Revisional Bariatric Surgery Procedures: A 5-year experience in a single Brazilian SRC center

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Background

- Bariatric surgery is the most efficient and durable weight loss method available to patients.
- In the last few years, the number of reoperative procedures is rapidly increasing, as every year, more and more primary bariatric procedures are performed.
- Insufficient weight loss or weight regain, late-surgical complication (e.g., GERD), excessive weight loss, malnutrition, nonspecific abdominal pain and achalasia are an indication for revisional bariatric surgery that must be taken into account in a multidisciplinary setting that includes surgical, nutritional, and psychological risks and benefits.

Objective

Reports our 5-year experience, the reason for revisional surgery, demographic profile, treatment performed (revisional surgery) and resuls.

Methods

- Observational study, from January 2018 to June 2023.
- 35 patients were submitted to a revisional bariatric surgery in a SRC center in São Paulo, Brazil.
- They were analysed for the reason for revisional surgery: GERD, weight regain, hypoglycemia/malnutrition. We also analysed gender, age and weight average/BMI and treatment performed.

Results

Table 1- The demographic characteristics

Gender (F/M)	Female- - 28 patients (80%)
Age (average)	41 years (30-58)
BMI (kg/m2)	32,42 kg/m2 (16,92-47,92)
Weight (kg)	91,68 kg

- The average time between first bariatric surgery and revisional surgery was 57 months (range 24–90 months).

Results

Table 2- Indications of laparoscopic revisional surgeries

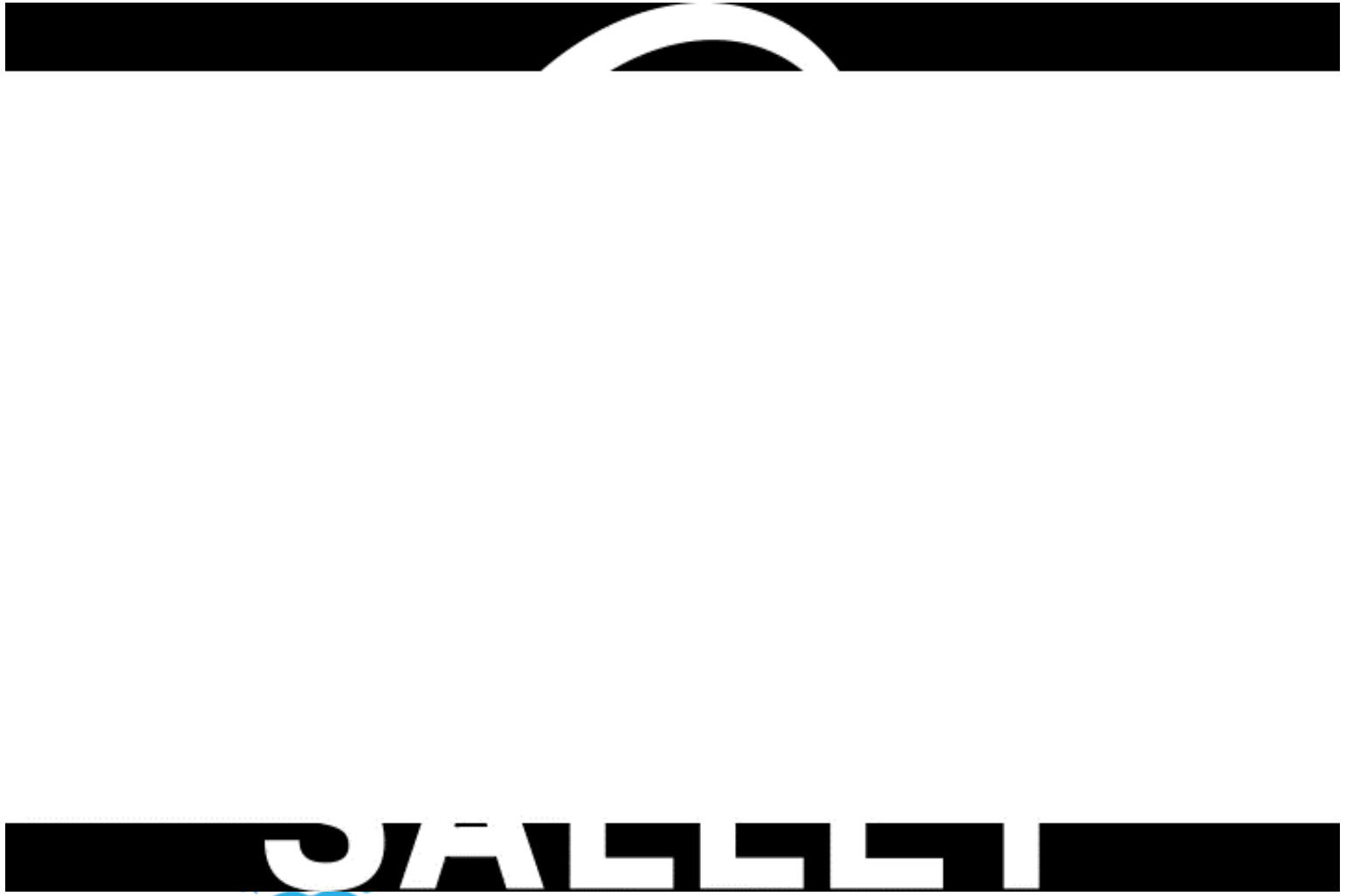
Indication	RYBG number (%)	Sleeve number (%)
Reflux esophagitis	-	18 patients (51%)
Weight regain (30%)	-	12 patients (34.2%)
Malnutrition/hypoglycemia	2 patients (5.71%)	-
Nonspecific abdominal pain	2 patients (5.71%)	
Achalasia	1 patient (3.38%)	

