

Laparoscopic sleeve gastrectomy conversion to Roux-en-Y gastric bypass : experience in 50 patients after 1 to 3 years of follow-up

Quezada, N., Hernández, J., Pérez, G., Gabrielli, M., Raddatz, A., & Crovari, F. (2016). Laparoscopic sleeve gastrectomy conversion to Roux-en-Y gastric bypass: experience in 50 patients after 1 to 3 years of follow-up. *Surgery for Obesity and Related Diseases*, 12(8), 1611-1615. <10.1016/j.soard.2016.05.025> Accessed 15 Dic 2020.

Abstract

Background

Sleeve gastrectomy (SG) is currently one of the most frequently performed bariatric interventions worldwide due to its simplicity and good weight loss results. Nevertheless, SG failure and complications are increasingly being observed as the number of procedures increases.

Objectives

To report our results in converting SG to revisional laparoscopic Roux-en-Y gastric bypass (R-LRYGB).

Setting

University Hospital, Chile.

Methods

Retrospective analysis of our bariatric surgery database. Patients who underwent R-LRYGB after SG between June 2005 and April 2015 were identified. Demographic characteristics, anthropometrics, preoperative workup, and perioperative data were retrieved. Total weight loss (TWL), excess weight loss (EWL), and clinical progression over 3 years were registered.

Results

Fifty patients were identified, mean age 39±8.4 years, 42 (84%) women; median body mass index previous to R-LRYGB was 33.8 (31–36) kg/m². Indications for revision were weight regain (n = 28, 56%), gastroesophageal reflux disease (n = 16, 32%), and gastric stenosis (n = 6, 12%). In weight-regain patients, mean follow-up at 3 years was 72.2% and median percentage of total weight loss at 12 and 36 months was 18.5 (12–24) and 19.3 (8–23), respectively; percentage of excess weight loss at 12 and 36 months was 60.7 (37–82) and 66.9 (26–90), respectively. Over 90% of gastroesophageal reflux disease patients resolved or improved symptoms. All patients with gastric stenosis resolved symptoms after conversion. There were no major complications.

Conclusion

R-LRYGB is a feasible, effective, and well-tolerated alternative in selected patients with failed SG in which other therapies have been insufficient to either maintain weight loss or resolve complications. However, long-term follow-up is still needed.

Keywords

Bariatric surgery; Revisional surgery; Laparoscopic Roux-en-Y gastric bypass; Laparoscopic sleeve gastrectomy