

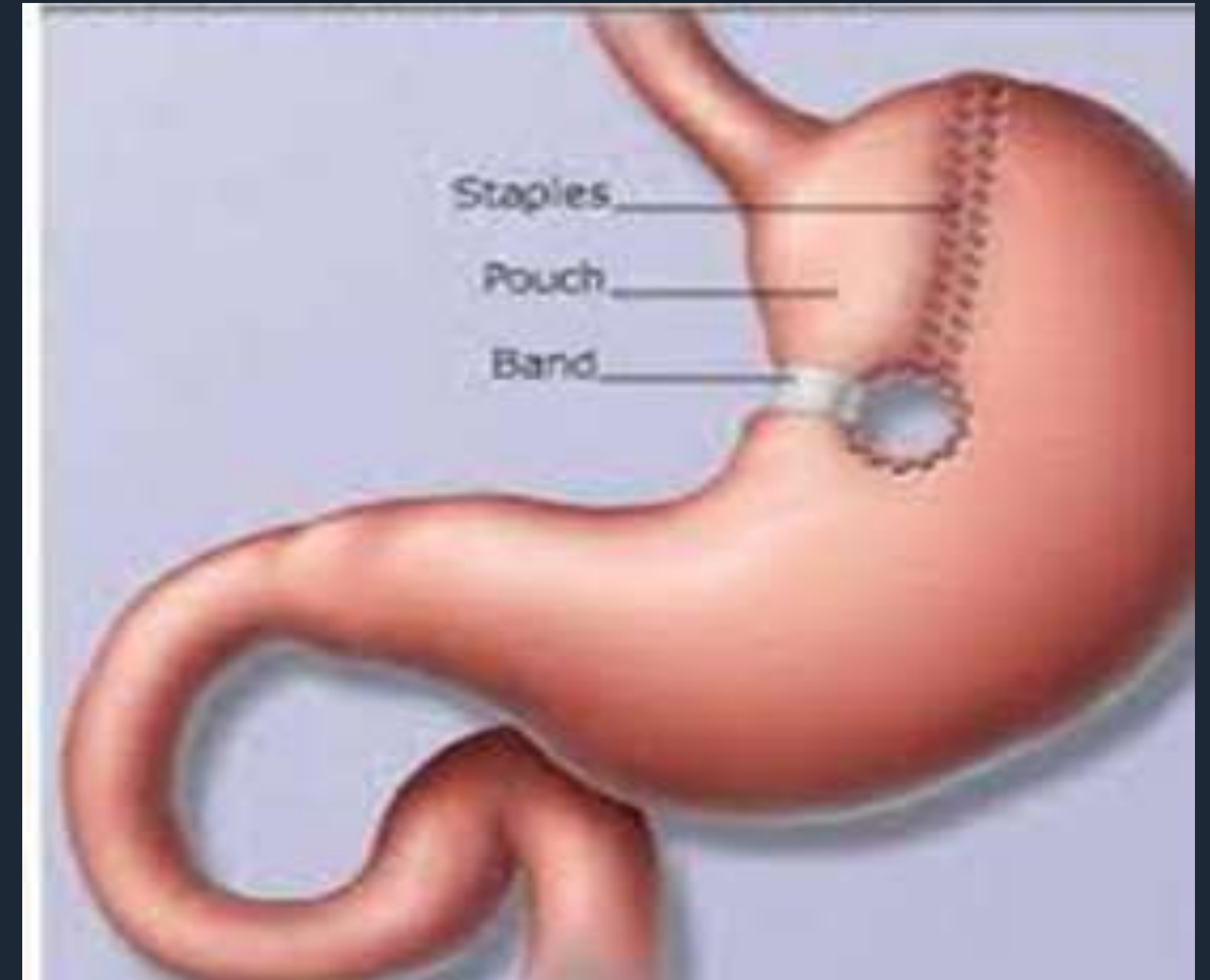
Laparoscopic Conversion of SRVG to OAGB with Diaphragmatic hernia repair

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Background

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In the 1980s and 1990s, the SRVG surgery starred, was performed with an open approach during which an elongated pouch was created as a direct continuation of the esophagus and along the small curve, at the end of which a small non-adjustable silastic ring was placed.



objective

Previous attempts to revise an SRVG to a sleeve gastrectomy (SG) or a laparoscopic gastric band (LAGB) showed disappointing results.

