

**Shocking Sleeve Dilemmas session  
Friday Sept 6, 2024  
IFSO World Congress Melbourne Australia**

**“Revision choices after Sleeve  
Gastrectomy explain the higher revision  
rates than in Gastric Bypass patients” –  
Pro**

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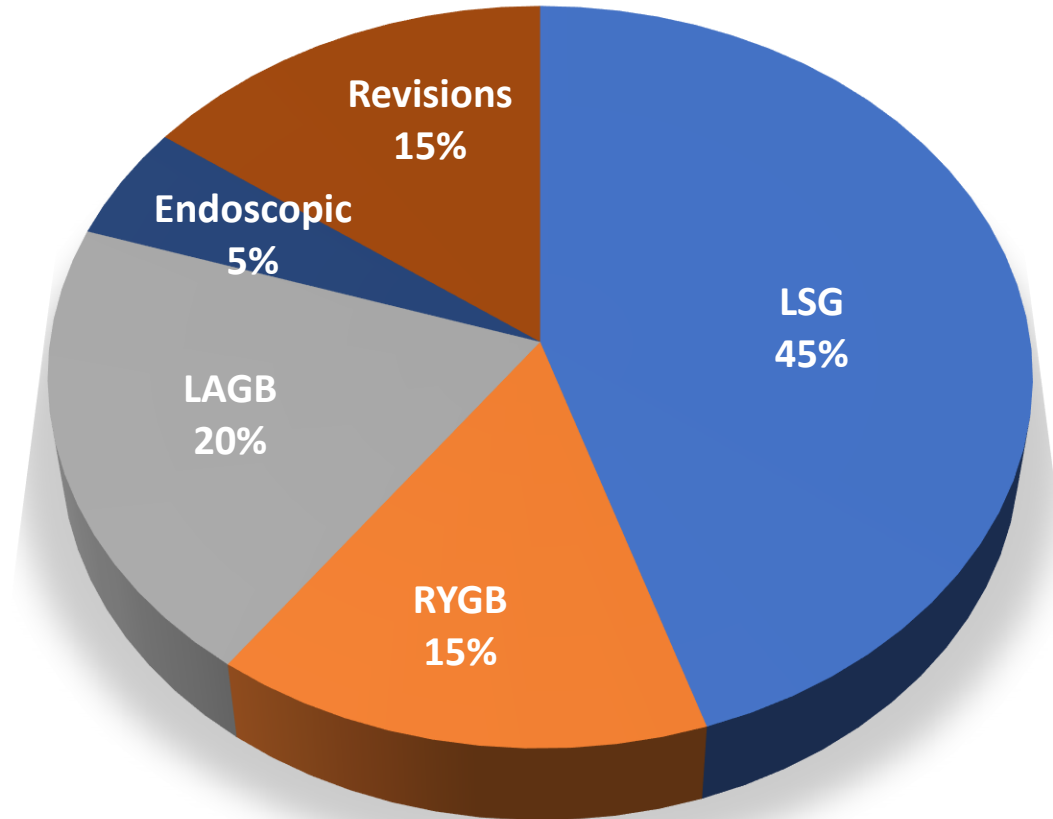
President IFSO North America Chapter (2021-2024)

