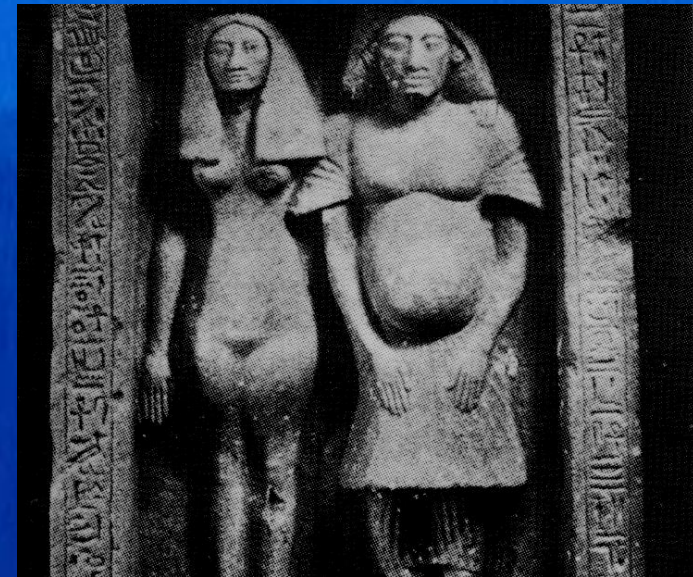


Shocking sleeve dilemmas (equally unfavorable or unsatisfactory)

Revision Choices after sleeve gastrectomy explain the higher revision rates than in gastric bypass patients

**Khaled Gawdat, M.D.**  
**President IFSO MENA**  
**Associate and Advisory editor**  
**Obesity surgery**



**R**

**RESTRICTED**

**UNDER 17 REQUIRES ACCOMPANYING  
PARENT OR ADULT GUARDIAN**

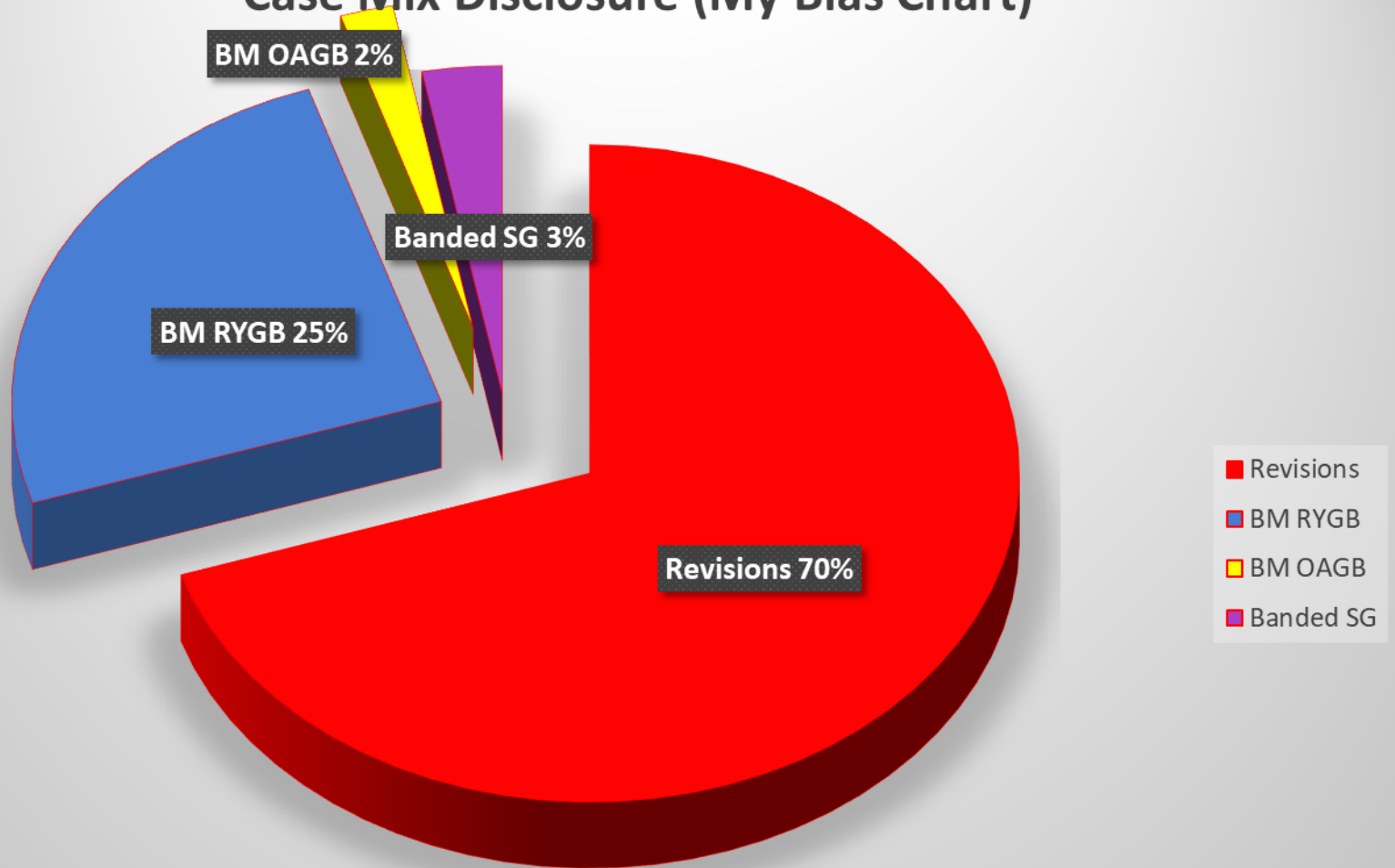
**STRONG LANGUAGE, THOUGHTS  
AND IDEAS**

