



**XXVI
IFSO WORLD
CONGRESS**
OF BARIATRIC & METABOLIC SURGERY

NAPLES, ITALY
30 AUGUST- 1 SEPTEMBER, 2023

Congress President: Prof. Luigi Angrisani

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**XXXI
CONGRESSO
NAZIONALE
S.I.C.O.B.**

NAPOLI, ITALIA
29-30 AGOSTO 2023

Presidente del Congresso: Prof. Mario Musella

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29 AUGUST: POSTGRADUATE COURSES

Chirurgie Digestive, Hôpital Européen Georges Pompidou
AP-HP, Université Paris 5



RECURRENT WEIGHT GAIN After OAGB : dilated gastric pouch resizing



J-M Chevallier, T Poghosyan*



** IFSO-EC President*

Past President and Co-founder of SOFFCO

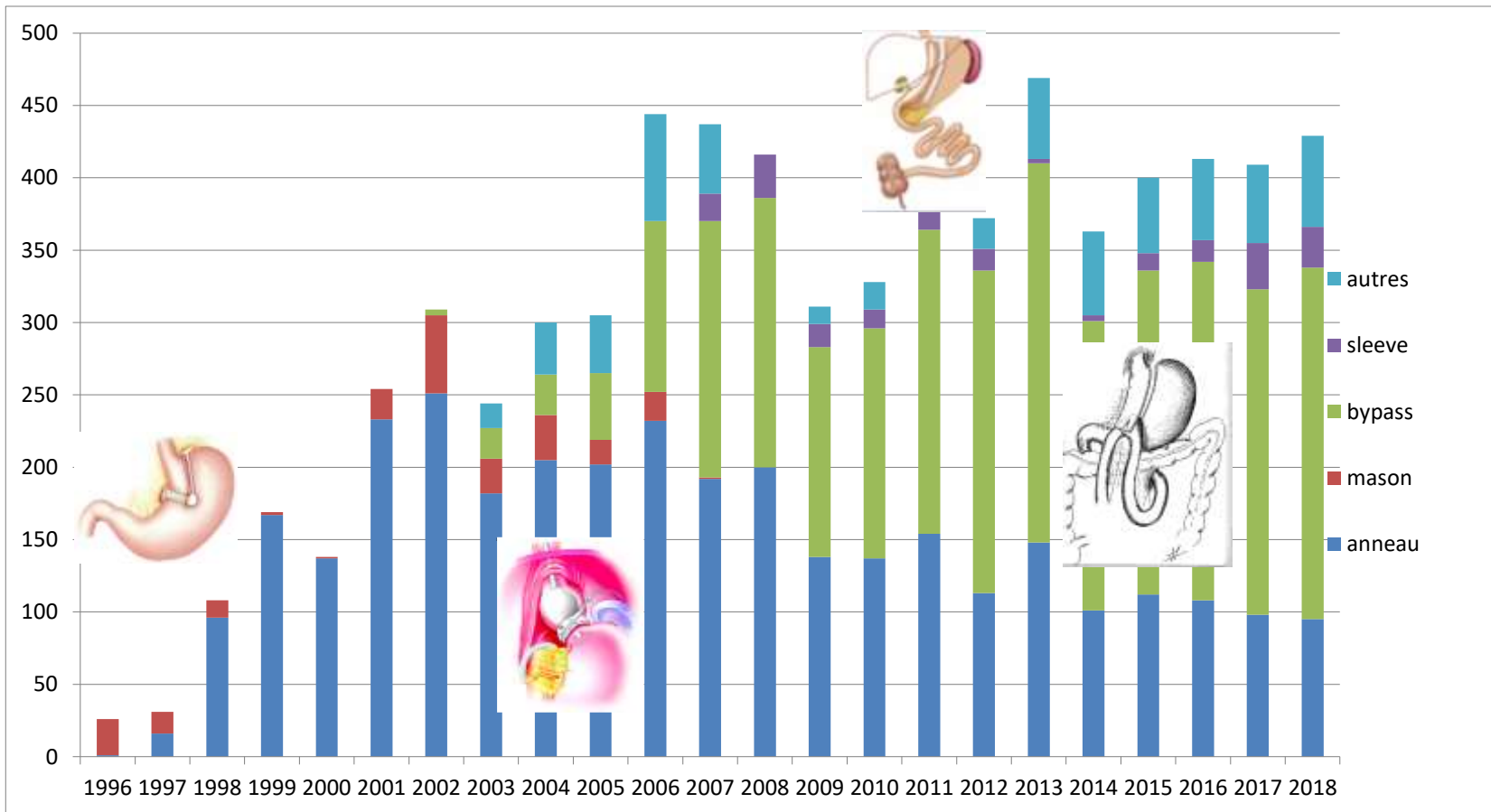
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AP-HP, Université Paris 5



Hospital Pompidou's experience 1996-2018: 7246 procedures

My case mix slide !

