IFSO NAPOLI 2023

XXVI IFSO WORLD CONGRESS
OF BARIATRIC & METABOLIC SURGERY

Recurrent Weight Regain After RYGBypass

Does Reducing the Anastomosis Size Helps?

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Disclosures

The following planner of this CME activity has financial relationships with commercial interest to disclose:

Medtronic™ – Advisory Board for Brazil & Latin America
MSD™ - Speaker
Abbott - Advisory Board
Eurofarma™ - consultant
Novo Nordisk™ - speaker
Vifor Pharma™ - speaker

There will always exist

- *Non responders*
- *Recurrent disease*
- *Persistent disease*
- *Complications of therapy*


OBESITY
complex, multifactorial disease
CHALLENGES
developing adequate treatment options
and strategies for long-term management
which must be Multimodal
CAETANO
MARCHESINI

Weight Regain

Even More Complex

“ The clinical problem of WR after bariatric surgery is poorly and inconsistently assessed and reported ”

CAETANO MARCHESINI

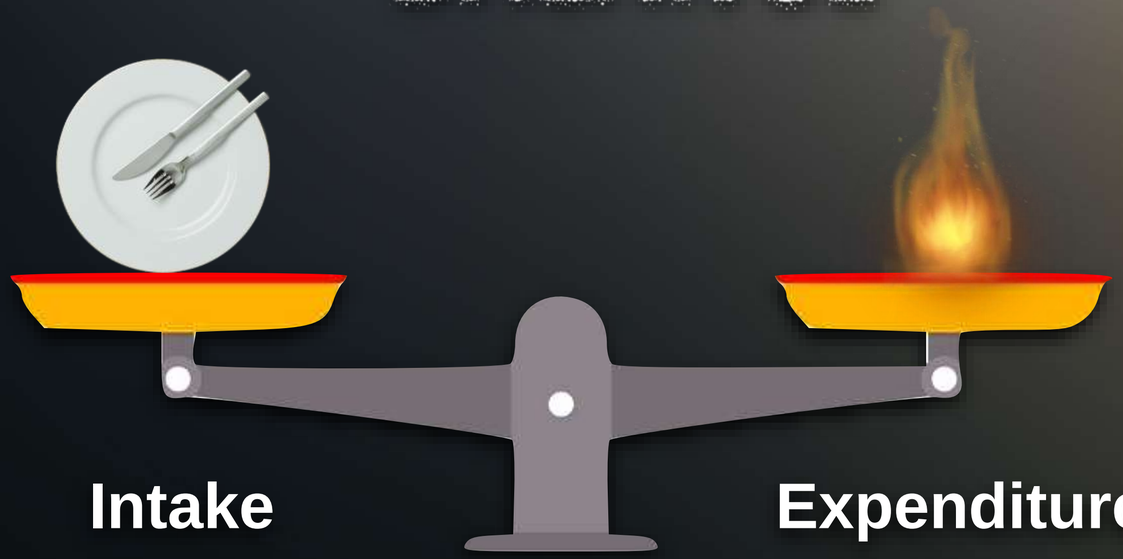
Wendy C. King et al. / Surgery for Obesity and Related Diseases 16 (2020) 1133–1144

