12th July at aischannel.com: Revision of a Banded Gastric Bypass

Reoperative bariatric surgery procedures are becoming a significant part of MBS practice. They are performed to deal with complications and weight gain after the primary procedure. One of the most common complications in patients with a history of gastric bypass is marginal ulcer (MU) and stricture. The incidence of marginal ulcer (MU) is 1-16%, although true incidence is unknown. Bleeding and perforation are the presenting factors in some patients. Chronic MU is often accompanied by abdominal pain and stricture as in the case presented today.

We present the case of a 47-year-old woman who had a banded, undivided gastric bypass performed in 2000. She was not a smoker and did not take NSAIDs. Her BMI was 33 in April 2017 and 29 in April 2018. She was eating mainly things that were soft and would go down easily. She had been identified with a marginal ulcer a few years before and was treated with sucralfate and Protonix daily. The ulcer healed for a certain period of time, resulting in stricture. The gastroenterologist was unaware of the band around the GJ and attempted to dilate the area with no long-term effects. This cycle of treatment and dilation attempts had been going on for some years prior to her referral to our clinic. She did not have any overt bleeding at the site of ulcer but was chronically anemic, due in part to a chronic iron deficiency and B12/Folate deficiency. She also had chronic pain and was on daily narcotic therapy. Her psychiatric disorders include borderline personality disorder, dissociative and conversion disorder, and bipolar disorder. She was evaluated by our psychologist and was found to be stable on medication, with her counselor making home visits twice a week. Her medical history includes current treatment for hypertension, T2DM, asthma and she had a history of Mitral Valve Proplase with SVT. She had not been monitored in a bariatric clinic until she was referred to us last summer. For her insurance to pay for the revision, even in this situation of chronic stricture and recurrent marginal ulcer, a multiple month medical weight loss period was required, and she took part in the entire education program and was monitored on a monthly basis by our RD/NP team, in an attempt to improve her overall nutritional status by using liquid protein shakes. She also had extensive workup and clearances by pulmonary and cardiac specialists. Her previous abdominal procedures also include umbilical hernia repair with mesh, open hysterectomy, c section and open cholecystectomy.

Options for treatment included reversal of the procedure vs. revision. She was definitely not interested in reversal. She consented to a laparoscopic revision of gastrojejunostomy with a partial gastrectomy, possible revision of jejunojejunostomy, and other procedures as indicated. The Roux limb will be measured and if it is longer than 100 cm we will not revise it. The previous gastrojejunostomy, distal remnant and ring will be removed en bloc.

At the conclusion of this AIS World Event, participants will have:

- Reviewed patient selection, preparation and positioning for revisional bariatric surgery procedures
- Interacted with expert thought leaders in revisional surgery
- Discussed complex cases and learned strategies and methods for optimizing outcomes following revisional bariatric surgery
- Observed the safe and efective use of HARMONIC® technology and ECHELON FLEX ™ GST System

On **July 12th** at 8 am (New York Time), **Dr. Robin Blackstone** will perform this outstanding revisional surgery from Banner Health Hospital in USA!

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

Do not miss it at **AIS CHANNEL**!!