No disclosure



Chirurgie Digestive, Hôpital Européen Georges Pompidou
AP-HP, Université Paris 5

↑
OAGB





One Thousand Single Anastomosis (Omega Loop) Gastric Bypasses to Treat Morbid Obesity in a 7-Year Period: Outcomes Show Few Complications and Good Efficacy

Jean Marc Chevallier · Gustavo A. Arman ·
Martino Guenzi · Cedric Rau · Mathieu Bruzzi ·
Nathan Beaupel · Frank Zinzindohoué · Anne Berger

Retrospective review of the prospective database

All consecutive patients with history of gastric pouch resizing after OAGB

OAGB Between 2007 and 2017

1585 OAGB

78 weight loss failure (5%) after two years :

- EWL < 50 %
- Weight regain > 25 % EWL

Obesity Surgery (2019) 29:3406–3409
<https://doi.org/10.1007/s11695-019-03972-8>



Dilated Gastric Pouch Resizing for Weight Loss Failure After One Anastomosis Gastric Bypass

Adrien Faul¹ · Jean-Marc Chevallier¹ · Tigran Poghosyan¹ 

Demographics

- 17 patients (15 women)
- mean age 42 +/- 10 yrs
- 5 patients had a history of gastric banding before OAGB
- Mean delay between OAGB and revisional surgery : 67+/- 36.3 months
- 17 patients
 - 14 weight regain (82%)
 - 3 weight loss failure (18%)

GASTRIC POUCH VOLUME EVALUATION

Considered dilated :

