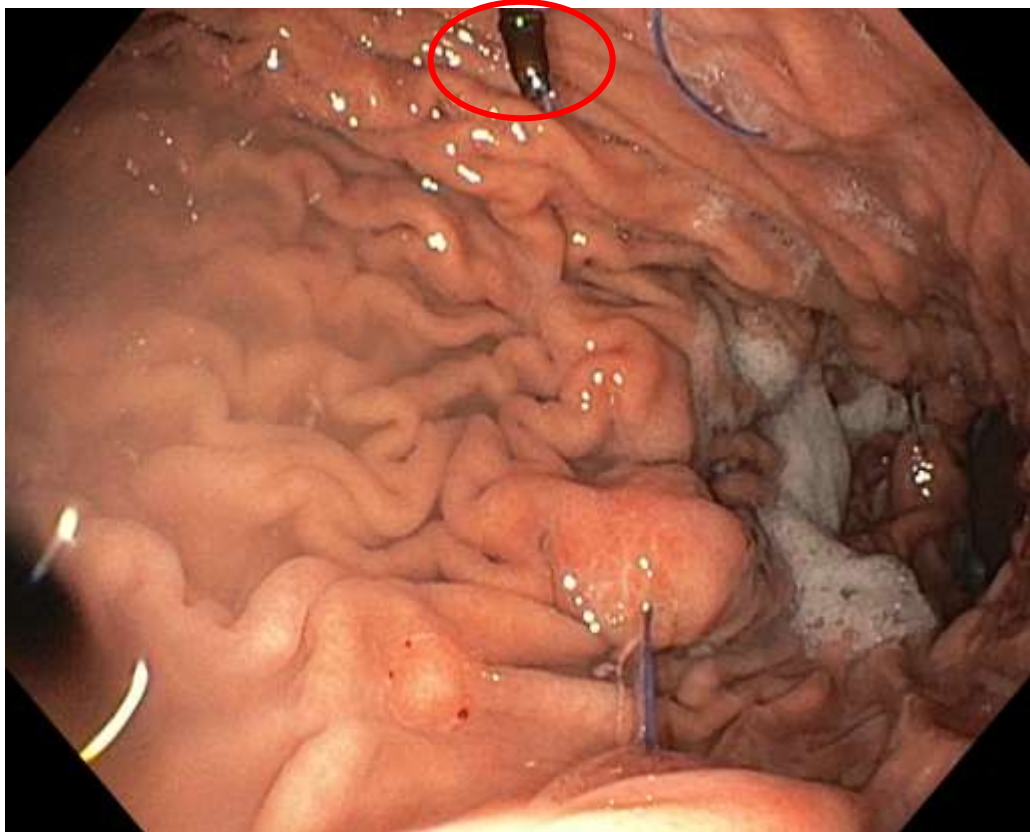
- This is a multicenter retrospective study with a prospective maintained database of patients who underwent primary ESG or TORe that required revision surgery for IWL from 2016 to 2021.
- **35 patients** were enrolled (16 female, mean age= 44,9 years). The mean **BMI** at EP was **40,4 kg/m²** (range= 33-51). 26 patients underwent primary ESG and 9 pts underwent TORe for weight regain after RYGB. The timespan between EP and surgery was 20 months (range 6-48).
- At the last follow-up before surgery the TWL was 15% on average (range= 3-65%) with a mean weight regain of 15,4 kg.



