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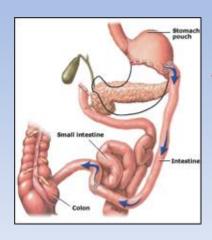
XXVII IFSO World

Melbourne Convention

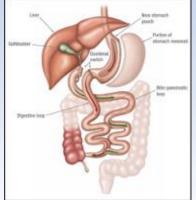
3-6 September 2024

## Background

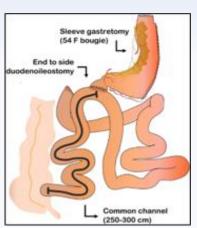








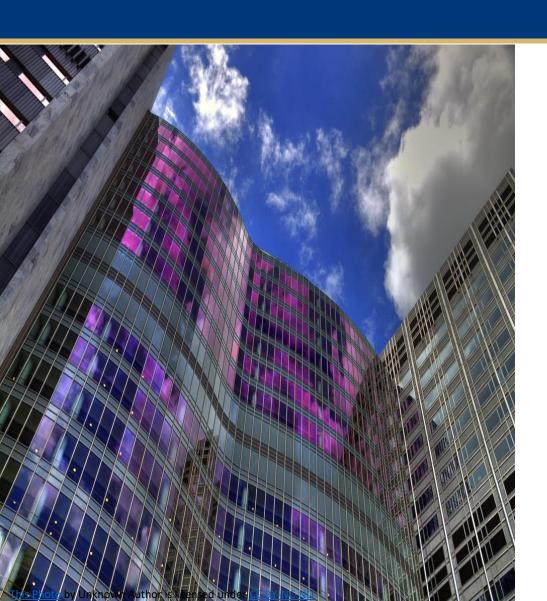




- Revisional bariatric surgery is becoming more common but is often seen as higher risk and less effective than primary bariatric surgery
- Objective: to compare outcomes between primary and revisional duodenal switch (DS) in patients with a BMI > 55 kg/m².

### Methods







**Study Design:** Nonrandomized, controlled, **retrospective** review.



**Population: 20 patients** underwent either **primary** or **revisional DS** (BPDDS and SADI-s) at our institution.



**Revisional DS:** Defined as conversion from sleeve gastrectomy to BPDDS or SADI-s.



**Data Points: Perioperative** and **postoperative** variables were examined

## Results





All primary and revisional DS (2015-2023) N = 20 patients





**Primary DS**N = 11 patients



**BPDDS** 

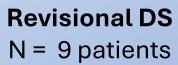
N = 6

patients



patients

SADI-s c-BF N = 5 N







c-BPDDS N = 5patients C-SADI-s N = 4patients

#### Results



 Revisional DS group had a slightly higher preoperative BMI (57.56 vs. 55.93 kg/m²).



• Operative Time: Revisional DS had shorter operative times (153.20 vs. 193.27 min).



• Length of Stay: Longer in the revisional DS (2.70 vs. 2.18 days).



• Complications: Primary DS had 3 minor complications; revisional DS had 1 major complication (reoperation due to internal hernia)



• Weight Loss at 12 month: Similar %TWL (30.31% vs 25.25%) and %EWL (53.24% vs. 48.41%).





## Results



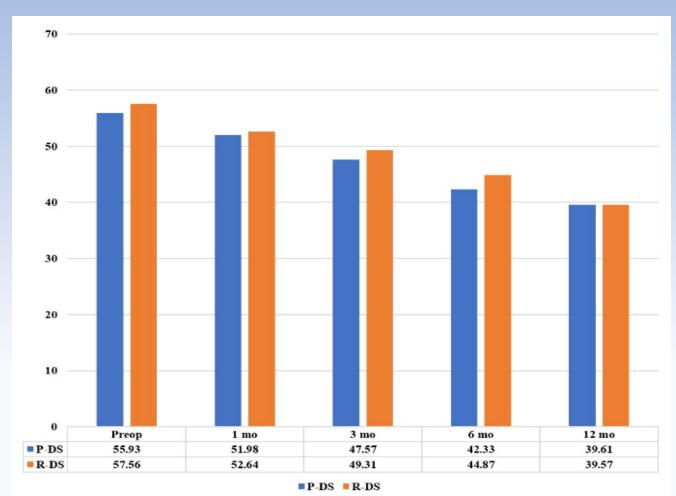


Figure 1. Changes in BMI after primary and revisional DS

#### Changes in BMI after primary and revisional DS

	Primary DS	Revisional DS
Preop BMI	55.93	57.56
1 month	51.98	52.64
3 months	47.57	49.31
6 months	42.33	44.87
12 months	39.61	39.57

# Conclusions

- Revisional DS is a viable and effective option for patients with BMI > 55 kg/m<sup>2</sup>.
- Shorter operative times and similar weight loss outcomes compared to primary DS.
- Acceptable safety profile minimal complications.
- Challenges the notion that revisional DS is higher risk and less effective.
- Essential surgical strategy for managing complex bariatric cases.











