SADI/DS Conversion for weight regain after RYGBP.

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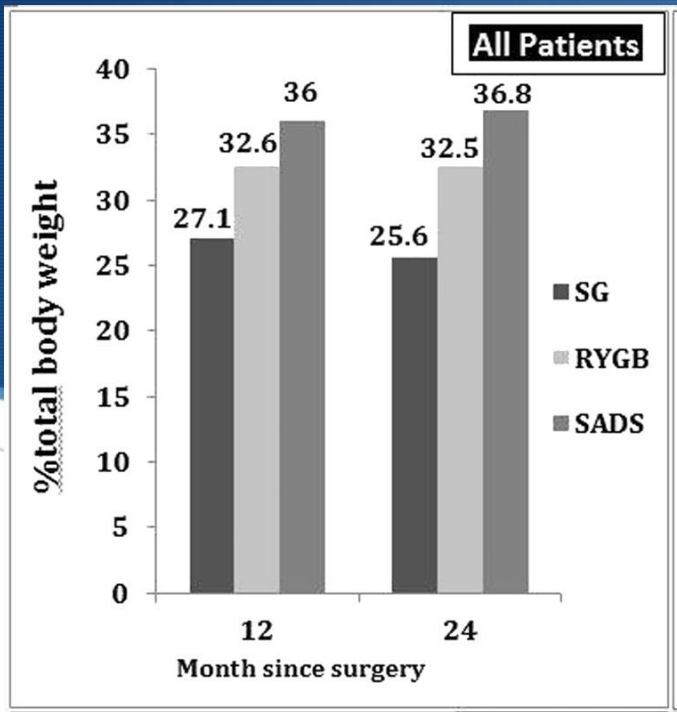
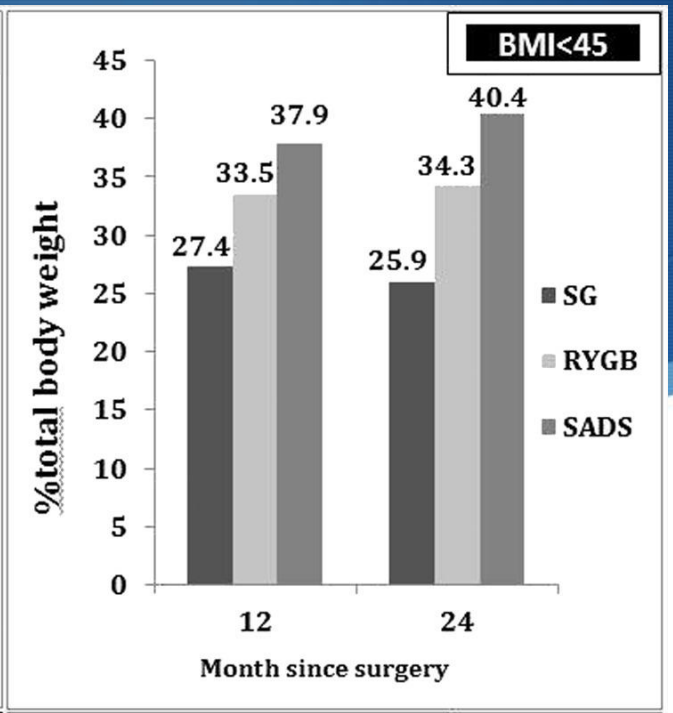
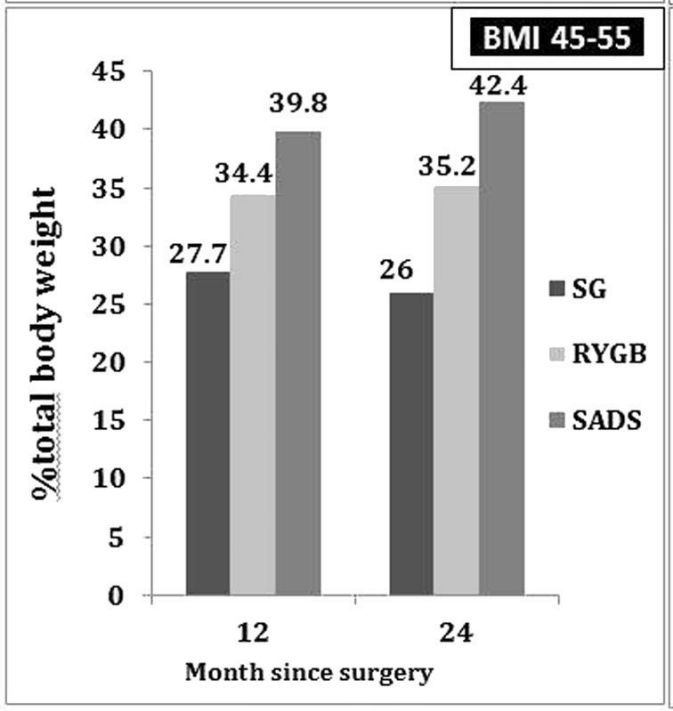
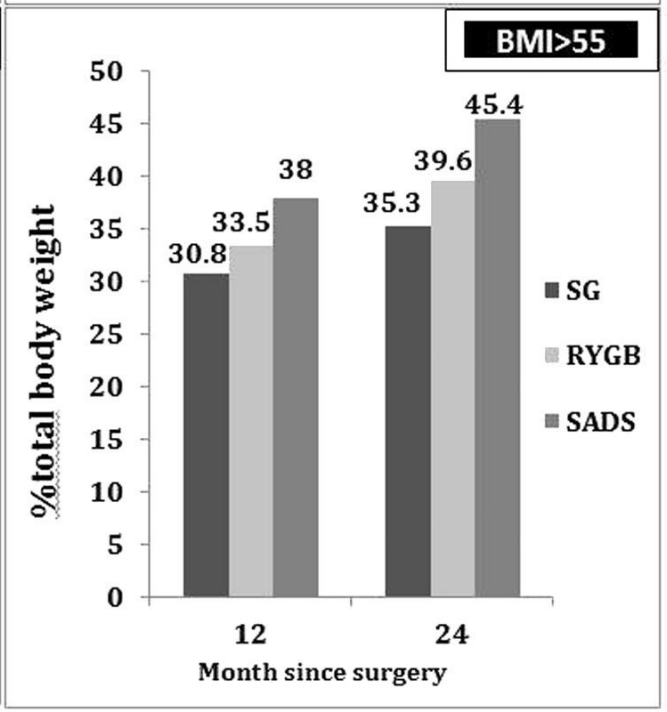
DISCLOSURES