It’s not only about the Surgery

There’s much more

CAETANO

ENERGY BALANCE & GENETIC



The “thrifty” gene hypothesis took over the energy-guzzling genes

James V Neel,1962

The "drifty gene hypothesis” random drift of obesity genes

John Roger Speakman, 2007

Epigenetic modifications

Intake

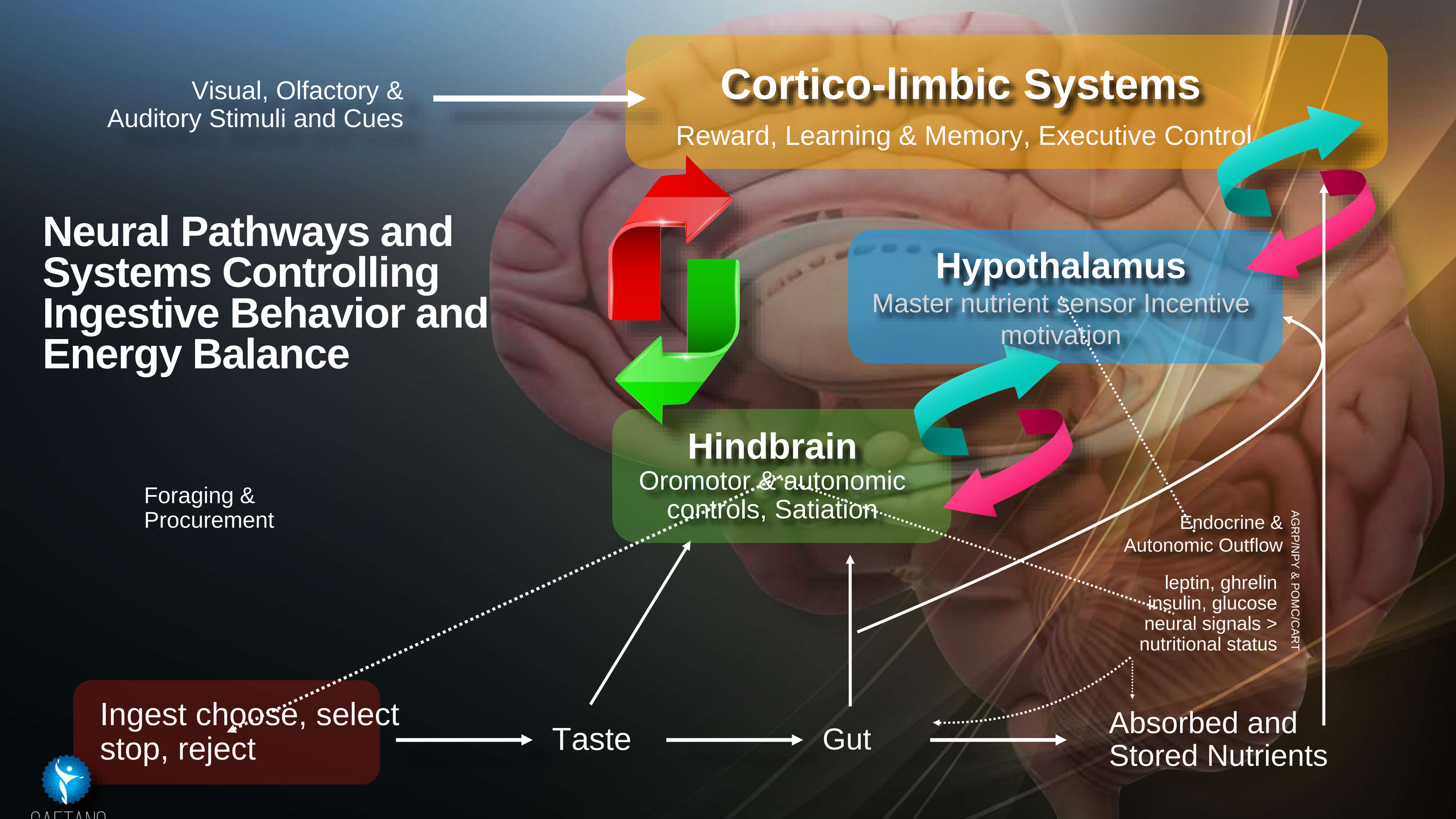
Hunger
Satiation
Satiation/return to hunger
Emotional eating

