

Revisional Surgery

Rana C Pullatt MD FACS FASMBS DABOM

Professor of Surgery

Director Bariatric & Robotic Surgery

Division Chief Foregut & Metabolic Surgery

Medical University of South Carolina

Director Bariatric Surgery VISN-7



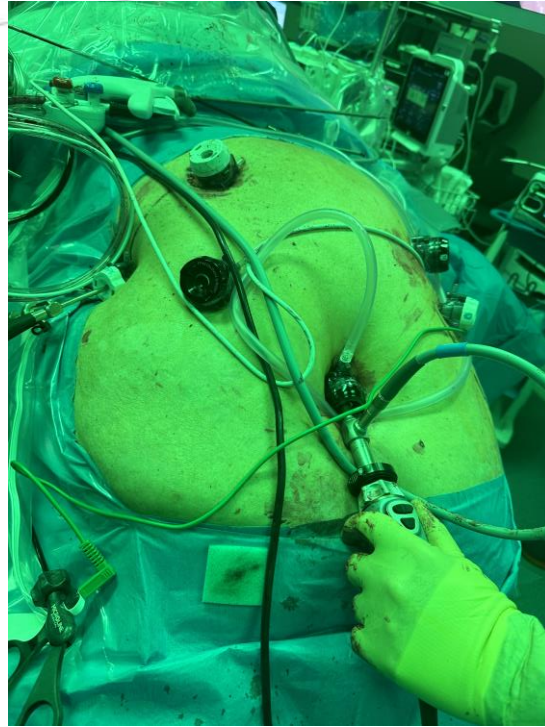
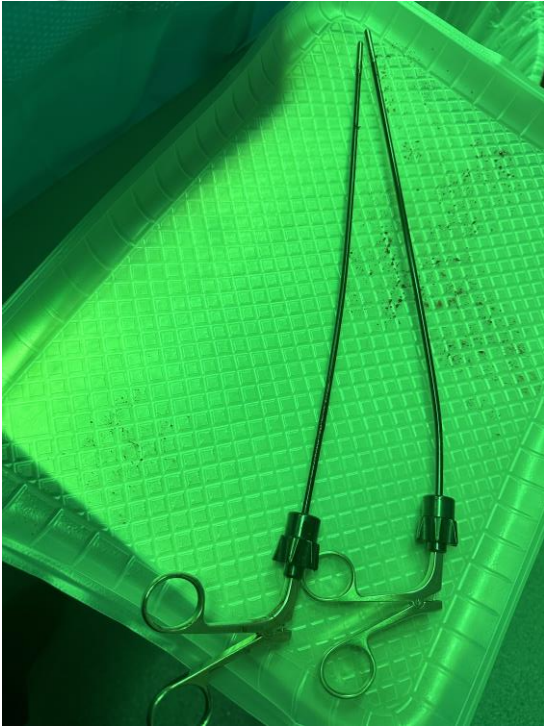
DISCLOSURES

