OAGB for BMI > 50 kg/m2 and as a revisional procedure after LSG and LAGB

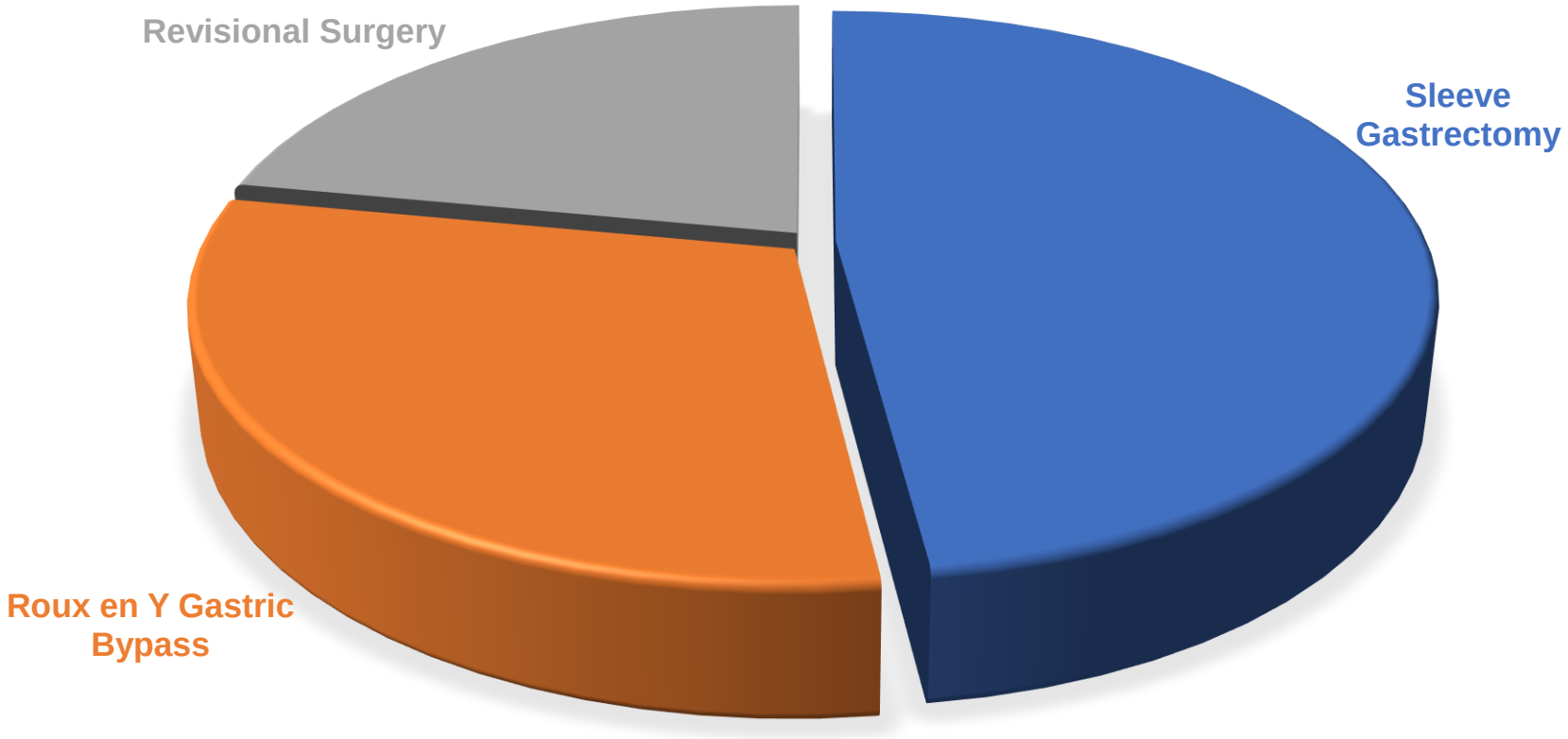
Hazem Al Momani
Consultant Bariatric Surgeon
Chair of Communication Committee IFSO & IFSO MENAC
Head of Department – Weight Management Unit
NMC Royal Hospital
Abu Dhabi, UAE