Results

- Sleeve was the bariatric surgery that underwent the most revisional surgery.
- The patients presented reflux esophagitis and weight regain after Sleeve had revision surgery converted to Y-Roux-Bypass(RYGB).
- In patients with malnutrition/hypoglycemia, intestinal transit reconstruction was performed with duodenal inclusion (gastrogastric anastomosis or jejunal bridge).
- In patients with nonspecific abdominal pain after RYGB were submitted to adhesion lysis and gap closure.
- In these cases, achalasia after RYGB, Heller cardiomyotomy and gastric fundoplication with excluded stomach were performed.
- Zero death rate and without surgery complications.

Results

Conversion of Sleeve Gastrectomy to Roux- en- Y- Gastric Bypass



Degastrectomy + Gastroenteroanastomosis with jejunal bridge (Merendino) + Segmental enterectomy - 60 cm of alimentary loop + laparoscopic transit reconstruction.

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Results

Indication	Pre-op. revisional surgery	1 month postoperative revisional surgery	6 months postoperative revisional surgery	12 months postoperative revisional surgery	02 years postoperative revisional surgery	05 years postoperative revisional surgery
Reflux esophagitis (51%) Treatment Revisional surgery Sleeve Gastrectomy to RYGB	Symptoms: - Significant in symptoms (100% pacients)	Symptoms: - Significant improvement in symptoms	Symptoms: - not symptoms (100%)	Symptoms: - not symptoms (100%)	Symptoms: - not symptoms (100%)	Symptoms: - not symptoms (100%)
	Endoscopic: - Class C Los Angeles (99% pacients)	———	Endoscopic - Class A Los Angeles (40% pacients) - No esophagitis (60% pacients)	Endoscopic - No esophagitis (99% pacients)	Endoscopic - No esophagitis (99% pacients)	Endoscopic - No esophagitis (99% pacients)
	Phmetry: - Demeester: > 85,5 (98% pacients)	———	Phmetry: - Demeester: 15	Phmetry: - Demeester: 14	———	———