**Disclosures**

**Unfortunately non**



# Case Mix Disclosure (My Bias Chart)



- **Revision Choices after sleeve gastrectomy explain the higher revision rates than in gastric bypass patients (cons)**



**Before**

**After**



**In two weeks, Johnny  
lost 2 weeks.**

**post bariatric surgery  
same picture  
in 5 years Johnny lost 5 years**

# The No 1 Operation Worldwide Debate

PHILOSOPHICAL RHYTHMS

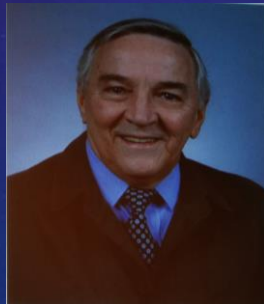
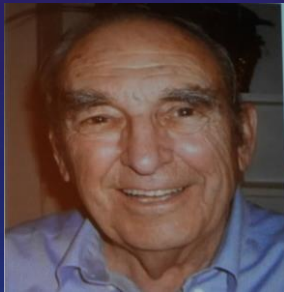


“ The voice of the majority is no  
proof of justice.”

~ Friedrich Schiller

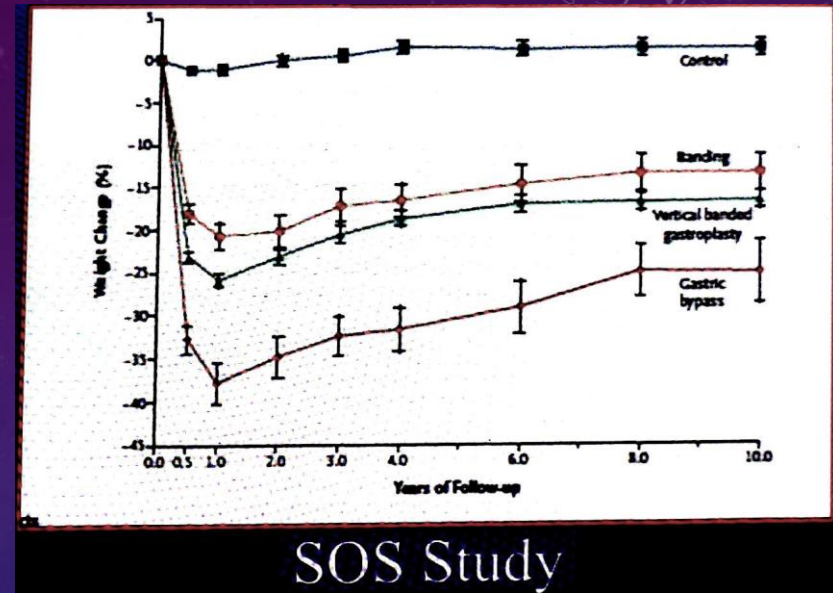
# THE DUODENAL SWITCH GROUP

- Annual Meeting ASMBS (ASBS)
- Hess, Maurcoux, Scopinaro, Baltasar, Gangier.
- 100 cm cc, the role of thirds,
- Baltasar Publications Smaller Bougie, Shorter CC
- My experience 65 open DS, Guess What? They fail





# THE HONEY MOON



- All Bariatric procedures give some weight loss in the first 18 months.
- All bariatric procedures show weight gain after that and results at 5 and 10 years will be completely different than your initial results.

# Current Problems with Designing a Bariatric procedure

01

Every procedure has a Honeymoon period and that goes away

02

It takes 5-10 years to really know the result of what you are doing now

03

Dilutional effect of Honeymooners.

04

Non standard reporting and statistics.

# THE SLEEVE GASTRECTOMY THE SERENDIPITY CONCEPT

- **High Mortality and Morbidity Rate of the Laparoscopic duodenal switch in high BMI patients: 2 stage approach (Serendipity)**
- **Sleeve patients did not comeback for a second stage (6-12 months) (honeymoon effect)**
- **Every stomach will stretch Wide sleeve is more comfortable and will soon dilate. Narrow sleeves are more uncomfortable and take longer to dilate**
- **By the time the inevitable long term failures appear we will have many Failures.**
- **GB elevates GLP1s SG doesn't ?? : Serendipity 2.0: GLP1 agonist medications**



The background is a dark blue gradient. In the corners, there are white line-art graphics resembling circuit boards or neural networks, with lines connecting to small circles.