# Conflict of Interest Disclosures

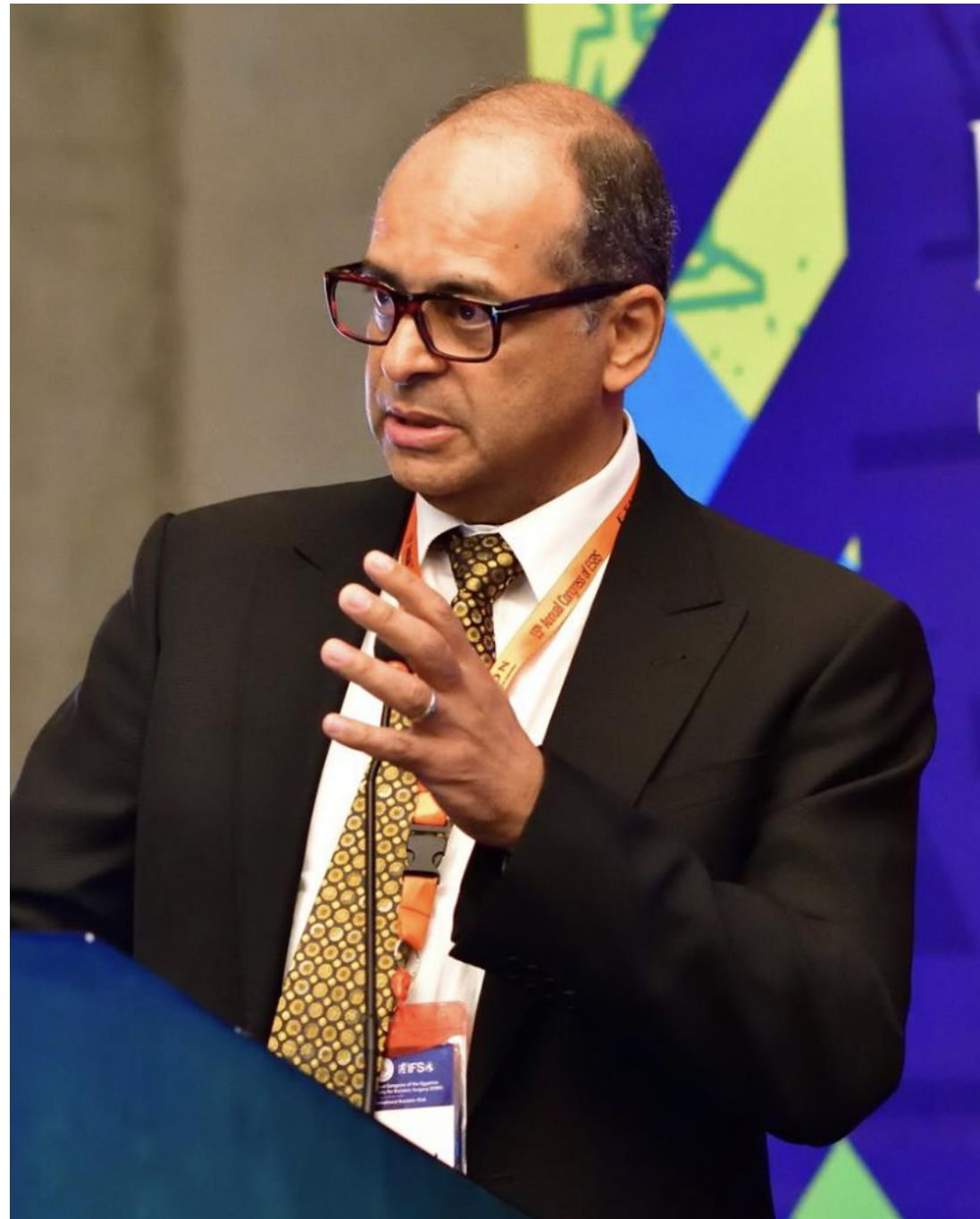
- Gore: speaker, consultant
- ReShape Lifesciences: consultant
- Olympus: speaker
- Allurion: consultant
- Medtronic: consultant, speaker
- Applied Medical: consultant
- Ethicon: speaker
- Intuitive: speaker
- Tissium: consultant

