

IMPERIAL



OAGB or RYGB as Revisional Surgery for Failed Sleeve Gastrectomy: A Comparison of Weight Loss Outcomes

R Aggarwal, P Tannirandorn, S Hakky, P Ortega, C Tsironis, S Purkayastha, AR Ahmed

Imperial Weight Centre, St Mary's Hospital, London

I have no potential conflict of interest to report

Background

Laparoscopic Sleeve Gastrectomy (LSG):

- Most performed bariatric procedure worldwide.
- Associated with weight regain and reflux.

Need for Revisional Surgery:

- To address weight regain and reflux post-LSG.
- Barretts oesophagus
- Revision rate up to 36%¹

Revisional Procedures:

- One Anastomosis Gastric Bypass (OAGB)
- Roux-en-Y Gastric Bypass (RYGB)

Importance of understanding which revisional surgery yields better outcomes.



Objectives

Primary Objective:

- Compare percentage total weight loss (%TWL) at 2 years between OAGB and RYGB after LSG

Secondary Objectives:

- Assess 30 day post-operative complications
- Length of stay

Methods

Study Design:

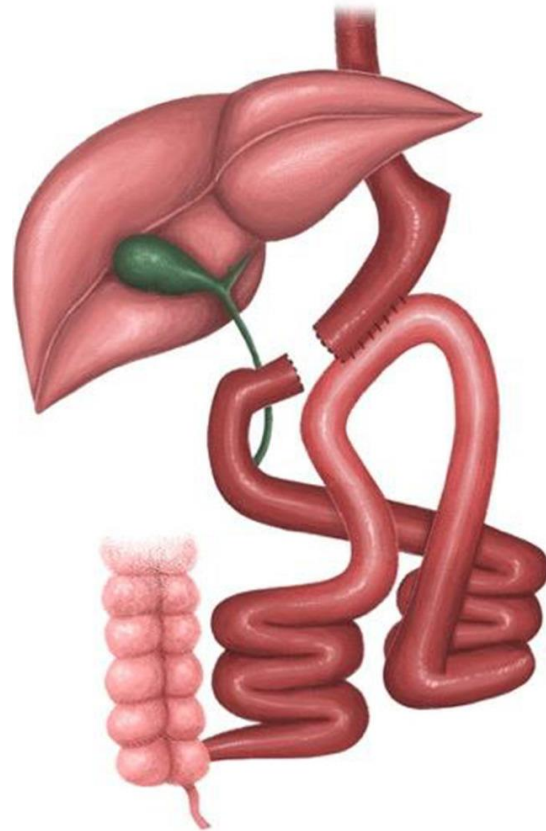
- Retrospective analysis of prospectively collected data (2015-2022)
- Conducted at a UK center.

Participants:

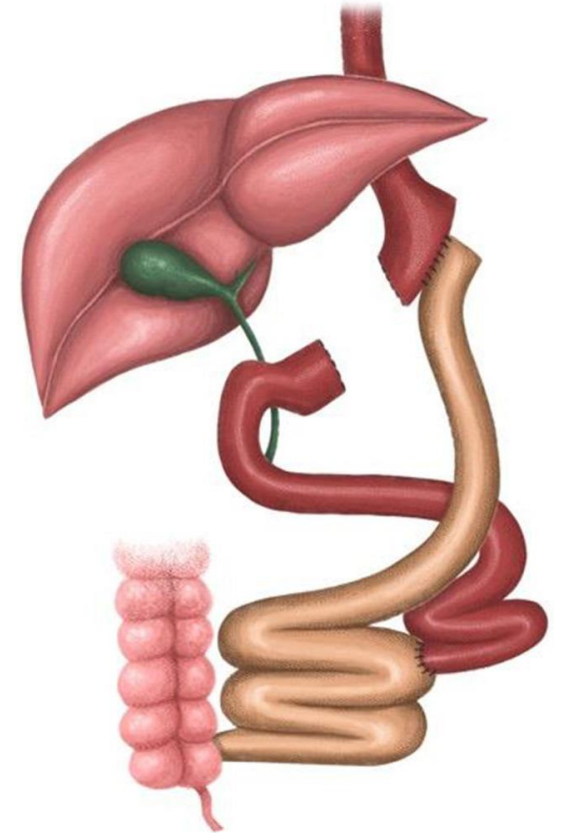
- 101 patients who underwent revisional surgery post LSG
- Choice of procedure based on joint decision between surgeon and patient
- Primary exclusion for OAGB was Barretts or reflux oesophagitis grade C or D
- Pre-op work up – Barium, OGD
 - +/- CT +/- pH manometry studies

