



Recurrent weight gain after RYGB - Conversion to DS/SADI-S

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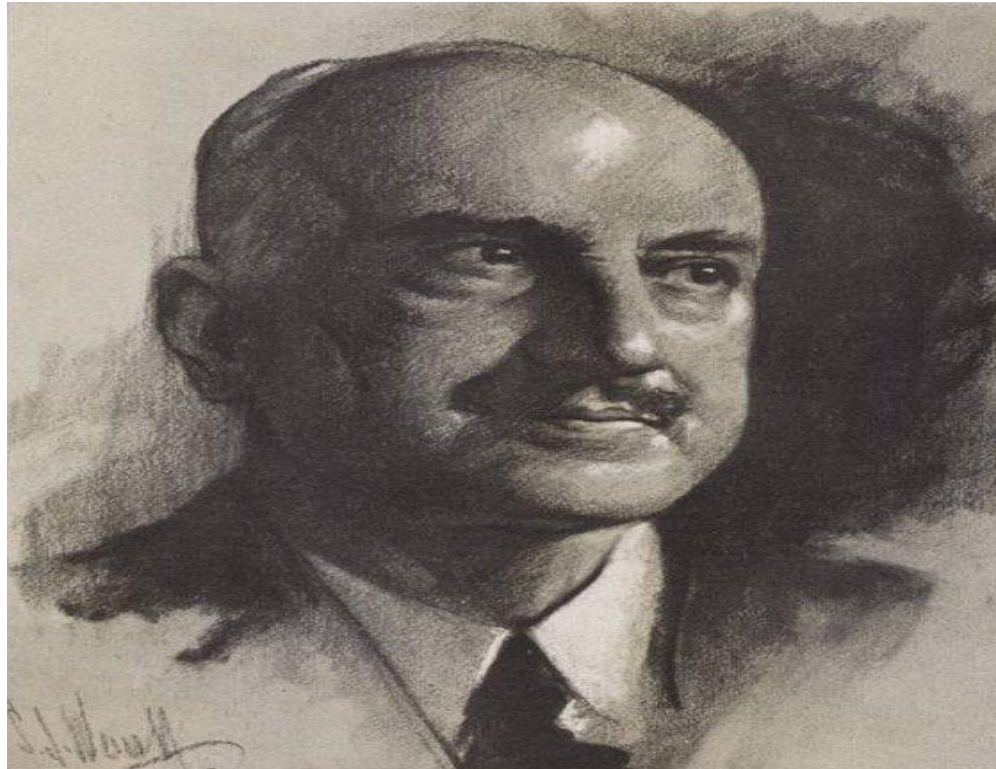
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RWG after RNYGB – Convert to DS/SADI-S

- Can:
 - ✓ Ability
- Should:
 - ✓ Experience & Insight!

RWG after RNYGB – Convert to DS/SADI-S



“Those who do not learn history are doomed to repeat it”

George Santayana - 1863

Distalization of Gastric Bypass

- Distalization of the bypass results in a high risk of malabsorption-related complications
- Nutritional deficiencies were present in 89% of patients after D-RYGB

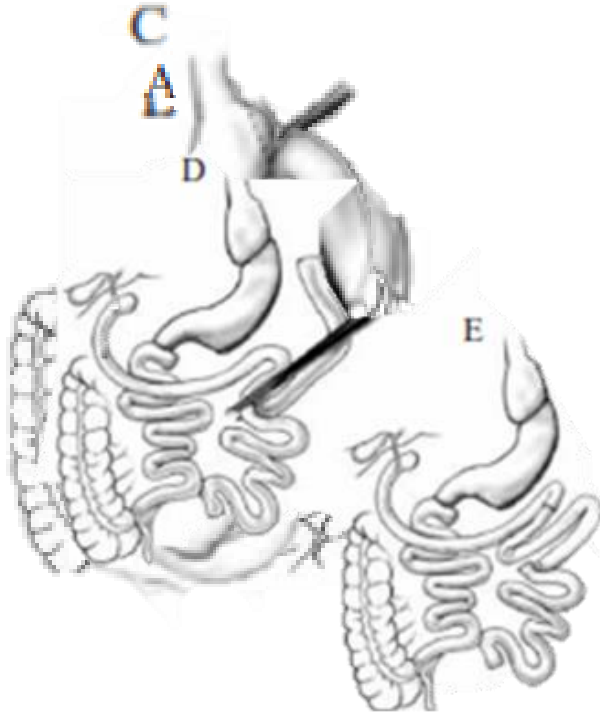
Amor et al. (Obes Surg. 27(1):273-274, 2017)

Borbély et al. (Obes Surg. 27(2):439-444, 2017)

Tran et al. (Obes Surg. 26(7):1627-1634, 2016)

Thomopoulos et al. (Surg Laparosc Endosc Percutan Tech. 0(0):1, 2018)

Technical Steps - Conversion to DS



- Disconnecting the gastrojejunal anastomosis
- Restoring gastric continuity
- Sleeve gastrectomy to prevent weight regain
- Convert To Classical DS
- 4 anastomoses: gastrogastrostomy (before the SG), duodenoileostomy, ileoileostomy and jejunojejunostomy (to reconnect the old Roux limb).

