## AB057. SOH21AS202. Revisional bariatric surgery: an escalation in surgical management of obesity

Emma Kearns, Naomi Fearon, Sadbh Brennan, Susannah Staunton, Kin Cheung Ng, Helen Heneghan

Department of Surgery, St. Vincent's University Hospital, Dublin, Ireland

**Background:** Revisional bariatric surgery (RBS) is considered to be higher risk and may confer less benefit compared to primary bariatric surgery (PBS). The aim of this study was to assess perioperative and weight loss outcomes of RBS in an Irish bariatric patient cohort.

**Methods:** Data on consecutive revisional bariatric procedures was prospectively recorded and reviewed retrospectively. Data collected included demographic details, perioperative and weight loss outcomes.

Results: A total of 25 revisional bariatric procedures occurred in a 39-month period. Twenty-one patients underwent a second bariatric procedure, with two patients undergoing a second and subsequently third bariatric procedure. The primary bariatric procedures were gastric banding (n=13, 56.5%), sleeve gastrectomy (N=9, 39.1%), gastric bypass (N=1, 4.35%). The most common indications for RBS included weight regain (60%, N=15), gastric band slippage (28%, N=7) and severe reflux symptoms (20%, N=5). The majority of RBS patients were female (N=20, 80%). The mean ( $\pm$  SD) age at time of surgery was 46.28±8.50 years old (range, 34-62), mean (± SD) preoperative weight was 126.86 kg ±31.05 and mean preoperative BMI 44.21 kg/m<sup>2</sup> ±8.77 kg. The revisional bariatric procedures were sleeve gastrectomy (N=5, 20%), roux-en-Y gastric bypass (n=7, 28%) and one-anastomosis

gastric bypass (n=13, 52%). There was no mortality recorded in this series. Overall postoperative morbidity rate was 16% (n=4). The 30-day readmission and reoperation rates were both 4%. Total body weight lost (TBWL) at 12-months postoperatively was 19.36%.

**Conclusions:** RBS is a safe and beneficial intervention for patients who regain weight or develop complications after PBS.

**Keywords:** Bariatric surgery; gastric bypass; sleeve gastrectomy; revisional bariatric surgery (RBS); weight loss

## **Acknowledgments**

Funding: None.

## **Footnote**

*Conflicts of Interest*: The authors have no 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 noncommercial 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/map-21-ab057

Cite this abstract as: Kearns E, Fearon N, Brennan S, Staunton S, Ng KC, Heneghan H. Revisional bariatric surgery: an escalation in surgical management of obesity. Mesentery Peritoneum 2021;5:AB057.