

Revisional Sleeve Gastrectomy Resleeve Gastrectomy—Viable option or **Insanity**?

Revisional MBS Session

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Pearl Ma MD, FACS FASMBS ABOM DABS-FPMBS

Director of Research, Advanced Laparoscopic Surgical Associates/
Community Health Partners

Associate Clinical Professor, UCSF/Fresno



FRESNO
HEART & SURGICAL
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A campus of Community Regional Medical Center



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Financial Disclosures

- Medtronic-Speaking
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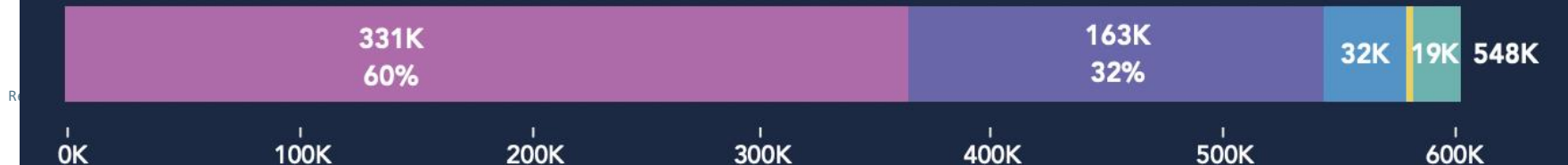
Weight recurrence after sleeve gastrectomy is common —

- Sleeve gastrectomy (SG) is the most common bariatric procedure worldwide.
- Weight recurrence or suboptimal weight loss is expected in a chronic, heterogeneous disease

30% of SG may require revisional surgery

Figure 4. Total primary procedures by operative type, n=547,959 (2023)

● Sleeve Gastrectomy ● RYGB ● OAGB ● Band ● Other





CHOOSING THE RIGHT REVISION AFTER SLEEVE GASTRECTOMY

THREE PROVEN PATHS. ONE GOAL.
BETTER OUTCOMES. LASTING IMPACT.

“IT'S NOT JUST
ABOUT REVISING...
IT'S ABOUT
TRANSFORMING
LIVES.”

DR. MOHIT BHANDARI
BARIATRIC &
METABOLIC SURGEON

- DECISION FACTORS**
- PATIENT GOALS
 - WEIGHT LOSS NEEDS
 - COMORBIDITIES
 - ANATOMY & TECHNICAL FACTORS
 - SURGEON EXPERIENCE

SLEEVE GASTRECTOMY

REVISION INDICATIONS

- ✓ Weight Regain
- ✓ GERD / Reflux
- ✓ Insufficient Weight Loss
- ✓ Metabolic Complications

REVISION OPTIONS



OAGB

ONE ANASTOMOSIS
GASTRIC BYPASS

- ✓ Excellent Weight Loss
- ✓ Simpler Anatomy
- ✓ Lower Risk of Internal Hernia
- ✓ Effective Metabolic Benefits

A BALANCED & EFFECTIVE SOLUTION



RYGB

ROUX-EN-Y
GASTRIC BYPASS

- ✓ Proven Long-Term Results
- ✓ Excellent GERD Control
- ✓ High Durability
- ✓ Strong Metabolic Impact

THE GOLD STANDARD FOR MANY



DUODENAL SWITCH

THE MOST POWERFUL
METABOLIC PROCEDURE

- ✓ Greatest Weight Loss
- ✓ Highest Diabetes Remission
- ✓ Improvement in Comorbidities
- ✓ For Appropriate Patients

MAXIMUM RESULTS. LIFE-CHANGING IMPACT.



PERSONALIZED DECISION. EXPERT EXECUTION. EXCEPTIONAL OUTCOMES.

REVISING THE PAST. TRANSFORMING THE FUTURE.

What about Re-sleeve?

insanity is doing the exact same thing



and expecting a different outcome

SLEEVE REVISION: VIALE OPTION OR INSANITY?

NOT ONE SIZE FITS ALL

THE BEST
REVISION IS THE
RIGHT REVISION
FOR THE RIGHT
PATIENT.

PEARL MA, MD
BARIATRIC SURGEON

- ✓ WEIGHT LOSS GOAL
- ✓ COMORBIDITIES
- ✓ ANATOMY
- ✓ NUTRITIONAL STATUS
- ✓ PRIOR SURGERIES
- ✓ PATIENT PREFERENCE
- ✓ RISK TOLERANCE
- ✓ LONG-TERM PLAN

INDIVIDUALIZE
STRATEGIZE.
OPTIMIZE OUTCOMES.

REVISION OPTIONS

SADI
(Single Anastomosis
Duodeno-Ileal Bypass)



DS
(Duodenal Switch)



BIPARTITION
(BPD/DS Variant)



RYGB
(Roux-en-Y
Gastric Bypass)



ESG
(Endoscopic
Sleeve
Gastroplasty)



MEDS
(Medical
Therapy)



RE-SLEEVE (ReSG)
INSANITY!