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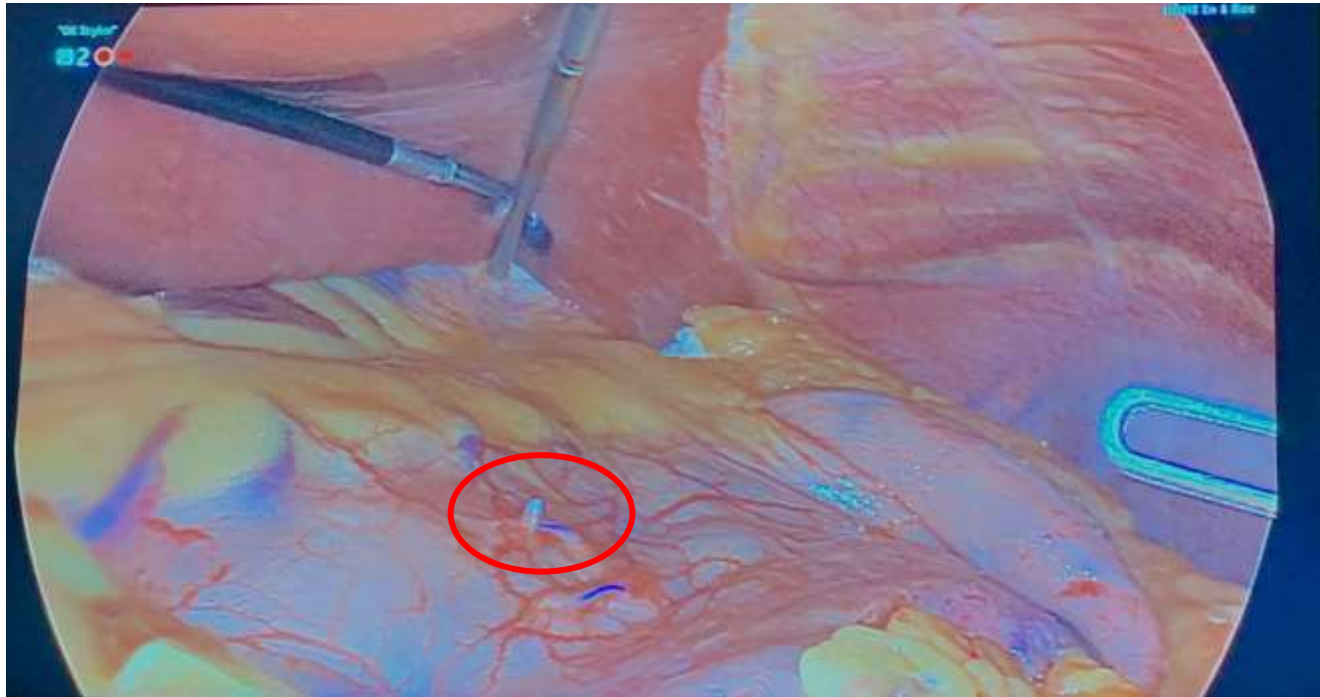
Preoperative endoscopic view of a primary ESG



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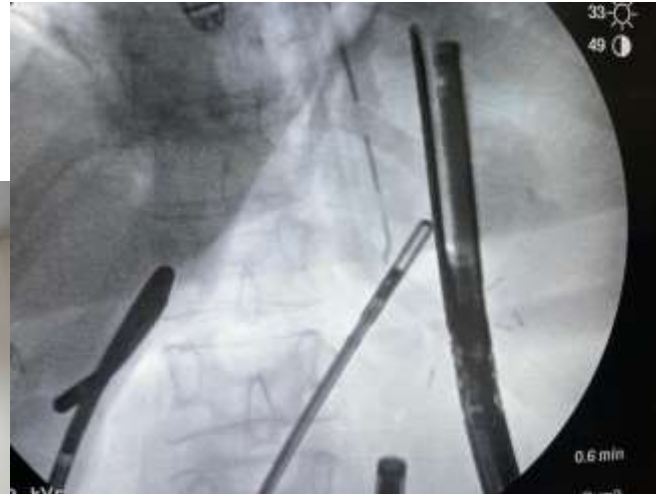
Intraoperative view of an ESG



