

## Laparoscopic Revisional Gastric Bypass after open bariatric surgeries

<sup>1</sup>Surgery Department, Riyadh Military Hospital, Riyadh, Saudi Arabia

Haider Alshurafa<sup>1</sup>

**Objective:** To confirm the feasibility of the laparoscopic revisional gastric bypass after open failed bariatric operations. **Method:** Retrospective review of all patients who have underwent revisional gastric bypass after open bariatric operations, all of these operations were done by the author. **Results:** There were 56 patients over 5 years had revisional gastric bypass, 28 patients had previous open bariatric operations. They form 6% of all the patients who have underwent laparoscopic gastric bypass by the author, 50% of these were post open bariatric surgeries. Only 4 patients had converted to open procedures, one was started open and it was at the early of the author experience. 55 patients were started laparoscopic and 3 were converted to open due to sever adhesions, they were also in the early experience. Out of f post open bariatric operations, 21 patients have failure to lose weight and/or weight regain, 4 patients have complications, and 3 patients have both failure to lose weight and complications. There were no mortality and no leakage. Only one patient have needed laparoscopic re-exploration due to twisting at the jejuno-jejunal anastomosis three days post operation. There were only 8% minor complications, like wound infections, self controlled bleeding. **Conclusion:** Laparoscopic revisional gastric bypass is feasible after open bariatric surgeries but these types of operations have high surgical skills demand and carry higher risks for the complications.

## Revisional endoscopic surgery after gastric bypass

<sup>1</sup>Bariatric surgery , University Hospital Brugmann , Brussels , Belgium <sup>2</sup>monika lybeer  
alex M.F. heylen<sup>1</sup>,monika E.B. Lybeer<sup>1</sup>

The importance of the restrictive component of gastric bypass procedures is well recognized. Dilatation of the pouch-outlet , the pouch volume itself and the presence of a gastro-gastric fistula after gastric bypass are three factors responsible for substantial weight gain, volume per meal increases, rapid pouch emptying invites for binge-eating. Revisional surgery should be avoided by doing the first operation as it should , but if necessary it is often difficult and prone to at least double the morbidity of the primary operation and with unknown long term results. Narrowing the stoma size , closure of a gastrogastic fistula endoscopically with the OTSC clip is a very effective and safe alternative. Presentation of a study on 118 patients endoscopically treated either for stoma dilatation or gastrogastic fistula between october 2008 and june 2009

## Validity of sleeve gastrectomy for band failures

<sup>1</sup>Al Taie center for laparoscopic and Obesity surgery, Dubai, UAE

Abdulsalam S. Al Taie<sup>1</sup>

**Introduction:** Gastric banding is the one of the main restrictive procedures among the bariatric operation. sleeve gastrectomy proved to be more than just a restrictive operation, and proved to be successful for patients who had failed to lose their weight with banding. **Patients and Method:** 52 patients were included in this study. All had their bands done More than a year earlier. mean BMI 41 (38-49) . Mean age 28( 18 -52). 31 female and 21 male. they were with no significant co-morbidities. All had sleeve gastrectomy done along with the removal of the band at the same session . The band was removed, the tunneling sutures is removed and the fundus was stretched back to its original anatomy after the excision of the peri gastric fibrous ring at the band site. Then sleeve gastrectomy is performed in the usual way using endo GIA stapling devise and we suture the proximal staple line with 2/0 vicryl . The follow up ranges from 1 to 4 years (19) (14) (11) and (8) patients respectively. **Results:** There was no major morbidity( Gastric leakage) ,no mortality, 3 wound infections, 1 chest infection. No conversions to laparotomy. Mean hospital stay 3 days(2-4). At the end of the first year following the operation all had significant weight loss 35-45% of the EBW. At 2 year 33 patients have lost 55% of the EBW. By the third year 19 patients had 55% EBW loss, At 4 years 8 patients lost 65% of their EBW. **Conclusion:** Sleeve gastrectomy can be regarded as a salvage procedure for band failure patients and sure it is more than a restrictive procedure , it is a valid metabolic operation and may be comparable to Gastric bypass for patients with failed bands.

Laparoscopic pouch resizing, new gastro-jejunal anastomosis and strictly cardial adjustable band placement for failed Gastric Bypass

<sup>1</sup>General, Obesity, Endocrine and Oncologic Unit Centre Hospitalier de Dinant, Dinant , Belgium

Jean-Philippe M. m. K. Magma<sup>1</sup>, Virgil\_A Dimbezel<sup>1</sup>, Isabelle\_M Kellner<sup>1</sup>, Gael G Jacquemin<sup>1</sup>, Jean-P Boeur<sup>1</sup>

Bariatric surgery has developed and provides a great quantity of different procedures, some more innovative and still undergoing careful evaluation. We now face a growing number of long-term "failed" patients. For the RYGBP, literature usually rates from 20 to 35 %. Proximal pouch dilatation is a well known cause. We here describe a new approach: Laparoscopic pouch resizing, new gastro-jejunal anastomosis and strictly cardial adjustable band placement. To our knowledge this procedure has not been reported in literature yet. A 58 years woman who underwent a LRYGBP surgery 3.5 years priorly, with primarily good weight loss and resolution of type 2 diabetes, regained weight and thus underwent this procedure. The surgical technique, documented with patient's data, XR pictures and per-operative shootings, is described. No early complications were reported. The patient is doing very well at 4 weeks follow-up. We tend to gather more patients on more long term follow-up to assess scientific conclusions for what could be an interesting "second chance" new procedure for those failed cases.