Width > 4 cm mesured on CT after injection of radio-opaque product

Confirmed when easy retrovision was possible during endoscopy

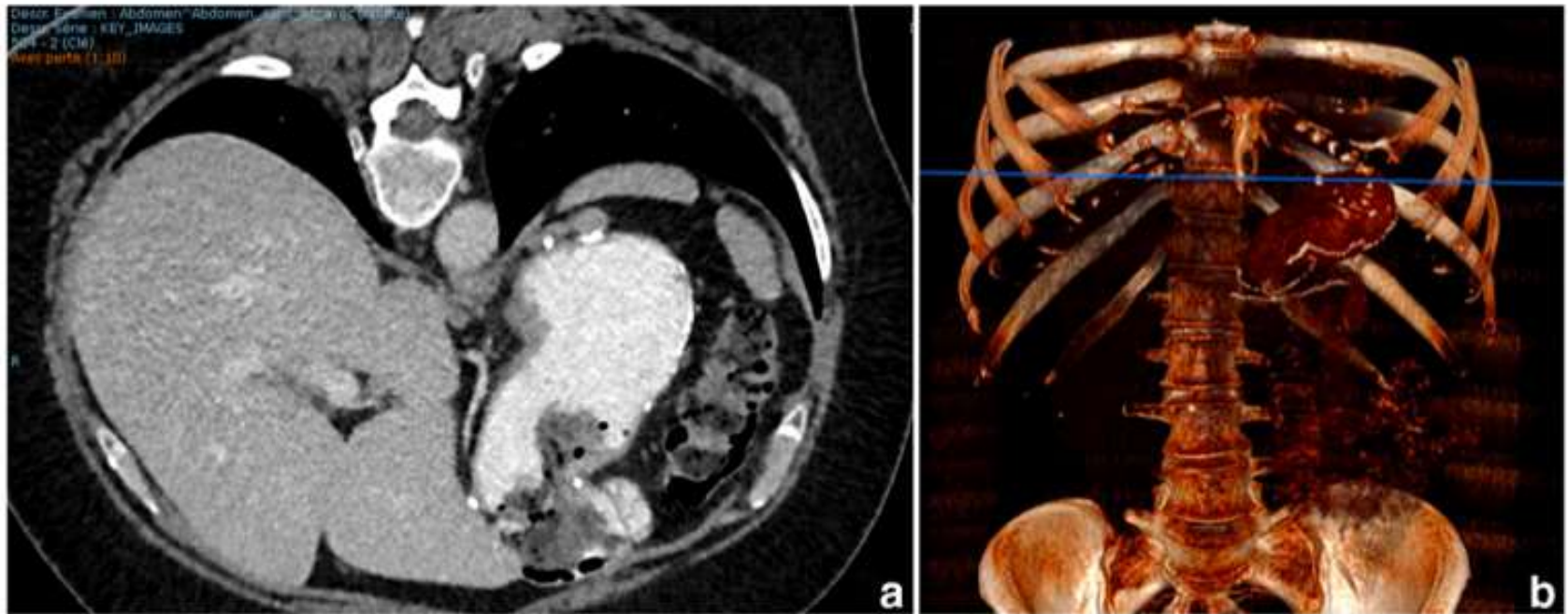
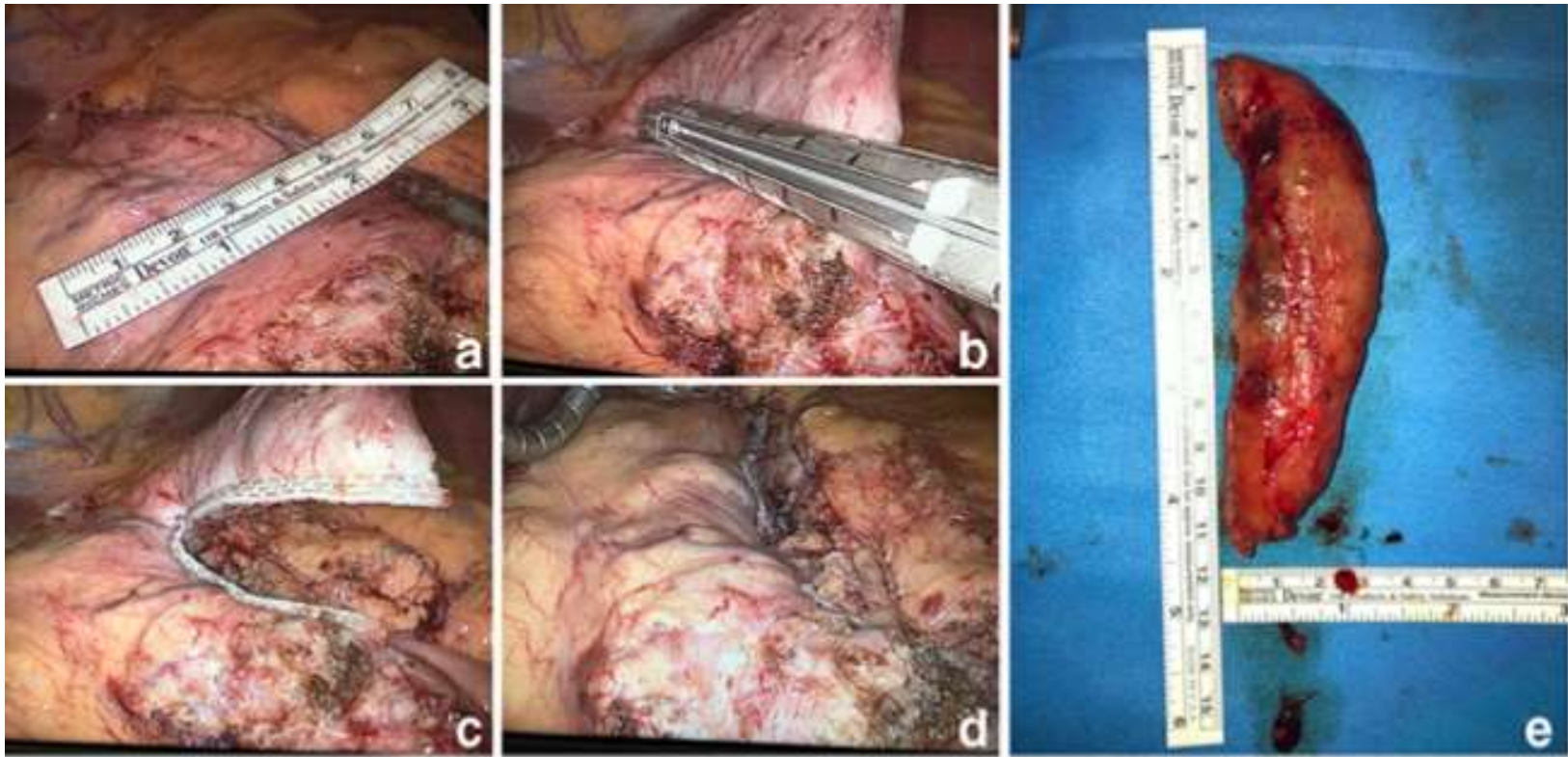


Fig. 1 a Dilated gastric pouch (7 cm) filled with the contrast medium on CT scan. b 3D reconstruction on CT scan of dilated gastric pouch