**SLEEVE GASTRECTOMY:  
IRREVERSIBLE REFLUX INDUCING  
RADICAL GASTRIC RESECTION  
THAT GIVES TEMPORARY GASTRIC  
RESTRICTION**

# REASONS FOR SLEEVE REVISION

- Weight regain (suboptimal response)
- GERD
- Intrathoracic

> [Obes Surg.](#) 2017 Aug;27(8):1917-1923. doi: 10.1007/s11695-017-2589-6.

## Intra-thoracic Sleeve Migration (ITSM): an Underreported Phenomenon After Laparoscopic Sleeve Gastrectomy

Alan A Saber<sup>1</sup>, Saeed Shoar<sup>2</sup>, Mousa Khourshed<sup>3</sup>

Affiliations + expand  
PMID: 28233265 DOI: 10.1007/s11695-017-2589-6

### Abstract

**Background:** Despite its technical simplicity, laparoscopic sleeve gastrectomy (LSG) complications are increasingly reported. Intra-thoracic sleeve migration (ITSM) is a rare complication after LSG which has been inconsistently addressed in the literature.

**Aims:** The purpose of this study was to emphasize ITSM occurrence after LSG and evaluate the perioperative factors associated with its development.

**Methods:** Between January and July 2016, LSG patients diagnosed with ITSM at two bariatric surgery departments were identified. Perioperative factors were assessed for all the patients and compared between two groups, LSG alone and LSG with concomitant hiatal hernia (HH) repair (HHR).

**Results:** A total of 19 patients (6 males and 13 females) were included. Central obesity was present in 18 patients (94.7%). Nine patients (47.4%) had concomitant hiatal hernia repair during their original LSG. Post-LSG GERD (94.7%) (38.9% de novo and 61.1% recurrent) and post-LSG constipation (57.9%) were commonly associated with ITSM. Severe refractory GERD was the most common presentation for ITSM (94.7%), followed by epigastric pain (47.4%), persistent nausea/vomiting (36.8%), and dysphagia (21.1%). Time interval between primary LSG and ITSM diagnosis ranged from 1 day to 3 years. Patients with LSG and concomitant HHR presented with higher post-LSG BMI compared to the LSG patients ( $37 \pm 6.4 \text{ kg/m}^2$  vs.  $30.1 \pm 6.3 \text{ kg/m}^2$ ,  $p = 0.03$ ). All the patients underwent successful reduction of ITSM and subsequent HHR.

