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Faculty of Medicine, Nursing and Health Sciences

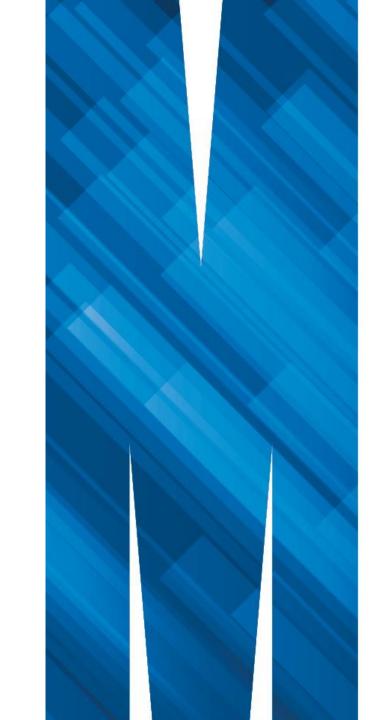


RWG after sleeve gastrectomy The best option is an OAGB

Professor Wendy Brown

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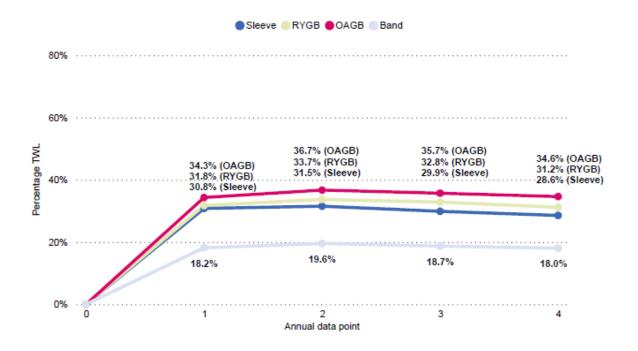


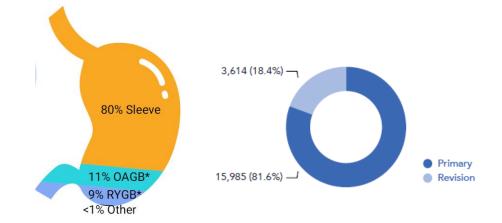


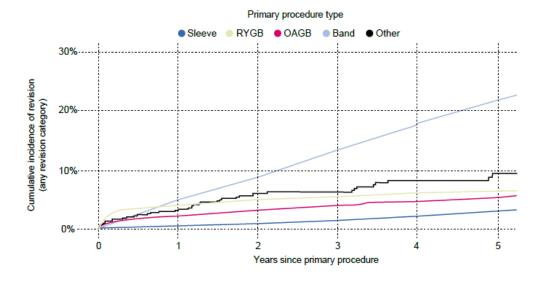
Why think about conversion after LSG?

Because we have to!

ANZBSR 2023 report











Why OAGB for RWG after SG?

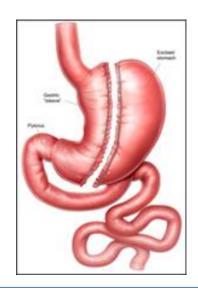


- 2. Technical ease
- 3. Perioperative Safety
- 4. Longer term Safety

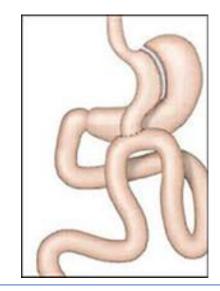




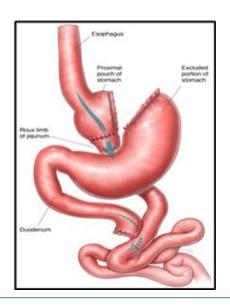
Different mechanism of action



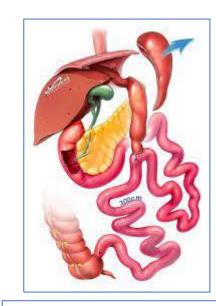
- Rapid transit through sleeve <21 min
- Change in incretins from duodenal stimulation
- Vagal stretch fibres



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



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

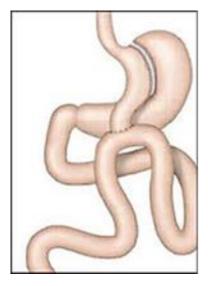


Malabsorption

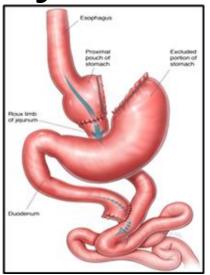




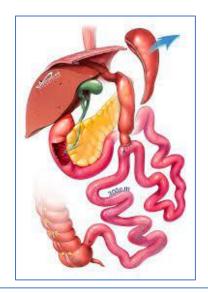
Technical ease and safety



- 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%

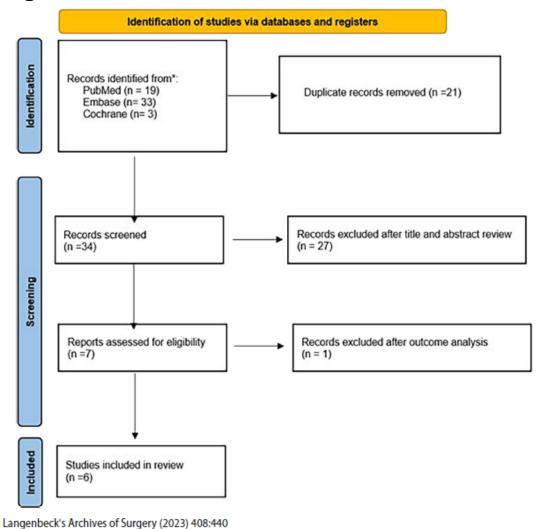


- Two anastomosis with difficult dissection
- Perioperative Cx ANZBSR ..?? (n=2)
- Malnutrition uncommon
- Internal hernia:?rare





