

AB029. PP-8 Evaluation of patients with revision surgery in the last 9 years

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Background: The prevalence of obesity is increasing all over the world. Obesity and related complications cause deaths of 2.5 million people per year. Bariatric surgery is the most effective method for maintaining and sustaining weight loss. It is the most commonly used bariatric surgery method. Some patients gain weight again months or years after the operation. These patients require revision surgery (RS). In this article, we present the patients who need RS after LSG operation in Düzce University Research Hospital General Surgery Clinic in 9 years.

Methods: Seventeen patients who underwent LSG operation between October 1, 2010 and February 1, 2019 who needed RS, including 8 re-LSG and 9 laparoscopic Roux-en-Y gastric bypass (LRYGB) were retrospectively evaluated.

Results: Of the 17 patients included, 76.5% were female and 23.5% were male (F: 13, M: 4). The mean weight of the patients before LSG was 133.9 (100–200) (F: 126.55, M: 157.7), and the mean BMI was 47.1 (40.1–64.6) (F: 46.49, M: 49.5). The mean weight loss of the patients was 12.3kg, while the maximum weight loss was 36.54 kg. The average time from the 17 patients to the need for RS was 39.2 months (7–58 months). The mean weight before RS was 112.8 (88–142) (F: 107.57, M: 129.77), and the mean BMI was 41.22 (32–58) (F: 40.5 M: 43.5). The mean HbA1c values of the patients before the LSG and RS operations were 5.7 and 5.4.

Conclusions: The prevalence of obesity is increasing all over the world and one in three people are overweight or obese. In 2016, 281 million men and 390 million women aged 20 and over are estimated to be obese. By 2030, the population of obese people is expected to reach 20% of the

world's adult population (1.12 billion adults). Obesity has been shown to be associated with diseases such as diabetes mellitus type 2 (DM), hypertension (HT), dyslipidemia, sleep apnea, asthma, fatty liver disease, gastroesophageal reflux and certain types of cancer. Epidemiological studies have shown that weight loss is associated with a decrease in the incidence of hypertension and non-insulin-dependent diabetes mellitus. Various medical and surgical treatments are available for the treatment of obesity, including diet, behavioral changes and medications. Bariatric surgery has been shown to be safe and effective in achieving sustainable weight loss and improving obesity-related comorbidities. Laparoscopic Roux-en-Y gastric bypass (LRYGB) and LSG are the most commonly used bariatric surgery methods. LSG is only a volume-reducing method, but LRYGB is both a volume-reducing and malabsorptive method. Both LRYGB and LSG provide effective weight loss. Laparoscopic sleeve gastrectomy (LSG) is accepted as the primary bariatric technique by many surgeons with high efficacy and low complication rates. Likewise, LSG is the most commonly used method for bariatric surgery in our clinic. Many studies have shown that LSG is safe and effective in weight loss and recovery of comorbidities in the early postoperative years. The simplicity and effectiveness of the LSG procedure in terms of weight loss and comorbidity improvement have contributed to its popularity. In 9% of LSG cases, re-weight gain occurs several months or years after surgery. In such cases, additional RS is generally recommended. Some investigators have suggested that LSG (LRS) or LRYGB be performed technically if possible in case of primary LSG failure. The mean BMI before LSG was 47.19 and the mean BMI before RS was 41.22 in patients who needed RS (LRS and LRYGB) after LSG included in the study. This was seen in the study by Park *et al.* comparing LSG and RS patients had higher pre-operative weight. In the study of Park *et al.*, The mean time between the two operations was 47.3 months. Postoperative weight gain is a major concern for bariatric surgeons. Eating habits may not change due to the patients' weight gain again, and may be related to postoperative residual gastric volume. RS is feasible for these patients and allows additional weight loss after LSG failure. The limitations of this study are that it is a single-center study with a small sample size and the study is performed retrospectively.

Keywords: Revision surgery (RS); obesity; postoperative weight gain; bariatric surgery

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