Sleeve gastrectomy (SG) is currently regarded as a standalone procedure for most morbidly obese patients due to its results for both weight loss and comorbidity resolution. Nevertheless, up to 64 and 70% of patients can present with insufficient weight loss and weight regain in the long term. Hence revisional techniques are often needed in order to improve both weight loss and metabolic control. Although there is no consensus on which technique should be performed after SG as a second-step procedure, Roux-en-Y Gastric Bypass (RYGBP), re-sleeve and biliopancreatic diversions (duodenal switch, SADI-S, SIPS) are commonly considered. Due to its excellent results for both weight loss and comorbidity improvement, specially in super-obese patients, duodenal switch can be an optimal option for those patients with very significant weight regain or for metabolic control.

AIS Channel and Dr Gagner will present the case of a 40-year-old female patient who underwent a laparoscopic sleeve gastrectomy 6 years ago. She had a good initial weight loss from 164 kg to 73 kg, (BMI 54.7 to 24.3 kg/m²). In a recent consultation, she had regained weight, resulting in a weight of 118 kg and a BMI of 39.5 kg/m². The patient’s history also included anemia. An upper GI series showed a relatively cylindric sleeve.

A laparoscopic conversion to a classic duodenal switch has been the option selected, since she was super-obese initially and 2-stages had been discussed 6 years ago. It was opted for a 100 cm common limb and a 150 cm alimentary limb, as described by Dr Picard Marceau. Other surgical options could include a revision to a SADI-s procedure, or a SIPS.

On June 13th at 8 am (Montreal, Canada Time), Dr. Michel Gagner will perform this outstanding revisional surgery from Hôpital du Sacré-Coeur in Montreal (Canada)!

Join us and participate in this tremendous live event which will be followed all over the world!

Do not miss it at aischannel.com!