Systematic review and metaanalysis



	(AGB		F	RYGB			Mean Difference		Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	Year	IV, Random, 95% CI
Chiappetta 2019	15.8	7.8	34	10.3	7.6	21	4.3%	5.50 [1.32, 9.68]	2019	-
Rayman 2021	32	9	144	27	9	119	15.6%	5.00 [2.81, 7.19]	2021	•
Felsenreich 2022	39.5	11.5	13	37.7	14.6	45	1.3%	1.80 [-5.77, 9.37]	2022	+
Rheinwalt 2022	24	2.6	55	18	3	68	76.2%	6.00 [5.01, 6.99]	2022	
Wilczyński 2022	21.8	12.5	47	18.4	11.9	33	2.6%	3.40 [-2.01, 8.81]	2022	+
Total (95% CI)			293			286	100.0%	5.70 [4.84, 6.57]		
Heterogeneity: Tau2:	= 0.00; C	hi² = 2	47, df	= 4 (P =	0.65);	P= 0%	,			100 100 100
Test for overall effect	Z=12.9	3 (P <	0.000	01)						-100 -50 0 50 100 Favours [RYGB] Favours [OAGB]

Fig. 2 Forest plot for percentage of total weight loss

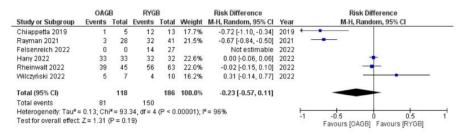


Fig. 7 Forest plot for GERD after conversion

	OAG	В	RYG	В		Risk Difference	Risk Difference	
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% CI	M-H, Random, 95% CI	
Chiappetta 2019	0	29	.0	8	16.7%	0.00 [-0.16, 0.16]		
Felsenreich 2022	7	13	0	18	11.7%	0.54 [0.27, 0.81]	· · · · · · · · · · · · · · · · · · ·	
Hany 2022	2	47	1	48	20.2%	0.02 [-0.05, 0.09]	+	
Rayman 2021	0	116	0	78	21.2%	0.00 [-0.02, 0.02]	•	
Rheinwalt 2022	0	10	0	5	12.4%	0.00 [-0.25, 0.25]		
Wilczyński 2022	7	40	0	23	17.8%	0.17 [0.04, 0.31]	-	
Total (95% CI)		255		180	100.0%	0.10 [-0.04, 0.24]	•	
Total events	16		1					
Heterogeneity: Tau2:	= 0.02; Ch	$i^2 = 58.$	88, df = 5	(P < 0.	00001); [²=92% ⊢		
Test for overall effect	Z=1.40	(P = 0.1)	6)			-1	-0.5 0 0.5 Favours [OAGB] Favours [RYGB]	

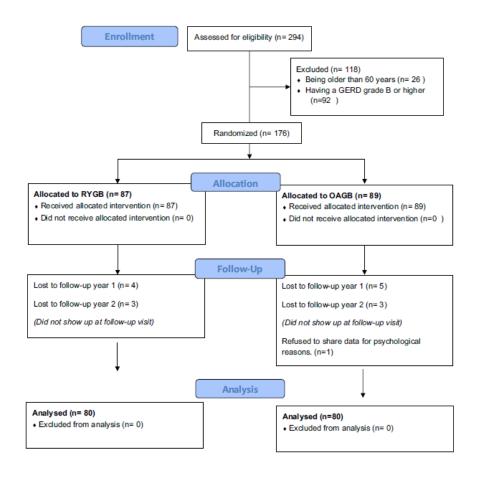
Fig. 8 Forest plot for de novo GERD after conversion

Equivalent: Leak Bleeding Ulcer

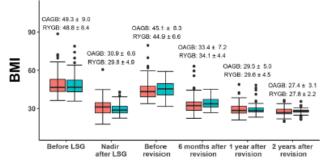




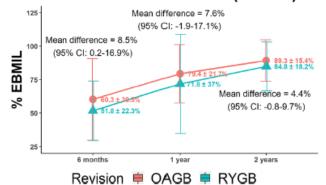
Randomised controlled trial



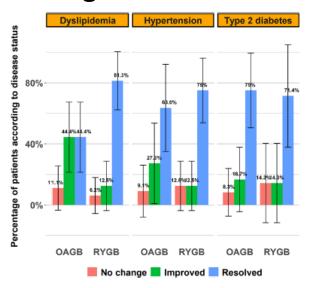
Body Mass Index (BMI) Timeline



Excessive BMI Loss (EBMIL)



No signif difference



GERD equivalent

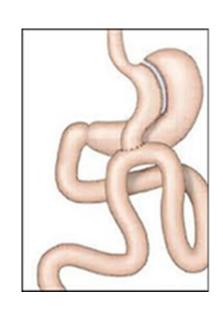
OAGB 85.6 min *vs* RYGB 104.9 min (p<0.001)

Obesity Surgery (2022) 32:3491-3503





Why OAGB for RWG after SG?



- 1. Different mechanism of action
 - 2. Technical ease
 - 3. Perioperative Safety
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Acknowledgements

BSR Steering Committee

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