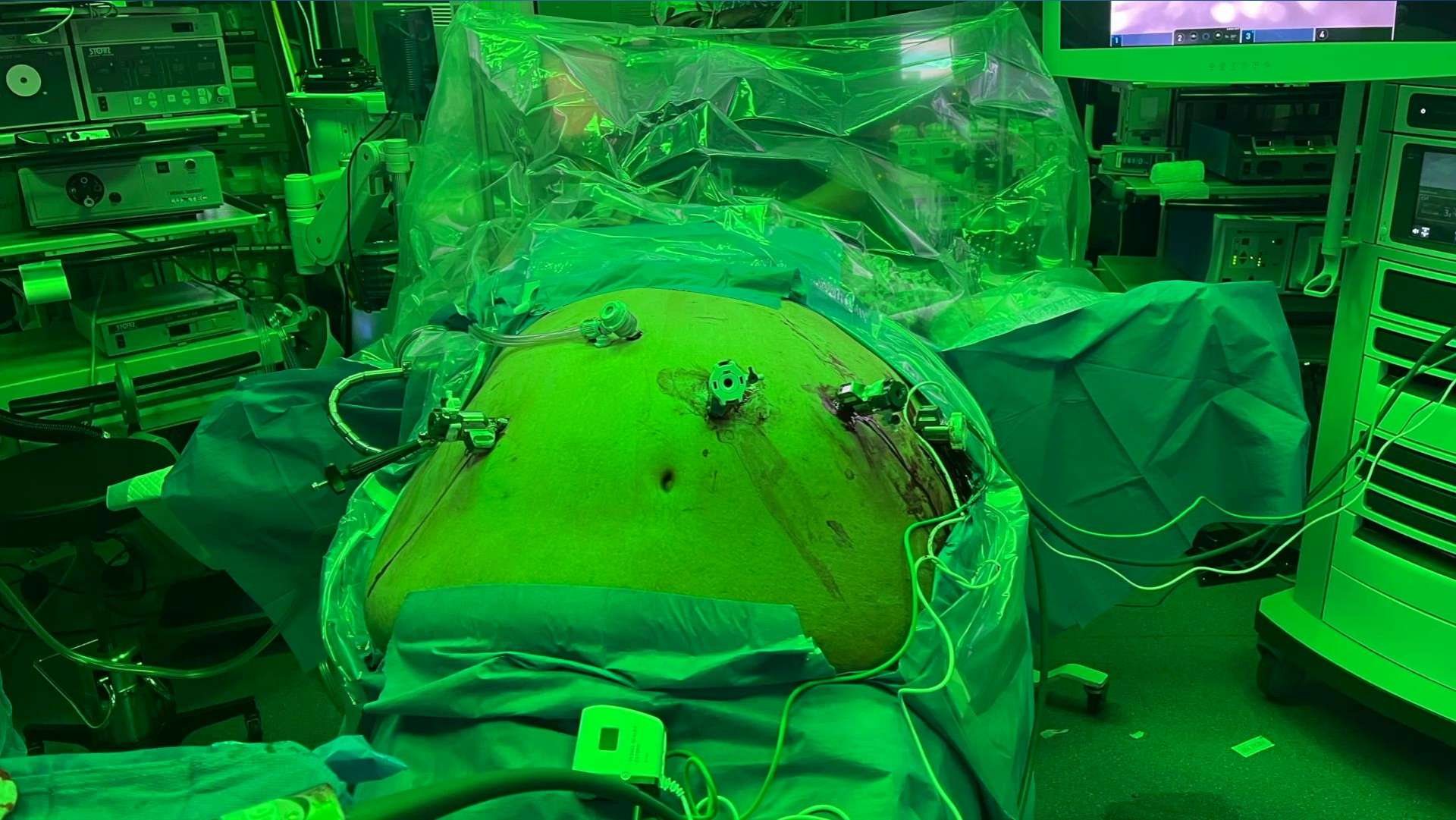
Proctor- Intuitive

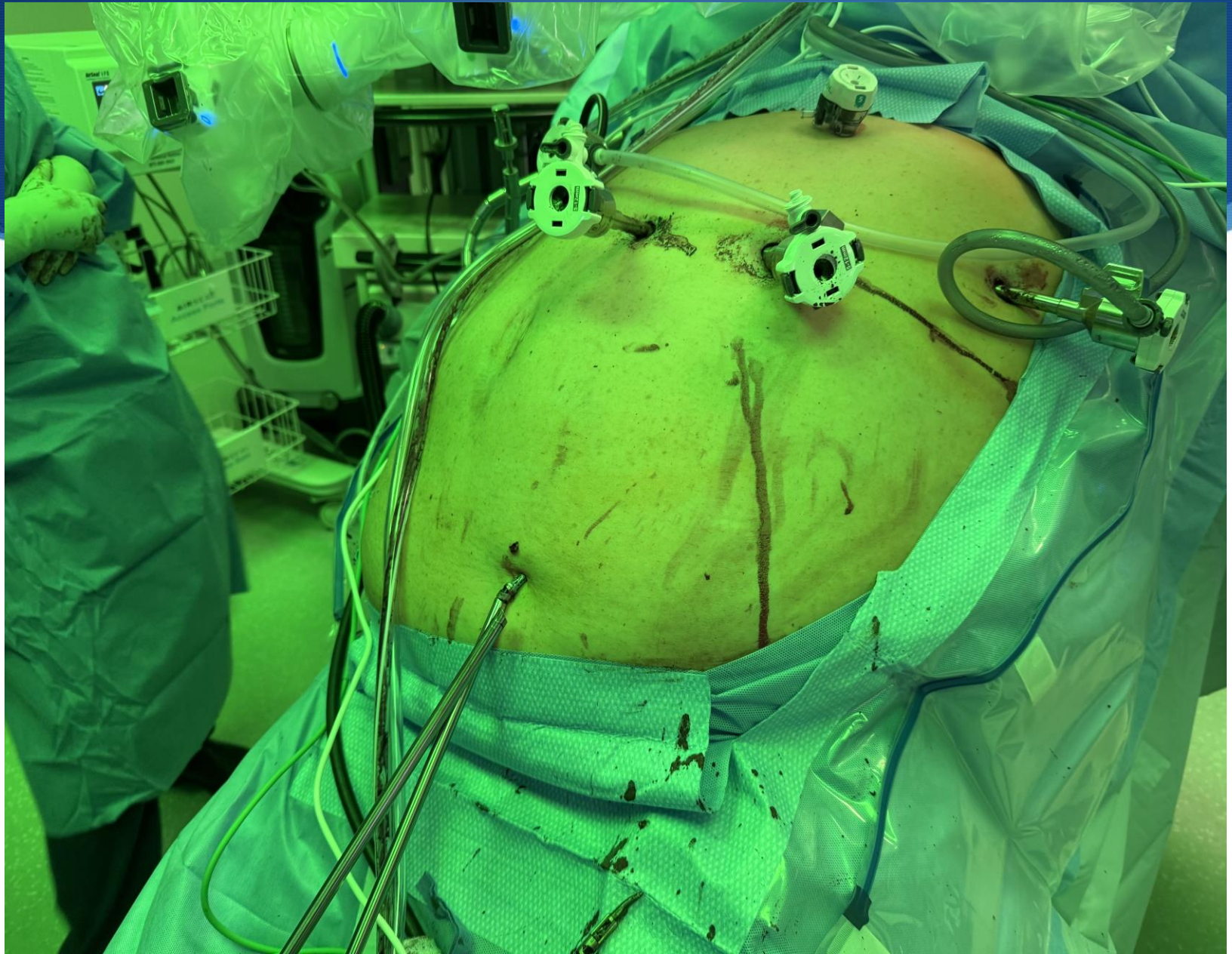
Consultant- Medtronic

Speaker- Conmed.

