



REVISION, REVERSAL, CONVERSION, AND STAGED BARIATRIC PROCEDURES: WHEN AND WHY

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Battle of the Bayou Bulge

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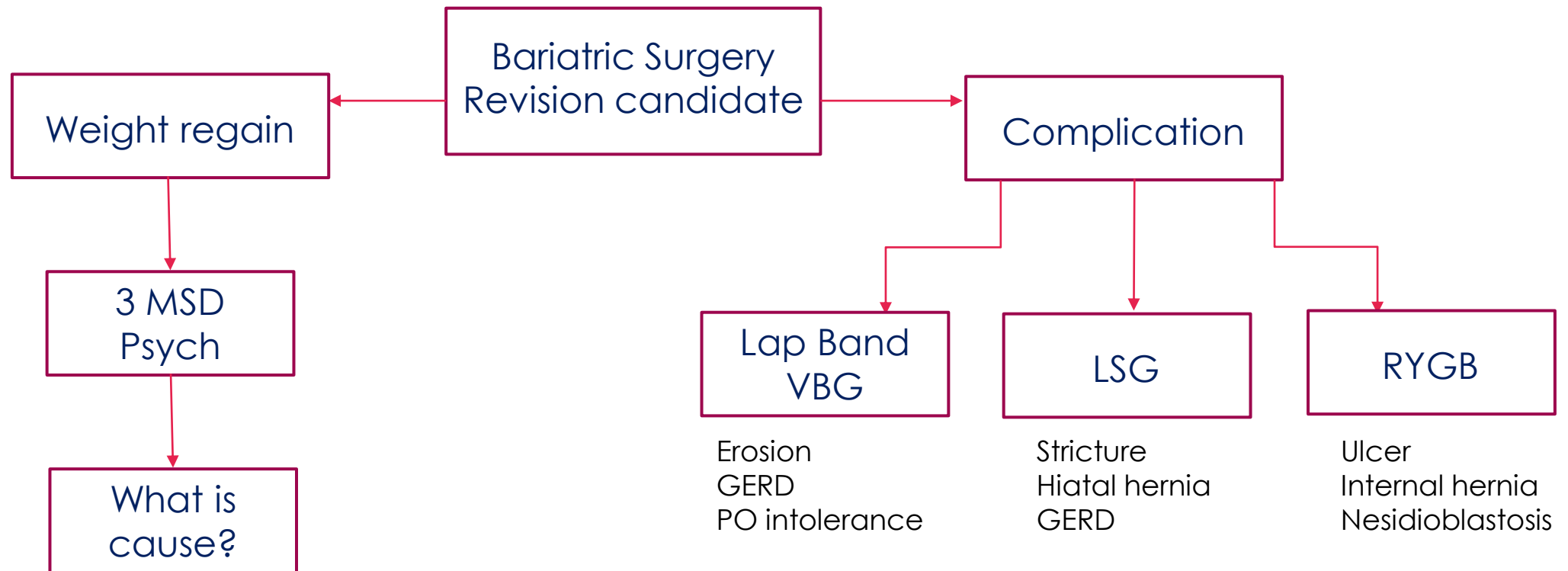
DISCLOSURES

None

REVISION/CONVERSION: AN INCREASINGLY COMMON BARIATRIC SURGERY PROCEDURE

- Revisional Bariatric Surgery is growing fast:
 - In 2018 an estimated 252,000 bariatric operations were performed in the USA
 - Of these 15.4% were revisional surgeries
 - An estimated 38,000
 - In comparison, in 2013 only 6.0% of bariatric surgeries were revisions
- In 2015, 6% of all LSG and 9% of RYGB were conversions
- In New York State¹, at least 26% of LAGB, 9.8% LSG, and 4.9% RYGB underwent revision or conversion (RC) within 10 years of initial surgery.
 - Multiple revisions occurred in 5.7% LABG, 0.5% RYGB, 0.2% LSG

WHY REVISIONS/CONVERSIONS?





