

# Revision For Relapse Of Diabetes After OAGB

PEROPERATIVE CASE



Dr. Shashank Shah  
BARIALINK Academy – 01/09/2023

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# INTRODUCTION

## PATIENT HISTORY



### Patient

- 57 years old
- Female

### Surgical History

1 LSCS

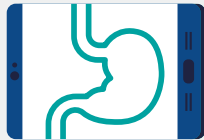


### Medical History

- Morbid obesity (BMI : 43 kg/ m<sup>2</sup>)
- Diabetes - 12 years (on Insulin and OHA)
- Sleep Apnea - 3 years
- Urinary Incontinence - 1 year
- Dyslipidemia
- Hypothyroidism - 1 year
- Hypertension - 10 years

# INTRODUCTION

## PATIENT HISTORY



### Bariatric Surgery

- Weight : 116 kg - BMI: 43 kg/m<sup>2</sup>
- Diet : Mixed (vegetarian and non vegetarian)

	Pre Bariatric surgery
HbA1c	9.8%
C peptide	
1. Fasting	2.12
2. Postprandial	3.38
Anti Insulin Antibody	2.01 (NEGATIVE )
Anti GAD	4.22(Negative)



### Bariatric Surgery

#### Medications:

- Inj H.Actrapid 30U -----30U
- Inj Mixtard 35u (at night)
- T Glycomet BD
- T amlopress 5 mg
- T Revas 50 OD
- T Finate 160 OD
- T Acipicap 250 BD
- T Ecosprin 75 mg OD
- T Thyronorm 25 mg

# INTRODUCTION

## PATIENT HISTORY



### Bariatric Surgery 2013

- Patient underwent One Anastomosis Gastric Bypass in 2013
- Lost 44 kg - Lowest weight : 72 kg at the end of one year
- Maintained at 72 kg for 4 years
- Diabetes resolved in 3 months postop and was in remission for 4 years after surgery
- She lost follow up in 2017

# INTRODUCTION

## PATIENT HISTORY



### 2020

- In September 2020 : age 55yr old
- Patient reported with excessive hunger and relapse of Diabetes
- Weight gain from 72 kg to 89 kg
- BMI : 34 kg /m<sup>2</sup>
- H/o frequent fungal infections