# Case Mix Disclosure Slide

Whole career procedures



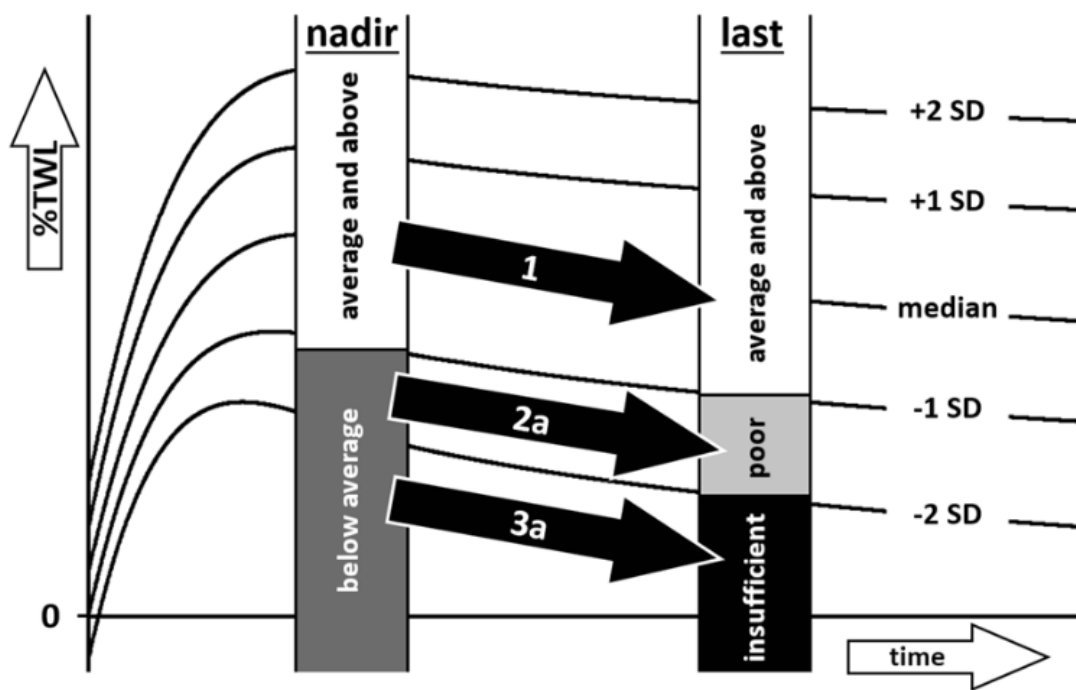
- LSG
- RYGB
- LAGB
- BPD/DS
- OAGB
- LoopDS
- Endoscopic
- Revisions



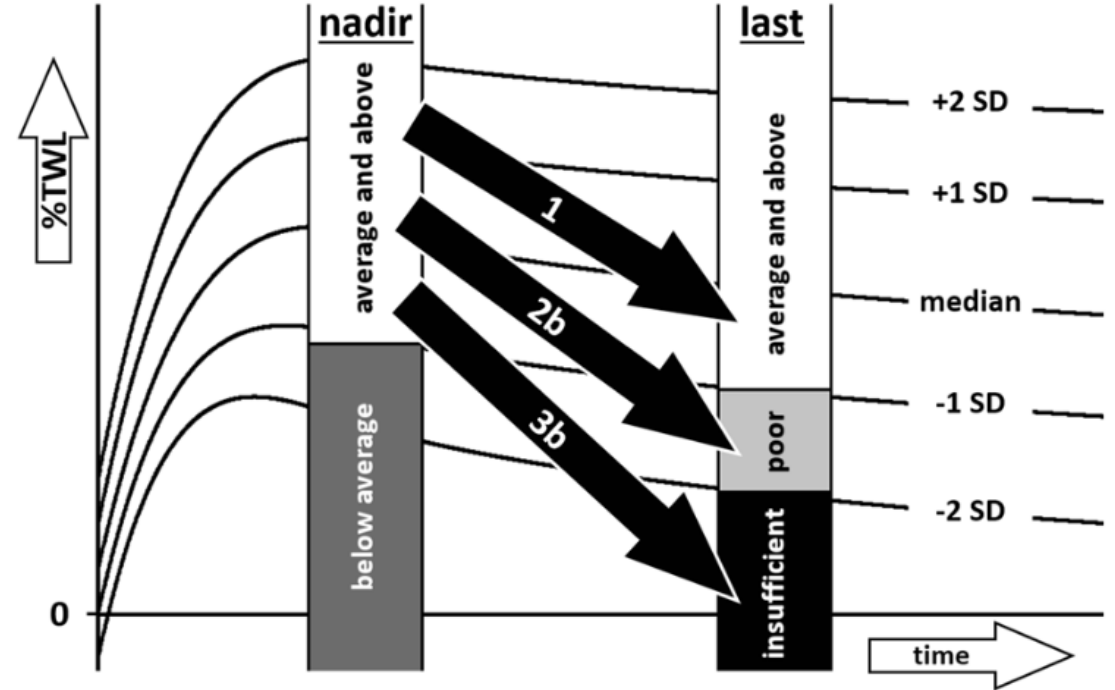
**Not everybody has  
the same response**