Surgical techniques

OAGB:
Sleeve divided at the incisura.
Biliary length: 150-200cm.



RYGB:
Shorter gastric pouch
Biliary limb: 50-70cm
Roux limb: 100cm
Ante-colic Ante-gastric



Both procedures used a 30mm linear stapler for the gastro-jejunosomy.

Results

- 47 patients received OAGB, 54 received RYGB.
- Indications for surgery:

	Weight regain	Planned second stage	Reflux	Technical issue with sleeve
OAGB	27	11	5	4
RYGB	9	3	34	8

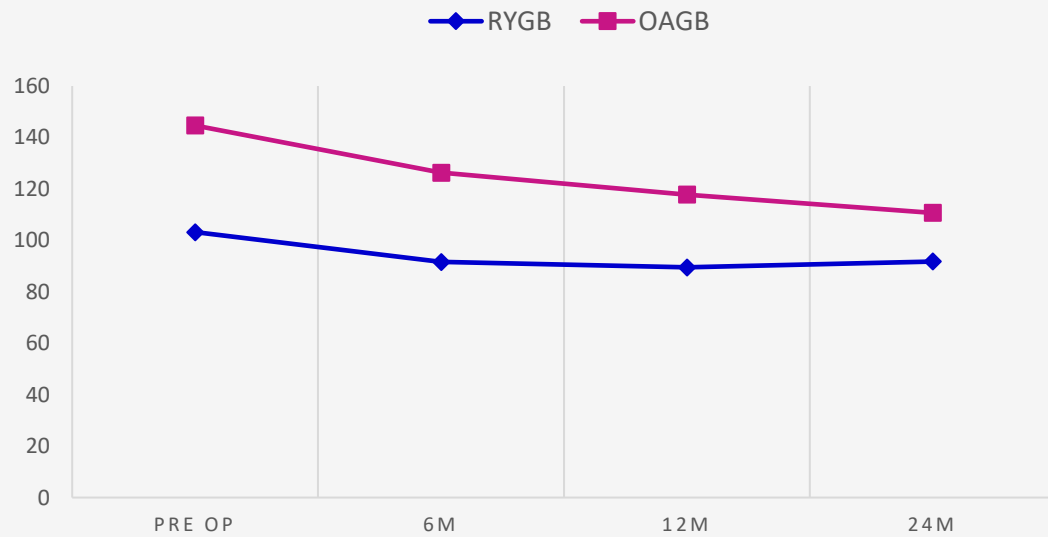
	OAGB		RYGB	
	n	%	n	%
Sex				
Female	27	58.7	44	81.5
Male	19	41.3	10	18.5
Age (mean)	44.8		47.1	
Co-morbidities				
T2DM	9	19.1	13	24.1
HTN	14	29.8	15	27.8
OSA	11	23.4	5	9.2
Asthma	6	12.8	5	9.2
Previous VTE	6	12.8	3	5.6
Reflux	13	27.7	34	62.9
Liver disease	5	10.6	0	0
Depression	13	27.7	13	24.1
ASA 1	0	0	1	1.9
ASA 2	16	34.8	32	59.3
ASA 3	29	63	20	37
ASA 4	1	2.2	0	0

