



MONASH
Faculty of
Medicine,
Nursing and
Health Sciences



RWG after sleeve gastrectomy

The best option is an OAGB

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the**Alfred**



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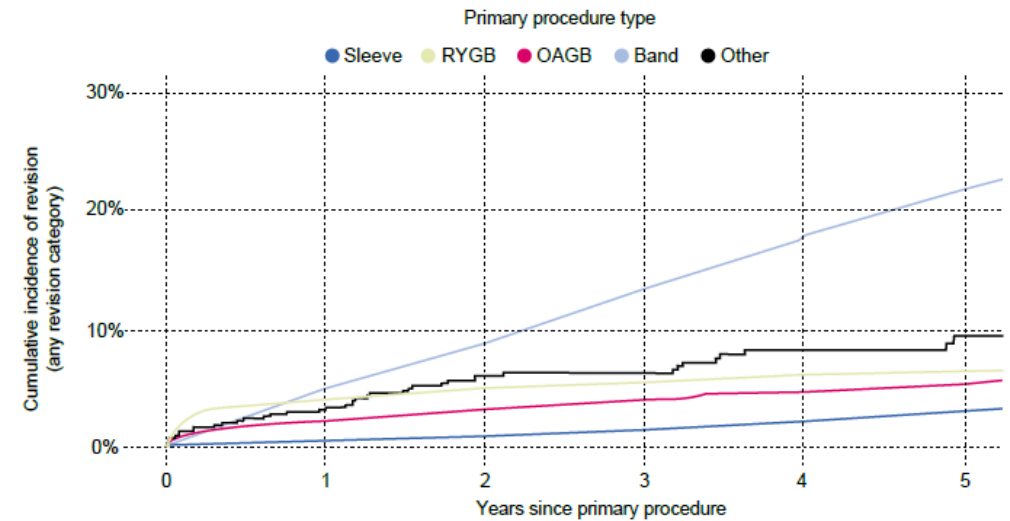
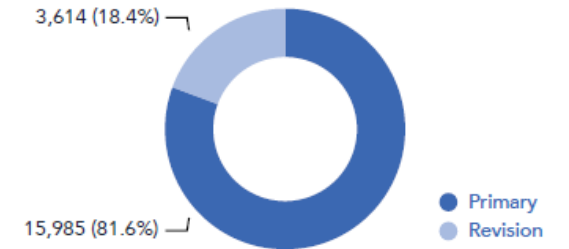
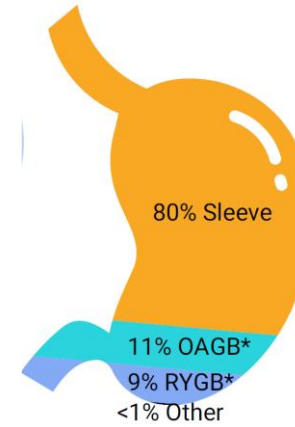
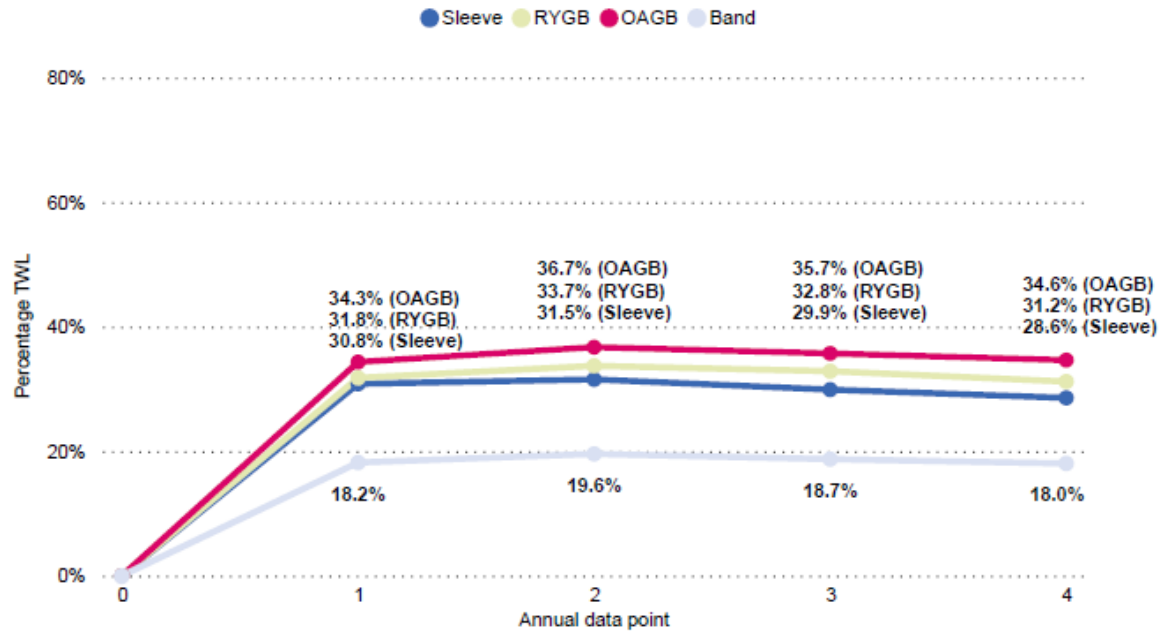