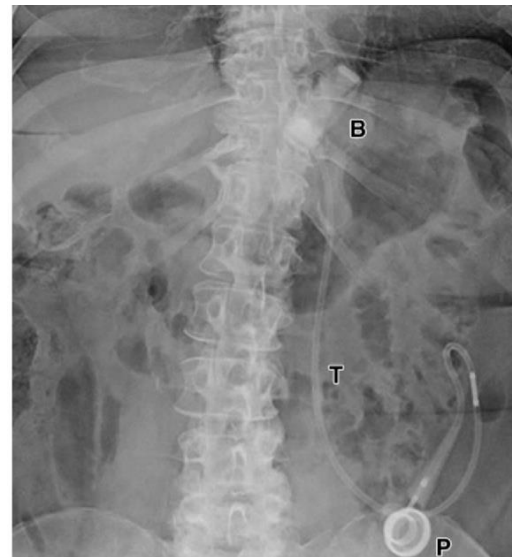
WORK UP

- Labs
- EGD
- Upper GI
- RD evaluation

- CT

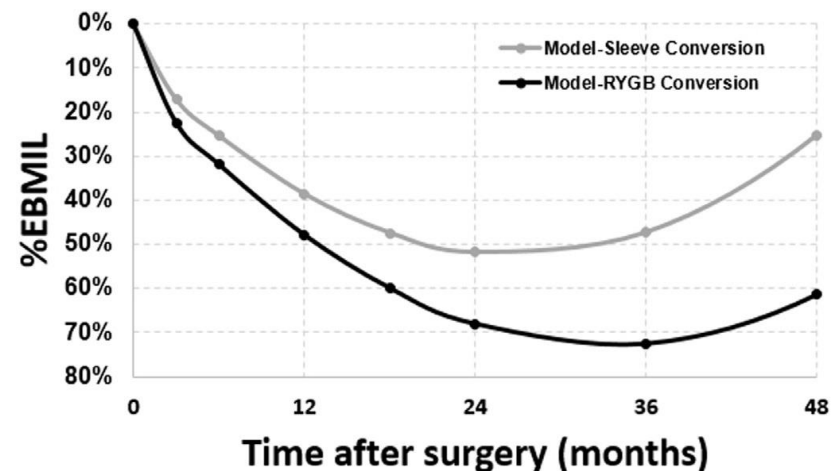
FROM LAPAROSCOPIC ADJUSTABLE GASTRIC BAND

- Expected weight loss after lap band: 40 – 60%
- Intolerance – dysphagia, heartburn, regurgitation, post-prandial pain
- Slippage – obstruction, incarceration
- Erosion
- Port-related complications
 - Infection
 - Disconnection/transection
- Weight recidivism
 - At 10-years ranges from 25-70%



FROM LAPAROSCOPIC ADJUSTABLE GASTRIC BAND

- Lap band removal alone
 - Weight regain after lap band removal
 - Swiss study of 21 patients: average pre-band BMI 44.6 -> BMI at time of removal 34.9
 - Five years after removal average BMI 41.0, DM2/HTN/OSA returned or worsened
 - 13 patients rated their QOL as “bad”
- Conversion
 - Greater weight loss 5-years after RYGB (57.8 %EWL) vs LSG (29.3 %EWL)
 - However this comes with higher post-op complication rate and hospital LOS
- When to do 2-staged conversion?
 - Meta-analysis in 2019 including 25 studies:
 - Leak rate of 1.73% for 1-stage procedures
 - Leak rate of 2.21% for 2-stage procedure
 - Risk ratio for conversion to RYGB 0.82 vs LSG 1.61