Conflict of Interest Disclosure

In accordance with «EACCME criteria for the Accreditation of Live Educational Events»:

I have no potential conflict of interest to report

Case mix


Revisional Surgery
Sleeve Gastrectomy
Roux en Y Gastric Bypass

OAGB: Ba

IFSO

8TH GLOBAL REGISTRY REPORT

International Federation for Surgery for Obesity and Metabolic Disorders

Related Diseases

Revi

Epub 2

IFS

Gas

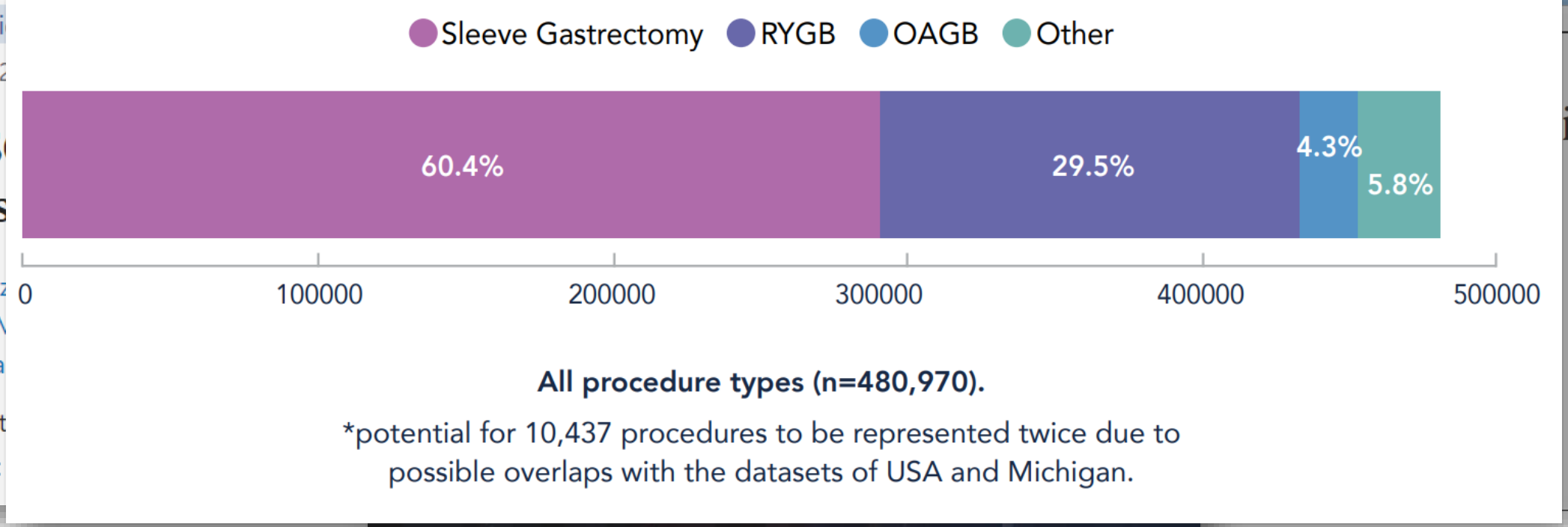
Mauriz

Jean-M

Nicola

Affiliat

PMID:



All procedure types (n=480,970).

*potential for 10,437 procedures to be represented twice due to possible overlaps with the datasets of USA and Michigan.

