

LAPAOSCOPIC REVISION OF LAP ROUX EN-Y GASTRIC BYPASS TO DUODENAL SWITCH: OUTCOMES IN TERMS OF WEIGHT LOSS.

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Introduction

- Morbid obesity is chronic insidious disease which leads to range of diseases and reduces the health related quality of life.
- Bariatric Surgery has been found to be a reliable treatment for morbid obesity, giving better long term weight reduction.
- One of the widely used bariatric surgeries is Roux en-Y Gastric Bypass (RYGB). This has associated with failure rates as high as 30% at 5 years.
- We performed the duodenal switch (DS) in patients for whom Roux-en-Y gastric bypass have failed.
- The purpose of this study was to evaluate the outcomes of the patient who had failed RYGB and were converted to DS, in terms of their weight loss.

METHOD

- We evaluated all who underwent DS (6 underwent Regular DS and 10 underwent Loop DS) after their failed RYGB.
- All surgeries were performed by single surgeon at single institute. We retrospectively reviewed the data that included age, BMI, estimated blood loss and length of stay.
- Change in BMI and weight loss between pre-op and postop follow up were evaluated.

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1	RESULT							
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ı	1. Demographic characteristics							
ı	N			16				
ı	Age (years)			51.1875 ± 9.874				
ı	DS			6 (37.5%)				
ı	Loop DS			10 (62.5%)				
ı	Pre-op Weight(lbs)			282.1688 ± 73.917	7			
l	Pre-op BMI			46.10938 ± 10.633				
ı	2. Operative Details							
ı	N			(16)				
J	Regular Duodena	l Switch		6				
٦	Loop Duodenal S	witch		10				
1	Mean Length of s	tay		4.533333 41.818182				
I	Mean Estimated	blood loss						
ı	3. Complications							
ı	Short Ter Complica		Long Term Complications					
ı		■ Nausea	■ Wound i		infection			
		■ Ileus		■ Abdomi abscess				
	25% 12% 13% 13%	Abdominal abscessPeritonitis	50%	6% 6% Celluliti 13% Gallstor				
		■ Acute Blood loss anemia		☐ Gastric obstruc				
		■ Low oxygen		■ Abdomi	inal pain			

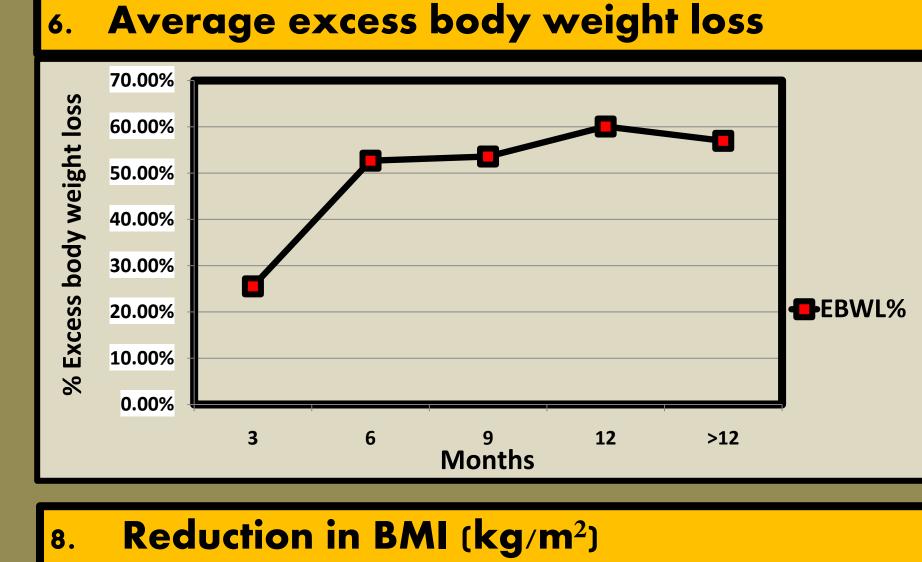
saturation

Complication

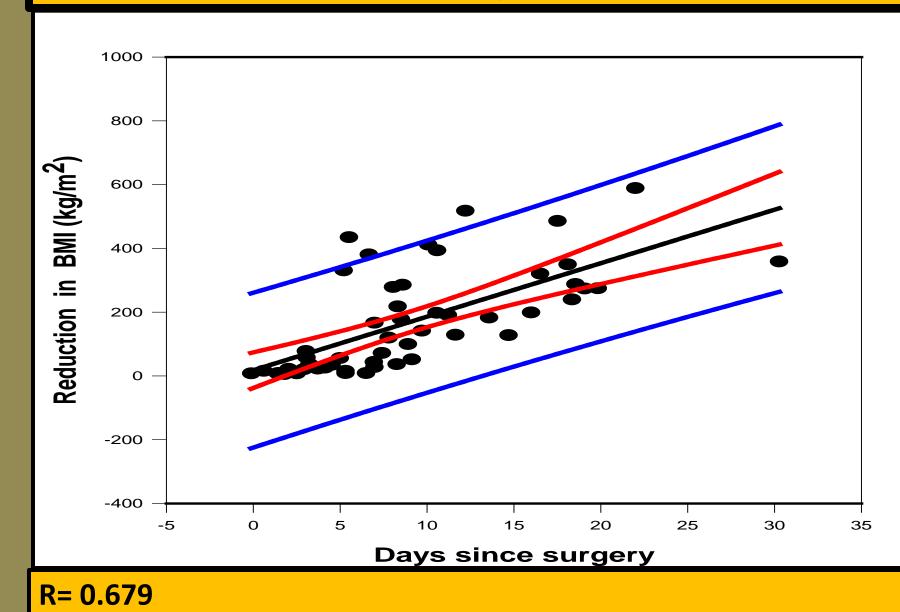
Complications

4. Weight loss analysis								
	0-3 months n=13	4-6 months n=7	7-9 months n=4	12 months n=7	>12 months n=6			
Total body weight loss	32.79	60.53	82.85	94.97	97.46			
(lbs)	±13.430	± 18.091	± 26.904	± 53.45	± 51.25			
Total body weight loss	12.15	24.25	29.22	31.33	30.80			
(%)	± 4.94	± 7.09	± 10.4	± 14.5	± 10.90			
BMI reduction	4.765	9.88	12.1	29.88	15.66			
(kg/m2)	± 2.008	± 2.863	± 4.34	± 36.071	± 7.889			
Excess BMI loss (%)	28.09	71.79	56.91	68.05	74.02			
	± 16	± 29.9	± 20.7	± 32.8	± 36.7			
Excess body weight loss (%)	25.53	52.68865	53.58	60.07076	56.9796			









R= 0.651 Red lines are 95% confidence intervals of the model Blue lines are 95% confidence prediction intervals of the model

R= 0.679

Red lines are 95% confidence intervals of the model

Blue lines are 95% confidence prediction intervals of the model

Conclusion

- Laparoscopic revision from Gastric Bypass to Duodenal switch shows effective weight loss results in short term follow up of 1 year.
- There was no dumping syndrome and no incidents of diarrhea in this limited sample size.
- While follow up is short there were no micro nutrient deficiencies in this cohort.
- Future analysis is needed on long term follow up, evaluation of quality of life and risk of micronutrient deficiency.