Expenditure

Resting Energy Expenditure
Physical activity (NEAT)
Exercise

CAETANO

Neural Pathways and Systems Controlling Ingestive Behavior and Energy Balance



Adjuvant Therapies

Revisional Surgery

- Pouch
- Outlet
- Small Bowel

Endoscopic Approach

- Pouch
- Outlet
  - APC
  - Suture

- TORe
  - Transoral Outlet Reduction

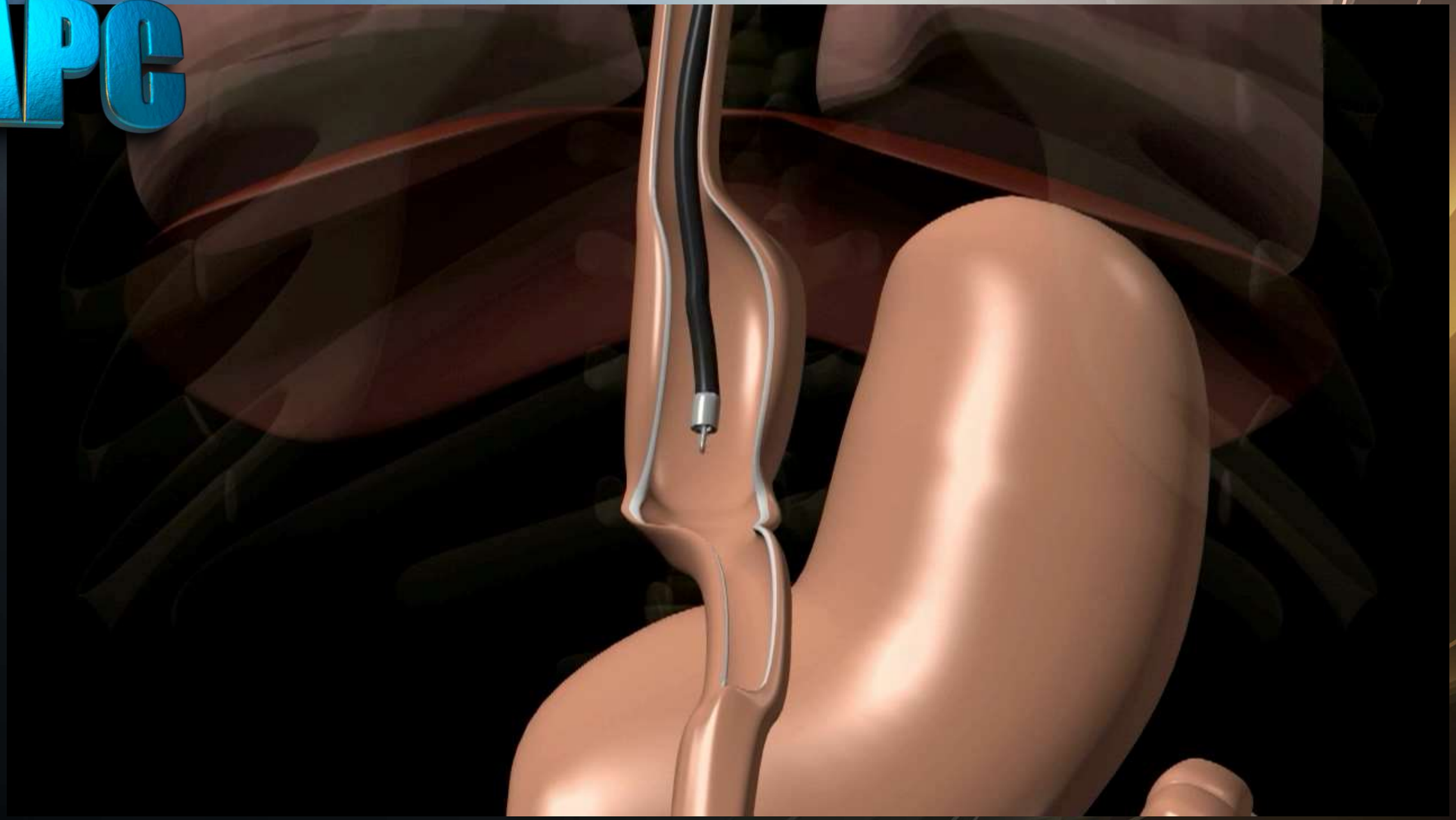
Endoscopic argon plasma coagulation vs. multidisciplinary evalua

De Quadros LG; Galvão Neto MP;Teixeira A; Marchesini JC;Grecco E; Kaiser Júnior RL; Zotarelli Filho I;Souza T; Concon Filho A ; de Santana M; Silva L; Ramos, AC; Ferraz A; Campos JM

Methods

- ***Group 1:***
  APC on the GJ anastomosis + MD team
- ***Group 2:***
  Sham Endoscopy + MD team
- ***Cross over on the 6th month***