OPERATIVE DATA

- Average length of the BP Limb : 180 +/- 20 cm
- Mid width of the gastric pouch : 7 +/- 1 cm
- Average operative time 45 +/- 15 mns



Mid width of resected gastric tissue : 2.5 ± 1 cm

Mid length of resected gastric tissue : 11 ± 2 cm

POSTOP COMPLICATIONS

- No mortality
- Average hospital stay : 3.5 +/- 1.5 days
- Overall morbidity n= 1 (6.7%): partial splenic infarction
 - Due to segmental spleen artery section during dissection of the gastric pouch
 - Did not require reoperation
- No late morbidity

POSTOP WEIGHT LOSS

Mean weight before OAGB: 137.6 +/- 18.6 kg
 Mean BMI before OAGB 48.9 +/- 8.5 Kg/m²

After pouch resizing and at two years
 BMI fell from 41.5 to 33.5 kg/m²
 %TWL 31 +/- 13

Table 1 BMI, %TWL, and %EWL changes after gastric pouch resizing over two years of follow-up

	At GPR	6 months	12 months	18 months	24 months
Eligible/available (<i>n</i>)	17/17	17/16	17/15	14/12	10/8
Lost to follow-up (%)	0%	5.8%	11,6%	14.3%	20%
BMI (kg/m ²), mean ± SD	41.5 ± 11	36.6 ± 5	35 ± 4	34.1 ± 5	33.5 ± 6
%TWL, mean ± SD	15 ± 10	22 ± 7	25 ± 9	28 ± 10	31 ± 13
%EWL, mean ± SD	36 ± 21	51 ± 14	57 ± 16	63 ± 17	69 ± 21

GPR, gastric pouch resizing; TWL, total weight loss; BMI, body mass index; EWL excess weight loss



Practices Concerning Revisional Bariatric Surgery: a Survey of 460 Surgeons

Kamal K. Mahawar¹  · Abdelrahman Nimeri² · Marco Adamo³ · Cynthia-Michelle Borg⁴ · Rishi Singhal⁵ · Omar Khan⁶ · Peter K. Small¹

Table 6 Options for RBS after one anastomosis gastric bypass

Option	Number of respondents using
Surgical pouch size reduction	51 (11.49%)
Surgical stoma size reduction	23 (5.18%)
Endoscopic pouch size reduction	5 (1.13%)
Endoscopic stoma size reduction	7 (1.58%)
Prolongation of bilio-pancreatic limb	80 (18.02%)
Secondary banding using a fixed band	14 (3.15%)
Secondary banding using an adjustable band	6 (1.35%)
BPD/DS	12 (2.70%)
I do not recommend RBS (as defined above) for OAGB patients.	25 (5.63%)
I have no experience of these patients.	288 (60.36%)
Others	42 (9.46%)

Second option



Revisional Surgery After One Anastomosis/Minigastric Bypass: an Italian Multi-institutional Survey


Mario Musella¹  · Antonio Vitiello¹ · Antonio Susa² · Francesco Greco³ · Maurizio De Luca⁴ · Emilio Manno⁵ · Stefano Olmi⁶ · Marco Raffaelli⁷ · Marcello Lucchese⁸ · Sergio Carandina⁹ · Mirto Foletto¹⁰ · Francesco Pizza¹¹ · Ugo Bardi¹² · Giuseppe Navarra¹³ · Angelo Michele Schettino¹⁴ · Paolo Gentileschi¹⁵ · Giuliano Sarro¹⁶ · Sonja Chiappetta¹⁷ · Andrea Tirone¹⁸ · Giovanna Berardi¹ · Nunzio Velotti¹ · Diego Foschi¹⁹ · Marco Zappa²⁰ · Luigi Piazza²¹ · SICOB Collaborative group for the study of OAGB/MGB, Giulia Bagagli, Domenico Benavoli, Amanda Belluzzi, Cosimo Callari, Mariapaola Giusti, Enrico Facchiano, Leo Licari, Giuseppe Iovino, Giacomo Piatto, Francesco Stanzone, Matteo Uccelli, Gastone Veroux, Costantino Voglino

Table 2 Revisional procedures performed after OAGB-MGB

Procedure	Prevalence (n, %)
RYGB	109 (54.0)
Normal anatomy restauration	19 (9.4)
Bilio-pancreatic limb elongation	19 (9.4)
Gatro-gastric fistula repair	12 (5.9)
Gastric pouch resize	9 (4.5)
Braun	7 (3.5)
Revision to LSG (Mini-sleeve)	4 (1.9)
Bilio-pancreatic limb reduction	2 (1.0)

