Introduction

Laparoscopic Roux-en-Y gastric bypass (LRYGBP) for the treatment of GERD after laparoscopic sleeve gastrectomy (LSG) in French Polynesia Massimo SENNI BURATTI MD

French Polynesia population: 279000

- 55 % of population has BMI>30
 15% BMI>40
- Life expectancy 10 years lower than homeland
 - **France**
- 2933 LSG performed performed from Jan 2011 to

Dec 2023



Reflux and LSG

30% preoperative reflux 60% postoperative reflux Esophagitis Anemia Intestinal metaplasia Quality of life

Aim and Methods

Is LRYGBP safe and efficient for GERD resistant to medical treatment after LSG?

Retrospective study on 78 patients operated from Jan 2019 to Dec 2023

- Symptoms (resistant to medical treatment)
- Endoscopic findings
 - 10 mid-gastric twists
 - 6 intestinal metaplasia
 - 21 esophagitis
 - 35 gastritis
 - 21 normal endoscopies
- Ph monitoring and manometry unavailable No patients lost at follow up



Conversion from LSG to LRYGBP Totally hand sewn gastro jejunal anastomosis 150 cm alimentary limb 50 cm biliopancreatic limb Closure of mesenteric defect Cure of concurrent hiatal hernia



Medium-Long term

- 98% symptom relief
- 66% reduced medical treatment after 1
 - year
- 39% stopped medical treatment in long term
- Endoscopic finding were improved or stabilized
- 13% weight loss

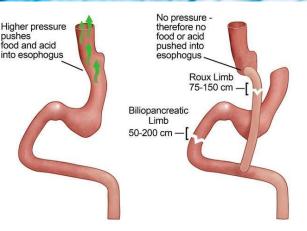


Adverse events 0 anastomotic leaks 0 mortality 2 early re-interventions for bleeding 0 internal hernia 4 anastomotic ulcers 3 medical treatment 1 gastro jejunal redo



LRYGBP treats GERD resistant to medical treatment after LSG by

- Lowering pressure in the gastric
- Bypass natural stenosis : pylorus
- Small gastric pouch Diverting gastric and biliopancreatic secretions reduces acid reflux and avoids alkaline reflux



Sleeve Revision RNY

16 Procedimento di Holt e Large. Diversione duodenale totale; essa associa vagotomia tronculare bilaterale, gastrectomia distale ed anastomosi gastro-digiunale su ansa ad «Y» di 70 cm.



LRYGBP is a safe and effective procedure to treat GERD resistant to medical treatment and related complications

Small pouch, alimentary limb >80 cm

Weight loss less than in a primary procedure

Follow up is critical in a remote island setting