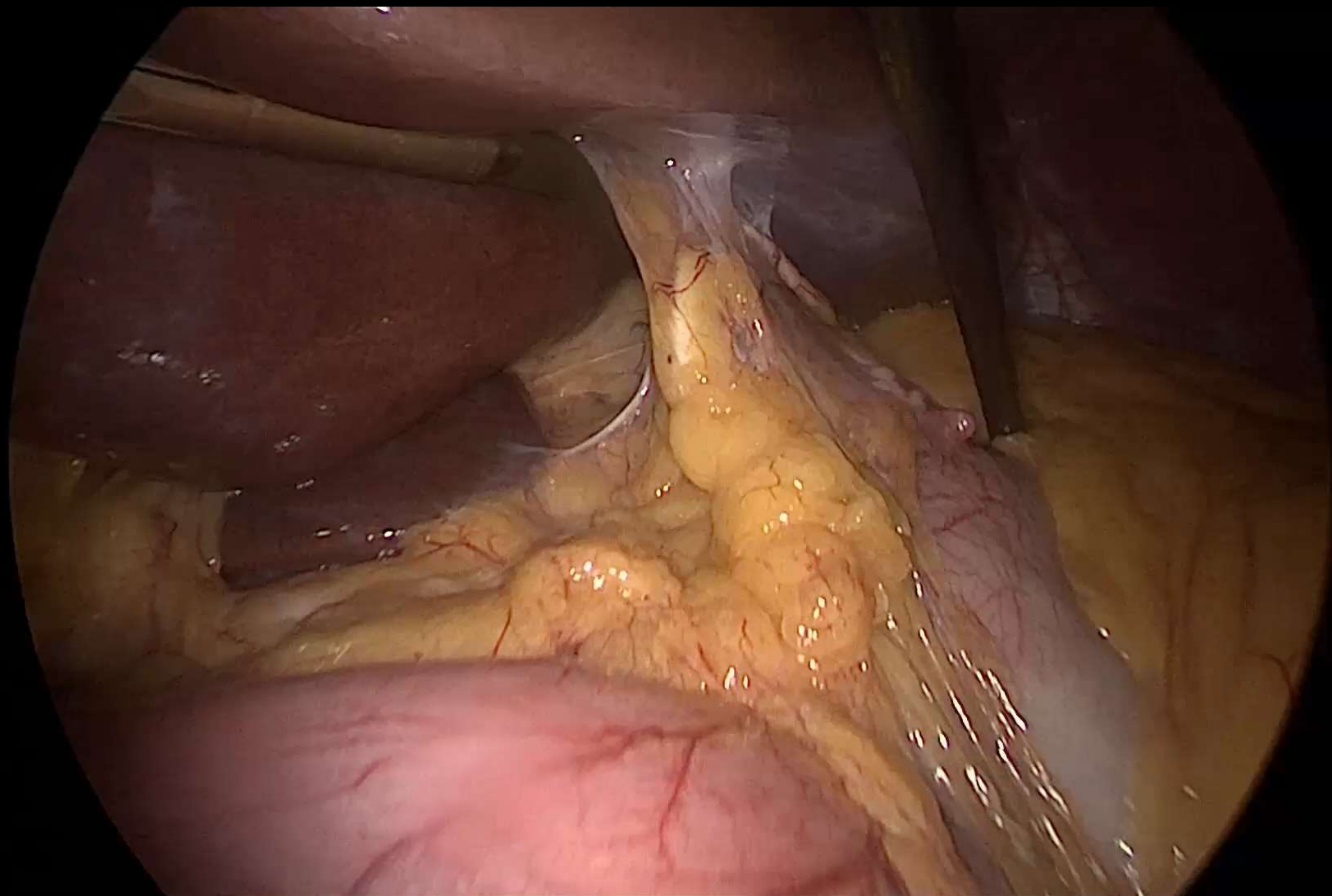
However, further studies looking at the conversion of a SRVG to a Roux-en-Y gastric bypass (RYGBP) or one anastomosis gastric bypass (OAGB) showed positive results, which helped establish the gastric bypass as the gold standard for revisional bariatric surgery

Case report

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49-year-old patient underwent Silastic ring vertical gastropasty (SRVG). 26 years later, GERD symptoms recurred, and 7 years following surgery his weight increased progressively (BMI of 43 Kg/m²).

A gastroscopy and a double contrast esophagus-stomach fluoroscopy, that preceded the surgery, showed a diaphragmatic hernia with reflux and wide fundus pouch.



Results

The procedure was uneventful, and the patient was discharged on postoperative day 3.

Conclusion

The conversion of one anastomosis gastric bypass (OAGB) is safe and showed positive results, which helped establish the gastric bypass as the gold standard for revisional SRVG.