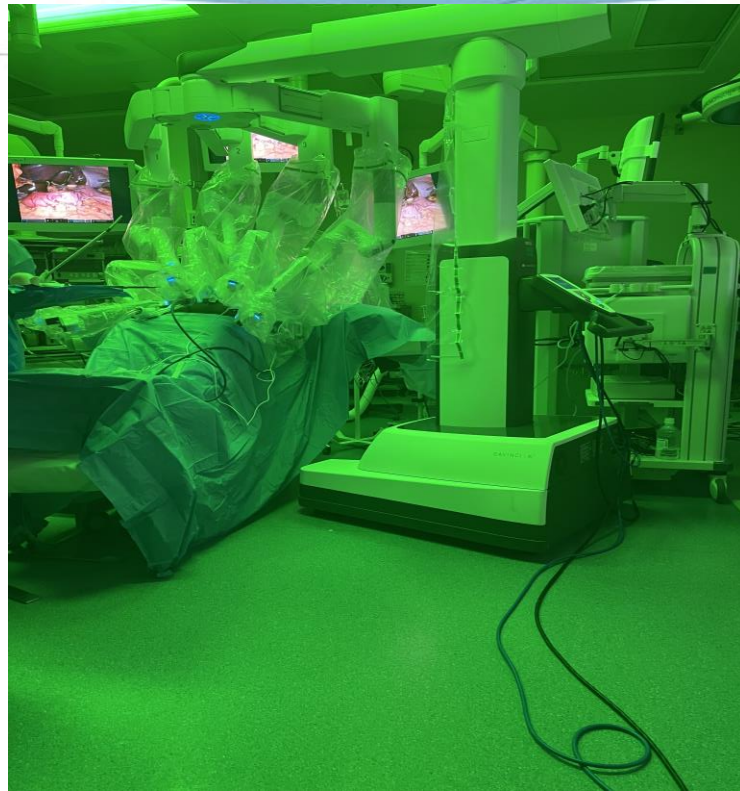
•

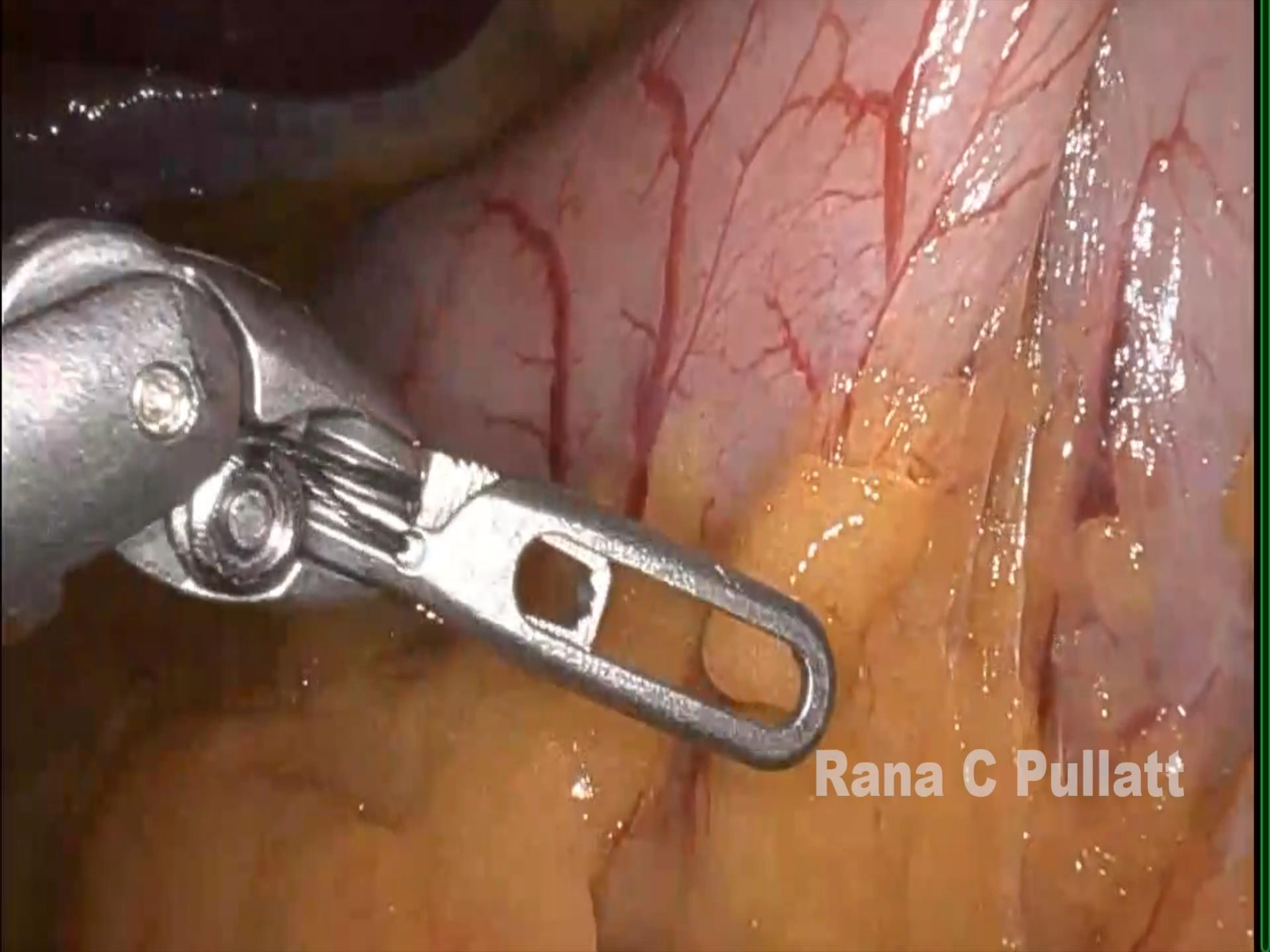






Robot Docked





Rana C Pullatt

SADI-S #152

Aug 20, 2025 07:46AM dV 5 with Gabriel
Gaweda

Multi-surgeon

Teaching

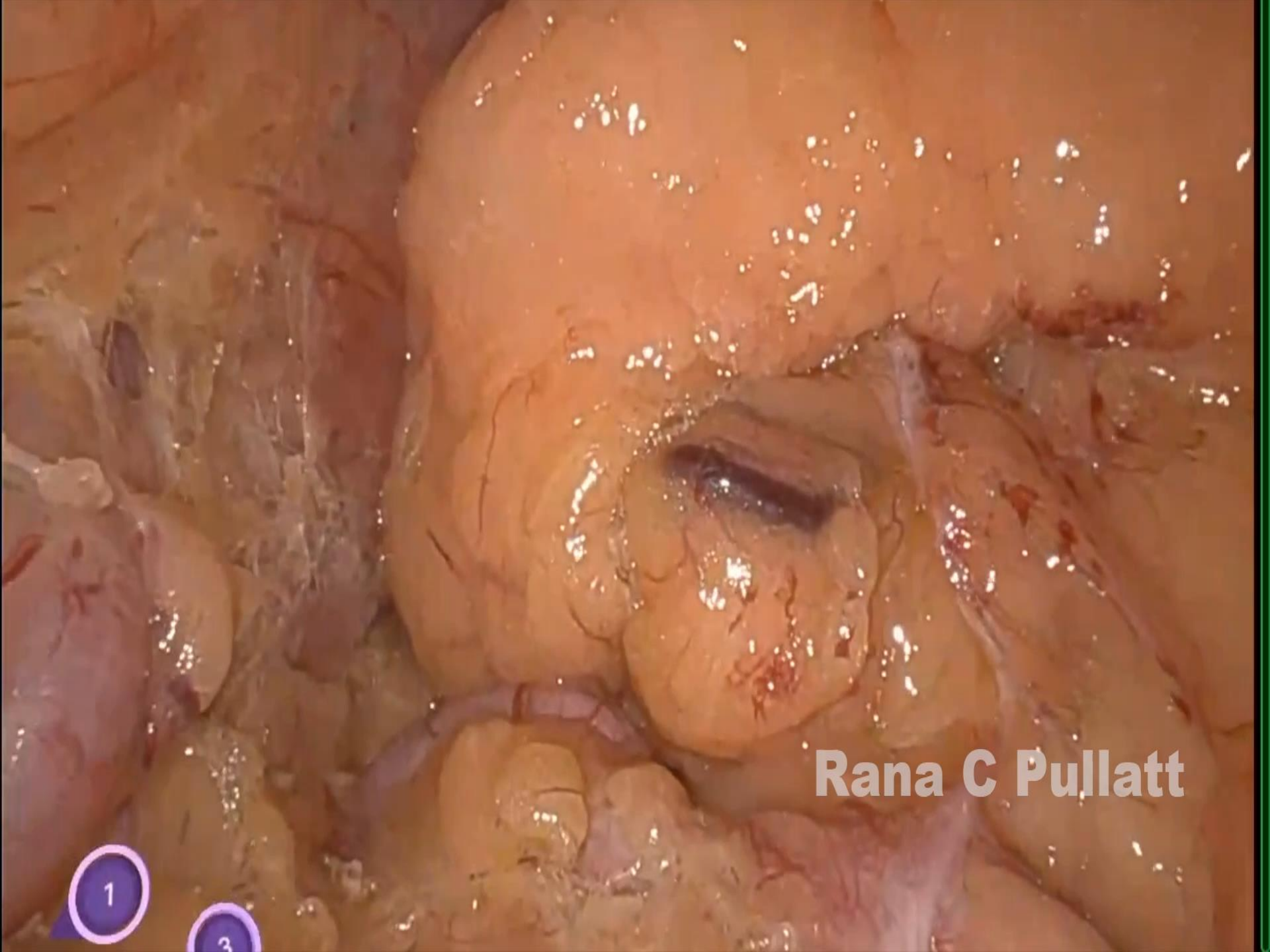
Not authorized to view video

32 min

Console time