# Variable response to MBS

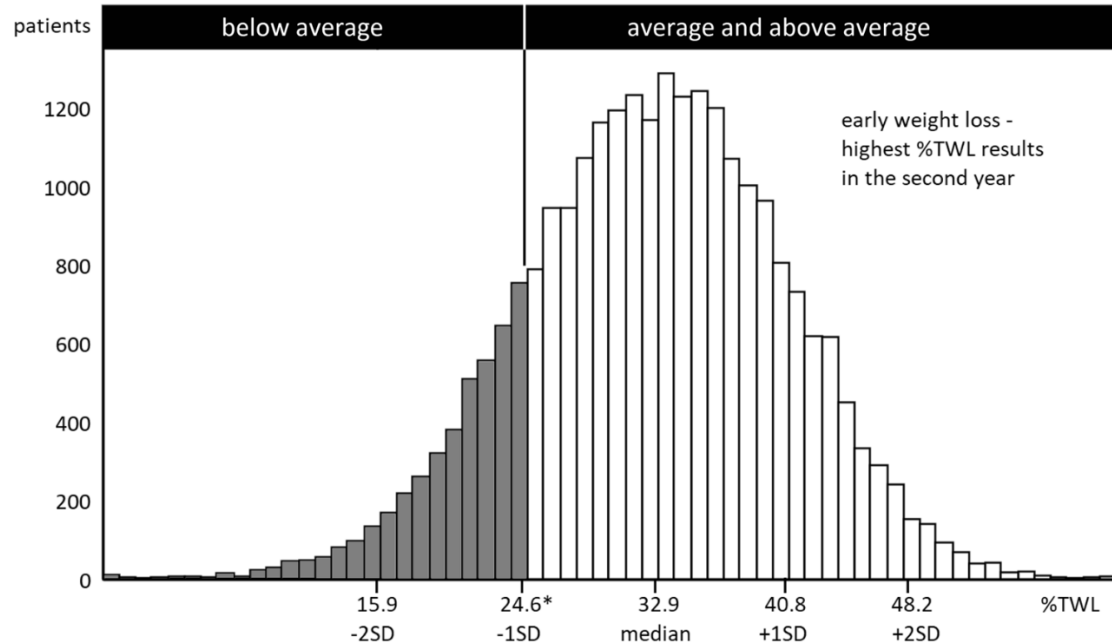
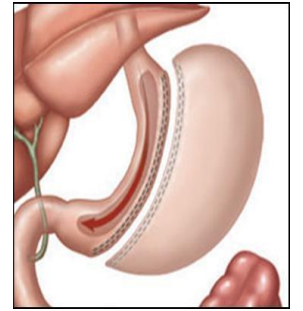
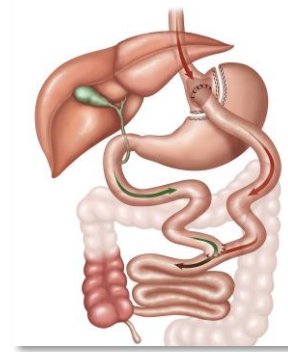