FROM LAPAROSCOPIC SLEEVE GASTRECTOMY

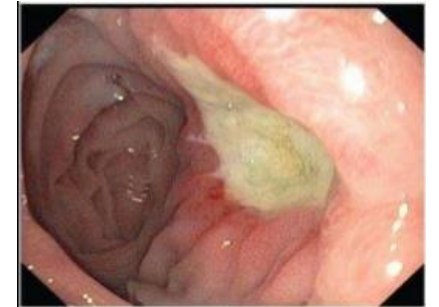
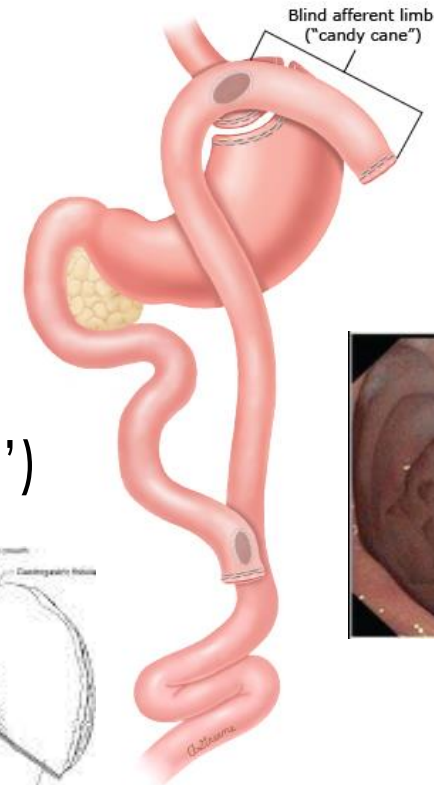
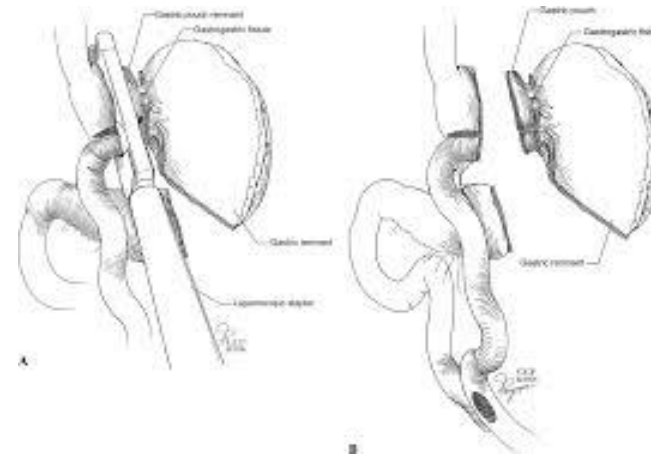
- Expected weight loss after LSG: 50-70%
- Weight regain/failure of adequate weight loss
- Heartburn
- Stricture
- Hiatal hernia

FROM LAPAROSCOPIC SLEEVE GASTRECTOMY

- Conversion to RYGB
 - At 2 years, EWL about 40%
 - Resolution of DM2, HTN, DLD, OSA resolved or improved in 45-50% of cases
 - Resolution of GERD up to 100%
 - Post-op complications 17%
- Conversion to DS
 - Primarily for inadequate weight loss or weight regain
 - Additional 40% EWL
 - Resolution of DM2 94%