Professor Brown has received speakers or advisory board fees from Novo Nordisk, Gore and Merck Sharpe and Dohme

Why think about conversion after LSG?

Because we have to!

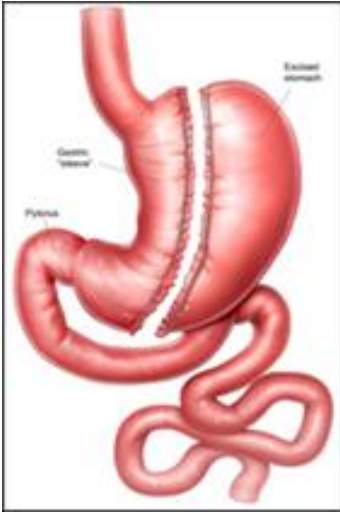
ANZBSR 2023 report



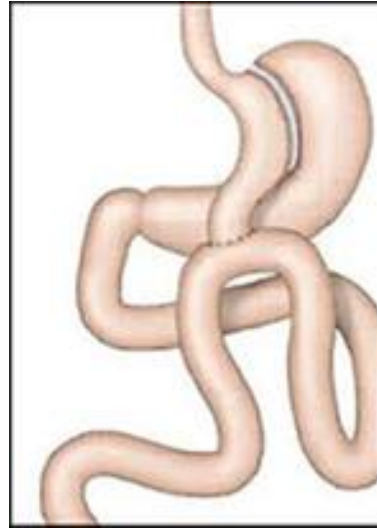
Why OAGB for RWG after SG?

1. Different mechanism of action
2. Technical ease
3. Perioperative Safety
4. Longer term Safety

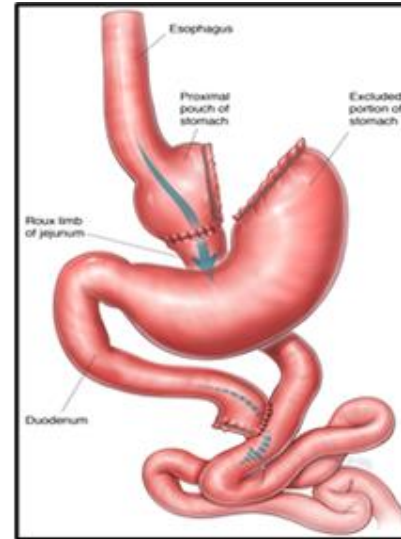
Different mechanism of action



- Rapid transit through sleeve <21 min
- Change in incretins from duodenal stimulation
- Vagal stretch fibres



- **Malabsorption**
- **Change in incretins from duodenal exclusion**
- Vagal stretch fibres in pouch

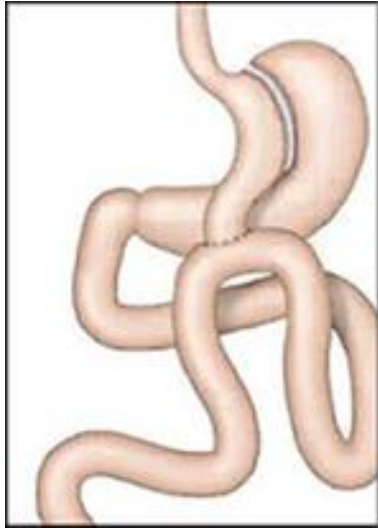


- **Change in incretins from duodenal exclusion**
- Vagal stretch fibres in pouch