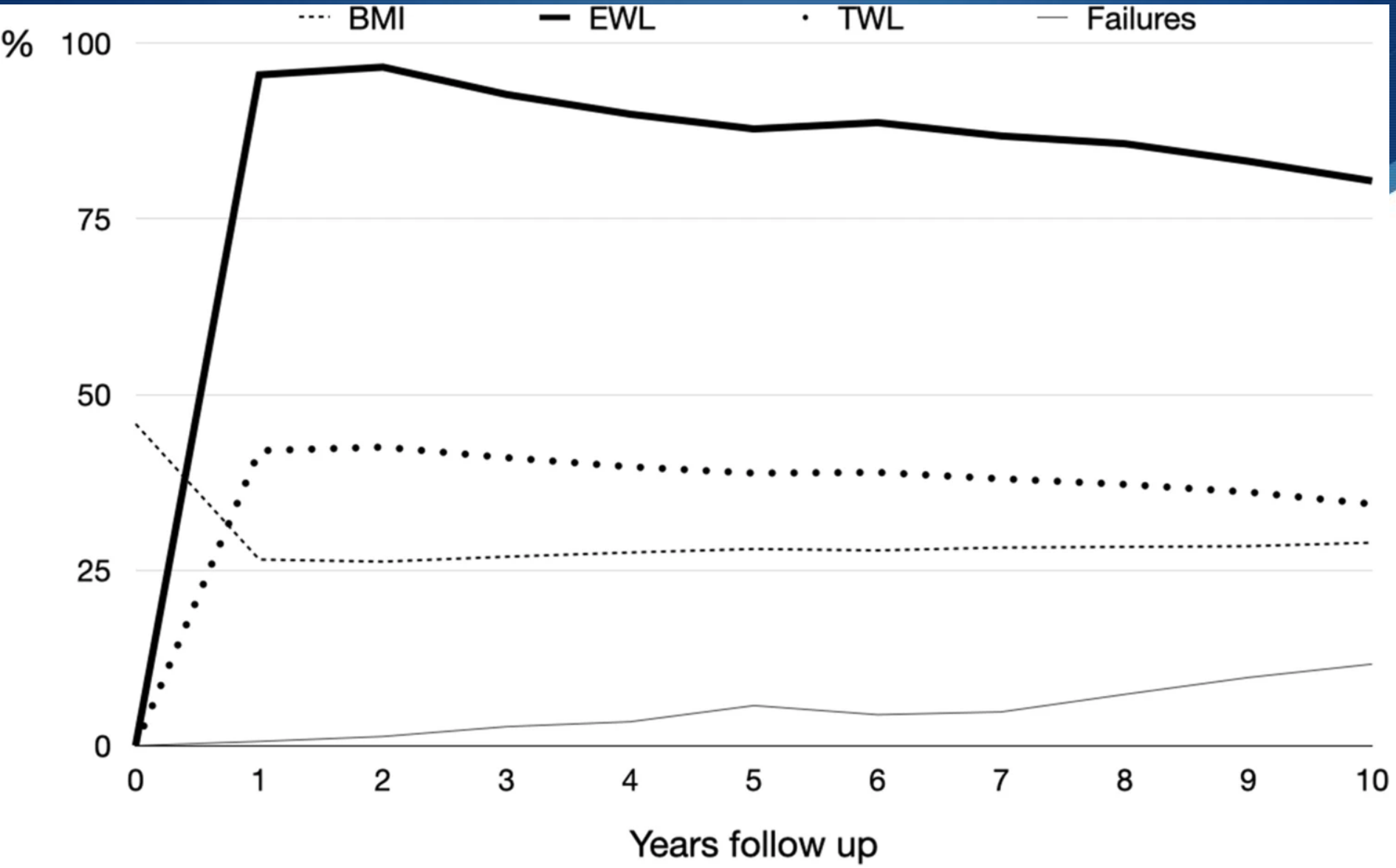
Proctor- Intuitive
Consultant- Medtronic
Speaker- Conmed.