29 min

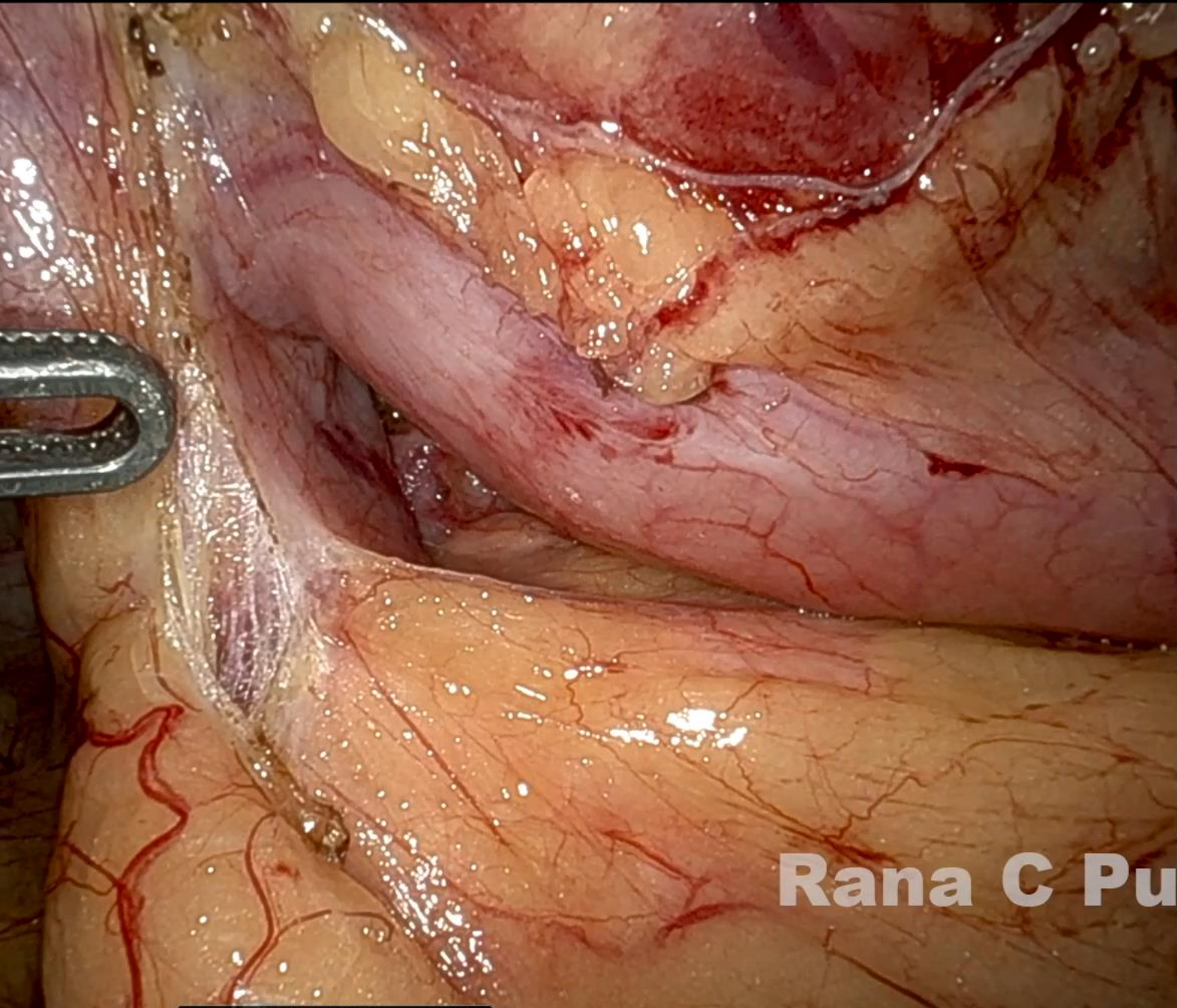
Instruments active



Rana C Pullatt

1

3



Rana C Pullatt

FORCEPS

NOT PAIRED WITH TABLE LASER OFF

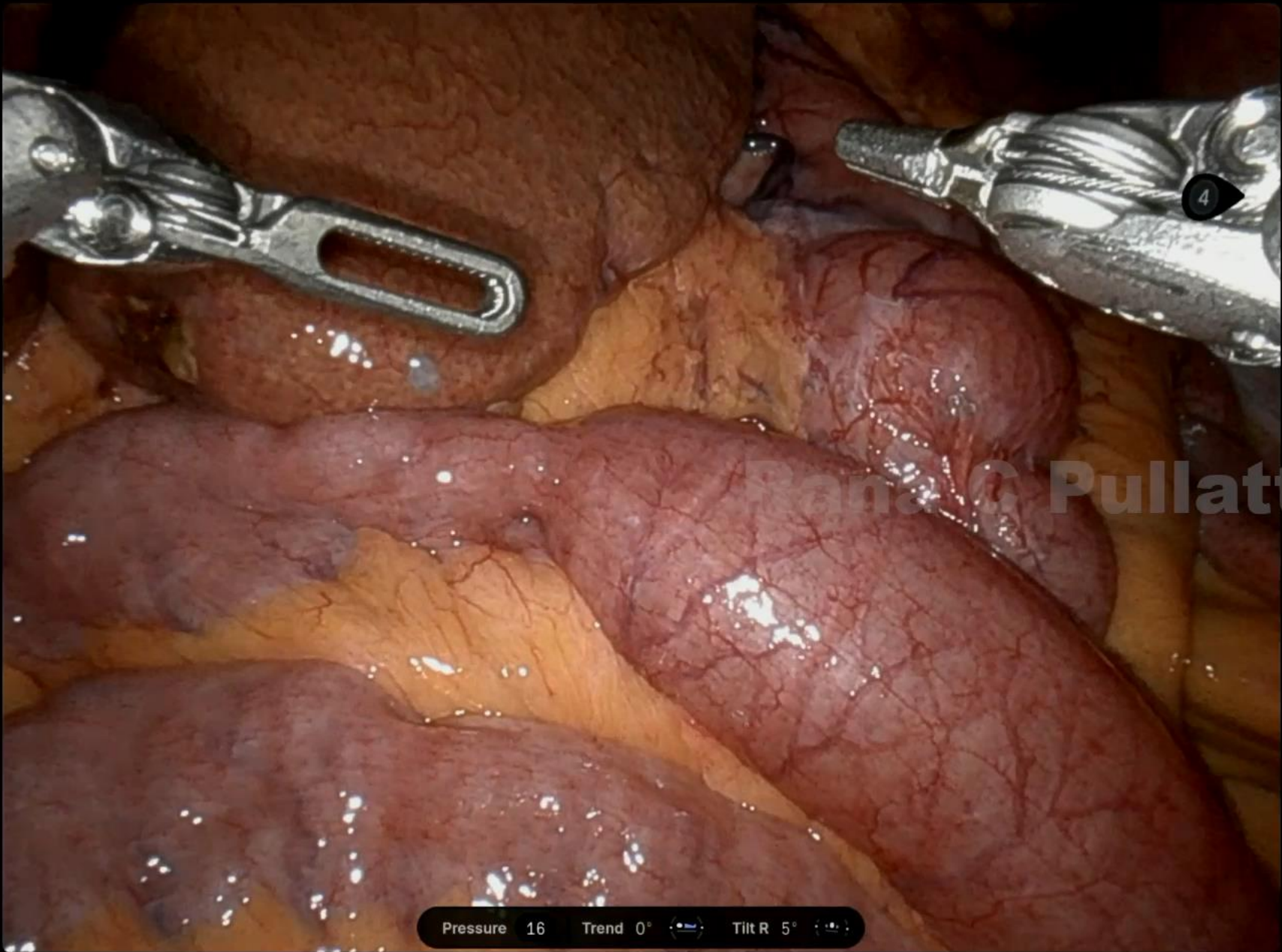
2

1x 30°

3^R VESSEL SEALER EXTEND

R CUT
R COAG

4 CADIERE FORCEPS



Dr. G Pullatt

Pressure 16 Trend 0° Tilt R 5°

1 Cadiere Forceps

2 OFF 1.0x 30° ↓

3 Large SutureCut Needle Driver

4 Cadiere Forceps

Trend

Smoke Ev

Flow Rate

L/min

Tower Disp

Altering the RYGBP

- ◆ Reducing Pouch size
- ◆ Reducing Stoma Size
- ◆ Banding the Bypass
- ◆ Increasing BP Limb.
- ◆ Adding weight loss medications
- ◆ Converting to Sleeve or SADI.

Why does a Gastric Bypass fail?

- ◆ Glycemic swings
- ◆ High carb diet
- ◆ Satiety reduction

Potential Solutions

- ◆ Reducing CC.
- ◆ Increasing BP Limb
- ◆ Small Bowel adaptation
- ◆ Satiety Level low.
- ◆ Low capacity reservoir + Hypoabsorption.