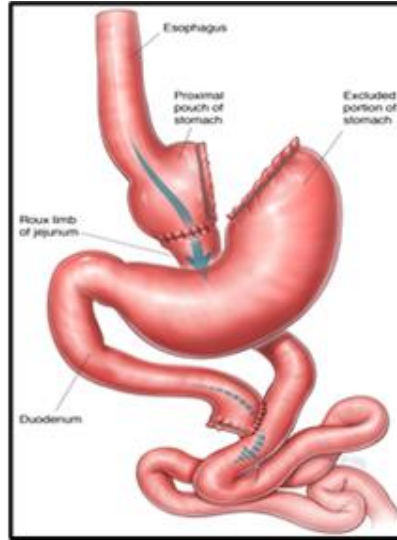


- **Malabsorption**

Technical ease and safety



- One anastomosis
- Perioperative Cx ANZBSR 5.0% (Alfred 22%)
- Malnutrition – rare
- Internal hernia - rare

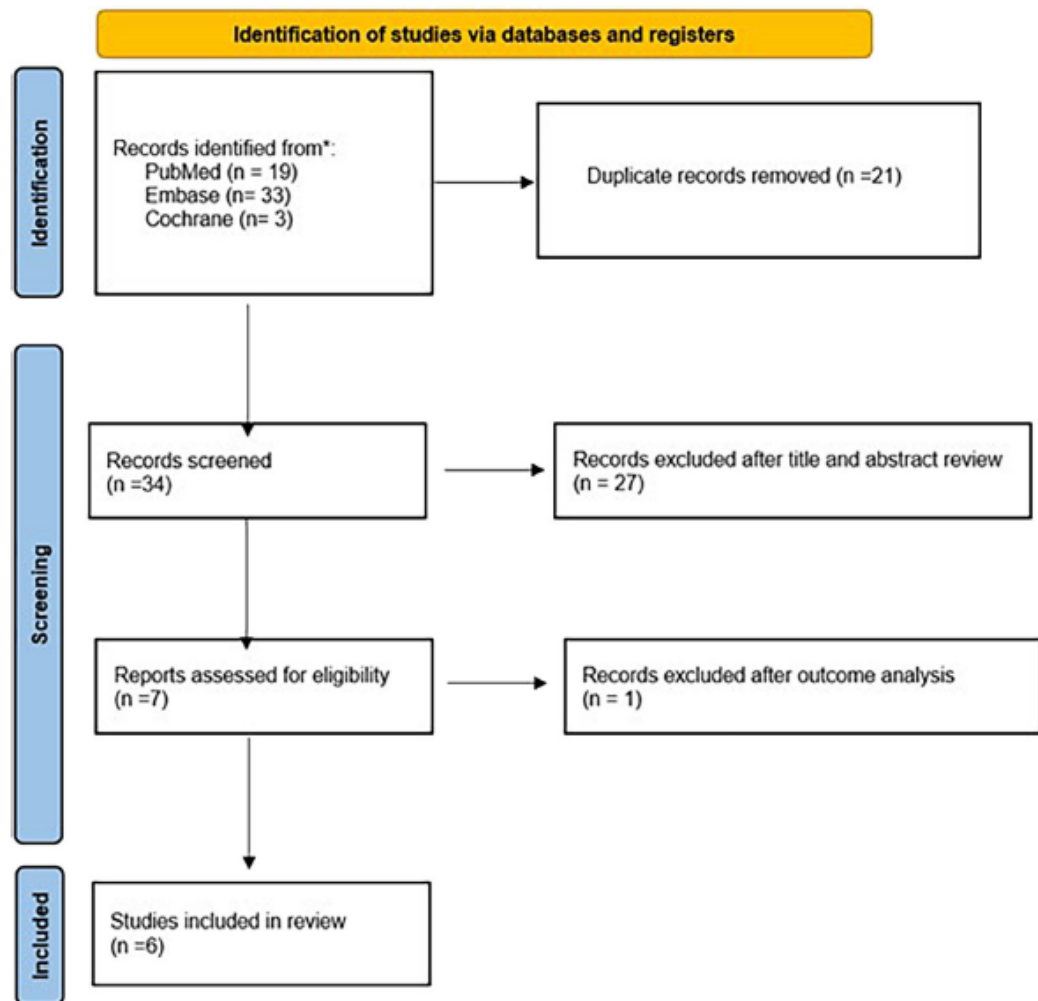


- **Two anastomoses**
- **Perioperative Cx ANZBSR 9.4% (Alfred 39%)**
- Malnutrition – rare
- **Internal hernia:1-10%**