Obesity Surgery (2020) 30:1904–1916


APC

Trial design

144

42

Patients

Multi Disciplinary Team

Ramdom Selection

outlet size 10/14mm or early satiety

22

Endoscopy each 2 months Until 14th month

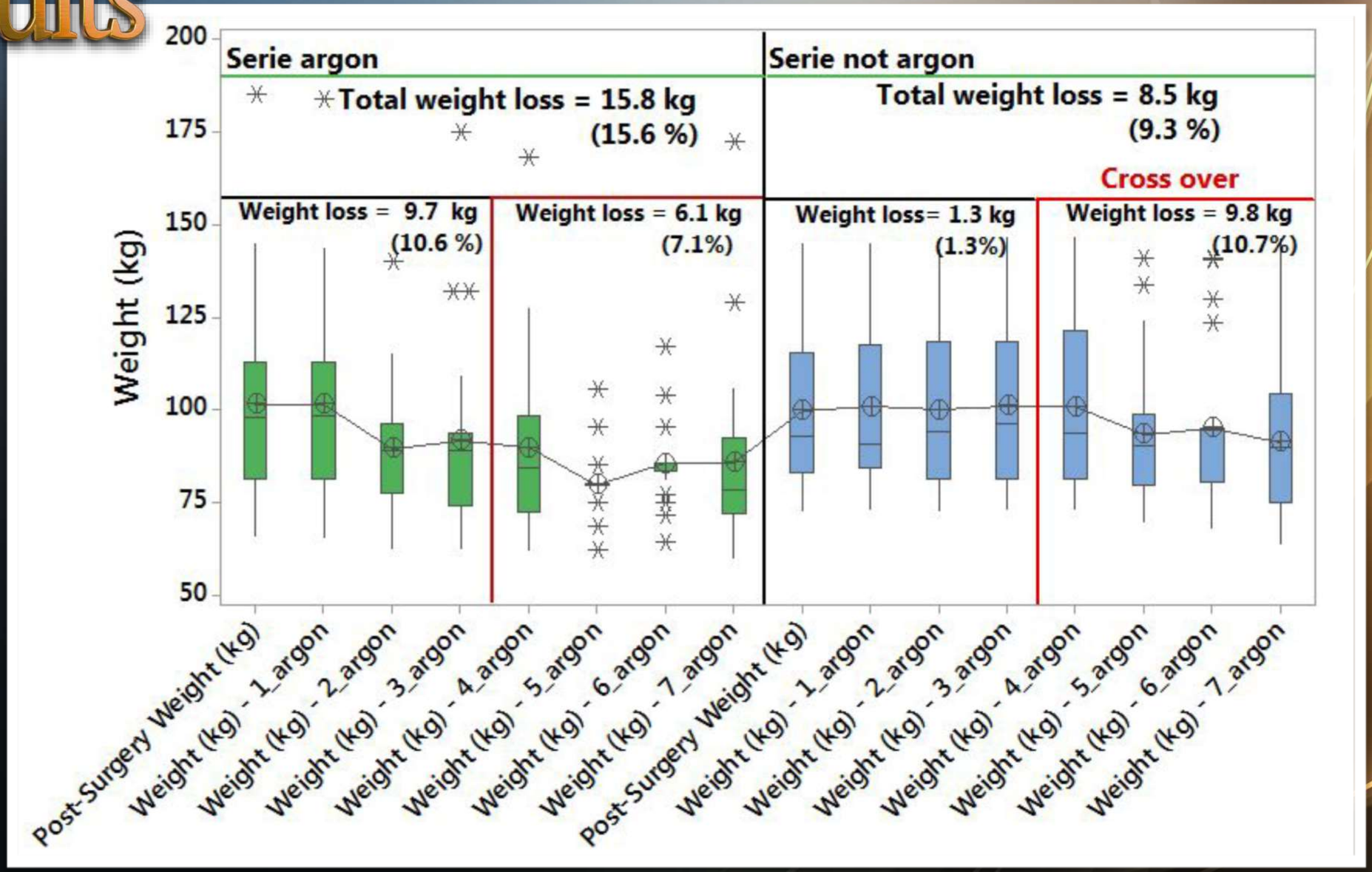
20

Multi Disciplinary Team

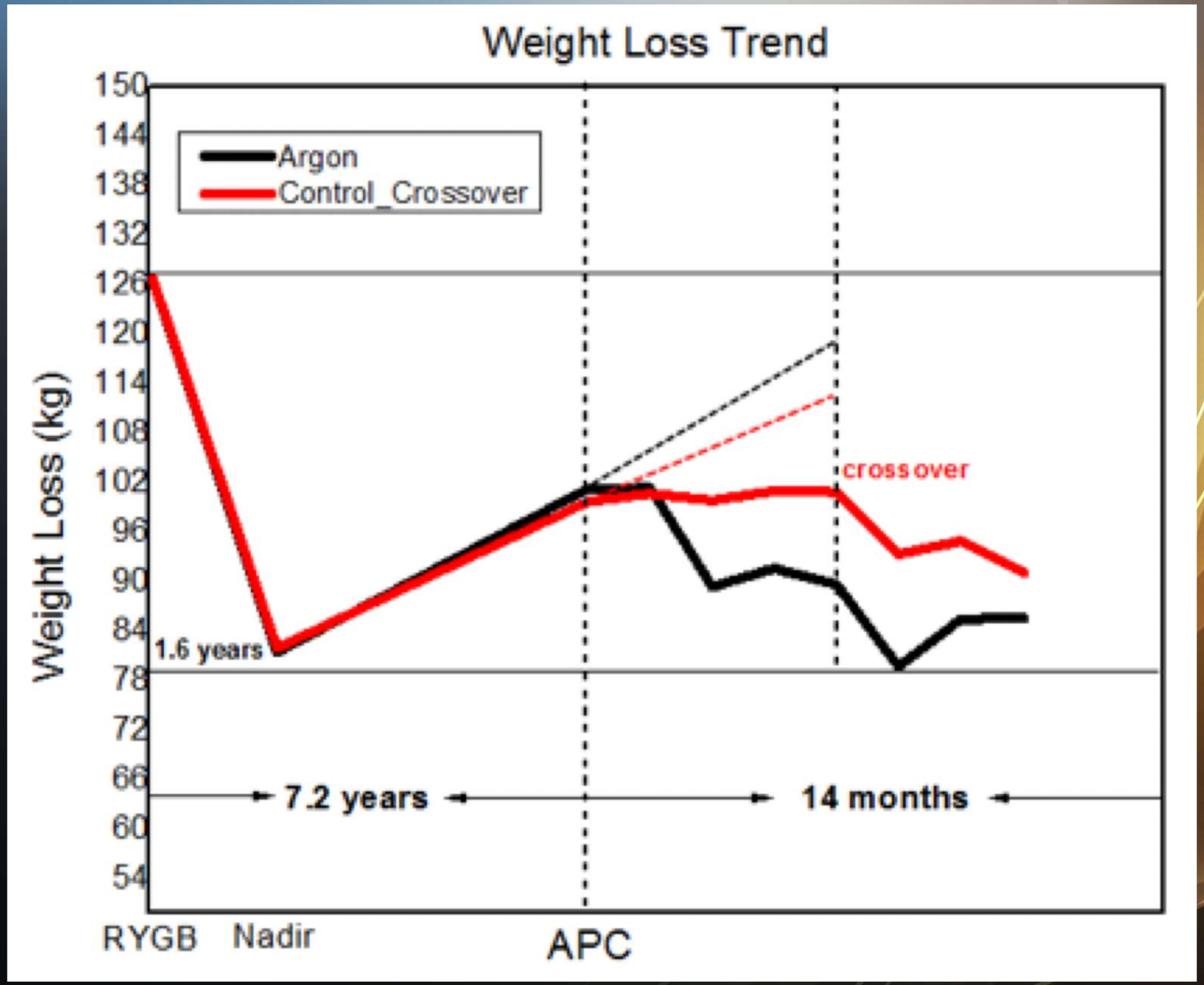
6 months Crossover

Obesity Surgery (2020) 30:1904–1916

Results



Obesity Surgery (2020) 30:1904–1916



Obesity Surgery (2020) 30:1904–1916

Efficacy of Utilizing Argon Plasma Coagulation for W

- The mean weight loss was 6.5, 7.7, and 8.3 kg at 6, 12, and 24 months, respectively, and the changes in weight over time was statistically significant.