All Patients
%total body weight
40
35
30
25
20
15
10
5
0
27.1
32.6
36
25.6
32.5
36.8
12
24
Month since surgery
SG
RYGB
SADS


BMI<45
%total body weight
45
40
35
30
25
20
15
10
5
0
27.4
33.5
37.9
25.9
34.3
40.4
12
24
Month since surgery
SG
RYGB
SADS


BMI 45-55
%total body weight
45
40
35
30
25
20
15
10
5
0
27.7
34.4
39.8
26
35.2
42.4
12
24
Month since surgery
SG
RYGB
SADS

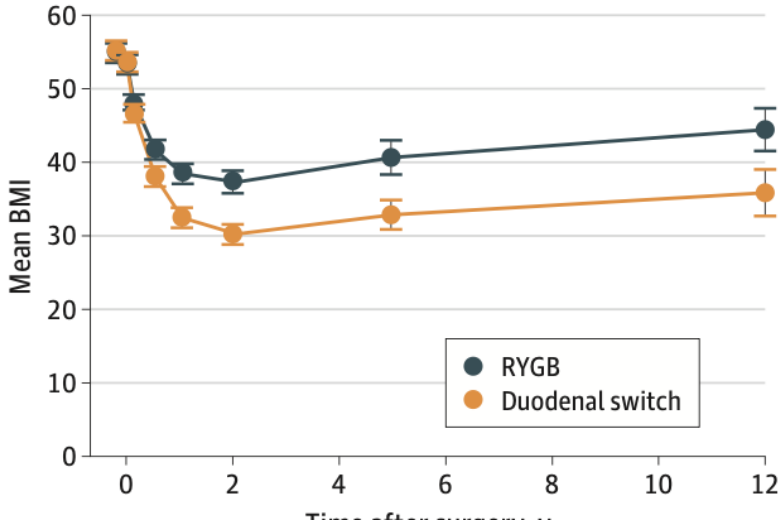

BMI>55
%total body weight
50
45
40
35
30
25
20
15
10
5
0
30.8
33.5
38
35.3
39.6
45.4
12
24
Month since surgery
SG
RYGB
SADS



Sánchez-Pernaute A, et al. Long-Term Results of Single-Anastomosis Duodeno-ileal Bypass with Sleeve Gastrectomy (SADI-S). Obes Surg. 2022 Mar;32(3):682-689. doi: 10.1007/s11695-021-05879-9. Epub 2022 Jan 15. PMID: 35032311; PMCID: PMC8760573.

ASGARD Study

Figure 2. Body Mass Index (BMI) for 60 Patients Undergoing Roux-en-Y Gastric Bypass (RYGB) and Duodenal Switch From Baseline to 10 Years After Surgery



Long term follow-up 15 years after duodenal switch or gastric bypass for super obesity: a randomized controlled trial

METHODS

47 patients (BMI > 48) randomized to **Duodenal switch** or **Gastric bypass**

34 patients included in a 15 year follow-up

Primary endpoint was **weight loss**

RESULTS

Key finding 1: Duodenal switch resulted in superior BMI loss (20.4 vs. 12.4 BMI units, p=.008)

Key finding 2: Duodenal switch had lower fasting glucose, HbA1c and LDL as well as lower hemoglobin