- **Two anastomosis with difficult dissection**
- **Perioperative Cx ANZBSR ..?? (n=2)**
- **Malnutrition – uncommon**
- Internal hernia: ?rare

Systematic review and metaanalysis



Langenbeck's Archives of Surgery (2023) 408:440

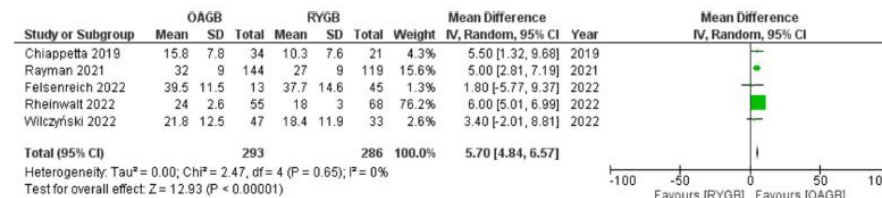


Fig. 2 Forest plot for percentage of total weight loss

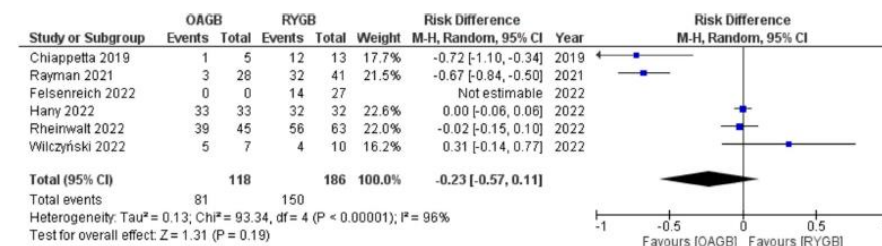


Fig. 7 Forest plot for GERD after conversion

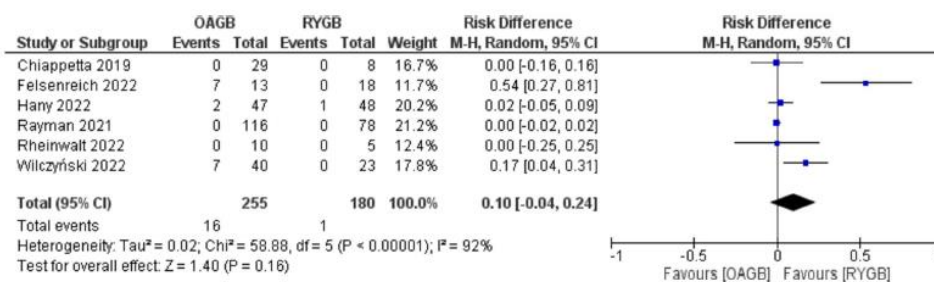
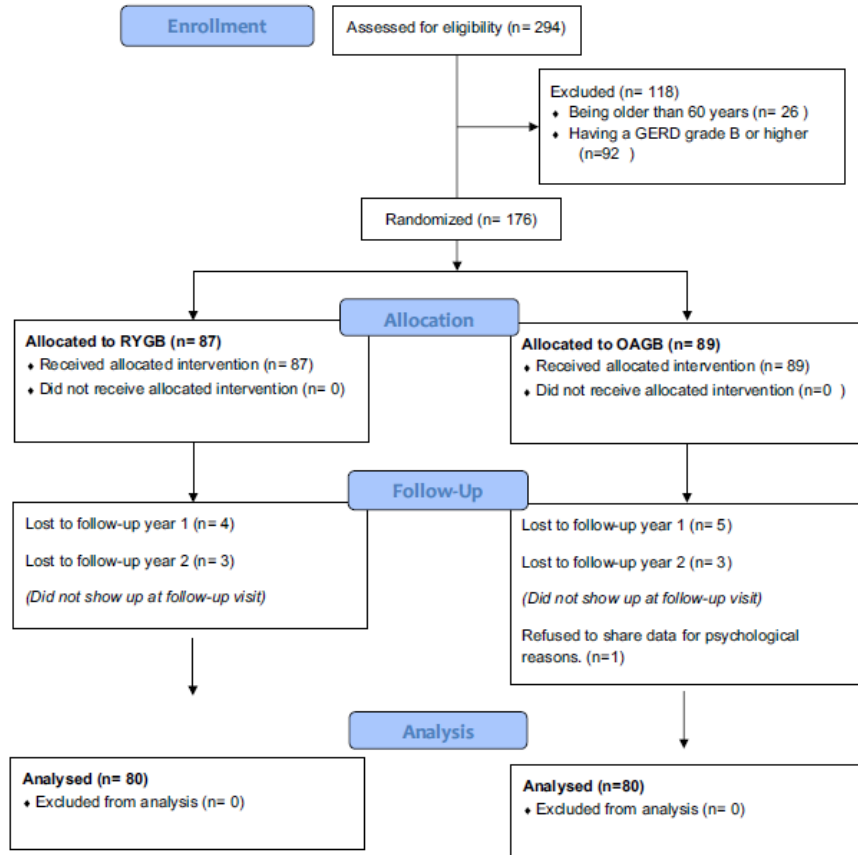