IF YOU MUST CONVERT RYGBP TO SADI-S

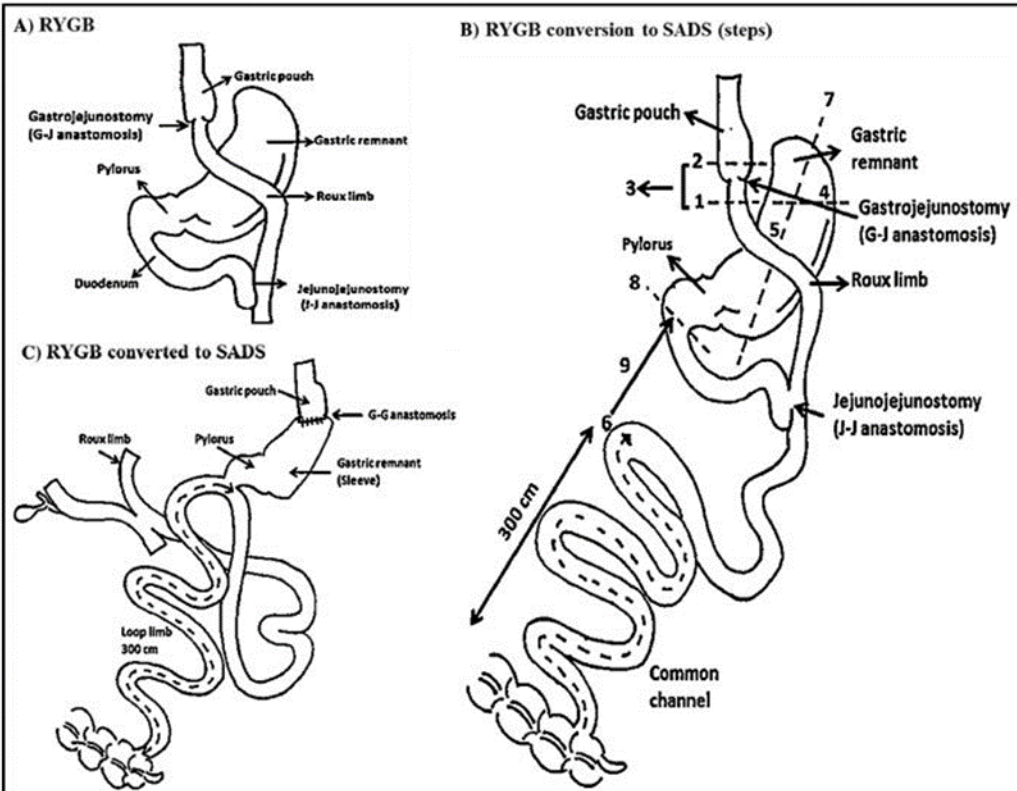


Figure 1, B: RYGB conversion to SADS steps:

1. Division of Roux limb below the gastric pouch to identify anastomosis.
2. Division of gastric pouch above old gastrojejunostomy.
3. Resected small bowel taken out of the abdominal cavity.
4. Fundectomy
5. Constructing gastrogastronomy.
6. Small bowel is traced retrograde to 300 cm from ileocecal valve and brought up near duodenal stump.
7. Creating a sleeve.
8. Transecting duodenum 3 cm from the pylorus.
9. Constructing duodenoileostomy.



Amit Surve, M.D.

• STAGE I

- Remove the fundus for long term weight maintenance
 - 40% Na from Fundus required for SGLT receptor function
 - This eliminates receptor relaxation
- Gastro-gastrostomy--- this is not a sleeve!!!!
- Leave as many perforators from gastroepiploic as possible
- Give 3 to 6 months for vascularity to return

• STAGE II

- Perform the Duodenal-ileostomy while leaving as much vascularity as possible

Conversion From RNYGB for weight regain

- RNYGB- Long term failure rate (BMI <35) – 20-35%¹
- Patient compliance
 - Failure of primary procedure
 - Development of metabolic complications especially after DS
- Revisions are particularly challenging - Tissue scarring and adhesions from first surgery
- Conversions to DS - Complicated & Time consuming, Morbidity 50%²

1 - Christou N, Look D, MacLean L. Weight gain after short and long-limb gastric bypass in patients followed for longer than 10 years. *Ann Surg* 2006; 244:734-40.

2 - Schwartz R, Strodel W, Simpson W, Griffen W. Gastric bypass revision: lessons learned from 920 cases. *Surgery* 1988;104:806-

Conversions of Roux-en-Y gastric bypass to duodenal switch for weight regain.

Moon, R.C., Alkhairi, L., Wier, A.J. et al. Surg Endosc 34, 4422–4428 (2020). <https://doi.org/10.1007/s00464-019-07219-6>

- 15 patients 2013-2018
- TWL at 2 years 25.7%
- Morbidity – 27%
- 3 leaks and 1 lengthening of CC

Mid-term Results of Laparoscopic Conversion of Gastric Bypass to Duodenal Switch for Weight Regain: the Review of the Literature and Single-Center Experience

Demirel, T OBES SURG 33, 3889–3898 (2023). <https://doi.org/10.1007/s11695-023-06885-9>

- 17 patients (Jan 2013- Dec 2021)
- Mean BMI 45 (33-70)
- Average %EWL 74% (52-91)
- 40% morbidity
- 1 Death

Long-Term Outcomes of Conversion of Failed Roux-en-Y Gastric Bypass to SADI-S¹

Daniel Cottam, Obesity Week 2019, Las Vegas, NV

- Retrospective, 2012-2019
- 73 Patients, DS-9 SADI-S 64
- Average BMI 44
- Average TWL % >4 years – 22%
- Morbidity – Short term complications 46%, High Leak rate - 15%
 - Long term Complication rate - 27%

[1] A Matched Cohort Comparison of Long-term Outcomes of Roux-en-Y Gastric Bypass (RYGB) Versus Single-Anastomosis Duodeno-ileostomy with Sleeve Gastrectomy (SADI-S)

Daniel Cottam et al. Obes Surg. 2021 Apr;31(4):1438-1448. doi: 10.1007/s11695-020-05131-w. Epub 2020 Nov 17.



Should we convert RNYGB to DS/SADI-S?