“Gradual”  
recurrent weight gain

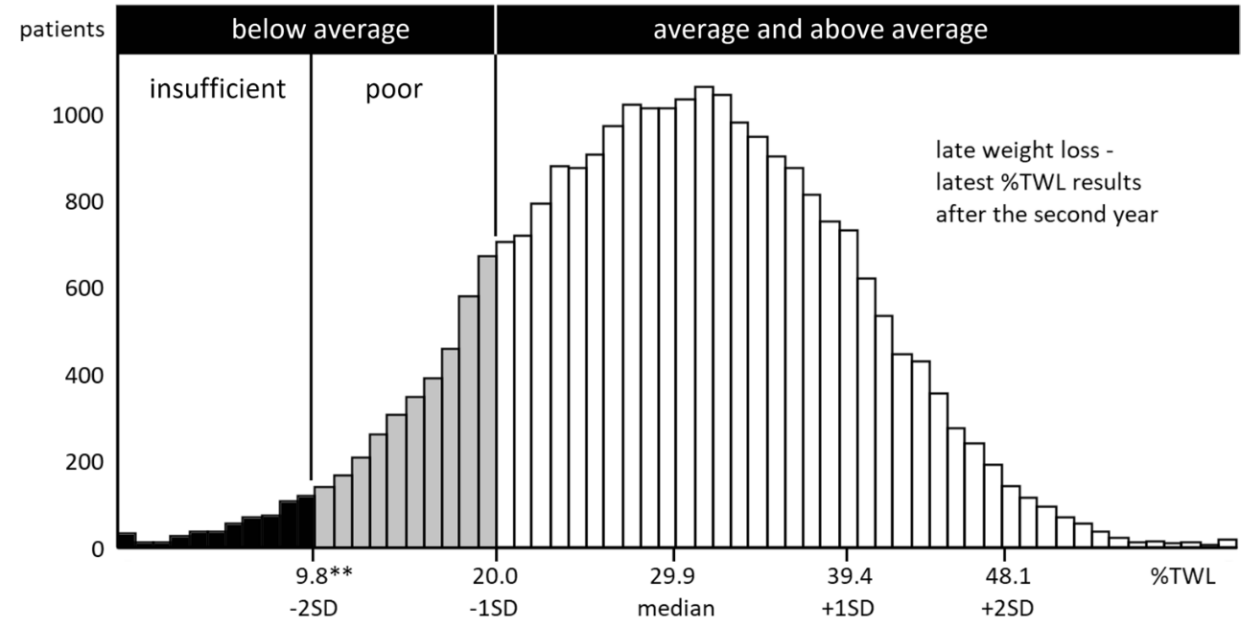


“Steep”  
recurrent weight gain

# Variable response to MBS



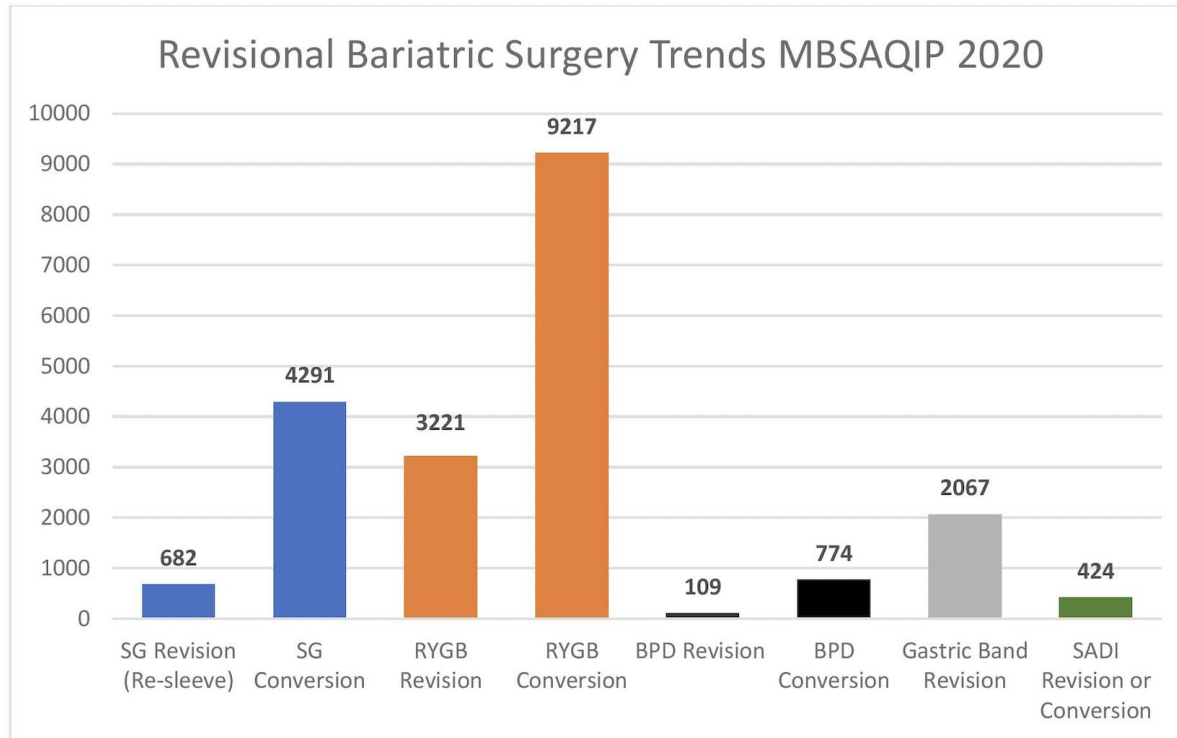
“Early”  
Poor response



“Late”  
Poor response

# Revisional cases have declined from 17% peak in 2019 and indication trends have changed

MBSAQIP 2020 Revisional cases



Vanetta et al. Bariatric Surgery Conversions in MBSAQIP Centers: Current Indications and Outcomes. *Obes Surg* (published online Aug 2022)