**Conclusion:** Central obesity, chronic constipation, post-LSG GERD, and concomitant HHR are commonly seen in post-laparoscopic sleeve gastrectomy intra-thoracic sleeve migration.

**Keywords:** Hiatal hernia; Intra-thoracic sleeve migration; Laparoscopic sleeve gastrectomy.

PubMed Disclaimer

Review > [Obes Surg.](#) 2016 Jun;26(6):1326-34. doi: 10.1007/s11695-016-2152-x.

## Weight Regain Following Sleeve Gastrectomy—a Systematic Review

Melanie Lauti<sup>1</sup>, Malsha Kularatna<sup>2</sup>, Andrew G Hill<sup>2</sup>, Andrew D MacCormick<sup>2</sup>

Affiliations + expand  
PMID: 27048439 DOI: 10.1007/s11695-016-2152-x

### Abstract

Sleeve gastrectomy (SG) is a commonly performed bariatric procedure. Weight regain following SG is a significant issue. Yet the defining, reporting and understanding of this phenomenon remains largely neglected. Systematic review was performed to locate articles reporting the definition, rate and/or cause of weight regain in patients at least 2 years post-SG. A range of definitions employed to describe weight regain were identified in the literature. Rates of regain ranged from 5.7 % at 2 years to 75.6 % at 6 years. Proposed causes of weight regain included initial sleeve size, sleeve dilation, increased ghrelin levels, inadequate follow-up support and maladaptive lifestyle behaviours. Bariatric literature would benefit from standardising definitions used to report weight regain and its rate in clinical series. Larger prospective studies are required to further understand mechanisms of weight regain following SG.

[World J Gastroenterol.](#) 2015 Sep 28; 21(36): 10348–10357.

PMCID: PMC4579881

Published online 2015 Sep 28. doi: [10.3748/wjg.v21.i36.10348](#)

PMID: [26420961](#)

## Laparoscopic sleeve gastrectomy and gastroesophageal reflux

Fabien Stenard and Antonio Iannelli

• [Author information](#) • [Article notes](#) • [Copyright and License information](#) [PMC Disclaimer](#)

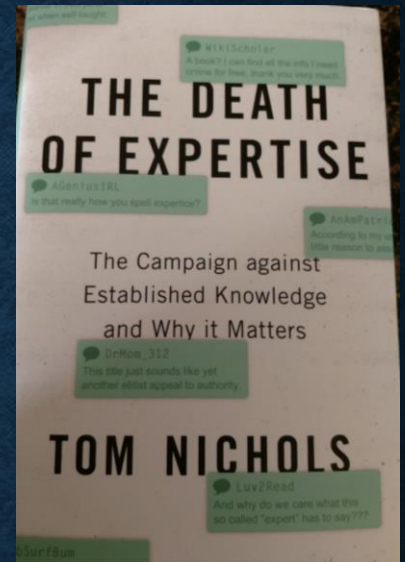
### Abstract

Go to: ▶

Bariatric surgery is the only effective procedure that provides long-term sustained weight loss. Sleeve gastrectomy (SG) has emerged over the last few years to be an ideal bariatric procedure because it has several advantages compared to more complex bariatric procedures, including avoiding an intestinal bypass. However, several published follow-up studies report an increased rate of gastroesophageal reflux (GERD) after a SG. GERD is described as either *de novo* or as being caused by aggravation of preexisting symptoms. However, the literature on this topic is ambivalent despite the potentially increased rate of GERDs that may occur after this common bariatric procedure. This article reviews the mechanisms responsible for GERD in obese subjects as well as the results after a SG with respect to GERD. Future directions for clinical research are discussed along with the current surgical options for morbidly obese patients with GERD and undergoing bariatric surgery.