# PREOPERATIVE EXAMINATIONS



## 2D echo

- s/o Silent MI
- Inferior wall Hypokinesia

## USG Abdomen and Pelvis

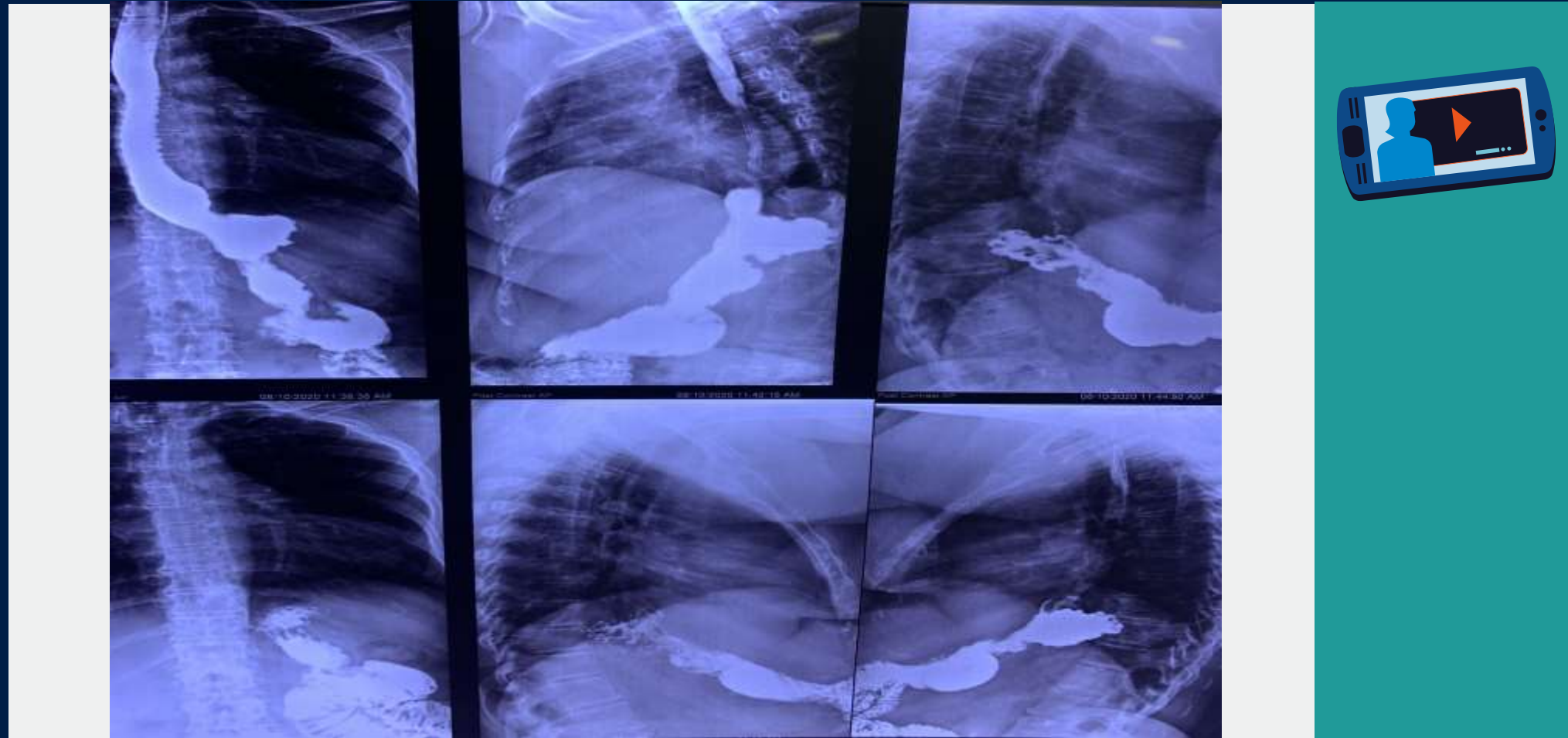
Fatty liver



## Lab Results

Hb – 13.1 (N)	S.Cholesterol – 235.7 (high)
LFT – normal	Triglycerides: 457.2(high)
RFT (N)	LDL 91.44 (high)
Blood Sugar level (R )- 252.1 mg/dl (high)	Vit B 12: 249.0 (low )
S.Insulin (R)-8.26	Folic acid : 18.38 (normal)
C peptide (R)- 3.92	Iron :75.40 (normal)
HbA1C- 10.8% (high)	TIBC 243(low )
S Calcium: 9.4 (normal)	S. Vit D 16.25 (low)

# PREOPERATIVE EXAMINATIONS



Type of Procedure  
Barium studies :

→ Dilated tube of OAGB

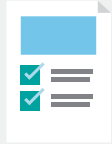
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# TREATMENT OPTIONS



