

Safety and efficacy of One Anastomosis Gastric Bypass as a conversion procedure following Laparoscopic Sleeve Gastrectomy for recurrent weight gain.

Nicholas Cocco, Anthony Brancatisano, John Leyden and Brendan Ryan
Sydney Bariatric Clinic, Australia

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Background

Sleeve gastrectomy is the most common bariatric-metabolic surgical procedure in Australia though recurrent weight gain and suboptimal clinical response occur.

Objective - To review the safety and efficacy of conversion surgery from laparoscopic sleeve gastrectomy (LSG) to the one anastomosis gastric bypass (OAGB) following recurrent weight gain.

Methods

- a retrospective analysis of a prospectively collected database of patients who underwent conversional surgery from the LSG to the OAGB in a single centre.
- Patients were followed up by our multidisciplinary clinic.

Results

Demographics

- 71 patients, 89% were female (63:8 F:M)
- Body weight (BW) 119.7 +/- 8.4kg, BMI of 43.1 +/- 8.4.

Weight loss from Sleeve gastrectomy (Primary procedure)

- The %EWL was 63.7 +/- 29.2%, 30% BWL from the primary LSG at their nadir weight;
- well correlated with registry data from the performance of sleeve gastrectomy

Recurrent weight gain

- The mean time between primary procedure and conversion surgery was 6.6 +/- 2.2 years
- Mean weight gain of 24.9 +/- 16 kg or 28.1 +/- 9.9% of BW.

Results

Following conversional OAGB at a median follow-up of 7 months

- BW loss was 18.4% or 51.0% EWL
- Cumulative weight loss was 31.0%

- Patients returned to their post sleeve nadir weight or below on average

Results

Complications post revision

- 3 patients with bile acid reflux; 3 anastomotic ulcers
- 1 staple line leak; 1 anastomotic stenosis
 - (few conversions to RNYGB)

90 day complication rate 1.4% (BSR reported rate 3.8%)

Overall the rate of complications was 11.27%. There was no mortality.

Conclusion

OAGB is a safe and effective procedure for management of recurrent weight gain following LSG.

Serious complications from conversion surgery are low

Weight loss is substantial bringing patients back to their post LSG nadir weight.

Questions

dr.nicholas.cocco@gmail.com

Sydney Bariatric Clinic

sydneybariatricclinic.com

+61 2 9687 7019