Bowel Resection

Normal



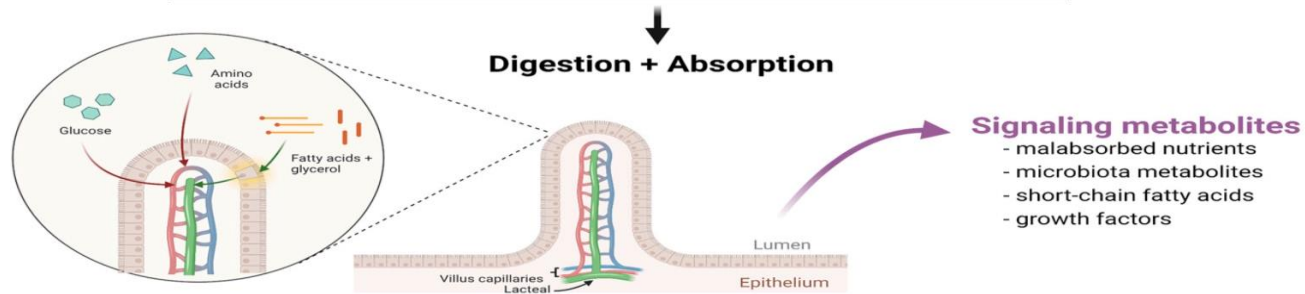
Intestinal adaptation:

- ↑ villus/crypt length
- ↑ function/cell
- ↓ transit time
- ↑ blood flow

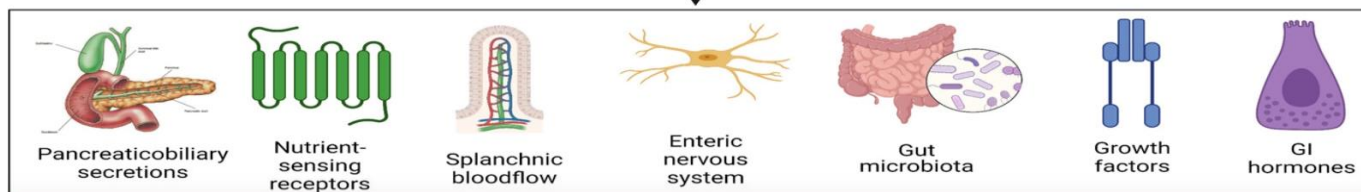
Adaptation impacted by:

- patient-related factors
- status of residual intestine
- gastrointestinal secretions
- hormones/growth factors

Hyperphagia



Multiple factors triggered by enteral nutrients involved in intestinal adaptation



Conversion to SADI/DS

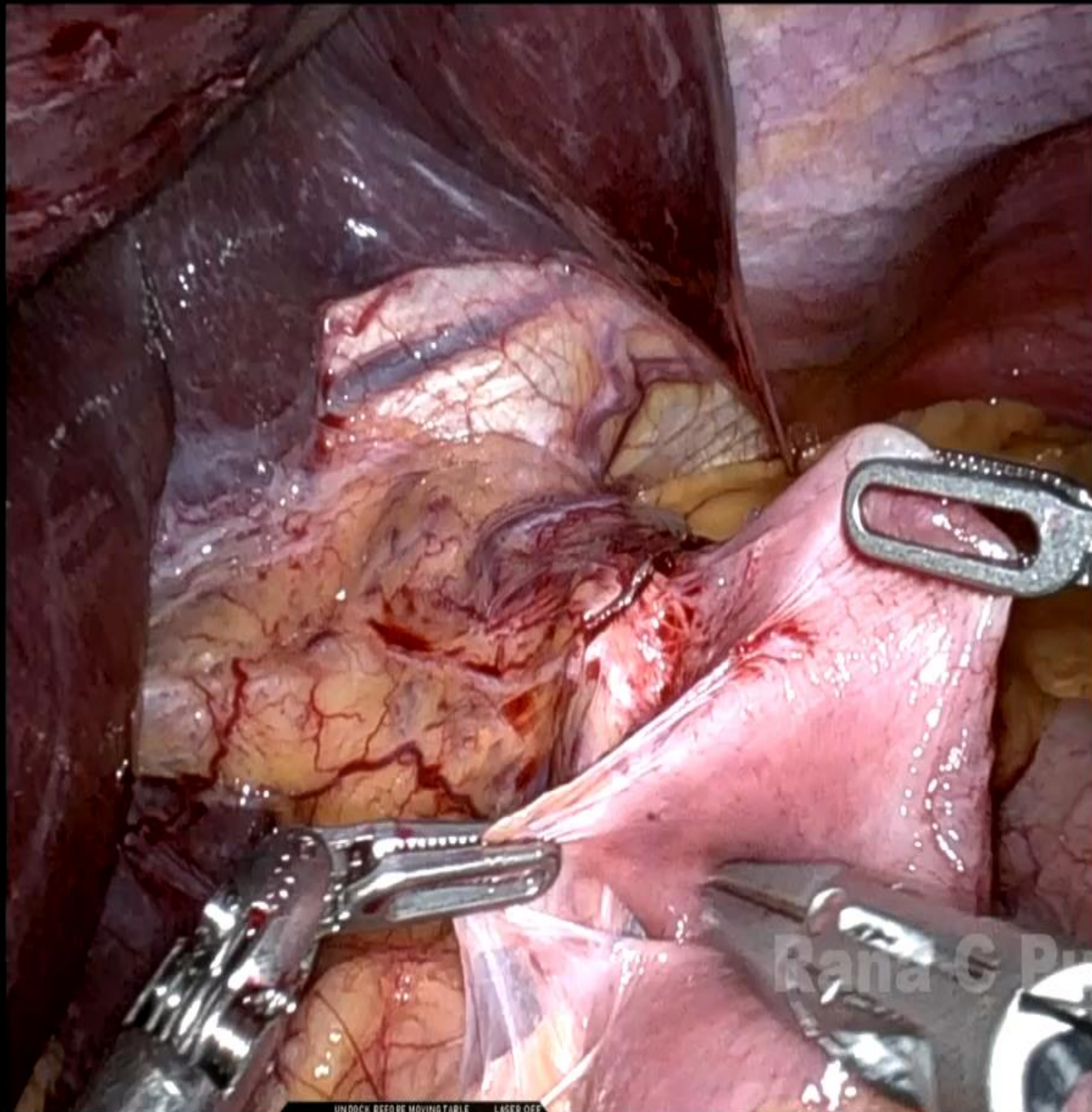
- ◆ Larger Gastric Reservoir
- ◆ Role of Pylorus in satiety.
- ◆ Prevention of Glycemic excursions.