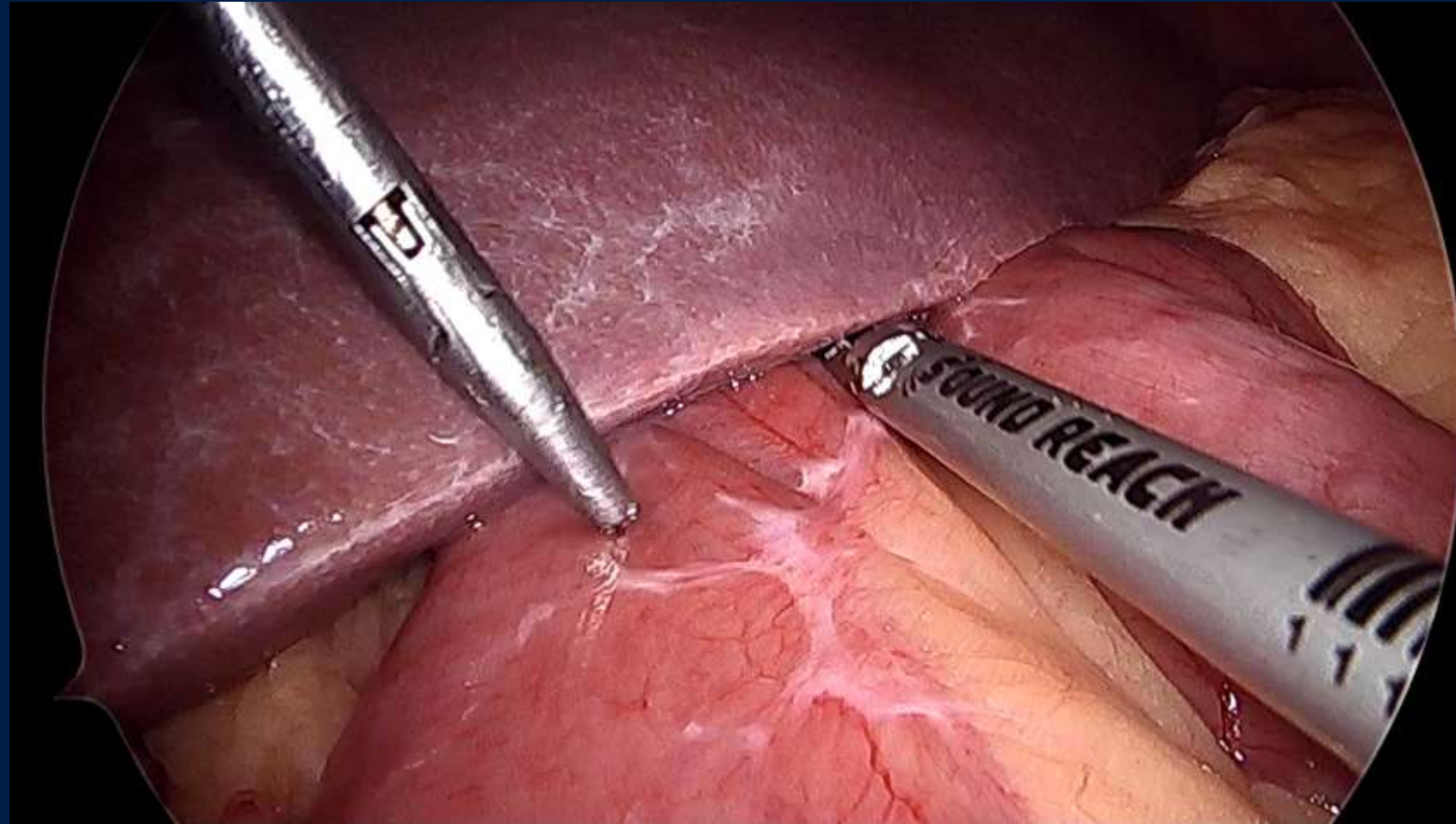
## POLL :

1. Banding
2. Conversion to GBP
3. Conversion to DS
4. Conversion to D- MGB
5. Some other revision
6. Endoscopic revision