Key finding 3: Duodenal switch had more adverse events, compared to RYGB

CONCLUSIONS

When compared to **Gastric bypass**, **Duodenal switch** results in superior weight loss and metabolic control, however, at the cost of more adverse events

IFSO

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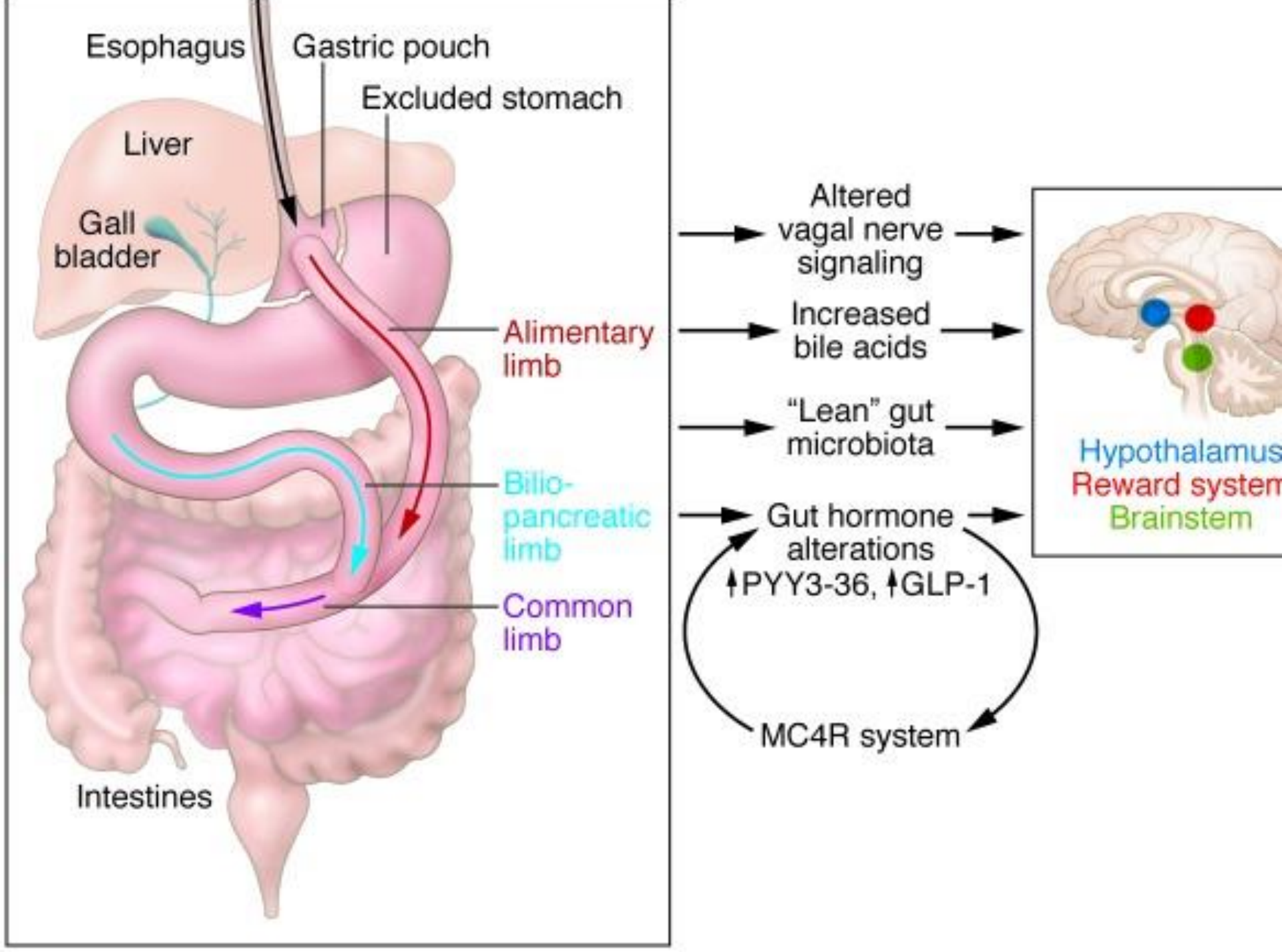
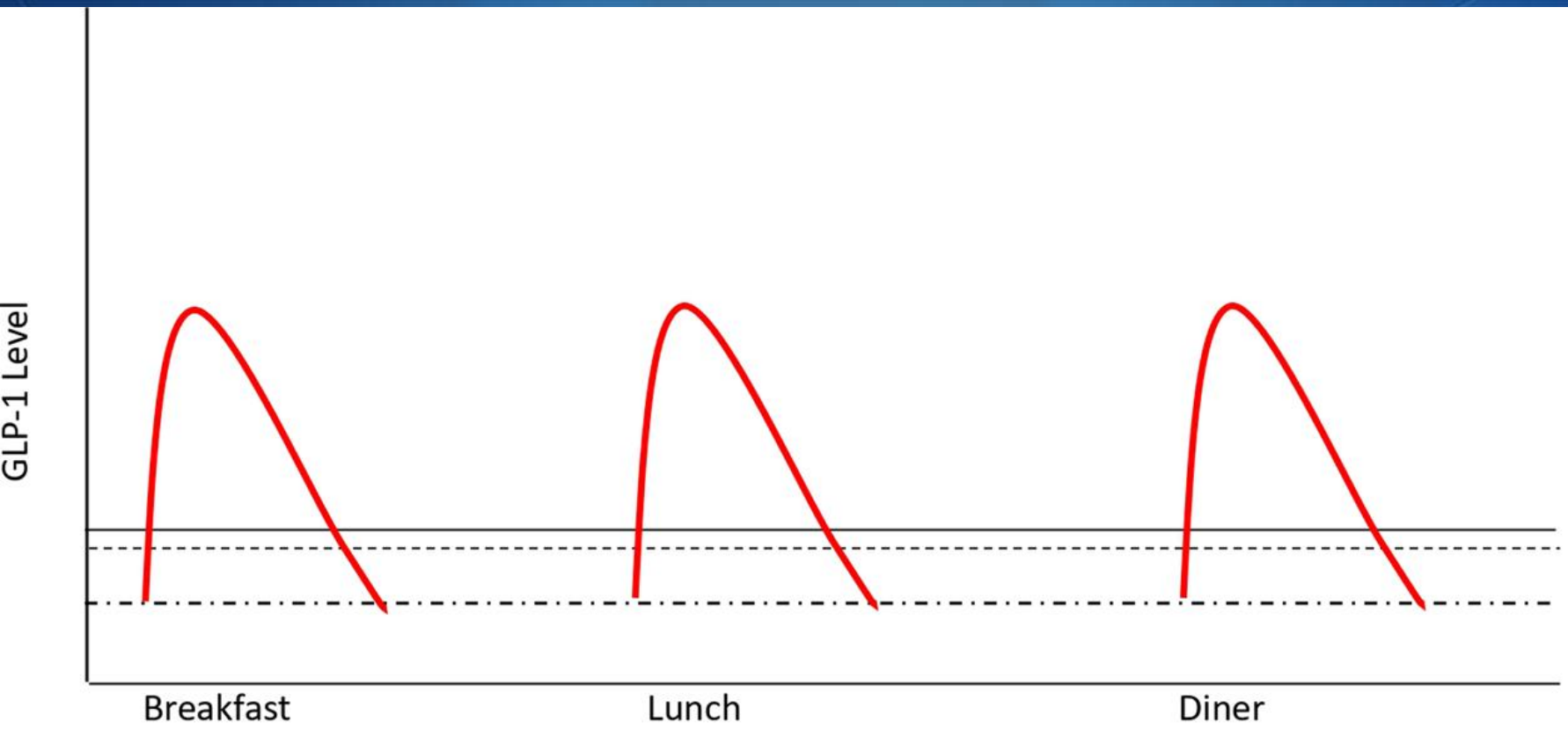

