

Revisional one-step bariatric surgical techniques after unsuccessful laparoscopic gastric band: a retrospective cohort study with 2-year follow-up.

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We have no potential conflict of interest to report



Background

Laparoscopic adjustable gastric banding (LAGB) has high reported rates of revision
With poor weight loss (WL) and high complication rates.

What is the best revisional procedure after unsuccessful LAGB?

Methods

A retrospective cohort study

Testing **one-step**

1. revisional Roux-en-Y gastric bypass (RRYGB), (n=102)
2. one-anastomosis gastric bypass (ROAGB), (n=80)
3. laparoscopic sleeve gastrectomy (RLSG), (n=70)

Endpoints

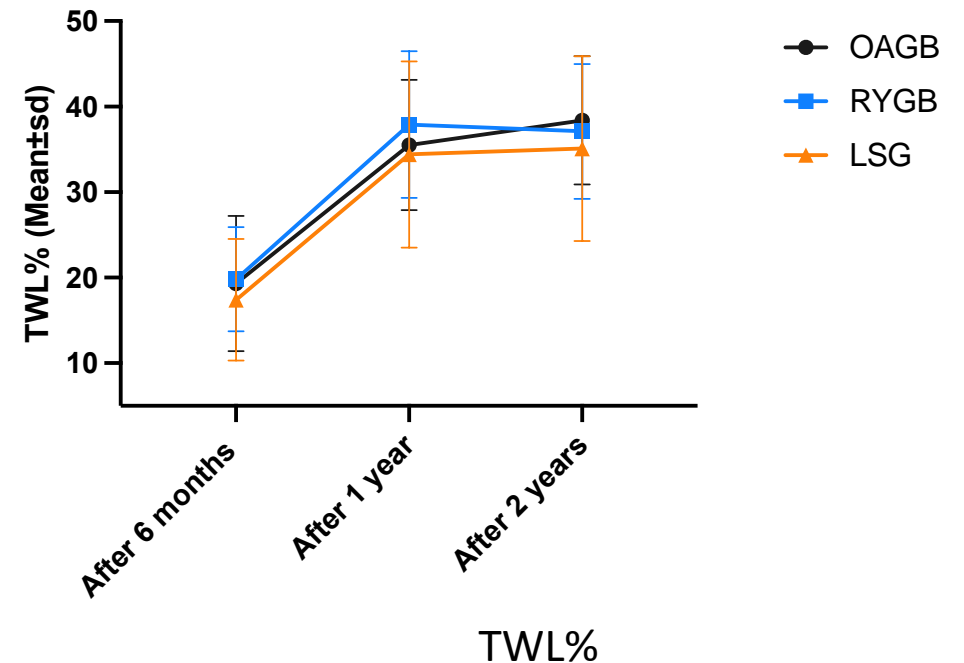
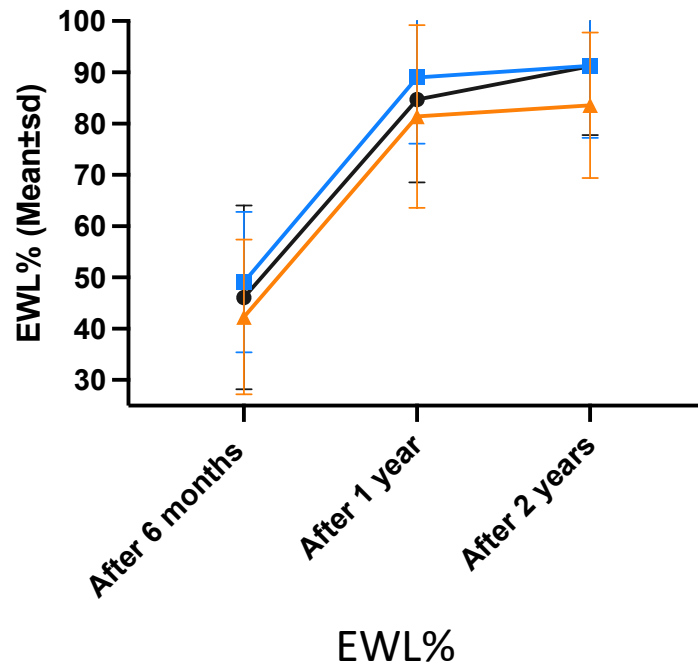
1. Weight loss
2. Complications (according to CD classification)
3. Resolution of associated medical conditions
4. Food tolerance

Post-hoc pairwise comparison one-way analysis of variance (ANOVA)

Results

After 2 years,

Equal percentage of %EWL was observed in **ROAGB** and **RRYGB** (both >90%; $p=0.998$), significantly higher than **RLSG** (83.6%; $p<0.001$)



Results

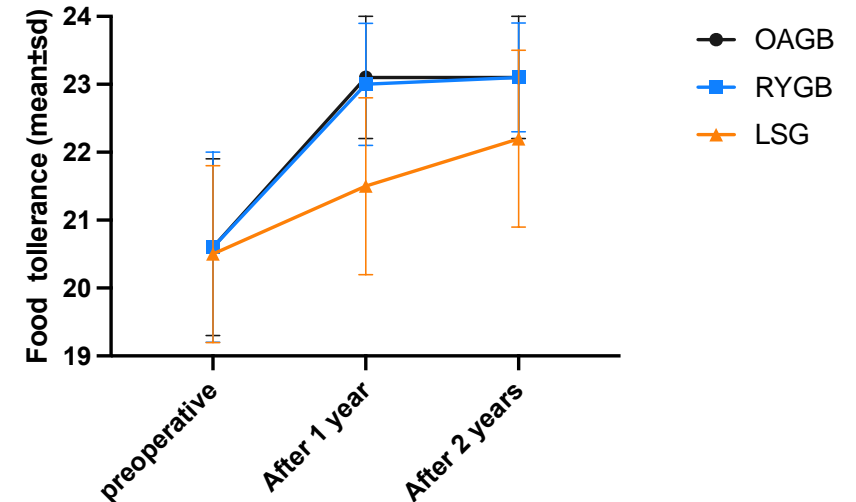
1. **RRYGB** had significantly higher rates of early and late complications (19.2% and 14.1%
(**LSG** 8.6 and 8.6%) (**OAGB** 3.8% and 1.3%))

Results

ROAGB had significantly higher rates of nutritional deficiencies

ALL comparable resolution rates for associated medical problems

Food Tolerance: not significant different between **RRYGB** and **OAGB**, significant worse in **LSG**



Limitations

- Two years of follow-up period is relatively short,
- More variables, such as gut hormone levels, body composition, and preoperative data before the primary procedure, could help improve the predictions

Discussion/ Conclusion

- One-step revision is safe after LAGB
- **ROAGB** and **RRYGB** have the best outcomes after unsuccessful or complicated LAGB compared to RLSG in terms of WL, FT, technical feasibility
- **ROAGB** has the lowest complications, **RRYGB** the highest (but not higher than in literature).
- **Strict dietary supplements** are advised after revisional surgery, especially the **ROAGB** had significantly higher rates of nutritional deficiencies.

So what to choose? No “one-stop shop”





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Thank you



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