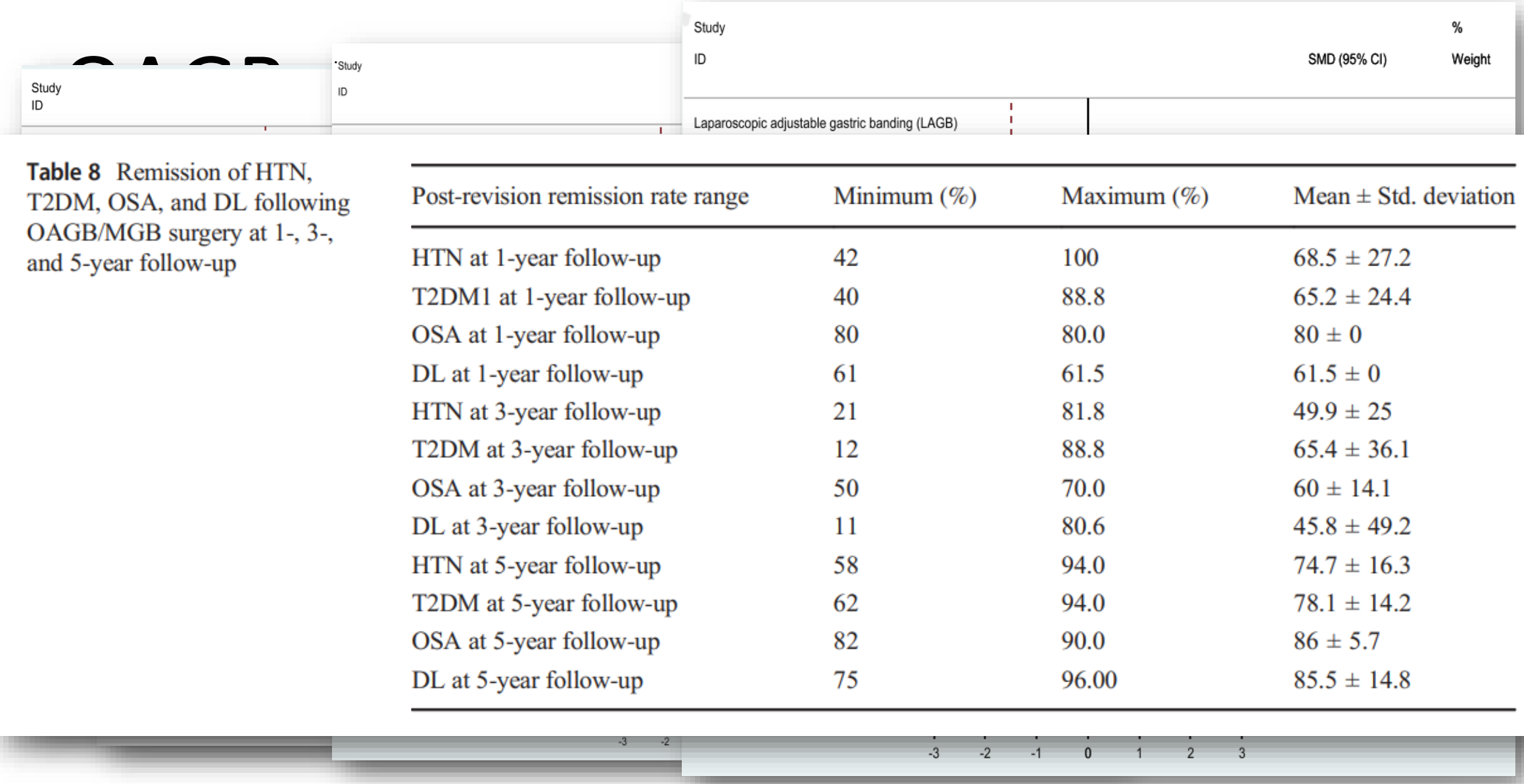


Table 8 Remission of HTN, T2DM, OSA, and DL following OAGB/MGB surgery at 1-, 3-, and 5-year follow-up

Post-revision remission rate range	Minimum (%)	Maximum (%)	Mean ± Std. deviation
HTN at 1-year follow-up	42	100	68.5 ± 27.2
T2DM1 at 1-year follow-up	40	88.8	65.2 ± 24.4
OSA at 1-year follow-up	80	80.0	80 ± 0
DL at 1-year follow-up	61	61.5	61.5 ± 0
HTN at 3-year follow-up	21	81.8	49.9 ± 25
T2DM at 3-year follow-up	12	88.8	65.4 ± 36.1
OSA at 3-year follow-up	50	70.0	60 ± 14.1
DL at 3-year follow-up	11	80.6	45.8 ± 49.2
HTN at 5-year follow-up	58	94.0	74.7 ± 16.3
T2DM at 5-year follow-up	62	94.0	78.1 ± 14.2
OSA at 5-year follow-up	82	90.0	86 ± 5.7
DL at 5-year follow-up	75	96.00	85.5 ± 14.8