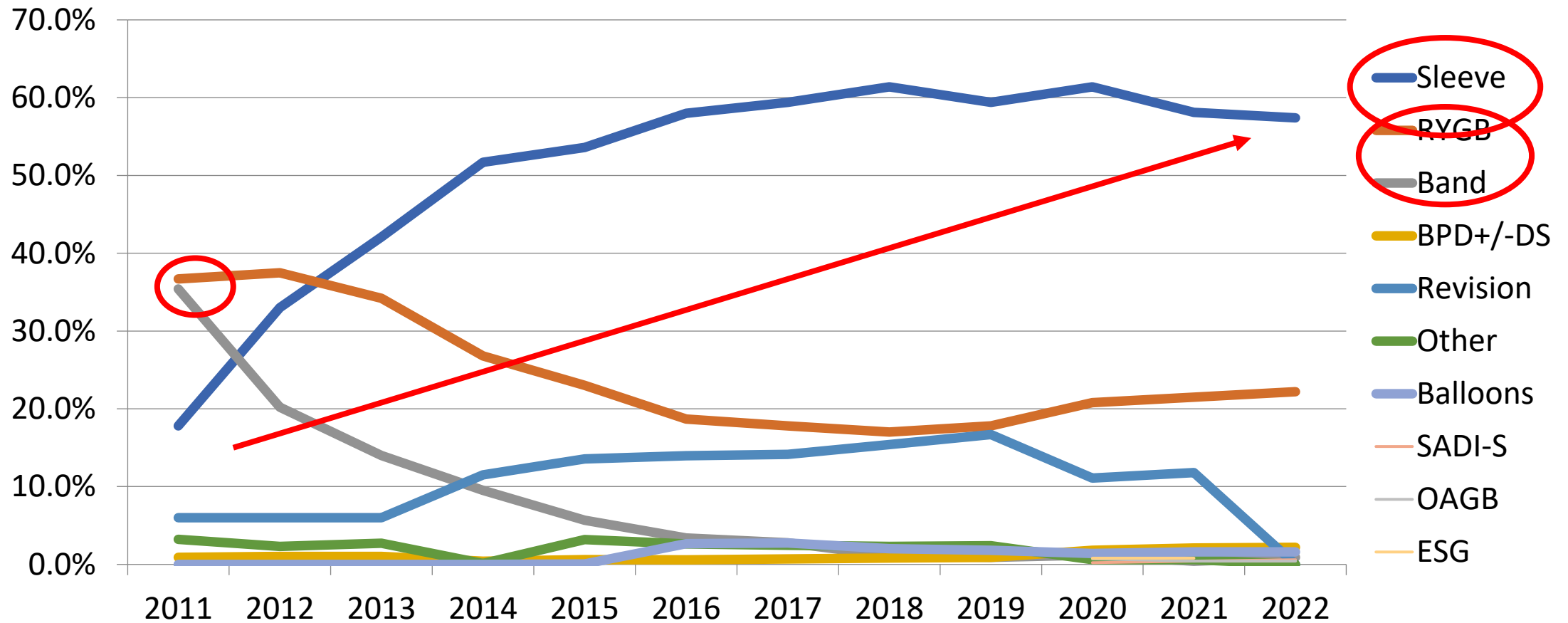


# MBSAQIP 2020 Revisional cases Conversions

<b>Conversion</b>	
<b>SG to RYGB</b> Reflux 54.2% Poor weight loss 35.8%	<b>40.3%</b>
<b>AGB to SG</b>	<b>27%</b>
<b>AGB to RYGB</b>	<b>16.2%</b>
<b>SG to BPD/DS</b>	<b>3.2%</b>
<b>SG to SADI</b>	<b>2%</b>
<b>RYGB to BPD/DS</b>	<b>0.9%</b>

Vanetta et al. Bariatric Surgery Conversions in MBSAQIP Centers: Current Indications and Outcomes. Obes Surg (published online Aug 2022)

# Metabolic and Bariatric Surgery Procedure Percentage Trends: 2011 - 2022



Review article

## Reasons for underutilization of bariatric surgery: The role of insurance benefit design <sup>☆</sup>

Hamlet Gasoyan, D.M.D., M.P.H. <sup>a,\*</sup>, Gabriel Tajeu, Dr.P.H., M.P.H. <sup>a</sup>,  
Michael T. Halpern, M.D., Ph.D., M.P.H. <sup>a</sup>, David B. Sarwer, Ph.D. <sup>b</sup>