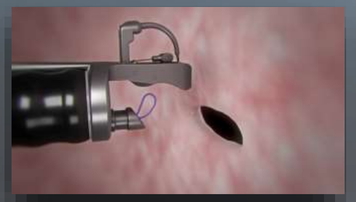
5.4%
Complications
333 patients

Stenosis (n = 9),
GJ ulcer (n = 3),
Vomiting (n = 3),
GJ perfuration (n = 2)
Melena (n = 1)

**All complications were treated conservatively or via endoscopy.

Moon et al. , Obesity Surgery 2018

Long-term Outcomes of Transoral Outlet Reduction (TORe) for Dumping Syndrome and Weight Regain After Roux-en-Y Gastric Bypass



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Followup

87/76

6months (100%) / 12 months (87.4%)

56

24 months (64.4%)

Dumping Syndrome

- The median Sigstad's score dropped from 15 (11–8.5) pre-operatively to 2 (0–12) at 24 months. (DS ≥7)

Weight Loss

- The %TBWL was 10.5%, 9.9%, and 8.1% at 6, 12, and 24 months, respectively - regaining weight after 24 months
- "Dumpers" with resolution of DS showed better weight loss results compared with those with persistent DS ($p < 0.001$).
- The only adverse event observed was a perigastric fluid collection successfully managed conservatively.

Obesity Surgery (2023) 33:1032–1039

Five-year results of endoscopic gastrojejunostomy revision (transoral outlet reduction) for weight gain after gastric bypass

Zachary M. Callahan · Bailey Su · Kristine Kuchta · John Linn · JoAnn Carbray · Michael Ujiki

Table 3 Weight loss and percent excess body weight loss after EGJR

	Sample size	Weight loss (kg)	Percent excess body weight loss (% ± SD)
Consult	70	0.0 ± 0.0	0.0 ± 0.0
EGJR	70	2.3 ± 5.7	3.5 ± 9.5
6 months	66	10.7 ± 11.6	18.5 ± 18.2
1 year	42	8.5 ± 11.5	14.9 ± 20.6
2 years	36	6.9 ± 10.7	12.2 ± 19.8
3 years	31	5.3 ± 9.1	8.7 ± 14.9
4 years	23	3.1 ± 12.0	3.2 ± 21.6
5 years	18	3.9 ± 13.1	7.0 ± 23.8

EGJR endoscopic gastrojejunostomy revision

On average, patients experienced weight loss after revision at all follow-up time points without resolution or development of medical comorbidities;

Dramatic weight loss was seen in the subgroup of patients who received a stoma reduction of greater than or equal to 85%;

Surgical Endoscopy (2020) 34:2164–2171

Endoscopic Approach

+

GLP1 Receptor Agonists

+

Psychiatric AOM

Psychological Therapy

Bupropione / Naltrexone
Topiramate/Fentermine
Lisdexanfetamine

Nutritional Counseling

Physical Activity

Concluding

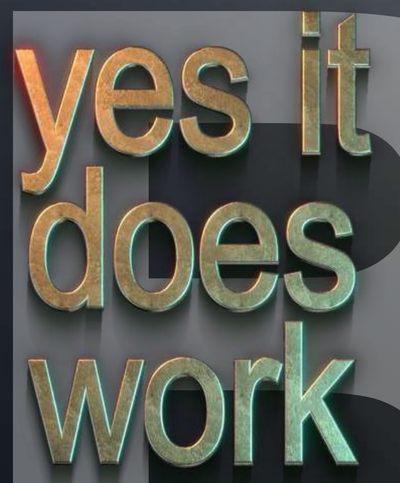
Endoluminal techniques at present gives the patients an opportunity to alter their lifestyle and delay surgical revision or conversion to distal RYGB or biliopancreatic/ duodenal switch procedures

There is a general recommendation that the endoscopist must have advanced endoscopic skills before attempting EGJR

Often, surgeons find it challenging to incorporate re-interventions into their daily practice because it can mean a treatment failure or complications inherent to these procedures. But the practice of redoing procedures is a common part of the endoscopist's routine and endoscopic outlet reduction is part of this practice

The low quality of data limits the ability to demonstrate and support the long-term efficacy of endoluminal techniques in the management of weight regain following primary bariatric surgery

Does it Work?



BUT

In Patients with low BMIs so…

Should we
do it in high
BMI patients?

Grazie Mille