

The Reversal of Roux-en -Y Gastric Bypass: Utilizing the Roux Limb in Response to Chronic Diarrhea in a Patient with Previous Multiple Bariatric Metabolic Surgeries

By:

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DISCLOSURE

- Nothing to disclose

Case presentation

2011

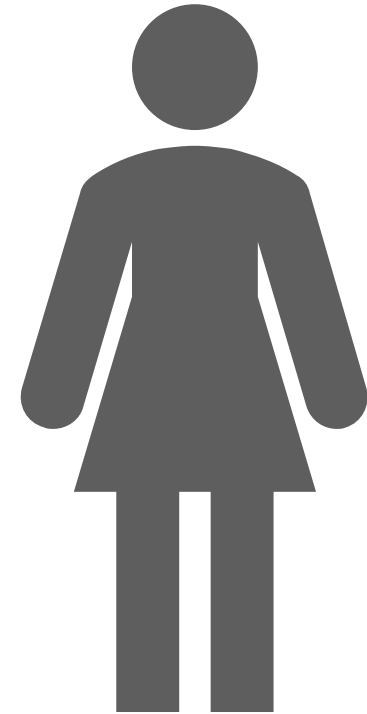
- **Adjustable gastric band surgery**

2015

- **Revised to a sleeve gastrectomy**

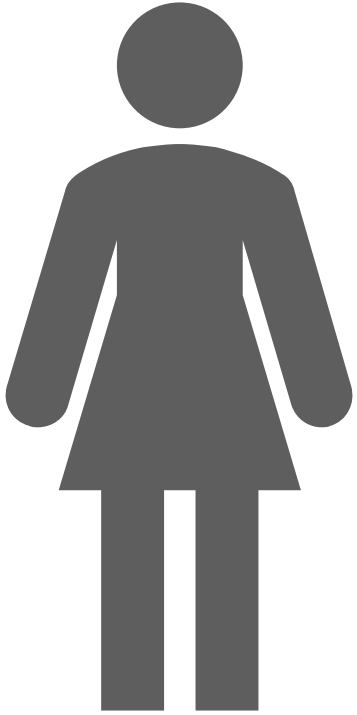
2021

- Due to reflux and weight regain, **revised to RYGB**



- **42-year-old female**
- **multiple laparoscopic bariatric metabolic surgeries.**
- **All surgeries outside our center.**