Challenges

- ◆ Gastrogastric anastomosis
- ◆ Duodenal Dissection.

Steps of RYGBP to SADI/DS

- ◆ Division of Gastrojejunostomy
- ◆ Horizontal Division of Remnant.
- ◆ Achieves purpose of Vertical Sleeve.
- ◆ Gastrogastic Anastomosis.
- ◆ Tunnel Dissection of Duodenum.
- ◆ Roux Limb management

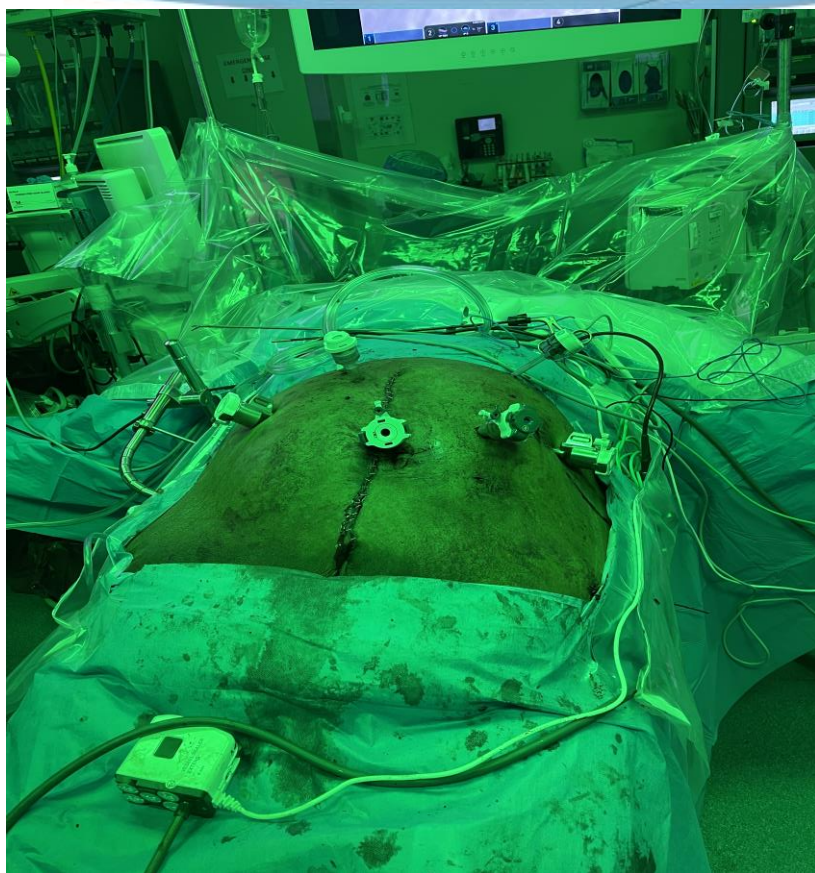


Rana G Pullatt

UNDOCK BEFORE MOVING TABLE LASER OFF

1	CADIERE FORCEPS	2	1x 30°	3	VESSEL SEALER EXTEND	<input checked="" type="checkbox"/> R CUT <input type="checkbox"/> SEAL	4	CADIERE FORCEPS
---	-----------------	---	--------	---	-------------------------	--	---	-----------------

Hybrid Procedures.





May 3rd-7th

"NO ONE LEFT BEHIND"

WWW.ASMBSMEETING.COM

ASMBS INVITES **YOU**
TO JOIN US!

ASMBS PRESIDENT
RICHARD PETERSON
MD MPH FACS FASMBS DABS-FPMBS

PROGRAM COMMITTEE CHAIR
ADRIAN DAN
MD MPH FACS FASMBS DABS-FPMBS

PROGRAM COMMITTEE CO-CHAIR
MATTHEW BRENGMAN
MD MHA FASMBS DABS-FPMBS

PROGRAM COMMITTEE CO-CHAIR SELECT
OMAR GHANEM
MD FACS FASMBS



Thank You

pullattr@gmail.com

