

# Revisional RYGB/HHR for SG Migration

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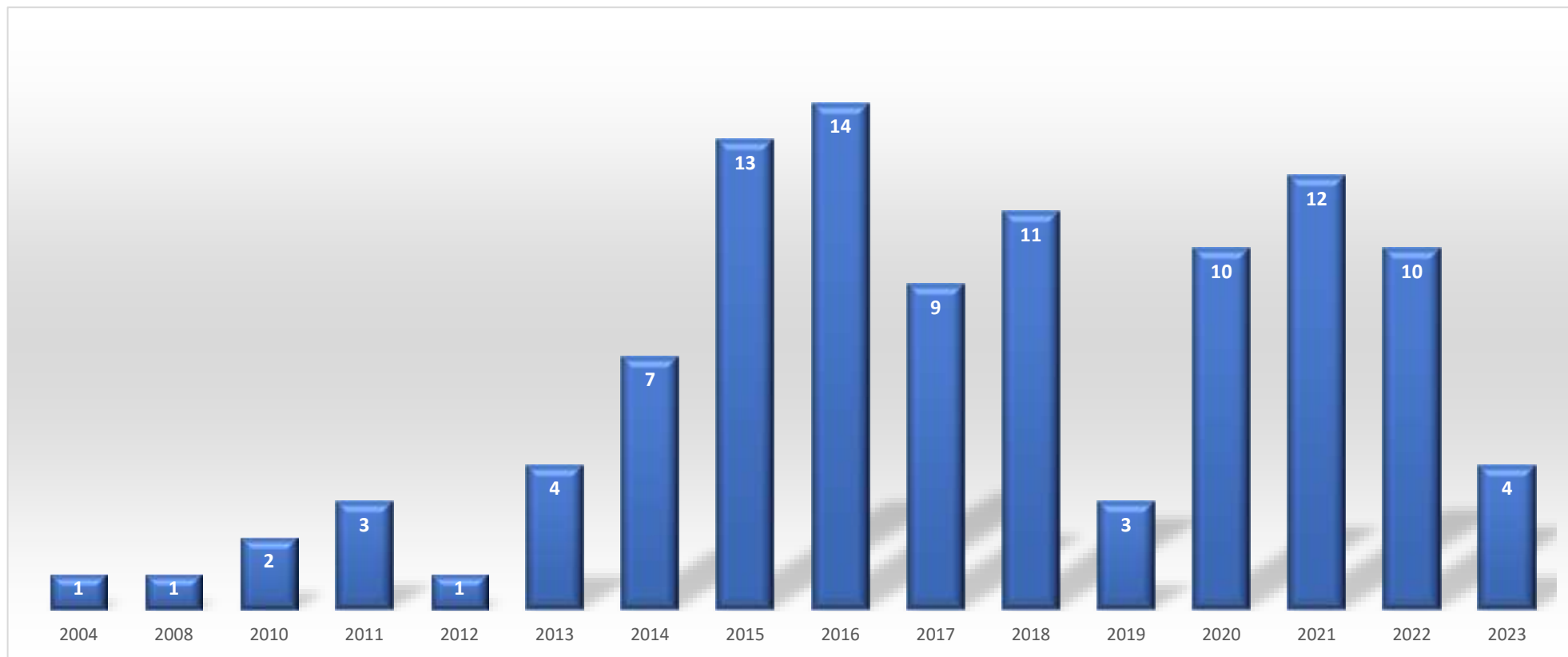


