

AB012. OP-12 Revision surgery experience in patients with sleeve gastrectomy failed in weight loss

Hüseyin Çiyiltepe, Aziz Bora Karip, Nuriye Esen Bulut, Mehmet Mahir Fersahoğlu

Department of General Surgery, SBÜ İstanbul Fatih Sultan Mehmet Education and Research Hospital, Istanbul, Turkey

*Correspondence to: Hüseyin Çiyiltepe. Department of General Surgery, SBÜ İstanbul Fatih Sultan Mehmet Education and Research Hospital, Istanbul, Turkey. Email: drciyiltepe@hotmail.com.

Background: Laparoscopic sleeve gastrectomy (LSG) has become the most common bariatric surgical procedure for the treatment of morbid obesity. Inadequate weight loss or weight regain after SG is an important condition in recent years. In this study, we reviewed our experience of revision surgery in LSG patients who failed to lose weight in the last 1 year.

Methods: All patients who underwent revisional gastric bypass surgery due to inadequate weight loss or weight regain between January 2018 and December 2018 after a failed LSG were enrolled.

Results: The mean age of patients is 41.9 (23–59 years), 75% are women. While 6 patients (30%) underwent one anastomosis gastric bypass (OAGB), 14 patients (70%) underwent Roux-en-Y gastric by-pass (RYGB) surgery. The mean pre-SG weight and body mass index (BMI) for the patients were 135.2 kg (115–160 kg) and 49.6 kg/m^2 (41.5-63.4 kg/m²). The nadir weight and % Excess weight loss (EWL) after LSG were 88.5 kg (62-125 kg) and 70.3% (30.4-100.0%). The interval between the SG and the conversion to RYGB/OAGB was 46,9 months (21-75 months). The operation time, estimated blood loss and hospital stay were 199.7 minutes (181,5 for OAGB, 199.5 for RYGB), 60 cc (10-100 cc) and 4.7 days (3-9 days). At reoperation, the weight and BMI were 113.5 kg (96-149 kg) and 41.2 kg/m² (35.5–51.0 kg/m²). Six of the patients were lost to follow-up after one year follow up. The post-revisional

surgery weight and %EWL were 86.2 kg (65–115 kg) and 63.7% (16–100%) after a mean 15.2 months follow-up. Two patients required surgical exploration for hemorrhage and an internal hernia. The overall complication rate was 20%, with a major complication rate of 10%. No patients died.

Conclusions: RYGB/OAGB are feasible and effective operations after a failed SG with slightly increased morbidity.

Keywords: Sleeve gastrectomy; weight regain; Roux-en-Y gastric bypass (RYGB); one anastomosis gastric bypass (OAGB)

Provenance and Peer Review: This abstract is included in "Abstracts from the 3rd Turkish National Congress on Bariatric and Metabolic Surgery, 21st-24th November 2019, Antalya-Turkey", which is commissioned by the Guest Editor (Mehmet Mahir Özmen) for the series "Bariatric and Metabolic Surgery" published in Annals of Laparoscopic and Endoscopic Surgery. This abstract did not undergo external peer review.

Conflicts of Interest: The authors have completed the ICMJE uniform disclosure form (available at http://dx.doi.org/10.21037/ales-2019-bms-23). The series "Bariatric and Metabolic Surgery" was commissioned by the editorial office without any funding or sponsorship. The authors have no other conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: https://creativecommons.org/licenses/by-nc-nd/4.0/.

doi: 10.21037/ales-2019-bms-23

Cite this abstract as: Çiyiltepe H, Karip AB, Bulut NE, Fersahoğlu MM. Revision surgery experience in patients with sleeve gastrectomy failed in weight loss. Ann Laparosc Endosc Surg 2020;5:AB012.