# CONFIRMATION BIAS: BECAUSE YOU KNOW THIS ALREADY

- **We all have inherent and natural tendency to search for evidence that already meshes with our believes.**
- **It is the nature of confirmation bias itself to dismiss all contradictory evidence as irrelevant, and so my evidence is always the rule, your evidence is always a mistake or an exception.**



# SLEEVE GASTRECTOMY REVISION CHOICES

- Re-sleeve only in technically in
- Conversion to OAGB
- Conversion to RYGB
- Conversion to SADIs/BPD-DS
- Conversion to a bipartition procedure (Bipartition)
- Conversion into a banded gastric by

[J Clin Med](#). 2023 Sep; 12(18): 5975.

PMCID: PMC10531699

Published online 2023 Sep 15. doi: [10.3390/jcm12185975](https://doi.org/10.3390/jcm12185975)

PMID: [37762916](https://pubmed.ncbi.nlm.nih.gov/37762916/)

## Revisional Procedures after Sleeve Gastrectomy for Weight Recurrence or Inadequate Weight Loss: An Analysis of the MBSAQIP Database

[Karl Hage](#), Conceptualization, Formal analysis, Data curation, Writing – original draft,<sup>1</sup> [Juan S. Barajas-Gamboa](#), Data curation, Writing – original draft,<sup>2</sup> [Gustavo Romero-Velez](#), Data curation, Writing – original draft,<sup>3</sup> [Matthew Allemang](#), Validation, Writing – review & editing, Supervision,<sup>3</sup> [Salvador Navarrete](#), Validation, Writing – review & editing, Supervision,<sup>3</sup> [Ricard Corcelles](#), Validation, Writing – review & editing, Supervision,<sup>3</sup> [John Rodriguez](#), Validation, Writing – review & editing, Supervision,<sup>2</sup> [Omar M. Ghanem](#), Validation, Writing – review & editing, Supervision,<sup>1</sup> [Matthew Kroh](#), Validation, Writing – review & editing, Supervision,<sup>3</sup> and [Jerry T. Dang](#), Conceptualization, Software, Formal analysis, Investigation, Data curation, Writing – original draft, Writing – review & editing<sup>3,\*</sup>

Giuseppe Nisi, Academic Editor

[Author information](#) [Article notes](#) [Copyright and License information](#) [PMC Disclaimer](#)

[Review](#) [Obes Surg](#). 2022 Jun;32(6):2035-2046. doi: [10.1007/s11695-022-06020-0](https://doi.org/10.1007/s11695-022-06020-0).

Epub 2022 Apr 2.

## Treatment Options for Weight Regain or Insufficient Weight Loss After Sleeve Gastrectomy: a Systematic Review and Meta-analysis

[Rutger J Franken](#)<sup>1</sup>, [Nina R Sluiter](#)<sup>2</sup>, [Josephine Franken](#)<sup>2</sup>, [Ralph de Vries](#)<sup>3</sup>, [Dennis Souverein](#)<sup>4</sup>, [Vitor E A Gerdes](#)<sup>5, 6</sup>, [Maurits de Brauw](#)<sup>2</sup>

Affiliations [+ expand](#)

PMID: [35366738](https://pubmed.ncbi.nlm.nih.gov/35366738/) DOI: [10.1007/s11695-022-06020-0](https://doi.org/10.1007/s11695-022-06020-0)

### Abstract

Weight failure after sleeve gastrectomy (SG) is frequently observed. Consensus on the most effective treatment is lacking. The aim of this meta-analysis was to assess revisional strategies for weight regain (WR) or insufficient weight loss (IWL) following SG. The included studies reported on endoscopic gastroplasty (ESG), re-sleeve gastrectomy (re-SG), Roux-en-Y gastric bypass (RYGB), one-anastomosis gastric bypass (OAGB), single-anastomosis duodeno-ileal bypass (SADI), and duodenal switch (DS). All techniques resulted in clinically relevant weight loss. Although our data suggest that revisional OAGB was the most effective procedure, the lack of direct comparisons precludes strong conclusions. All procedures were feasible but differed regarding complication rates. Choice of procedure is depending on patient's characteristics and surgeons' expertise.

