

ENDOSCOPY-ASSISTED LAPAROSCOPIC REVISIONAL ROUX-EN-Y GASTRIC BYPASS AFTER POSE IN A PATIENT AFFECTED BY SEVERE OBESITY

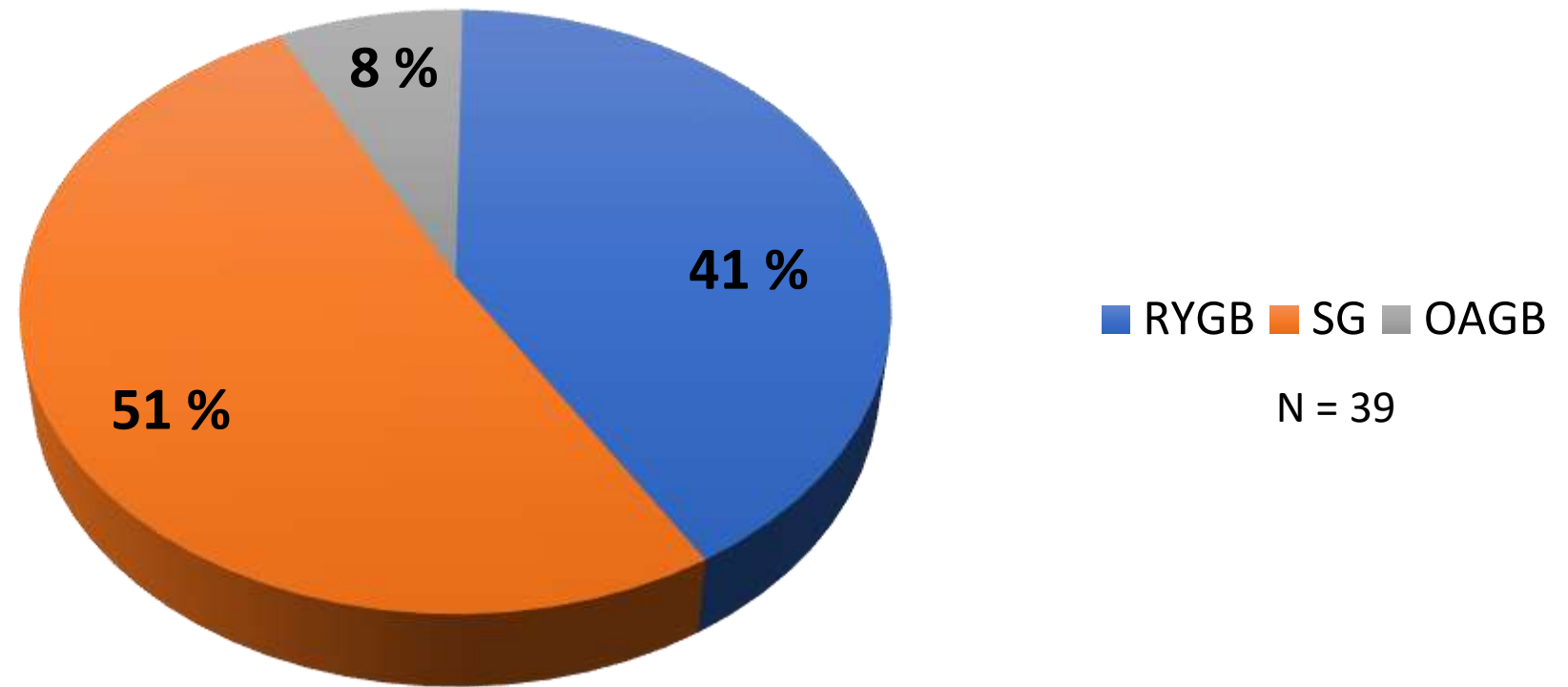
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DEGLI STUDI
DI TRIESTE**



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I have no potential conflict of interest to report