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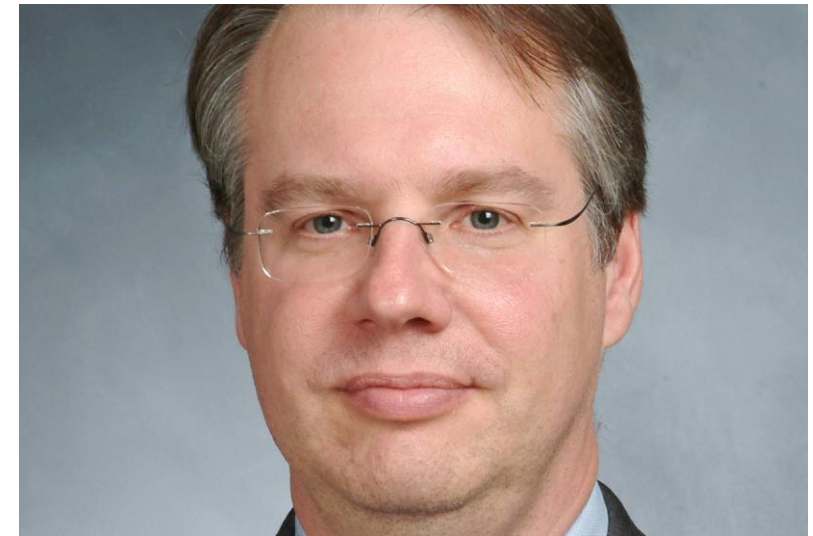
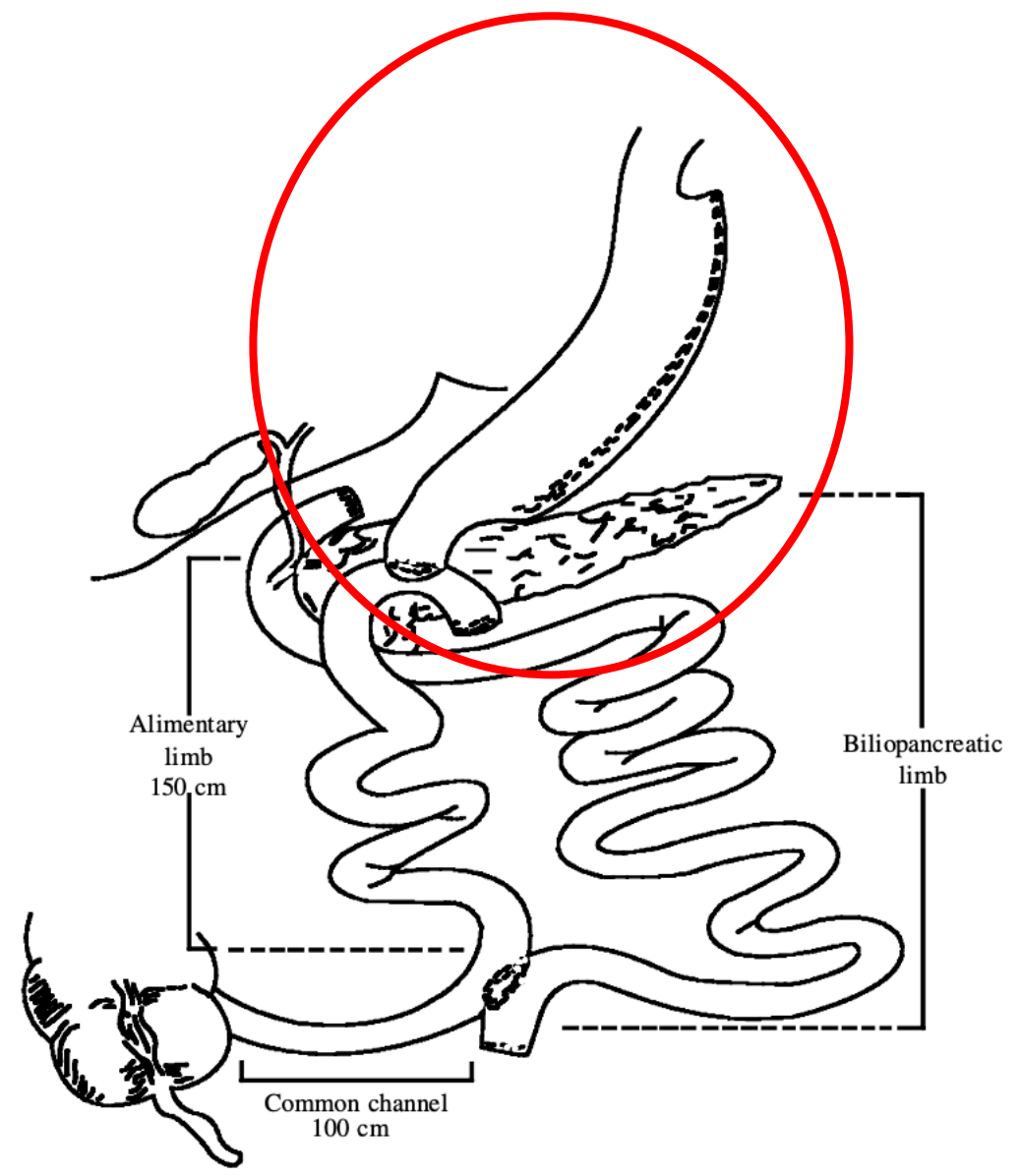
Received 10 August 2018; received in revised form 12 September 2018; accepted 6 October 2018

- **20.3%** thought Bariatric Surgery was safe enough
- With only **17.5% of them** willing to have surgery
- That's only **3.5%** of the total survey participants (safety reasons)

# Sleeve Gastrectomy preference

- Patients still are afraid of bariatric surgery
- Many will not choose RNY
- Sleeve is a good option to “assess” response rate (SLEEVEPASS, SM-BOSS trial 50-70% pts had weight loss “equivalence” at 5-10 yrs)
- Sleeve preserve anatomy access (biliary, upper GI)
- Sleeve is easier to revise than bypass, and has ½ complication rate

M. Gagner  
2000 – 1<sup>st</sup> stage LSG



# IFSO Revisional position statement (2024)

- **Revision after RNY:** more challenging for the surgeon and patient, endoscopic revisions results are limited short-term, surgical revision creates higher rate of complications
- **Revisions after SG:** multiple options (RNY short and long limb, re-sleeving, DS, SADI-S, or OAGB). RNY good mid-term results (5-yr) for GERD resolution. RNY long limb, DS, SADI or OAGB for SoCR, less technical complications than RNY conversions.

# Thank you!

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@JaimePonceMD



**CHI Memorial**

Metabolic and Bariatric Care



# IFSO 2025 Santiago

[ifso2025.org](https://ifso2025.org)