Esophagus
Gastric pouch
Excluded stomach
Liver
Gall bladder
Alimentary limb
Bilio-pancreatic limb
Common limb
Intestines
Altered vagal nerve signaling
Increased bile acids
"Lean" gut microbiota
Gut hormone alterations
↑PYY3-36, ↑GLP-1
MC4R system
Hypothalamus
Reward system
Brainstem



MBS: metabolic bariatric surgery, PWO; Patient with obesity, GLP-1, glucogan-like peptide, GLP-1RA, GLP-1 receptor agonist

CONTINUOUS GLUCOSE MONITORING CAPTURES GLYCEMIC VARIABILITY AFTER ROUX-EN-Y GASTRIC BYPASS IN PATIENTS WITH AND WITHOUT TYPE 2 DIABETES MELLITUS: A PROSPECTIVE COHORT STUDY

METHOD

RYGB groups:
Evaluated before, 1, and 6 months after surgery with CGM, exams, and BMI

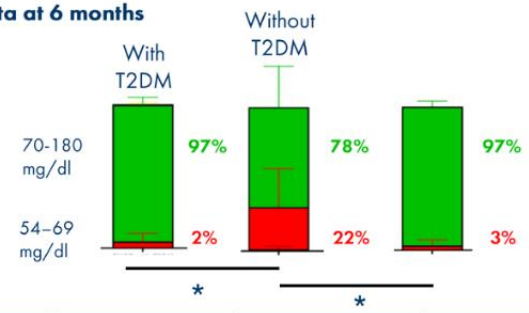
Control Group:
Matched by sex, BMI, and age with the T2DM group at 6 months (evaluated only once)