# CONFLICT OF INTEREST DISCLOSURE

- **I have no potential conflict of interest to report**



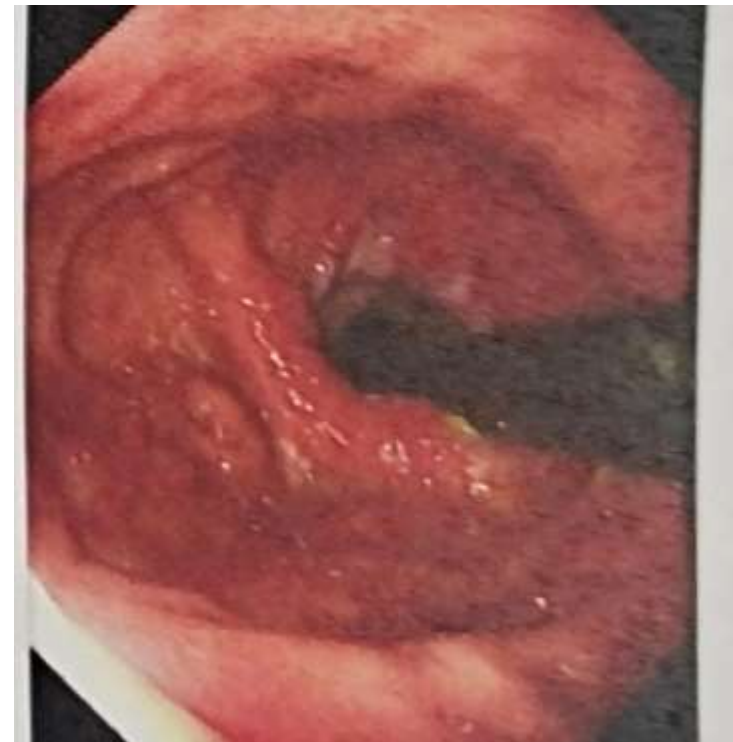
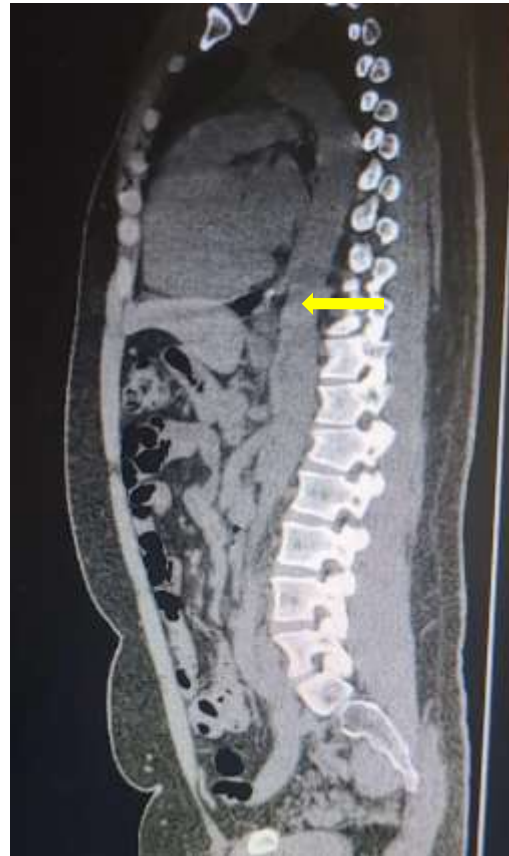
# Pubmed Results by Year



# Case Report

- 35-yr Female, initial BMI 52
- Had SG 1.5 years ago, BMI down to 33
- Epigastric pain and heartburn started 3 months ago, which could not be controlled well with PPI
- Endoscopy: reflux esophagitis LA-B
- UGI: GERD