Primary Outcome

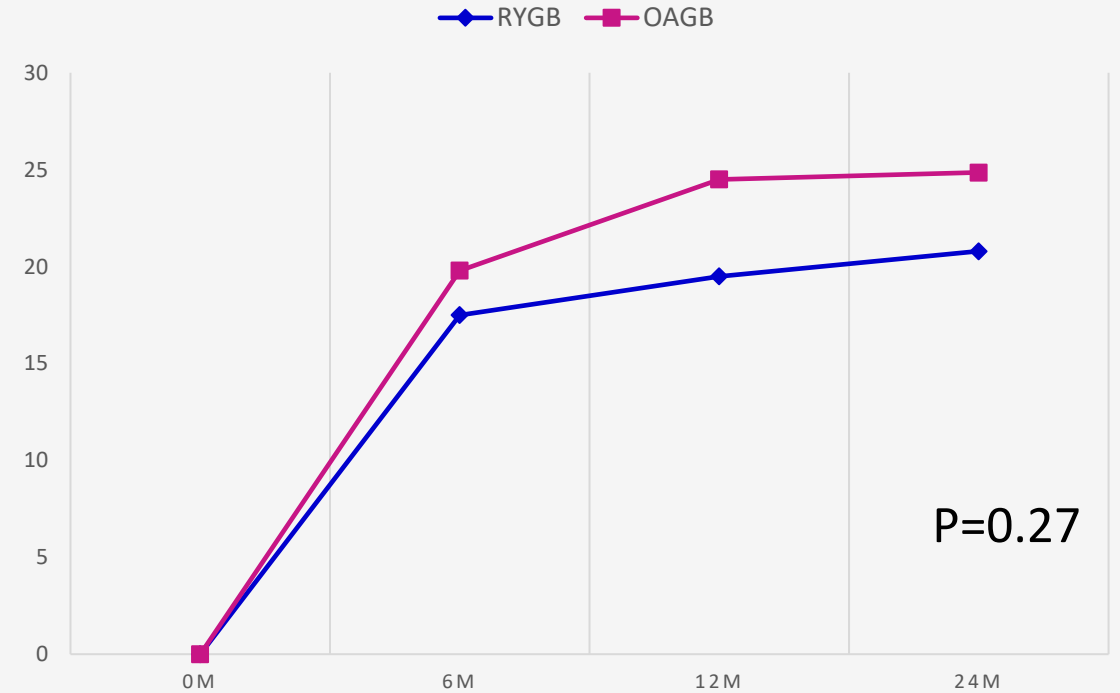
Weight Loss after revisional surgery

	BMI at surgery	BMI at 2 years
OAGB	49.1	41.9
RYGB	37.1	30.6

MEAN WEIGHT AFTER REVISIONAL SURGERY



%TWL AFTER REVISIONAL SURGERY



Secondary Outcomes

Post-op complications

No significant differences in readmission rates, re-operations or other significant post-operative complications at 30 days post op

Length of stay

OAGB – 1.8 days

RYGB – 1.9 days

Discussion

Weight Loss Outcomes:

- No significant difference in %TWL at 2 years between OAGB and RYGB.
- Similar post-operative complication rates between the two groups.
- Consideration of higher pre-conversion BMI in OAGB group and indication for surgery
- Need for further long-term studies to assess:
 - Sustained weight loss.
 - Impact on quality of life.
 - Cost-effectiveness.
 - Patient satisfaction.
 - Long term complication / side effect profile

Conclusions

- Both OAGB and RYGB are viable revisional options after LSG.
- No significant difference in %TWL at 2 years.
- Further research is essential to determine long-term efficacy and quality of life impacts.

IMPERIAL



Thank you

ravi.aggarwal@nhs.net

OAGB or RYGB as Revisional Surgery for Failed Sleeve Gastrectomy: A Comparison
of Weight Loss Outcomes

05/09/2024