Mostly for reflux

RYGB standard Roux-en-Y gastric bypass, *LSG* laparoscopic sleeve gastrectomy



5-Year Results of Banded One-Anastomosis Gastric Bypass: a Pilot Study in Super-Obese Patients

Karl A. Miller^{1,2,3} · Marcus Radauer² · J. N. Buchwald⁴ · T. W. McGlennon⁵ · Elisabeth Ardel-Gattinger⁶

12 pts 2013-14
3 band removals
EWL 72.2 %

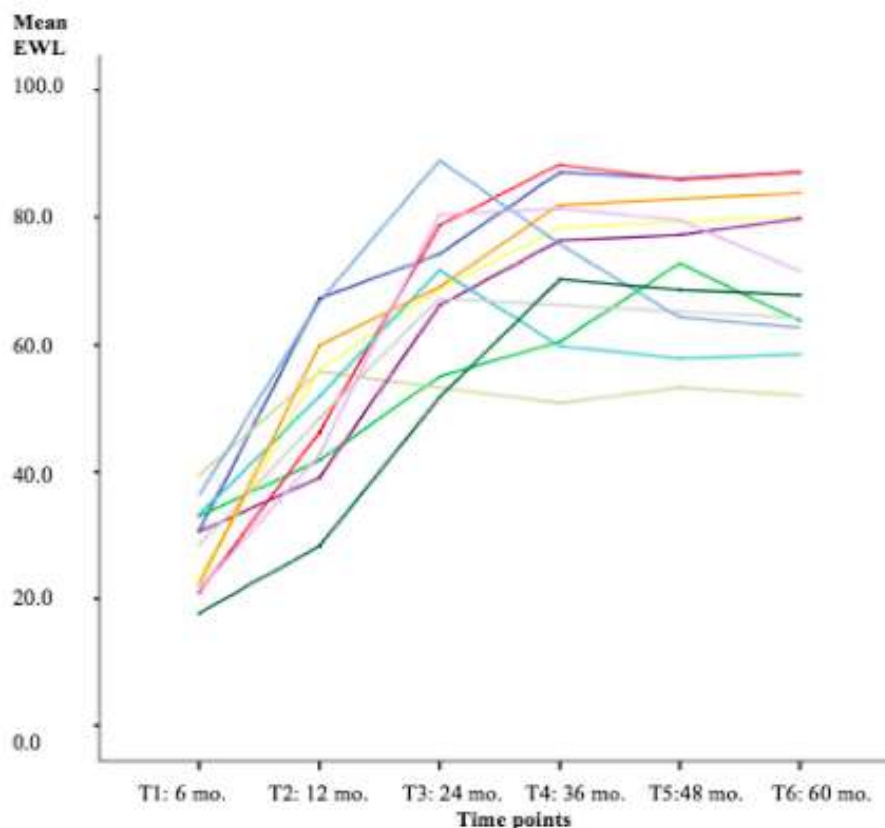


Fig. 3 Weight-loss trends for *individual* patients expressed in % excess weight loss (EWL)

Pouch resizing after RYGB: contrasted data

- Borbely Y et al. *Obes Surg* 2017;27:439-44 in well selected patients with gastric pouch dilation and GJ anastomosis enlargement
 - Median BMI was 39.1 kg/m² at revision and 33.8 kg/m² 4 years after
- Al-Bader J et al. *Obes Surg* 2015;25:1103-08
32 patients : 38.8 kg/m² to 32.8 kg/m²
at 14 months

Pouch resizing after RYGB

More nuanced results

- Hamdi A et al. *Obes Surg* 2014;24:1386-90

25 patients

- BMI from 41 to 33 kg/m² at one year
- Then significant increase from 1 to 2 years

- Parikh M et al . *Obes Surg* 2011;21:650-4

14 patients

- Only 2.7 BMI point decrease
- Does not seem to offer a major therapeutic benefit

CONCLUSION

- Most weight regain after OAGB seems related with insufficient restriction
- Some have a dilated stomach
- Pouch resizing after RYGB has quite contrasted results but lengthening of Roux limb also
- Add restriction ?
 - Gastric banding ?
 - Endoscopic suture ?
- Until now no data, small series ...

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... Thank you for your attention !
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12th
CONGRESS OF THE INTERNATIONAL FEDERATION
FOR THE SURGERY OF OBESITY AND METABOLIC DISORDERS
- EUROPEAN CHAPTER
IFSO-EC2024

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AUSTRIA
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2-4 MAY 2024



*See you
in
Vienna*

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