## Laparoscopic Band Revision to bypass:A Single Stage procedure

<sup>1</sup>Department of Bariatric and Metabolic Surgery, Gem Hospital and Research Centre, Coimbatore, India

Praveen Raj<sup>1</sup>, Palanivelu Chinnusamy<sup>1</sup>

Background:As the number of Bariatric Surgeries increased, so did the number of Revisional Surgeries too. As per the recent meta-analysis by Buchwald et al, the number of Bariatric procedures performed in Asia in 2008 is the least .As the number of procedures being done is on the rise , we Asians including Indians might have to start facing more number of Revisional Surgeries too.Video:In this High Definition Video , we demonstrate one of our cases of a Laparoscopic Band Revision to bypass as a Single Stage procedure for weight Recidivism in a 35 yr old Female.Steps:-The adhesions over the band was released, the band was cut and removed along with the pseudo capsule after dividing the gastro-gastric sutures. -The gastric pouch was created using linear staplers in the standard fashion and the anastamosis was done using standard limb lengths, 75cm biliopancreatic limb and 75cm alimentary limb. -The gastrojejunostomy is being performed in antecolic fashion using linear staplers. -Mesenteric defects were closed as well.

## Laparoscopic Revisional Roux en Y Gastric Bypass for Weight Recidivism

<sup>1</sup>Department of Bariatric and Metabolic Surgery, Gem Hospital and Research Centre, Coimbatore, India  
Praveen Raj<sup>1</sup>, Palanivelu Chinnusamy<sup>1</sup>

**Background:**As the number of Bariatric Surgeries increased, so did the number of Revisional Surgeries. As per the recent meta-analysis by Buchwald et al, the number of Bariatric procedures performed in Asia in 2008 is the least. As the number of procedures being done is on the rise, we Asians including Indians might have to start facing more number of Revisional Surgeries too. Roux en Gastric bypass is one procedure with very few revisional alternatives. **Video:**In this High Definition video, we demonstrate a Revisional Bypass for weight recidivism, wherein the the large gastro-jejunal stoma was revised in a 22 yr old female. The patient who on evaluation for weight recidivism was found to have a larger stoma than usual and hence had increased capacity to eat. Hence was taken for stomal revision by narrowing the stoma using a linear staplers application over a 36 F bougie and excising a gastrojejunal sleeve thus narrowing the stoma. The patient is losing acceptable amount of weight postoperatively.

## Bariatric Revision Surgeries

Sanjay Borude

Abstract

Introduction

REAL complications associated with the operation and SIDE EFFECTS associated with the alteration in the upper GI anatomy.

The preoperative mortality of bariatric surgery was 0% and worldwide is usually associated with

1. Anastomotic leaks with peritonitis (75%) or
2. Pulmonary embolism (25%).

Method

REVISION INDICATIONS - GASTRIC BAND SURGERY

- Port Site Complications after GB
- Port Leakage- Cracking of the kink-resistant tubing or Tube Disconnection
- Port Site Pain
- Port Dislodging or Flipping
- Bulging of the Port through the Skin
- Infection of the Fluid within the Band
- Infection of the Port - Either at Surgery or Band Fill or Erosion

REVISION INDICATIONS - SLEEVE GASTRECTOMY SURGERY

- Pouch Enlargement
- Staple Line Dehiscence
- Stomach Perforation
- Stricture
- Volvulus

REVISION INDICATIONS - GASTRIC BYPASS SURGERY

- Pouch Enlargement
- Staple Line Dehiscence
- Stricture
- Perforation
- Infection
- Psychological
- Associated Disease

Analysis

Early postoperative complications

- PULMONARY EMBOLISM is the leading cause (1% to 2%) of perioperative death in bariatric surgical patients.
- The incidence of MAJOR WOUND INFECTION after gastric bypass ranges from 1% to 3%.
- GASTROINTESTINAL BLEEDING within the 30-day perioperative interval may have a variety of causes.
- Small bowel obstruction (SBO) ranges from 1% to 2%
- ACUTE GASTRIC DISTENTION

The incidence of intraoperative complications in our series 1.4%

Late complications

- Incisional hernia (most common)
- Symptomatic gallbladder disease ranges from 3% to 30%.
- Vomiting.
- The incidence of Late Staple-line breakdown varies from 2% to 23%.
- Gastro-gastric fistulae after transection ranges from 1% to 2%.
- The incidence of marginal ulcer after RYGB ranges from 3% to 10%.

Conclusion

Complications following Bariatric Surgeries can be reduced to negligible if great care is taken Pre-Intra-and Post-operative period.