Case Presentation

- 47-year-old female
- Severe obesity: 117 Kg, **BMI 41 kg/m²**
- Past medical history:
 - Arterial hypertension, C-sections, laparoscopic excision of ovarian cyst

Case Presentation

- Past bariatric history:
Previous placement of intragastric balloon with minor weight loss
Primary Obesity Surgery Endoluminal procedure (2019)
 - Pre-POSE body weight: 95 Kg (BMI 34.9 Kg/m²)
 - Current body weight: 117 Kg (BMI 41 kg/m²)
- Bariatric MDT indication: **revisional Roux-en-Y gastric bypass**

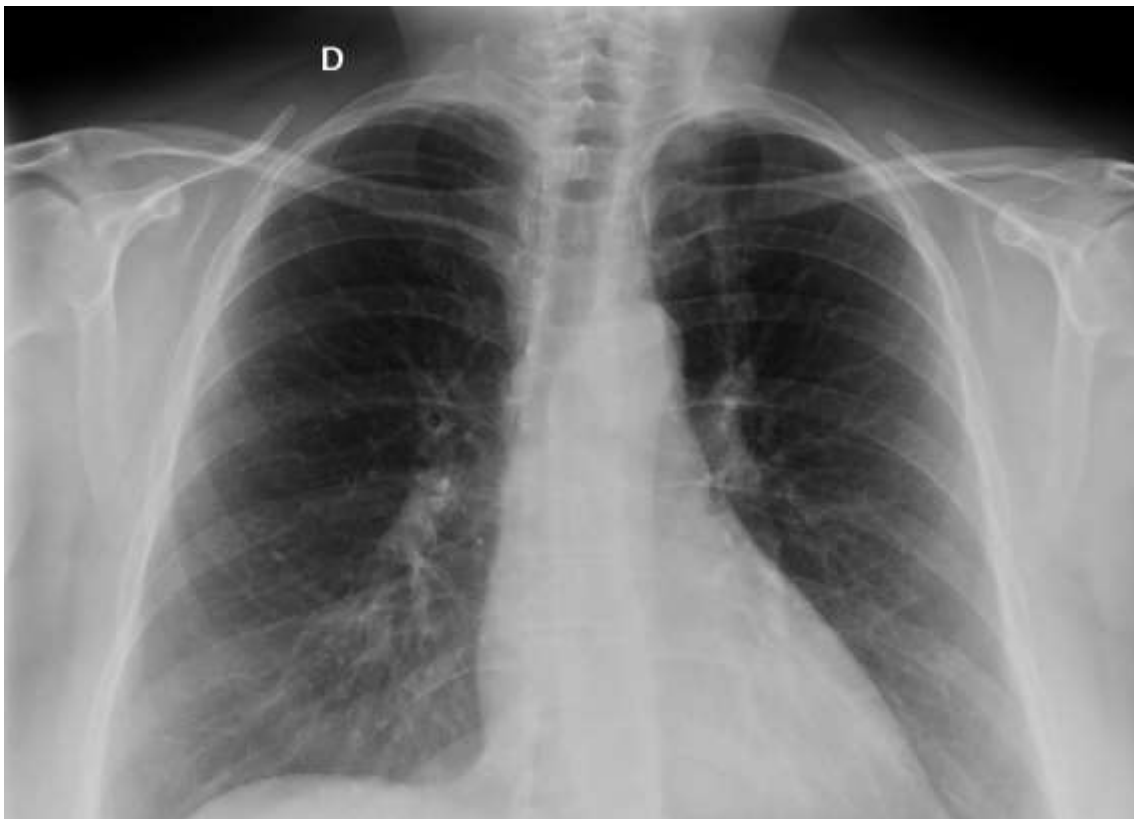
Pre-operative work-up

Abdominal US:

Enlarged liver with few hepatic cysts; alithiasic gallbladder.