Case presentation

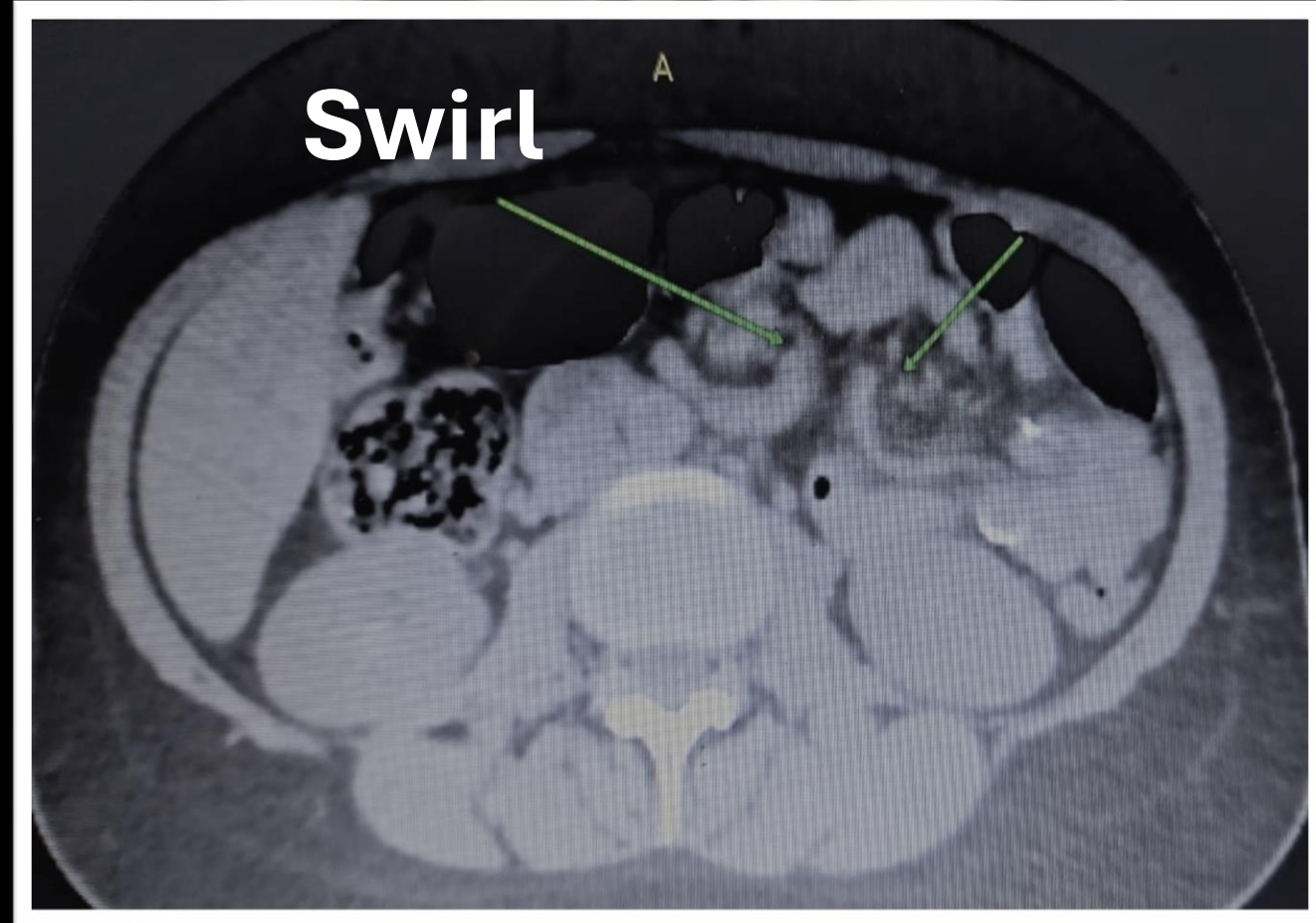


Upon
presentation
2023

- BMI is 25 kg/m².
- Chronic abdominal pain and diarrhea over 15 months Despite various attempts at management.
- She opted for reversal surgery.

Evaluation

- Evaluation by multidisciplinary team and various investigations, including laboratory investigations, radiology and upper and lower gastrointestinal endoscopy
- Mild anemia (10.9g/dL), albumin levels of 3.4 g/dL.
- Possibility of **internal hernia**.
- Upper GI endoscopy.



To prepare the patient for surgery and improve her albumin and hemoglobin levels, she was instructed to follow the following regimen for one month prior to the surgery:

