Laparoscopic Hand-Sewn Revisional Gastrojejunal Plication for Weight Loss Failure After Roux-en-Y Gastric Bypass

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Abstract

Background: Revisional surgery has become a widely accepted alternative for weight loss failure/regain after bariatric surgery. However, it is associated to higher morbi-mortality and lesser weight loss than primary bariatric procedure. Our aims are to present a novel technique for weight loss treatment after failed laparoscopic Roux-en-Y gastric bypass (LRYGB) and to report its short-term results. Methods: This is a retrospective analysis of patients submitted to a revisional hand-sewn double-layer gastrojejunal plication (GJP) for treatment of weight loss failure/regain after LRYGB. Analysis of demographics, body mass index (BMI), and percentage of excess weight loss (%EWL) at the 6th month complications, and financial costs involved was included. Results: Four patients were submitted to revisional GJP. Three patients were female and the mean age at revision was 30 ± 9 years (21-44). The median time interval between LRYGB and GJP was 51 months (24-120). The median BMI at the moment of GJP and the 3rd and 6th month was 35.6 kg/m2 (32.0-37.8), 32.2 kg/m2 (29.7-34.1), and 30.7 kg/m2 (28.1-32.1), respectively. The median %EWL at the 3rd and 6th month was 35.4 % (13.6-38.9) and 46.2 % (45.1-55.5), respectively, reaching a cumulative (combined surgeries) %EWL of 62.9 % (16.5-67.9) and 71.7 % (65.1-77.6), respectively. There were no complications or mortality. Financial costs were significantly lower compared to revisional gastrojejunal stapled reduction (US\$1400 cheaper). Conclusion: Revisional GJP is a feasible, safe, and cost-effective novel procedure for treatment of weight loss failure/regain after LRYGB. Mid- and long-term results are necessary in order to establish its real effectiveness..

Keywords

Revisional surgery, Bariatric surgery, Gastrojejunal plication, Weight loss failure.