Study period: from September 2022 to July 2023

RESULTS

All data: mean ± DP	RYGB patients	Control group
Age, years	47.9 ± 8.9	48 ± 10.7
BMI before, kg/m²	46.9 ± 5.3	
BMI 6 months, kg/m²	34.3 ± 6	35.3 ± 3.4

CGM data at 6 months



CV (%), CGM data	Before	One month	Six months	p
With T2DM	17 (14.8 - 19.6)[a]	16.3 (15 - 21.8)[a]	26.7 (23 - 27.8)[b]	0.009
Without T2DM	14.2 (13.5 – 14.3)	16.5 (12.6 – 18.9)	21 (15.2 – 22.6)	0.090

CONCLUSION

The increase in coefficient of variation (CV) over time in the T2DM group and the increase in time in hypoglycemia in the group without T2DM after RYGB suggests an increase in the glycemic variability

Altering the RYGBP

- Reducing Pouch size
- Reducing Stoma Size
- Banding the Bypass
- Increasing BP Limb.
- Adding weight loss medications
- Converting to Sleeve or SADI.

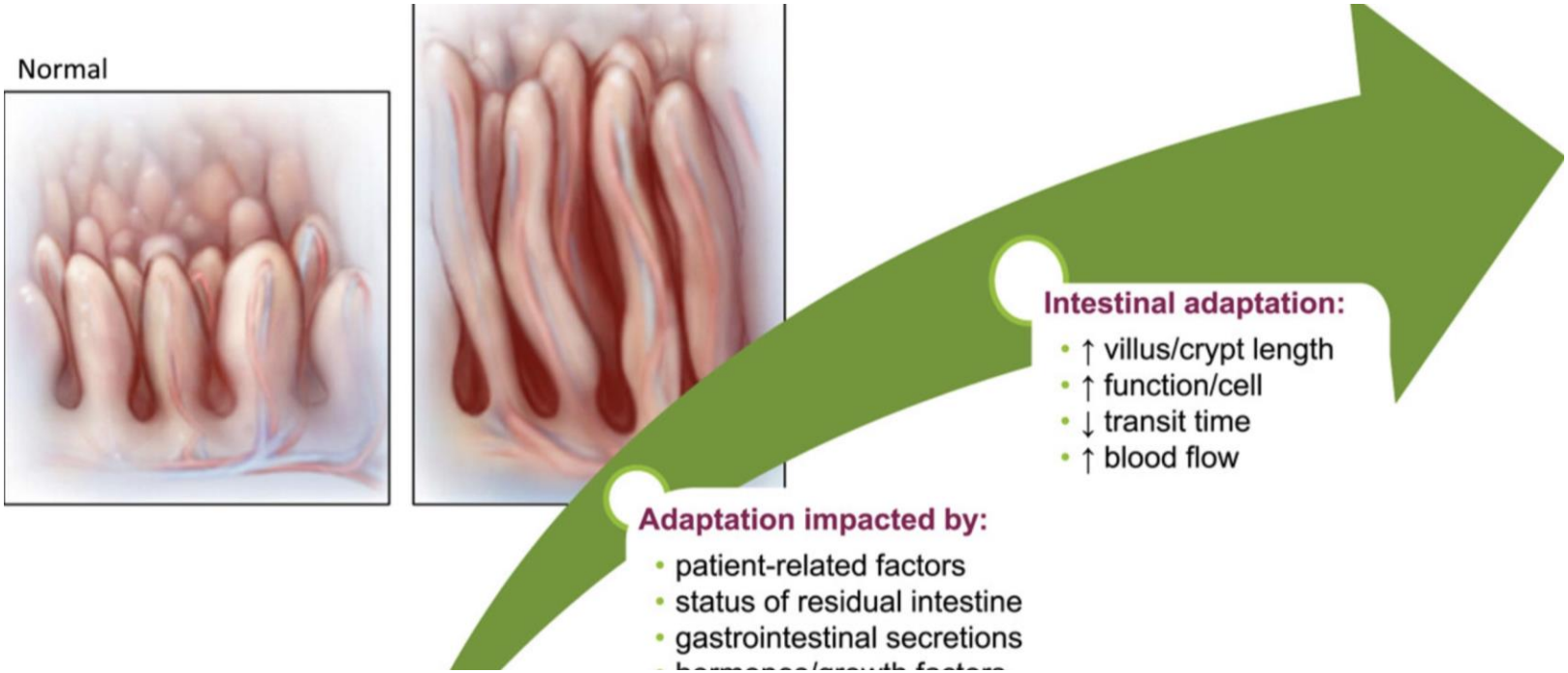
Why does a Gastric Bypass fail?