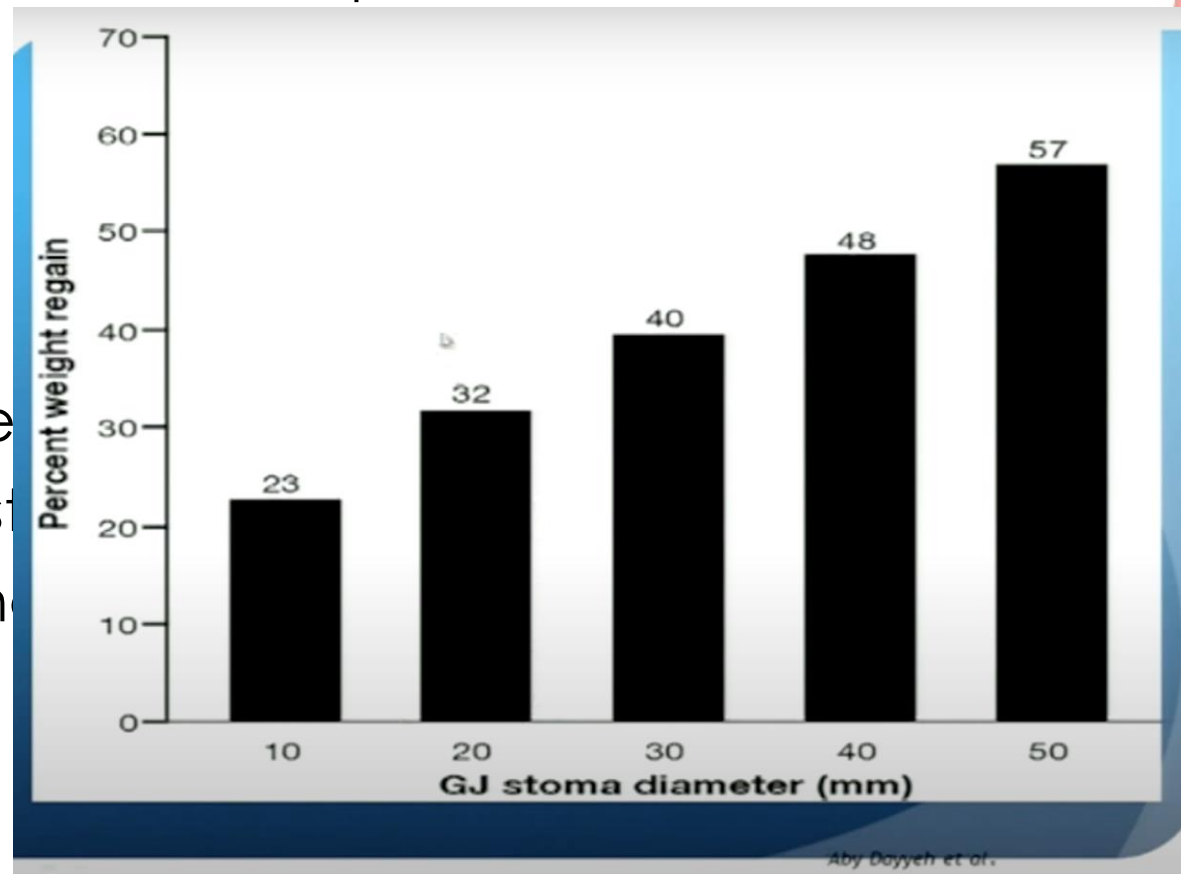
FROM ROUX-EN-Y GASTRIC BYPASS

- Expected weight loss after lap RYGB: 60-80%
- Stoma resizing
- Pouch revision
- Redundant roux blind limb (“candy-cane syndrome”)
- Marginal ulcer resection
- Gastro-gastric fistula take-down
- Roux-limb lengthening