OAGB in BMI > 50 kg/m2

- 8 studies were included in this review with a total of 318 patients
- RYGB is more difficult in technique and carried more than 3 times risk of major complication than OAGB
- Operation time and length of inpatient stay are higher in RYGB group when compared to OAGB

Obesity Surgery (2019) 29:3039–3046
https://doi.org/10.1007/s11695-019-04034-9

IFSO

REVIEW ARTICLE

Check for updates

One Anastomosis Gastric Bypass in Morbidly Obese Patients with BMI ≥ 50 kg/m^2: a Systematic Review Comparing It with Roux-En-Y Gastric Bypass and Sleeve Gastrectomy

Chetan D. Parmar[1] · Catherine Bryant[1] · Enrique Luque-de-Leon[2] · Cesare Peraglie[3] · Arun Prasad[4] · Karl Rheinwalt[5] · Mario Musella[6]

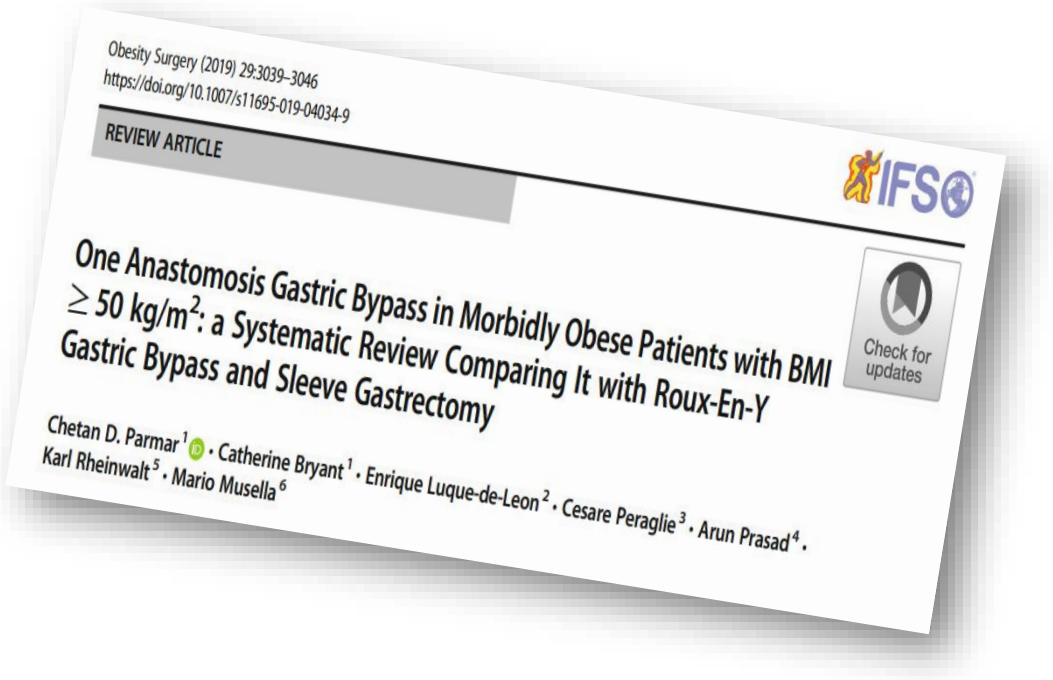
OAGB in BMI > 50 kg/m2

Table 4 Data comparing OAGB with RYGB and SG in patients with BMI ≥ 50 kg/m^2

	MGB-OAGB	RYGB
Number of studies	8	12
Type of study	Retrospective (majority)	Retrospective
Mean preoperative BMI (kg/m^2)	57.4	58.6
Leak rate	0%	0.4%
Early mortality	0.3%	0.4%
Overall complications	2.2%	11.5%
%EWL: 12 months f/u	67.7%	58.59%
24 months f/u	71.6%	66.9%

OAGB in BMI > 50 kg/m2

- The biliopancreatic limb (BPL) varied from 190 to 350 cm(median 280 cm)
- Mean %excess weight loss (EWL) at 12, 18-24 and 60 months was 67.7%, 71.6% and 90.75%, respectively
- OAGB is a safe and effective option for management of super and super-super obese patients with tailoring of the BPL