- Glycemic swings
- High carb diet
- Satiety reduction

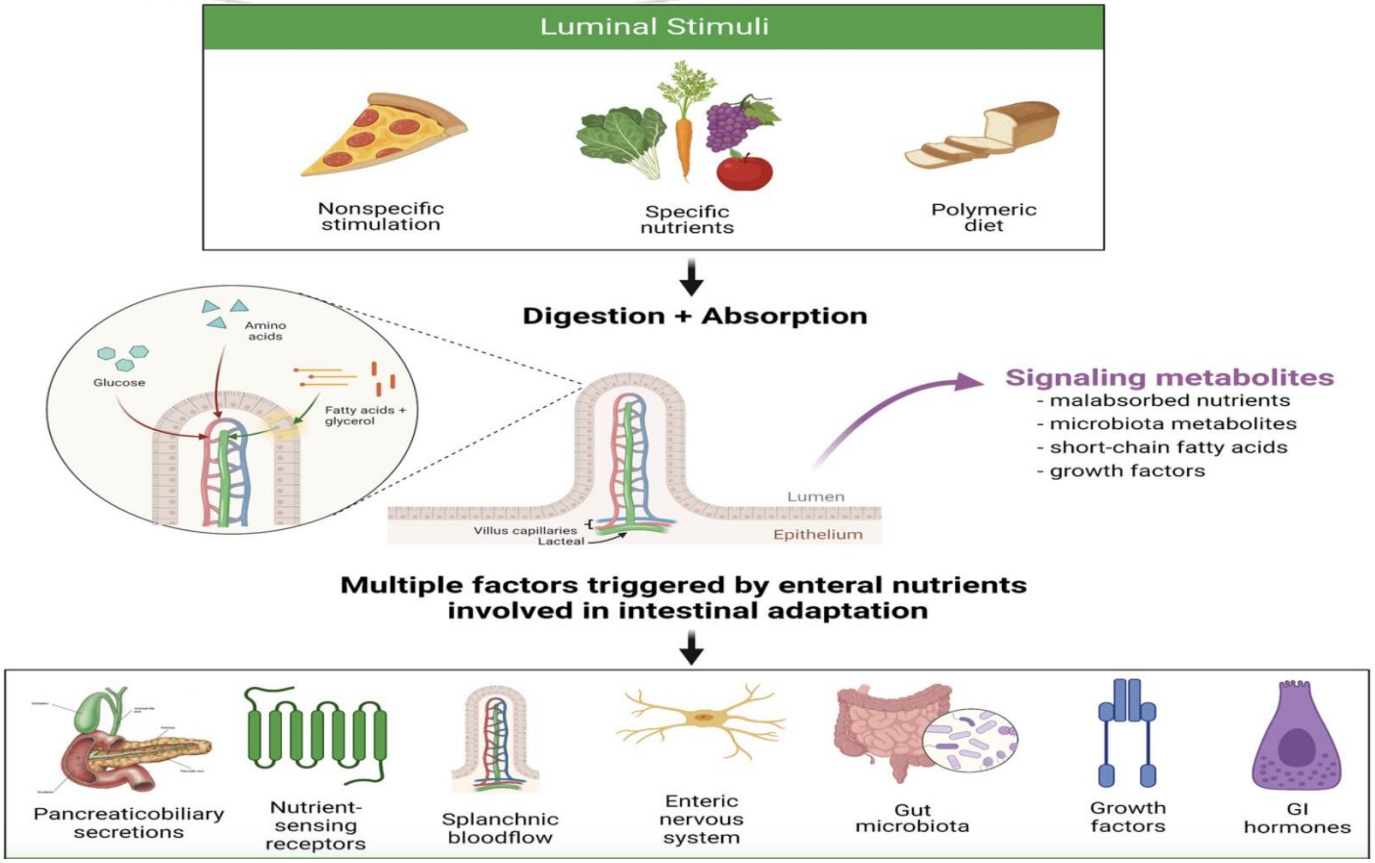
Potential Solutions

- Reducing CC.
- Increasing BP Limb
- Small Bowel adaptation
- Satiety Level low.
- Low capacity reservoir + Hypoabsorption.