# BARIATRIC PROCEDURE

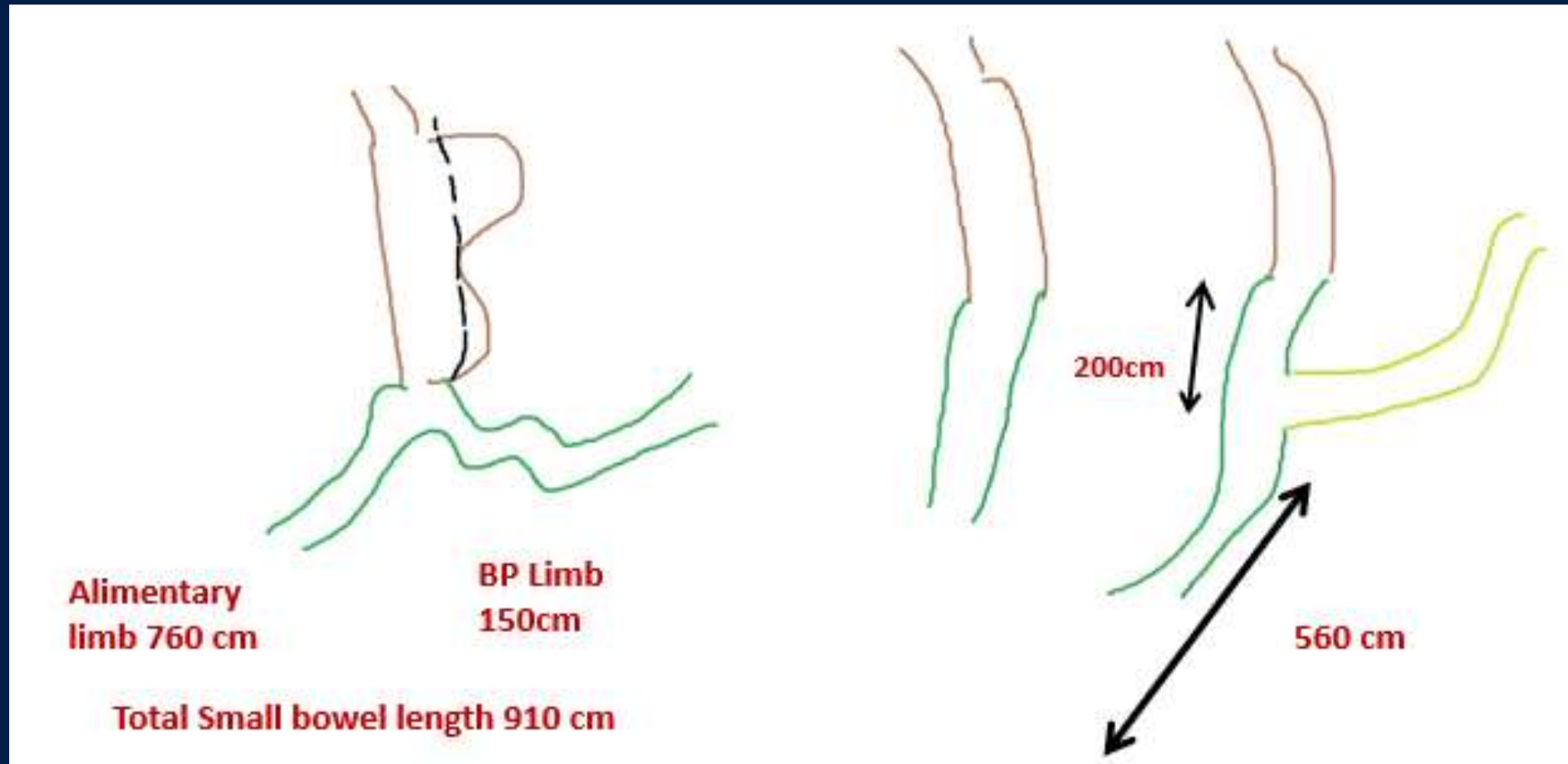


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# BARIATRIC PROCEDURE DESIGN



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## PATIENT FOLLOW-UP



### Follow-up 6 Weeks

- Normoglycemic and without insulin or OHA
- Weight loss 8 kg



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## PATIENT FOLLOW-UP



### Follow-up 3 years

- Diabetes in remission
- HbA1c 5.9%
- Weight maintained at 70kg
- S.proteins maintained at 6.5 , same as preop levels
- Vitamin status maintained with supplements



# DISCUSSION

## CONCLUSIONS/THOUGHTS



### Benefits

1. Revision is Simple
2. Addition of alimentary limb (with some benefits of absorption )
3. Prevention of bile in the stomach
4. Resleeving of OAGB also adds additional benefits to the results
5. Site of jejunio-ileal anastomosis can be tailored based on BMI, total bowel length and decision based on factors like ethnicity, economic factors etc

# DISCUSSION

## CONCLUSIONS/THOUGHTS



### Discussion

- Long-term data about revision after OAGB is needed
- For relapse of diabetes after malabsorptive procedure like OAGB additional restriction may still be needed
- Whether D-MGB can be used as a revision after OAGB, to add more malabsorption needs to be followed
- Measurement of total bowel length should be performed during revision bariatric procedures



**THANK YOU !**

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