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Results

Indication	Pre-op. revisional surgery	1 month postoperative revisional surgery	6 months postoperative revisional surgery	12 months postoperative revisional surgery	02 years postoperative revisional surgery	05 years postoperative revisional surgery
Weight regain (34,2% of min wgt) Treatment : Revisional surgery Sleeve Gastrectomy to RYGB	30% or + Weight regain of minimun weight	10,9% weight loss of the regained weight	50 % weight loss of the regained weight	75 % weight loss of the regained weight	kept the weight	65 % weight loss of the regained weight
Malnutrition/ hypoglycemia (5,71%) Treatment: Gastrogastric anastom or jejunal bridge wt intestin. transit reconstruction	Albumin: - 1,8 g/dl Hypoglicemia <50	Albumin: - 2,0 g/dl - No Hypogliemia	Albumin: - 3,6 g/dl - No Hypogliemia	Albumin: - 4,2 g/dl - No Hypogliemia	Albumin: - 4,1 g/dl - No Hypogliemia	Albumin: - 4,0 g/dl - No Hypogliemia
Nonspecific abdominal pain treatment Adhesion lysis and gap closure .	Recurrent abdominal pain with Normal Image Exam	No symptoms	No symptoms	No symptoms	No symptoms	No symptoms

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Results

Indication	Pre-op. revisional surgery	1 month postoperative revisional surgery	6 months postoperative revisional surgery	12 months postoperative revisional surgery	02 years postoperative revisional surgery	05 years postoperative revisional surgery
Achalasia (3,38%)	- Manometry: Lower Esophagus Sficter: - Resting pressure: 50 mmhg	—	- Manometry: Lower Esophagus Sficter: - Resting pressure: 20 mmhg	—	—	—

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Discussion

Obes Surg. 2023 May;33(5):1486-1493. doi: 10.1007/s11695-023-06546-x. Epub 2023 Mar 15.

Conversion of Sleeve Gastrectomy to Roux-en-Y Gastric Bypass: Indications, Prevalence, and Safety

Jerry T Dang [1], Tiffany Vaughan [2], Valentin Mocanu [3], Hadika Mubashir [4], Juan S Barajas-Gamboa [5], Ricard Corcelles Codina [4], John Rodriguez [5], Shahzeer Karmali [3], Matthew Kroh [4]

- This retrospective study of the MBSAQIP database
- **In 2020 and 2021, 13. 432 patients underwent a conversion of Sleeve to RYGB..**
  - **GERD was the most common indication for revision (55.3%) followed by weight regain (24.4%) and inadequate weight loss (12.7%).**
- Conclusions: While SG-RYGB is safe with a low complication rate, SG-RYGB was associated with a higher rate of serious complications compared to RYGB firts.

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Discussion

Obes Surg. 2023 Aug 18. doi: 10.1007/s11695-023-06784-z. Online ahead of print.

Revisional Roux-en-Y Gastric Bypass After Sleeve Gastrectomy for Gastro-esophageal Reflux Disease and or Insufficient Weight-Loss: a Comparative Study

Clément Destan, Clément Baratte, Adriana Torcivia, Christophe Brevart, Brice Malgras, Karine Clément, Christine Poitou, Jean-Michel Oppert, Judith Aron-Wisnewsky & Laurent Genser

- This retrospective study included all consecutive patients undergoing R-RYGB for weight-loss failure or GERD after SG in two bariatric care centers from 2012 to 2018.

- Of 720 patients, 46 (3.6%) underwent revisional RYGB
  - GERD: n = 25 (54.4%)
  - weight-loss failure (WLF) : n = 21 (45.6%)

- Conclusion: **R-RYGB following SG provides remission of reflux symptoms in 94% of patients** and extra weight loss in patients with WLF, except in patients with a history of AGB prior to SG.

Conclusion

- The revisional bariatric surgery is indicated after failing the clinical treatment and transdisciplinar orientation.
- The revisional bariatric surgery is the most indicated after Sleeve (85%) due to GERD (51%) and weight regain (34%), whereas to Barrett's Esophagus is RYGB.
- The most realized revisional bariatrics surgeries for weight regain and/or associated morbidity relapse are RYGB, SADS-S and Bipartition.
- In the cases with malnutrition/hypoglycemia the most frequently performed is the tracto digestive reconstruction (Gastrogastric anastomosis or jejunal bridge).
- The revisional bariatric surgery presents an acceptable morbidity/mortality rate in centers of excellence in bariatric and metabolic surgery.