# CT Reconstruction & Endoscopy Finding

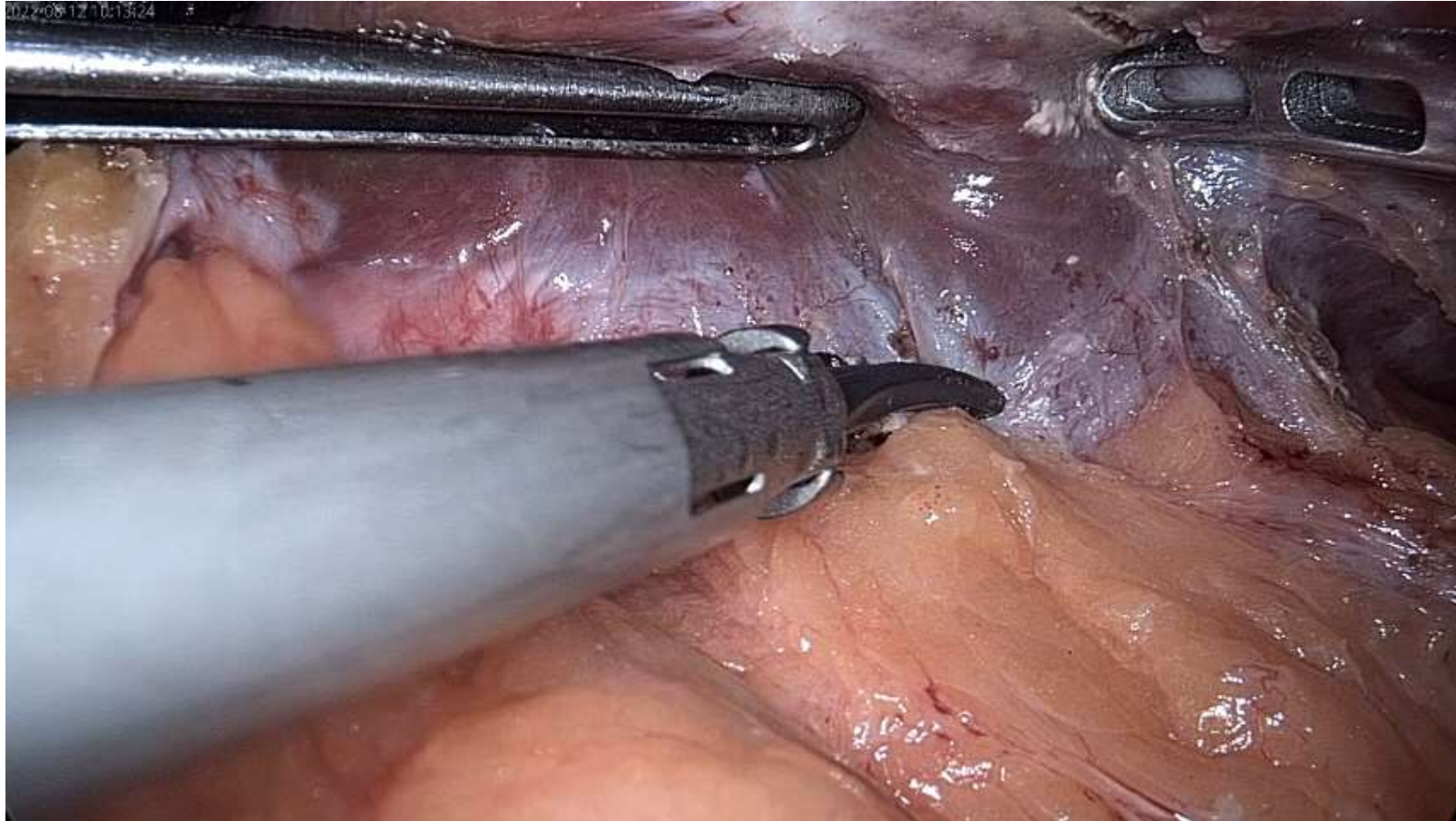


# Revisional Plan

- SG restoration
- Convert to RYGB
- HHR

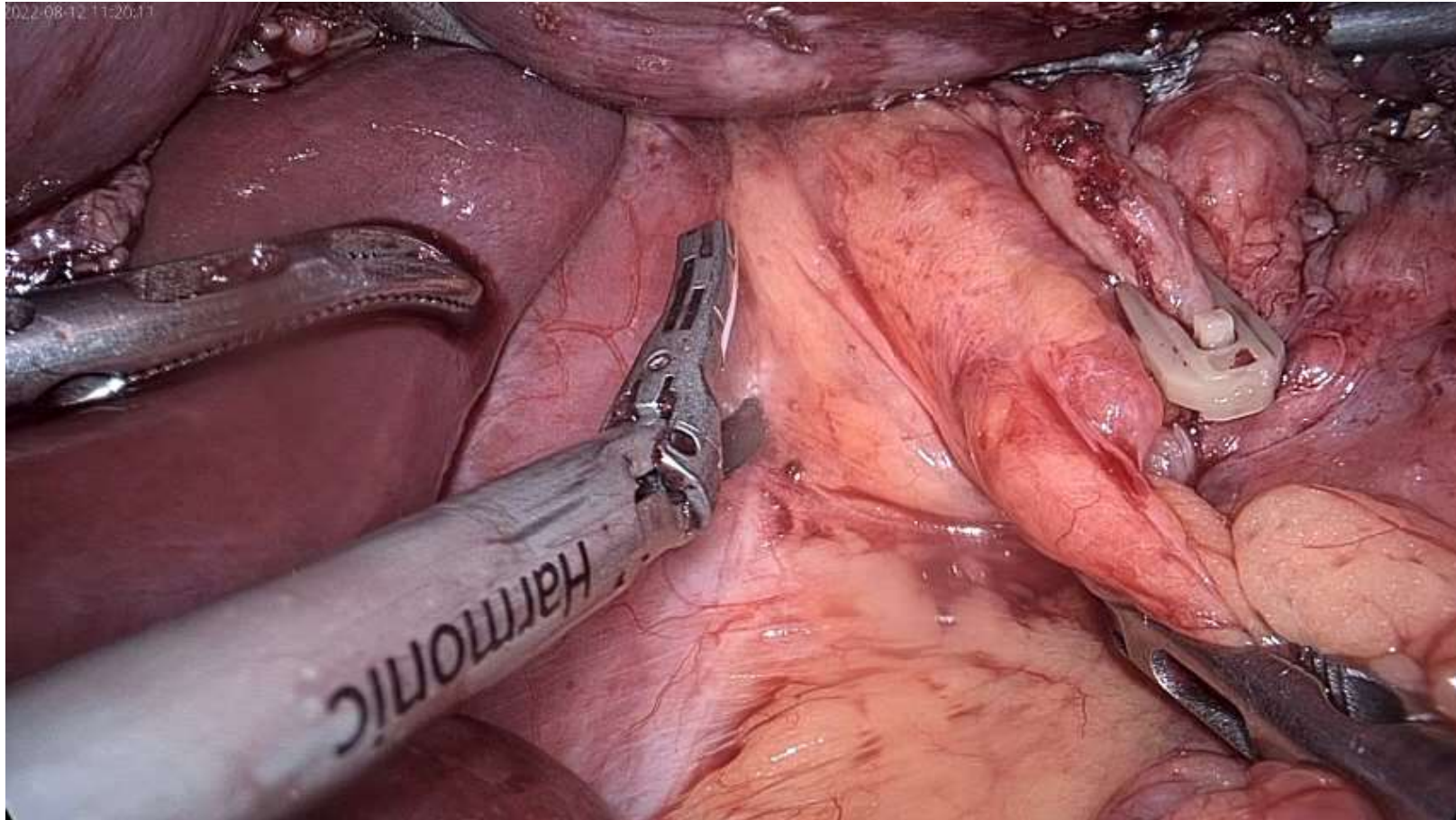