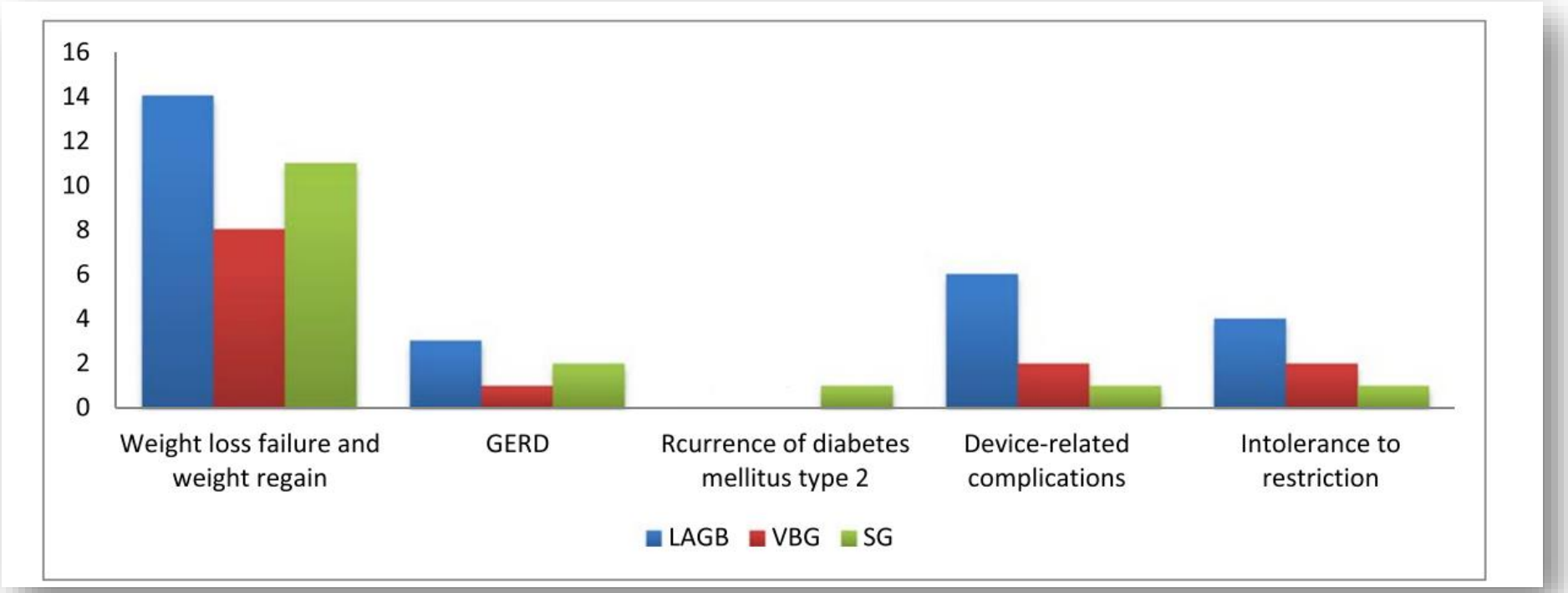


OAGB in BMI > 50 kg/m2

- Tailored BP limb: 150cm and increase by 10 cm for each BMI point above 40
- “We can recommend that in patients with BMI > 50 kg/m2 , the BPL of at least 200 cm should be considered”
- “If the surgeon decides to have BPL ≥ 250 cm, then they should ideally measure the whole small bowel length”

Revisional surgery after LAGB and LSG

Revisional surgery rates are 9.8% for Laparoscopic Sleeve gastrectomy, to 26% for Laparoscopic Adjustable Gastric Band



OAGB Vs RYGB after LAGB

- 1,219 patients underwent conversion to RYGB, OAGB, or SG after failed LAGB
- % excess body mass index loss (EBMIL) outcomes after 5 years for revisional OAGB 74.4% was significantly higher compared to 66.6% RYGB
- %EBMIL >50% was achieved by 74.6% of RYGB, 85.3% of OAGB
- Major complications occurred in 12.9% RYGB, 4.7% OAGB


