

Video case report

Laparoscopic Roux-en-Y gastric bypass reversal for chronic nausea and vomiting using the side-to-side anastomosis

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Approximately 25% of Roux-en-Y gastric bypass (RYGB) surgical procedures will eventually fail due to insufficient weight loss, weight recidivism, or complications related to the procedure [1,2]. The reported incidence of anastomotic complications after RYGB ranges from .1% to 23% [3]. The patients who experience an anastomotic complication require an intervention. If the intervention fails, the patient will require either a reversal or conversion to other bariatric procedure [1,4–6].

Case presentation and management

This is a 31-year-old female patient who had undergone an RYGB surgery at a different institute. On postoperative day 5, the patient had to visit the emergency room (ER) for nausea and vomiting. A computed tomography scan revealed an ulcer at the gastrojejunostomy. She was treated for this.

On postoperative day 20, the patient again went to the ER, and the patient was readmitted for dehydration. An esophagogastroduodenoscopy (EGD) was performed that revealed stricture at the gastrojejunostomy junction with an ulcer. This was dilated. However, the patient continued to have nausea and vomiting and again was dilated on day 30 without a change in symptoms.

On postoperative day 60, the patient presented to the ER where they did an upper gastrointestinal series, which revealed a twisting in the Roux limb. We did not do another esophagogastroduodenoscopy because the dilations and treatment for ulcers were performed elsewhere and did not help her symptoms. We performed an exploratory laparoscopy and found a kink at the jejuno-jejunostomy due to scar tissue. This was fixed; however, postoperatively, it failed to relieve the patient's unrelenting nausea and vomiting.

When we presented her options, she indicated she no longer wanted weight loss intervention and wanted a full reversal of the RYGB. This resulted in the resolution of the patient's symptoms.

In this video report, we present our side-to-side technique of laparoscopic RYGB reversal. This technique in the setting of chronic nausea and vomiting was designed to maximize the opening between the pouch and the remnant stomach.

Conclusion

The side-to-side anastomosis technique in RYGB reversal is an effective way to treat an anastomotic complication.

Disclosures

Daniel Cottam, M.D. reports personal fees and other from Medtronic and GI Windows, outside the submitted work. All other authors have no conflicts of interest to declare.

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Supplementary materials

Supplementary material associated with this article can be found, in the online version, at <https://doi.org/10.1016/j.soard.2019.12.023>.

References

- [1] Surve A, Zaveri H, Cottam D, et al. Mid-term outcomes of gastric bypass weight loss failure to duodenal switch. *Surg Obes Relat Dis* 2016;12(9):1663–70.
- [2] Dykstra MA, Switzer NJ, Sherman V, Karmali S, Birch DW. Roux en Y gastric bypass: how and why it fails? *Surg Curr Res* 2014;4(2):1000165.
- [3] Surve A, Cottam D, Sanchez-Pernaute A, et al. The incidence of complications associated with loop duodeno-ileostomy after single-anastomosis duodenal switch procedures among 1328 patients: a multicenter experience. *Surg Obes Relat Dis* 2018;14(5):594–601.
- [4] Surve A, Zaveri H, Cottam D, et al. A video presentation on technique of laparoscopic redo of stenotic gastrojejunostomy with hiatal hernioplasty and right crural release in a patient with previous Roux-en-Y gastric bypass. *Surg Endosc* 2017;31(7):3031–2.
- [5] Pucher PH, Lord AC, Sodergren MH, Ahmed AR, Darzi A, Purkayastha S. Reversal to normal anatomy after failed gastric bypass: systematic review of indications, techniques, and outcomes. *Surg Obes Relat Dis* 2016;12(7):1351–6.
- [6] Ma P, Ghiassi S, Lloyd A, et al. Reversal of Roux-en-Y gastric bypass: largest single institution experience. *Surg Obes Relat Dis* 2019;15(8):1311–6.