# Step 1: Dissecting Adhesions



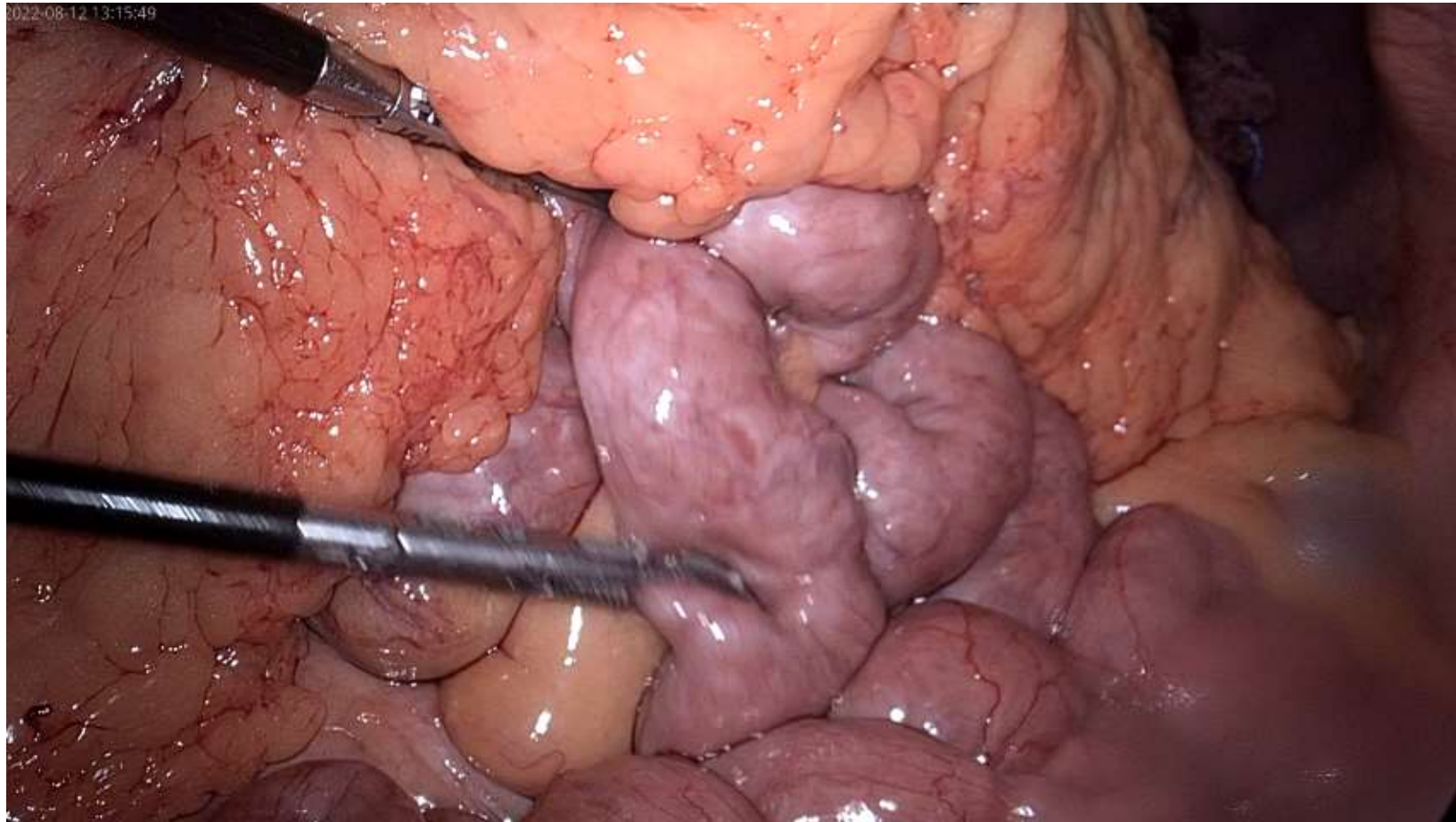


# Step 2: Dissecting Hiatal

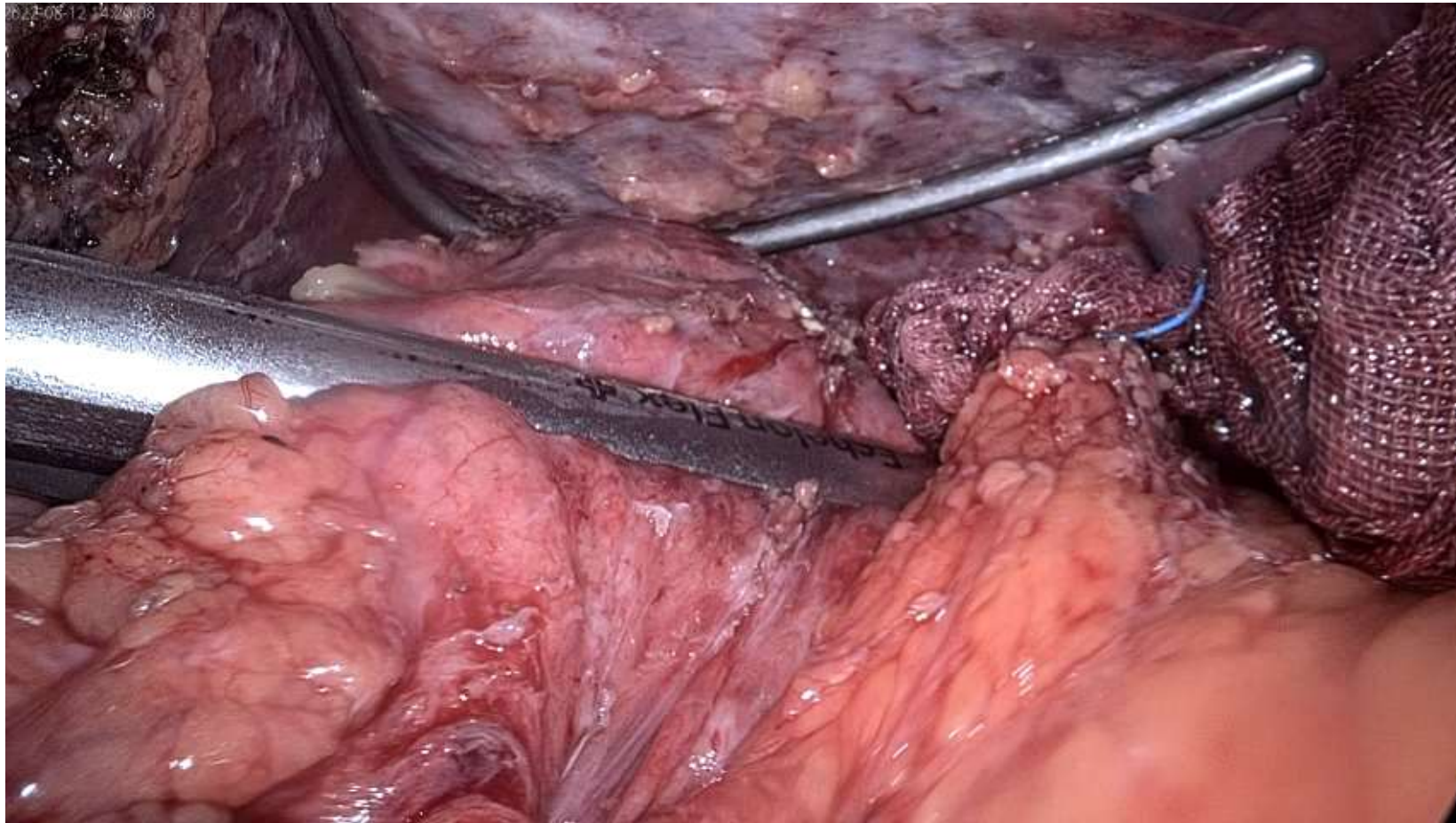




# Step 3: J-J Anastomosis

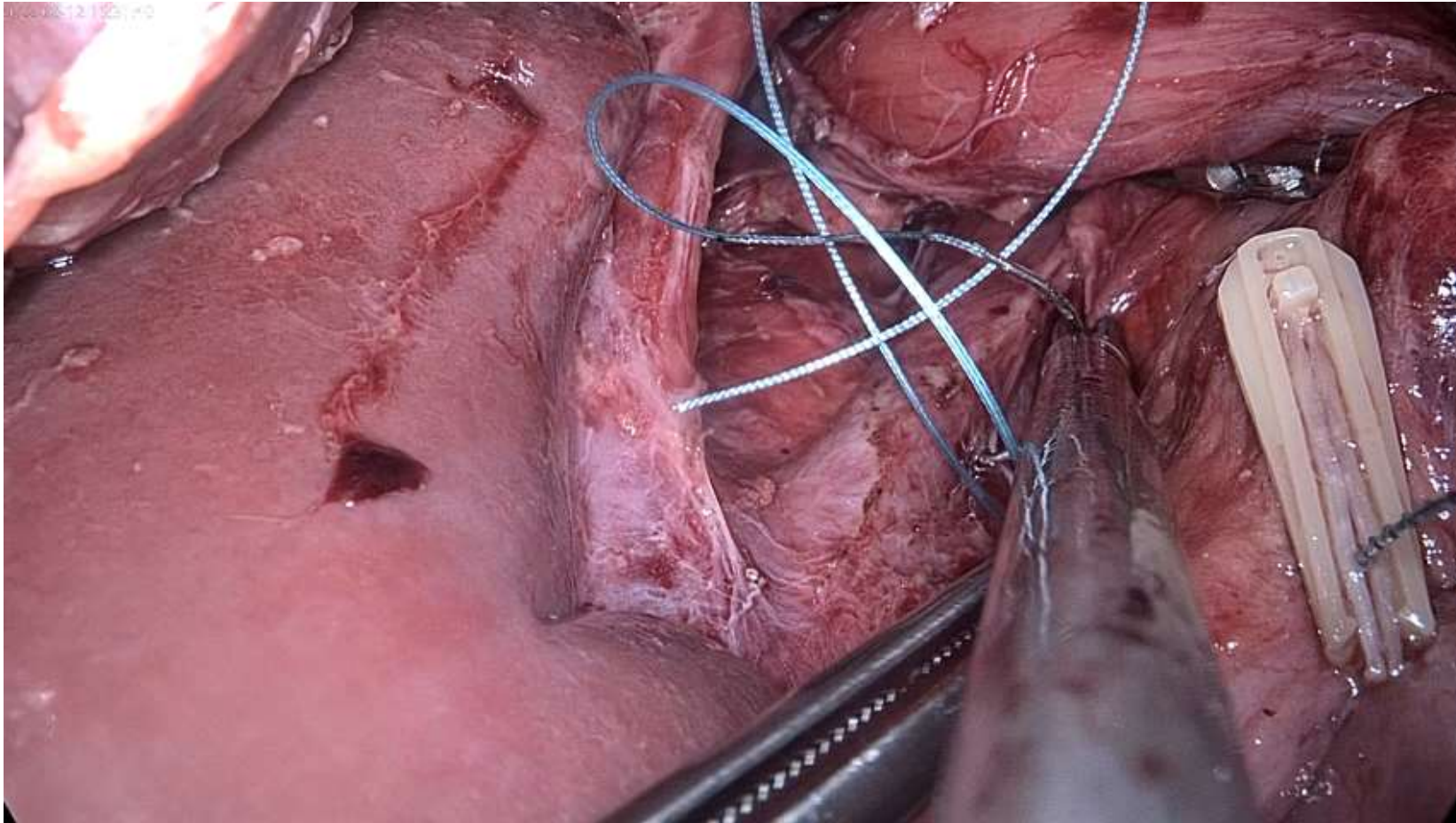


# Step 4: G-J Anastomosis





# Step 5: Hiatal Hernia Repair



# Summary

- Sensitively identify asymptomatic hiatal hernia, Aggressively proceed to cruroplasty if suspected. (you will never feel regretted about concomitant cruroplasty. But you may feel regret by not paying attention to latent hiatal hernia)
- We will see more and more SG intrathoracic migration. We should get prepared for the ITM flood.
- CT with 3-D construction is the most sensitive and specific diagnostic approach.
- Solution: SG restoration w/ HHR w/ RYGB
- Future direction: how to predict ITM



Thanks for your attention !