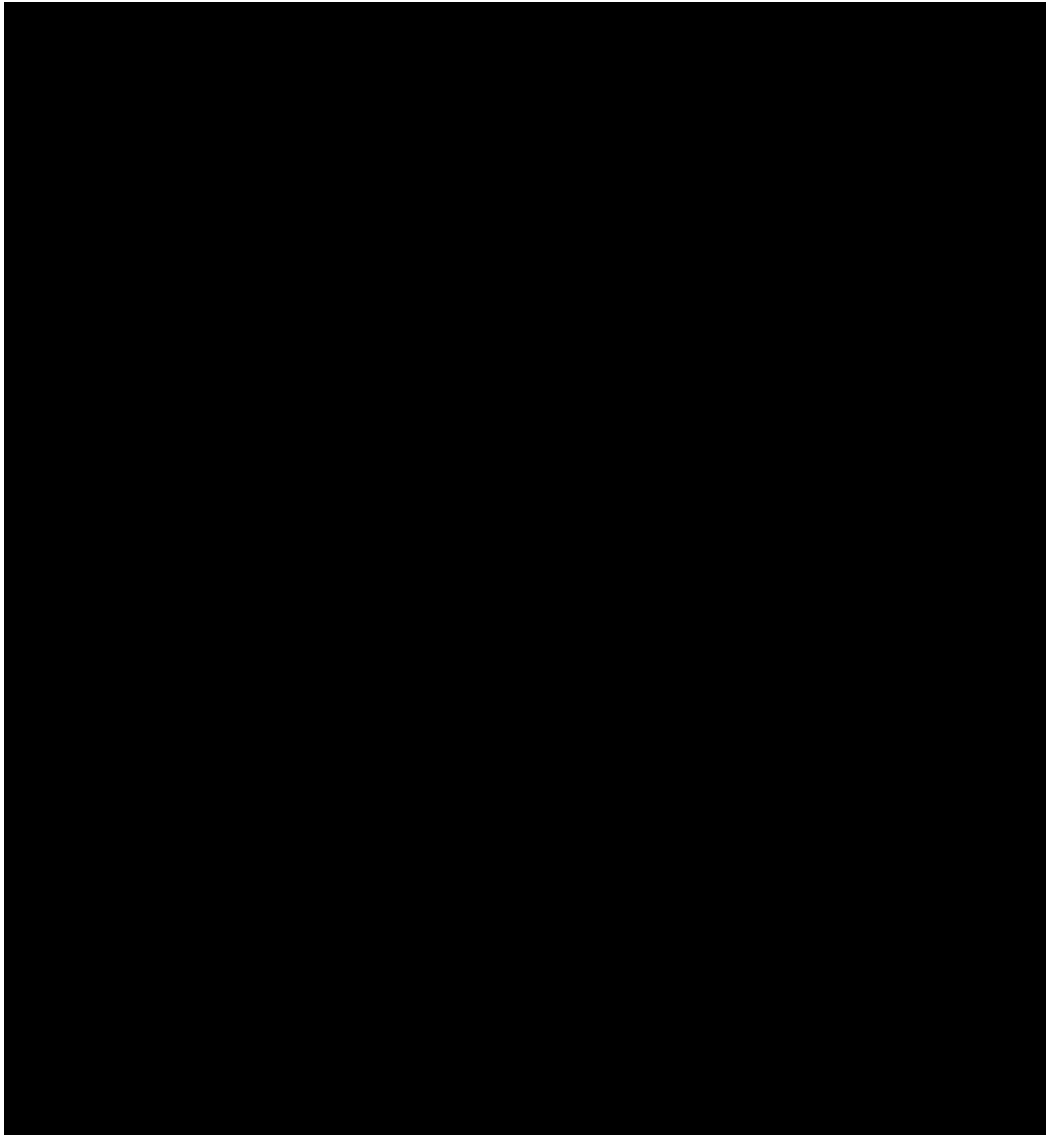
- - **Consume 50 grams of protein daily** (sources being guided by a nutritionist according to the patient's tolerance).
- - **Take 20 grams of complimentary protein powder** (specifically Fresubin protein) in the form of 7 scoops per day.
- - Use a daily sachet of **lactoferrin** as a source of iron.
- - Take a 500 mg tablet of **l-carnitine**.
- - Consume a daily tablet of **omega 3**.
- - **To reduce the occurrence of diarrhea**, the patient was advised to modify or add certain items to their food, such as including daily servings of oats (1 scoop) and consuming 7 nuts per day.

As a result of these preparations, the patient's preoperative albumin level increased to 3.8 g/dL and her preoperative hemoglobin level reached 11 g/dL.

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Recommendations and Conclusion

- Diarrhea is a worrisome complication following gastric bypass surgery, and aside from the medical implications, it can significantly impact a patient's quality of life and ultimately diminish the expected benefits of the procedure.
- It is vital to educate patients about this potential complication and thoroughly discuss potential treatments and management options.

Recommendations and Conclusion

- Utilizing the Roux limb as an interposition is considered a safe and effective alternative to gastrogastrostomy, which is deemed a high-risk anastomosis, particularly for patients who have undergone multiple prior revisions.
- This technique may be regarded as a one of the available options in cases where conservative or interventional approaches have been unsuccessful.

Recommendations and Conclusion

- Additionally, it is recommended that during the management of complications following revisional gastric bypass surgery, a comprehensive assessment of intestinal limbs and revision of hernial orifices should be conducted to address any potential internal hernias.