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Intraoperative fluoroscopy

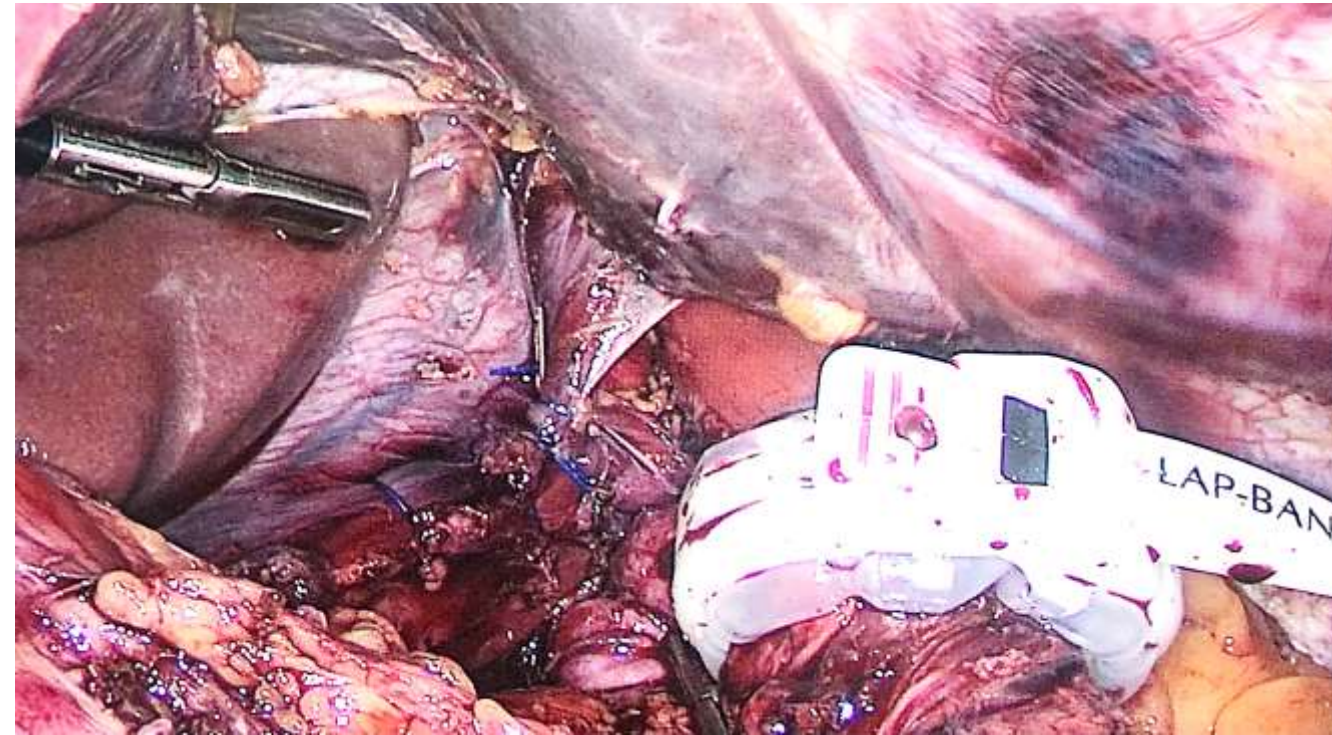
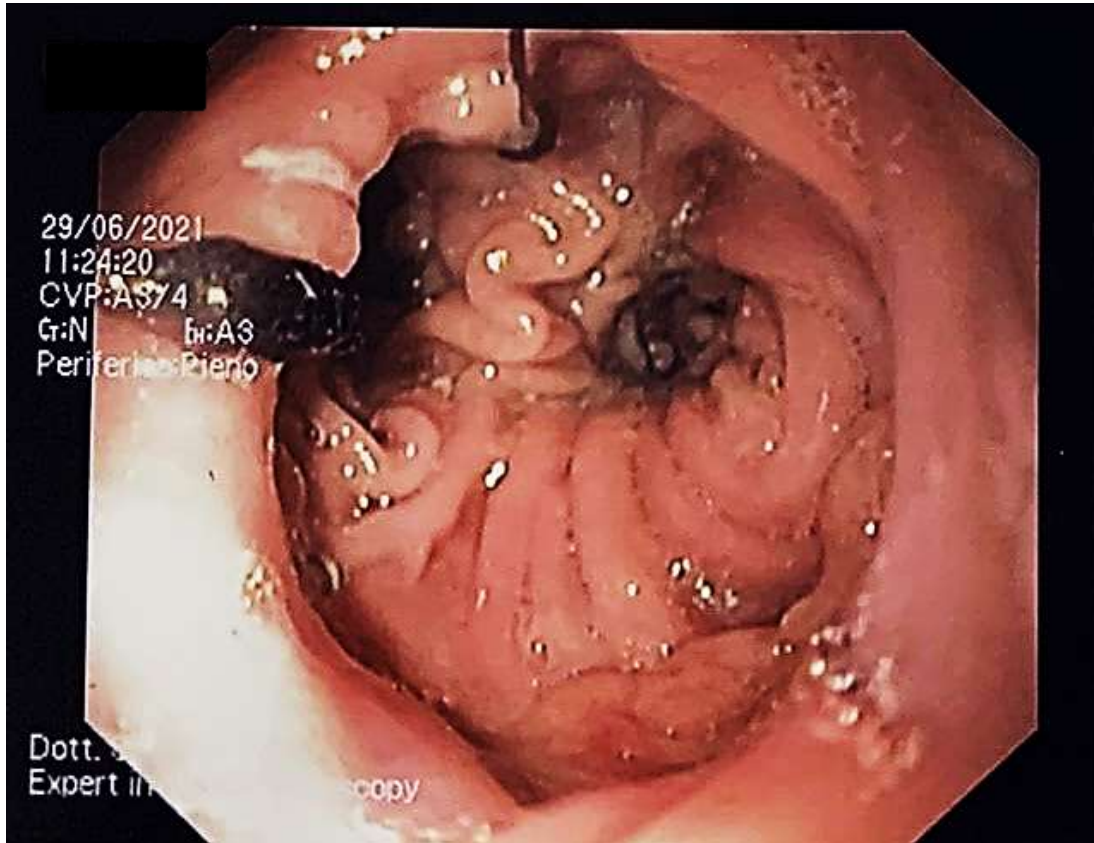