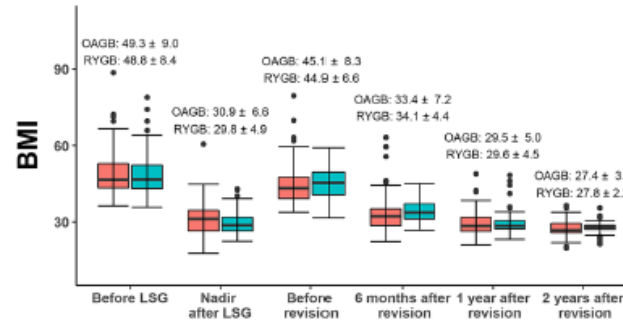
Fig. 8 Forest plot for de novo GERD after conversion

Equivalent:
Leak
Bleeding
Ulcer

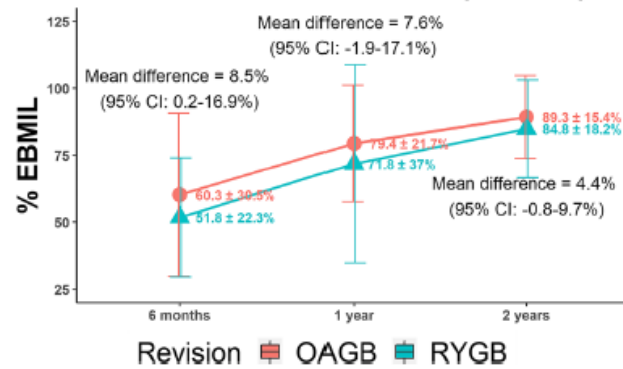
Randomised controlled trial



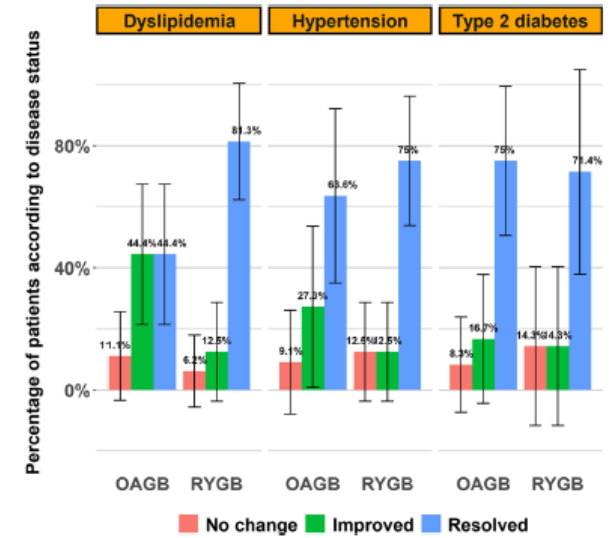
Body Mass Index (BMI) Timeline



Excessive BMI Loss (EBMIL)



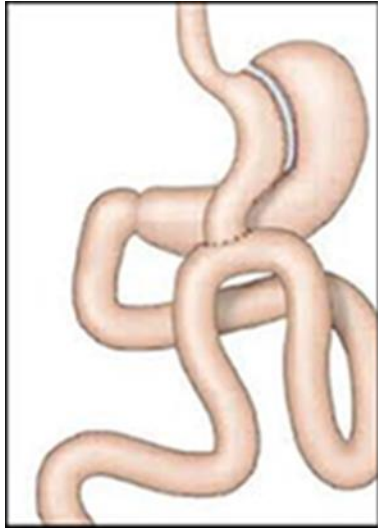
No signif difference



GERD equivalent

OAGB 85.6 min vs RYGB 104.9 min (p<0.001)

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Acknowledgements

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