Bowel Resection



Hyperphagia



Conversion to SADI/DS

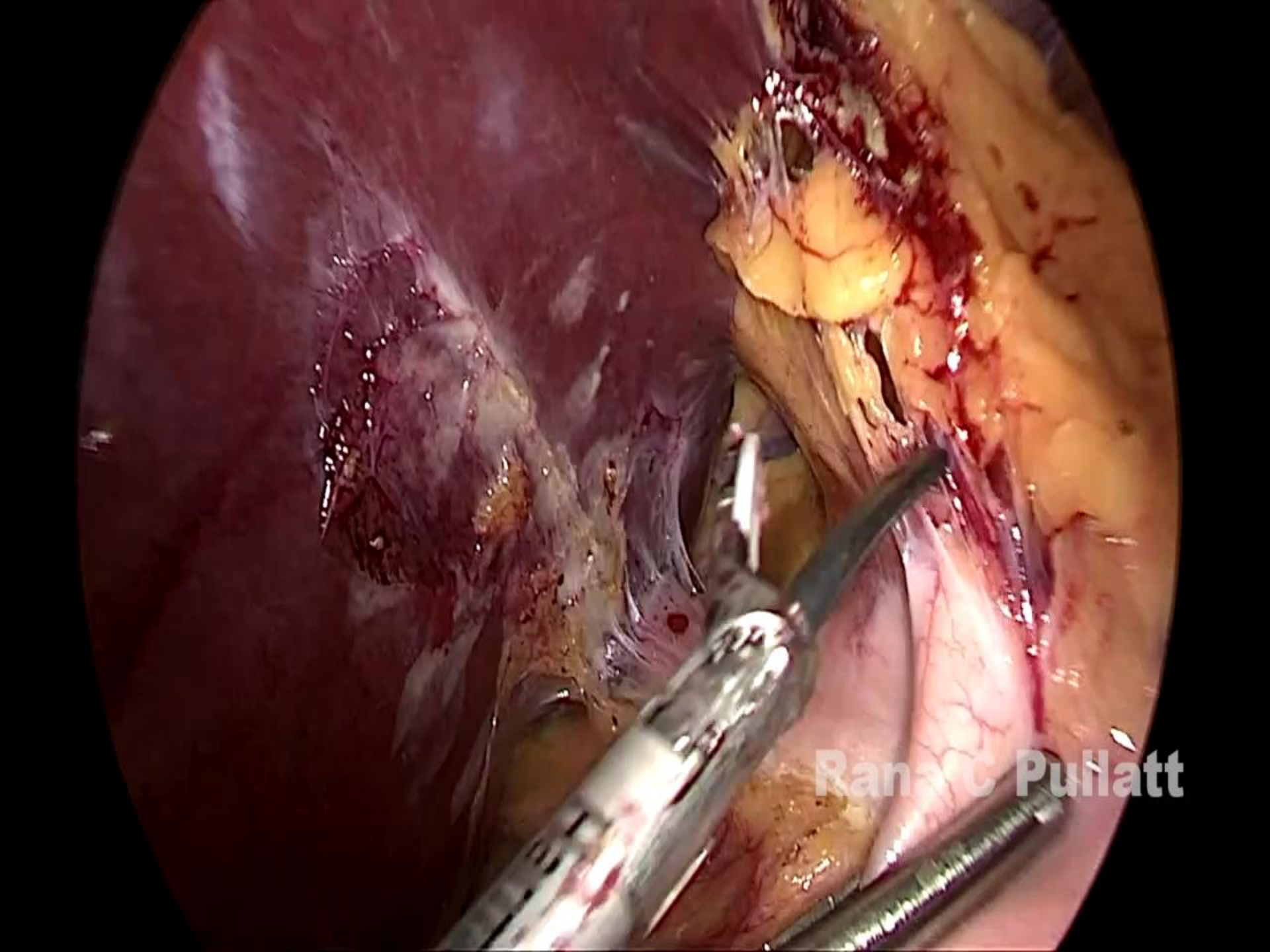
- Larger Gastric Reservoir
- Role of Pylorus in satiety.
- Prevention of Glycemic excursions.

Challenges

- Gastrogastric anastomosis
- Duodenal Dissection.

Steps of RYGBP to SADI/DS

- Division of Gastrojejunostomy
- Horizontal Division of Remnant.
- Achieves purpose of Vertical Sleeve.
- Gastrogastric Anastomosis.
- Tunnel Dissection of Duodenum.
- Roux Limb management


Ran C Pullatt

Conclusions

- Stop blaming the patient.
- Conversion of RYGBP to SADI/BPD-DS is a viable option.
- Lengthening of BP limb in a gastric bypass may be too aggressive or too conservative.
- Higher complication rate in conversion of RYGBP to SADI/DS may be part of learning curve.

Thank You

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