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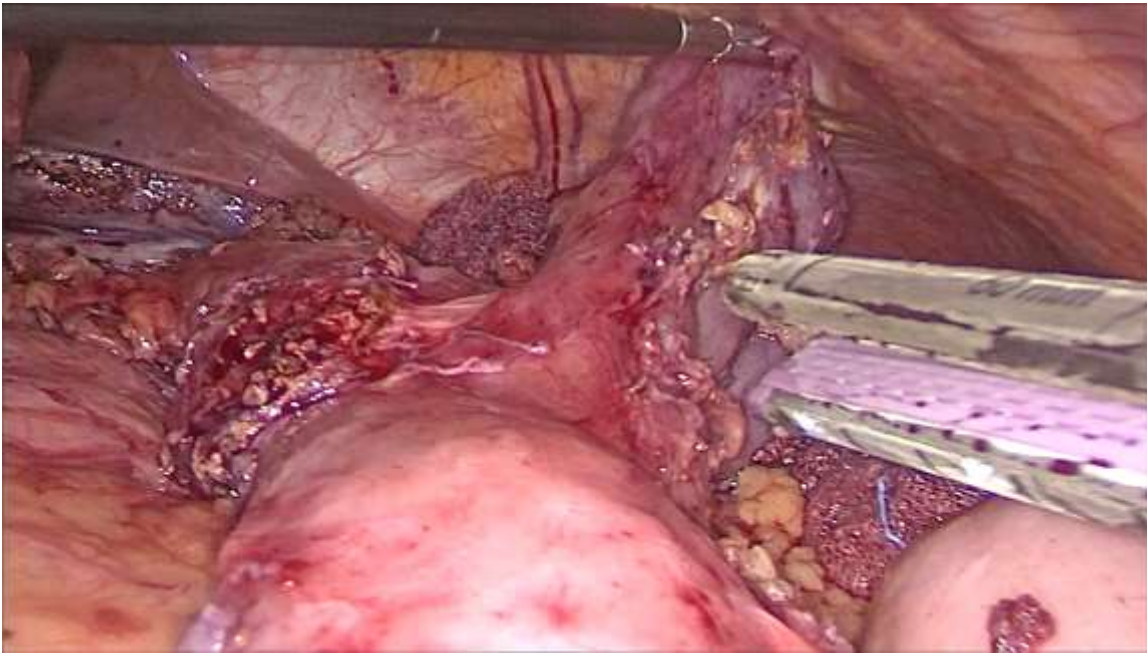
Endoscopic view of a TORe and a revisional Banded RYGB



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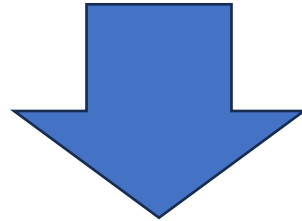
RYGB resizing in a previous TORe



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RESULTS

- No leaks and fistula, as well as no stenosis, were reported, only one bleeding in 2 POD that was conservatively treated.
- All patients underwent an **esophagogastroduodenoscopy (EGD) in the pre-surgical setting**. In order to tailor the staple line, intraoperative **fluoroscopy control** was used in 24 patients and **intraoperative EGD** in 3. At a mean follow up of 43,5 months patients are doing well with a TWL of 43,9%.



Based on our data bariatric surgery after primary or revisional endoscopic procedures is technically feasible and safe. However in 27 out 35 pts (77%) of patients, intraoperative fluoroscopy or endoscopy were needed to avoid tags and to keep out previous sutures from the staple line.

Thank you!



The poster features a scenic view of Mount Vesuvius and the city of Naples. At the top left is the IFSO logo: a stylized figure holding a globe, with the text "IFSO International Federation for Surgery of Obesity & Metabolic Disorders". To the right is the logo for the Italian Society of Bariatric and Metabolic Surgery (S.I.C.O.B.), with the text "Società Italiana di Chirurgia dell'Obesità e delle malattie metaboliche". The central graphic shows a stylized sun with colorful rays (yellow, orange, green, blue) above the text "IFSO NAPOLI 2023". Below this, the text reads "XXVI IFSO WORLD CONGRESS OF BARIATRIC & METABOLIC SURGERY" in yellow and white, followed by "NAPOLI, ITALY | Mostra d'Oltremare" and "30 AUGUST - 1 SEPTEMBER, 2023" in white. At the bottom, it states "Congress President: Prof. Luigi Angrisani".

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International Federation for Surgery
of Obesity & Metabolic Disorders

Società Italiana
di Chirurgia dell'Obesità
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