

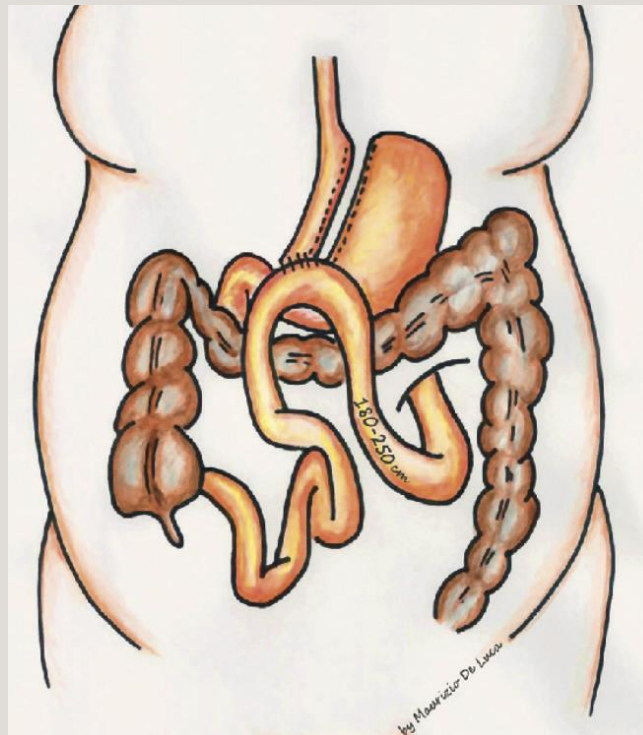
LAPAROSCOPIC REVISION AFTER ONE ANASTOMOSIS GASTRIC BYPASS (OAGB): A 3-YEARS EXPERIENCE IN A SINGLE HIGH-VOLUME BARIATRIC SURGERY CENTER IN NORTHERN ITALY

- Paolo Gentileschi, Domenico Benavoli, Francesca Serio, Luigi Conte, Michela Orsi, Michela Campanelli, Daniela Rossiello, Emanuela Bianciardi
- Department of Bariatric & Metabolic Surgery, Maria Cecilia Hospital, Cotignola (Ravenna) and University of Rome Tor Vergata
- Department of Systems Medicine, Chair of Psychiatry, University of Rome Tor Vergata



LAPAROSCOPIC REVISION AFTER ONE ANASTOMOSIS GASTRIC BYPASS (OAGB): A 3-YEARS EXPERIENCE IN A SINGLE HIGH-VOLUME BARIATRIC SURGERY CENTER IN NORTHERN ITALY

(OAGB) for morbid obesity is increasingly performed despite there is no robust data regarding its advantages over other malabsorptive procedures and the incidence of long term complications. Revision after OAGB is required in patients who experience weight regain, biliary reflux, stenosis, marginal ulcer or excessive malabsorption with clinical implications. We present the results of a **prospective study evaluating revisions after OAGB over a 3-years period in a single Institution.**



Review > [Obes Surg](#). 2020 Apr;30(4):1564-1573. doi: 10.1007/s11695-019-04276-7.

Indications, Operative Techniques, and Outcomes for Revisional Operation Following Mini-Gastric Bypass-One Anastomosis Gastric Bypass: a Systematic Review

[Usah Khrucharoen](#)^{1,2}, [Yen-Yi Juo](#)^{1,2}, [Yijun Chen](#)¹, [Erik P Dutson](#)^{3,4}

> [Surg Obes Relat Dis](#). 2011 Jul-Aug;7(4):486-91. doi: 10.1016/j.soard.2010.10.012.
Epub 2010 Oct 30.

Revisional surgery for laparoscopic minigastric bypass

[Wei-Jei Lee](#)¹, [Yi-Chih Lee](#), [Kong-Han Ser](#), [Shu-Chun Chen](#), [Jung-Chien Chen](#), [Yen-How Su](#)

[J Res Med Sci](#). 2020; 25: 62.