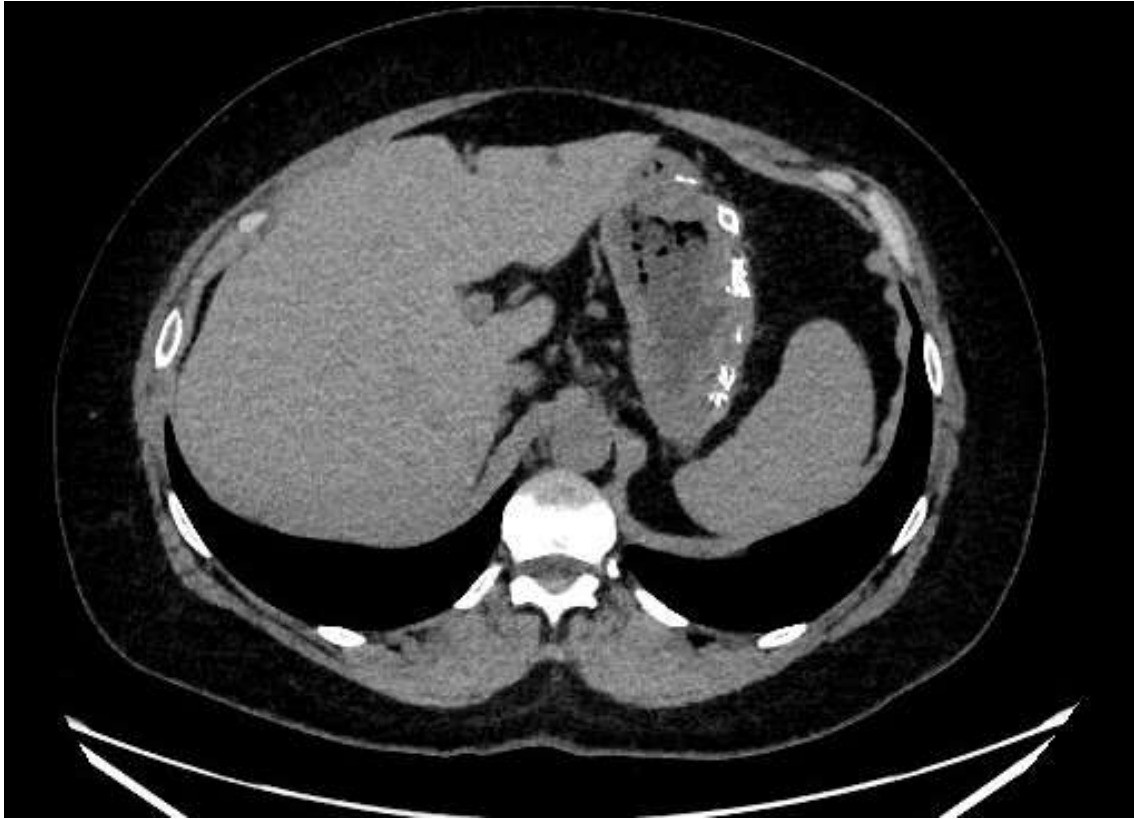
Pre-operative work-up



Chest XR:

Faded radio-opaque stria extending from left hilum towards the homolateral lung apex; it likely represents a projection but it requires further investigations