ELSEVIER

Surgery for Obesity and Related Diseases

Volume 14, Issue 11, November 2018, Pages 1659-1666

Original article

Roux-en-Y gastric bypass, sleeve gastrectomy, or one anastomosis gastric bypass as rescue therapy after failed adjustable gastric banding: a multicenter comparative study

Juan Pujol Rafols M.D. [a], Amr I. Al Abbas M.D. [b], Stefanie Devriendt M.D. [c], Anabela Guerra M.D. [d], Miguel F. Herrera M.D., Ph.D. [e], Jacques Himpens M.D., Ph.D. [c], Eva Pardina Ph.D. [f], Julia Peinado-Onsurbe Ph.D. [f], Almino Ramos M.D., Ph.D. [g], Rui José da Silva Ribeiro M.D. [d], Bassem Safadi M.D., F.A.C.S. [b], Hugo Sanchez-Aguilar M.D. [e], Claire de Vries M.D. [h], Bart Van Wagensveld M.D., Ph.D. [h]

OAGB Vs RYGB after LSG

- 55 patients. Single centre
- 1 year follow up
- OAGB was quicker with lower perioperative complications rate

Obesity Surgery (2019) 29:819–827
https://doi.org/10.1007/s11695-018-03629-y

IFSO

ORIGINAL CONTRIBUTION

CrossMark

Mini/One Anastomosis Gastric Bypass Versus Roux-en-Y Gastric Bypass as a Second Step Procedure After Sleeve Gastrectomy—a Retrospective Cohort Study

Sonja Chiappetta[1] · Christine Stier[2] · Oliver Scheffel[1] · Simone Squillante[3] · Rudolf A. Weiner[1]

OAGB after LSG and LAGB

The authors recommend that

based on published literature, a

limb length of 200 cm should give

satisfactory results in revisional

surgery cases

Table 5 Biliopancreatic limb length used in OAGB/MGB surgeries in included studies

Biliopancreatic limb length	Frequency	Rate %
200 cm	9	36
180–200 cm	1	4
180–240 cm	1	4
150 cm and 200 cm	2	8
180 cm	2	8
150–200 cm	1	4
175 -200 cm	1	4
250 cm	1	4
150 cm	2	8
175 cm	1	4
150 cm (and increased by 10 cm for each BMI point above 40)	1	4
150–250 cm	1	4
150–300 cm	1	4
250–350 cm tailored	1	4

GERD after Revisional OAGB

- 26 studies examining 1771 patients
- Conversional OAGB can lead to GERD improvement in approximately 82% of patients
- Only three studies reported de novo GERD and bile reflux (BR) in the patients who had no GERD symptoms before conversional OAGB

Obesity Surgery (2021) 31:370–383
https://doi.org/10.1007/s11695-020-05079-x

REVIEW

IFSO

Check for updates

One Anastomosis/Mini-Gastric Bypass (OAGB/MGB) as Revisional Surgery Following Primary Restrictive Bariatric Procedures: a Systematic Review and Meta-Analysis

Mohammad Kermansaravi[1] · Shahab Shahabi Shahmiri[2] · Amir Hossein DavarpanahJazi[2] · Rohollah Valizadeh[3] · Giovanna Berardi[4] · Antonio Vitiello[4] · Mario Musella[4] · Miguel Carbajo[5]

Received: 18 August 2020 / Revised: 19 October 2020 / Accepted: 21 October 2020 / Published online: 28 October 2020

Malnutrition after revisional OAGB

- 17 studies were included in this review with a total of 1075 patients
- Anaemia rates of 1.9% were reported which were managed conservatively.
- No significant malnutrition was reported

ELSEVIER

Contents lists available at ScienceDirect

International Journal of Surgery

journal homepage: www.elsevier.com/locate/ijsu

One Anastomosis/Mini Gastric Bypass (OAGB-MGB) as revisional bariatric surgery after failed primary adjustable gastric band (LAGB) and sleeve gastrectomy (SG): A systematic review of 1075 patients

Chetan D. Parmar[a,b,*], Jonathan Gan[c], Christine Stier[d], Zhiyong Dong[e], Sonja Chiappetta[f], Luciana El-Kadre[g], Moataz M. Bashah[i], Cunchuan Wang[e], Nasser Sakran[h]

Thank You!