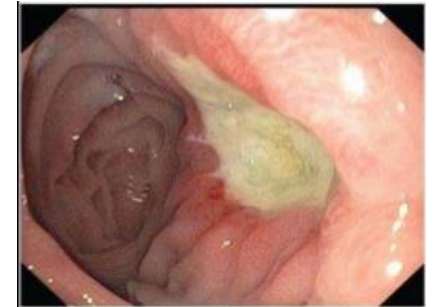
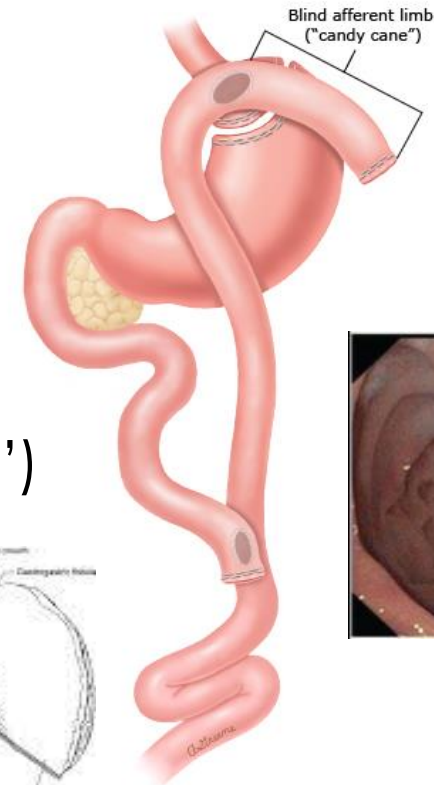
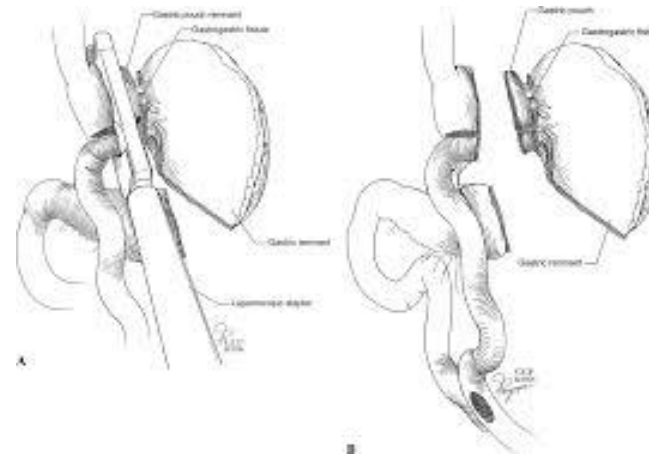
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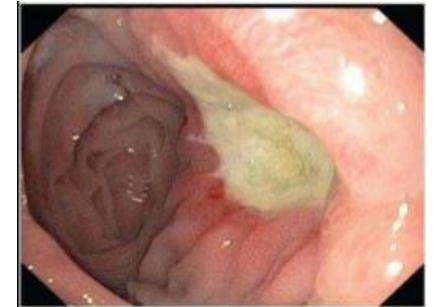
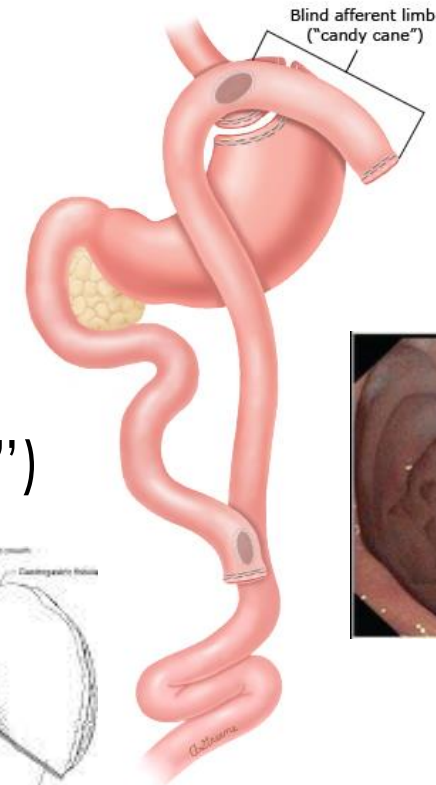
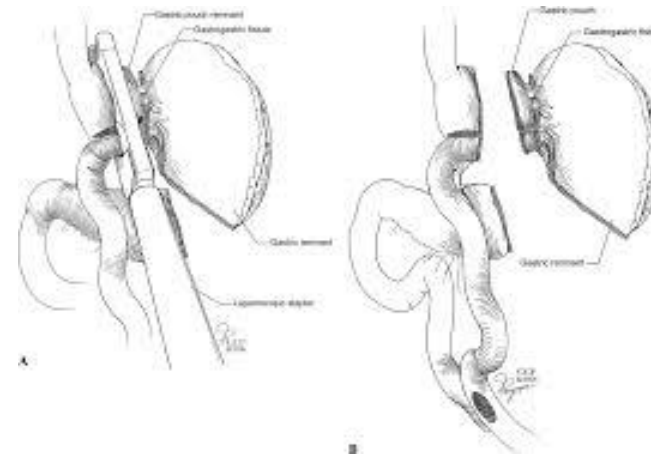
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CAN A GASTRIC BYPASS BE REVERSED?

- Malnutrition
- Severe dumping syndrome
- Postprandial hypoglycemia
- Excessive weight loss



BUT SHOULD IT BE?

- Malnutrition
- Severe dumping syndrome
- Postprandial hypoglycemia
- Excessive weight loss

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QUESTIONS?