Pre-operative work-up

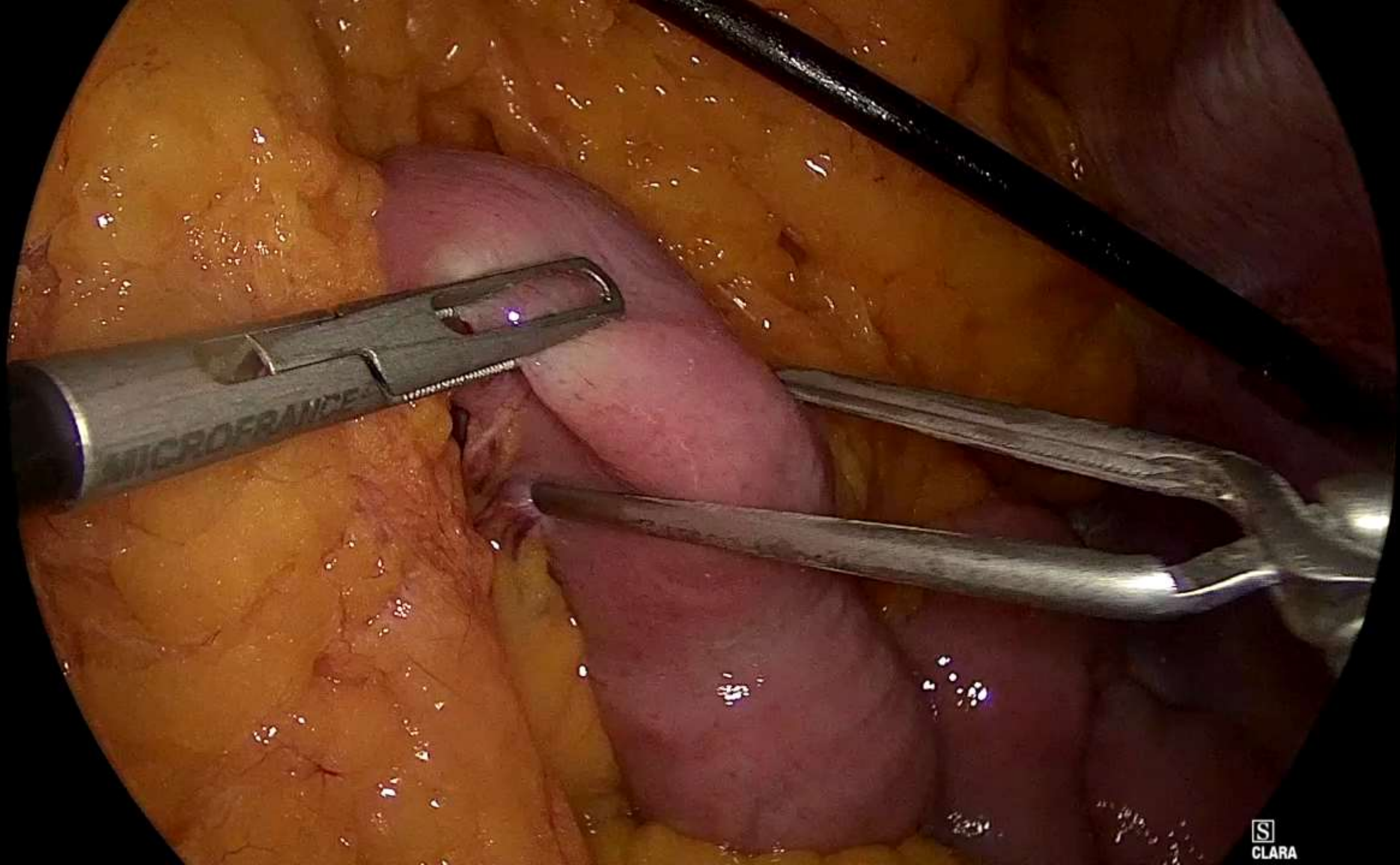


Chest CT scan:

No pulmonary pathological findings; radiographic evidence of bariatric procedure.

SURGICAL PROCEDURE





Post-operative period

❖ POD 0

- No NGT, no urinary catheter
- Clear fluids allowed from the evening
- Early mobilisation and pulmonary rehabilitation with three flow

❖ POD 1

- Light diet started
- Patient discharged

Post-operative follow-up

- **2-week** outpatient clinic f-up: unremarkable
- **3-month** outpatient clinic f-up: bw 96 kg (16 kg lost, BMI 34.4)
- **6-month** outpatient clinic f-up: bw 81 kg (36 kg lost, BMI 29.0)

Conclusions

- The use of endoscopy during the surgical intervention ensures a significant **support** and a further degree of **certainty**
- Need of adequate inter-disciplinary **collaboration**
- Revisional Roux-en-Y gastric bypass after POSE is **safe and feasible**



Thank you for your attention