PMCID: PMC7554535

Published online 2020 Jun 30. doi: [10.4103/jrms.JRMS_727_19](#)

PMID: [33088299](#)

Revisional surgery after one anastomosis/mini gastric bypass: A narrative review

[Mohammad Kermansaravi](#)^{1,2}, [Kamal Kumar Mahawar](#)³, [Amir Hosein Davarpanah Jazi](#)⁴, [Foolad Eghbali](#)^{1,2}, [Ali Kabir](#)¹
and [Abdolreza Pazouki](#)^{1,2}

GERD (0-30%)

[Case Reports](#) > [Obes Surg.](#) 2016 Mar;26(3):701-3. doi: 10.1007/s11695-015-2017-8.

Laparoscopic Conversion of One Anastomosis Gastric Bypass to Roux-en-Y Gastric Bypass for Chronic Bile Reflux

Enrico Facchiano ¹, Luca Leuratti ², Marco Veltri ², Marcello Lucchese ²

Marginal Ulcers (0,2-8%)

> [Clin Obes.](#) 2017 Jun;7(3):151-156. doi: 10.1111/cob.12186. Epub 2017 Mar 20.

Marginal ulcers after one anastomosis (mini) gastric bypass: a survey of surgeons

K K Mahawar ^{1 2}, A N Reed ¹, Y N H Graham ^{1 2}

Malnutrition (0,8%)

> [Obes Surg.](#) 2019 Jun;29(6):1714-1720. doi: 10.1007/s11695-019-03741-7.

Protein-Calorie Malnutrition Requiring Revisional Surgery after One-Anastomosis-Mini-Gastric Bypass (OAGB-MGB): Case Series from the Tehran Obesity Treatment Study (TOTS)

Alireza Khalaj ¹, Mohammad Ali Kalantar Motamed ^{2 3}, Pouria Mousapour ³, Majid Valizadeh ³, Maryam Barzin ⁴

Weight Regain (0,4%)

[Multicenter Study](#) > [Obes Surg.](#) 2020 Sep;30(9):3287-3294.

doi: 10.1007/s11695-020-04536-x.

One anastomosis gastric bypass vs. Roux-en-Y gastric bypass, remedy for insufficient weight loss and weight regain after failed restrictive bariatric surgery

METHODS AND RESULTS

- Fifty-three patients undergoing OAGB revision
- January 2020 to July 2023
- 34 F; 19 M.
- Mean BMI at revision was 39 kg/m² (range, 18 to 46 kg/m²) for the whole group
- Mean BMI at revision was 44 kg/m² for the weight regain group.
- Mean time from primary OAGB to revision was 48 months.
- Indication for revision: weight regain 34 (64%), severe bile reflux 6 (11%), marginal ulcer 5 (9.5%), excessive malabsorption 4 (7.5%) stenosis 4 (7.5%).

RESULTS

All procedures were performed with a **laparoscopic approach**.

Revisional procedures were:

- **Biliary limb lengthening** in 32 patients (60%), **pouch re-sizing** in 2 (3.7%), **conversion to RYGB** in 11 (21%), **biliary limb shortening** in 4 (7.5%) and **remake of gastro-jejunal anastomosis** in 4 (7.5%) patients.

Mean follow-up 20 months (range, 10 to 48 months), 52 out of 53 patients experienced significant amelioration of the clinical conditions and only one required additional surgery for severe malabsorption.

Mean follow-up BMI was 32 kg/m² for the whole group and 33 kg/m² for the weight regain group. Among the subgroup of patients who were selected for weight regain the mean drop of BMI was significant.

RESULTS

Mean hospital stay: 3.4 days (range, 2 to 11 days).

Postoperatively complications:

- Two patients had minor bleeding (3.7%)
- One patient had melena (1.8%).

All treated conservatively

Late post-operative complications (>90 days)	
Biliary reflux	1(1.8%)
Incisional hernia	2 (3.7%)
Malabsorption	1(1.8%).

CONCLUSIONS

All surgical approaches for revision after OAGB are safe and effective in resolving the clinical indication for revision.
Further studies are necessary to confirm these findings.