# **GASTRIC BYPASS REVISION CHOICES**

- Reversal
- Pouch and stoma Resizing and banding
- Distalization
- Conversion to SADIs, BPD/DS
- Conversion to sleeve gastrectomy
- Conversion to OAGB or Bipartition procedure



# COULD REVISION CHOICES AFTER SLEEVE GASTRECTOMY EXPLAIN THE HIGH REVISION RATES?

- Re sleeve: usually fails unless after a primary technically defective sleeve
- Hiatal repair for reflux with sleeve Does not work
- RYGB post sleeve works well for reflux, doesn't work well for weight loss



Surgery for Obesity and Related Diseases  
Volume 13, Issue 3, March 2017, Pages 379-384

Original article

Concomitant hiatal hernia repair with laparoscopic sleeve gastrectomy is safe: analysis of the ACS-NSQIP database ☆

Hanaa N. Dakour Aridi M.D. <sup>a</sup>, Hani Tamim Ph.D. <sup>b,c</sup>, Aurelie Mailhac M.S. <sup>c</sup>,  
Bassem Y. Safadi M.D., F.A.C.S. <sup>a</sup>  

> *Surg Obes Relat Dis.* 2015 Nov-Dec;11(6):1282-8. doi: 10.1016/j.soard.2015.02.009.  
Epub 2015 Feb 14.

Revised sleeve gastrectomy (re-sleeve)

Marius Nedelcu <sup>1</sup>, Patrick Noel <sup>2</sup>, Antonio Iannelli <sup>3</sup>, Michel Gagner <sup>4</sup>

**“Facts do not cease to exist because they are ignored.”**

— Aldous Huxley  
[www.facebook.com/poets01](http://www.facebook.com/poets01)



[www.facebook.com/poets01](http://www.facebook.com/poets01)

- **The Truth will set you free, but first it will piss you off**

**THERE ARE  
PATIENTS WHOM WE  
CANNOT HELP BUT  
THERE ARE NONE  
WHOM WE CANNOT  
HARM  
(ALFRED CUSCHIERI)**



# **REVISION CHOICES AFTER SLEEVE GASTRECTOMY EXPLAIN THE HIGHER REVISION RATES THAN IN GASTRIC BYPASS PATIENTS? (CONS)**

- Revision Choices after sleeve gastrectomy do not explain the higher revision rates than in gastric bypass patients
- Suboptimal weight loss outcome, GERD and intrathoracic migration after sleeve gastrectomy explain the higher revision rates than in gastric bypass patients

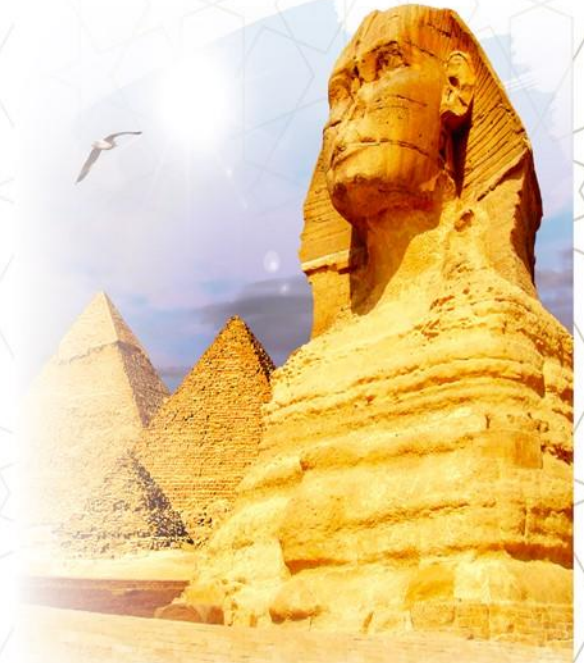


# 3<sup>rd</sup> IFSO MENAC | 20<sup>th</sup> ESBS Meeting

12-14 December 2024 | Cairo, Egypt

[ifsomenac2024.com](http://ifsomenac2024.com)

*Save the Date*



## ABSTRACT SUBMISSION IS STILL OPEN

*In collaboration with*