THE RE-SLEEVE ROLLER COASTER

- ✗ HIGH LEAK RISK
- ✗ SCAR TISSUE
- ✗ LIMITED DATA
- ✗ LACK OF LONG TERM DATA

HELP!

ReSG

PROCEED
WITH
CAUTION!



GREATER WEIGHT
LOSS POTENTIAL



PROVEN
DURABILITY



TAILORED TO
COMPLEX CASES



WELL-ESTABLISHED
& PREDICTABLE



LESS INVASIVE
OPTIONS



NON-SURGICAL
APPROACH



HIGH RISK
LOW REWARD

Case Report

2003: Laparoscopic Reoperative Sleeve Gastrectomy for Poor Weight Loss after Biliopancreatic Diversion with Duodenal Switch

Michel Gagner, MD, FRCSC, FACS; Tomasz Rogula, MD, PhD

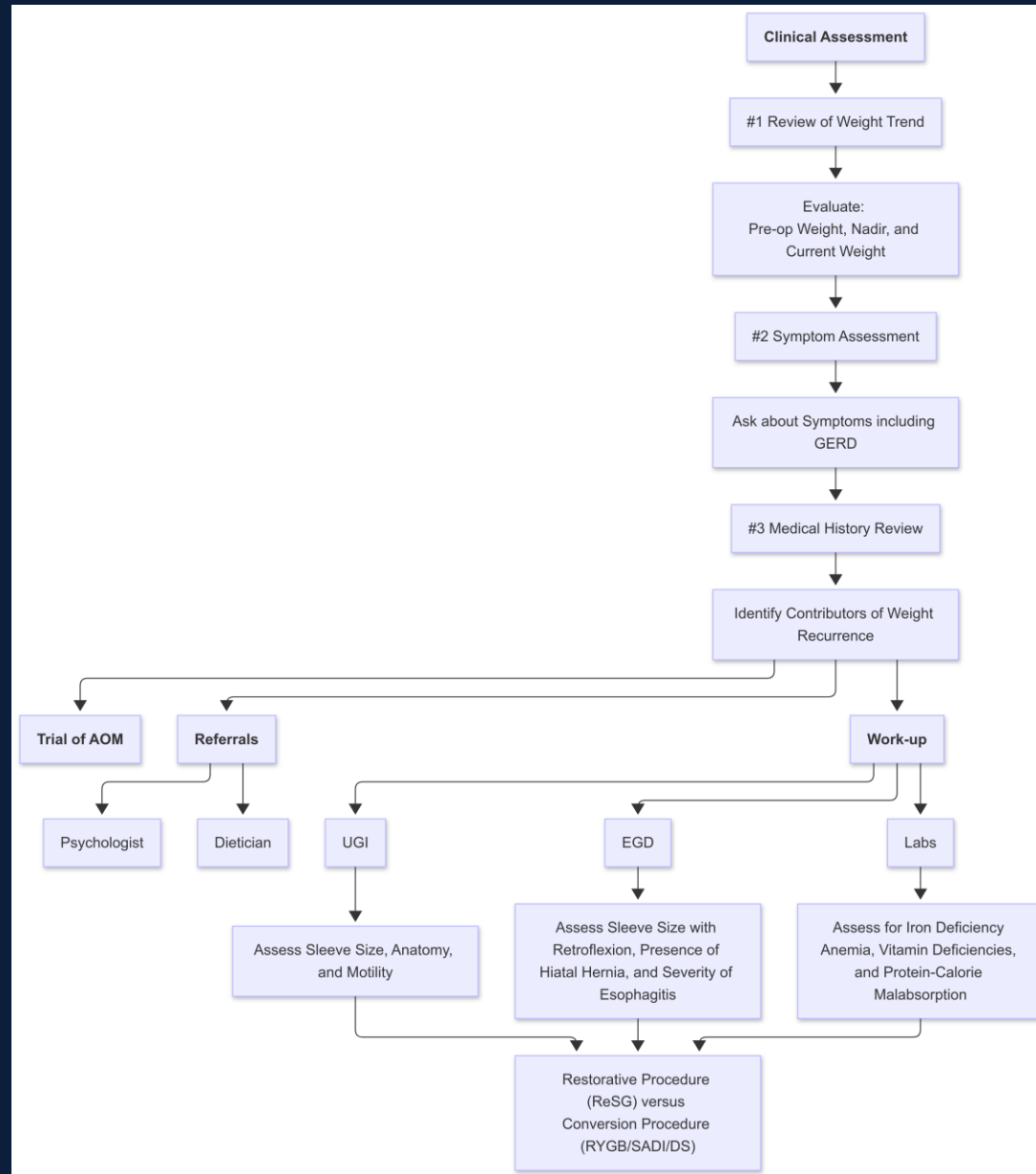
Modern Surgery

2006: Re-Sleeve Gastrectomy

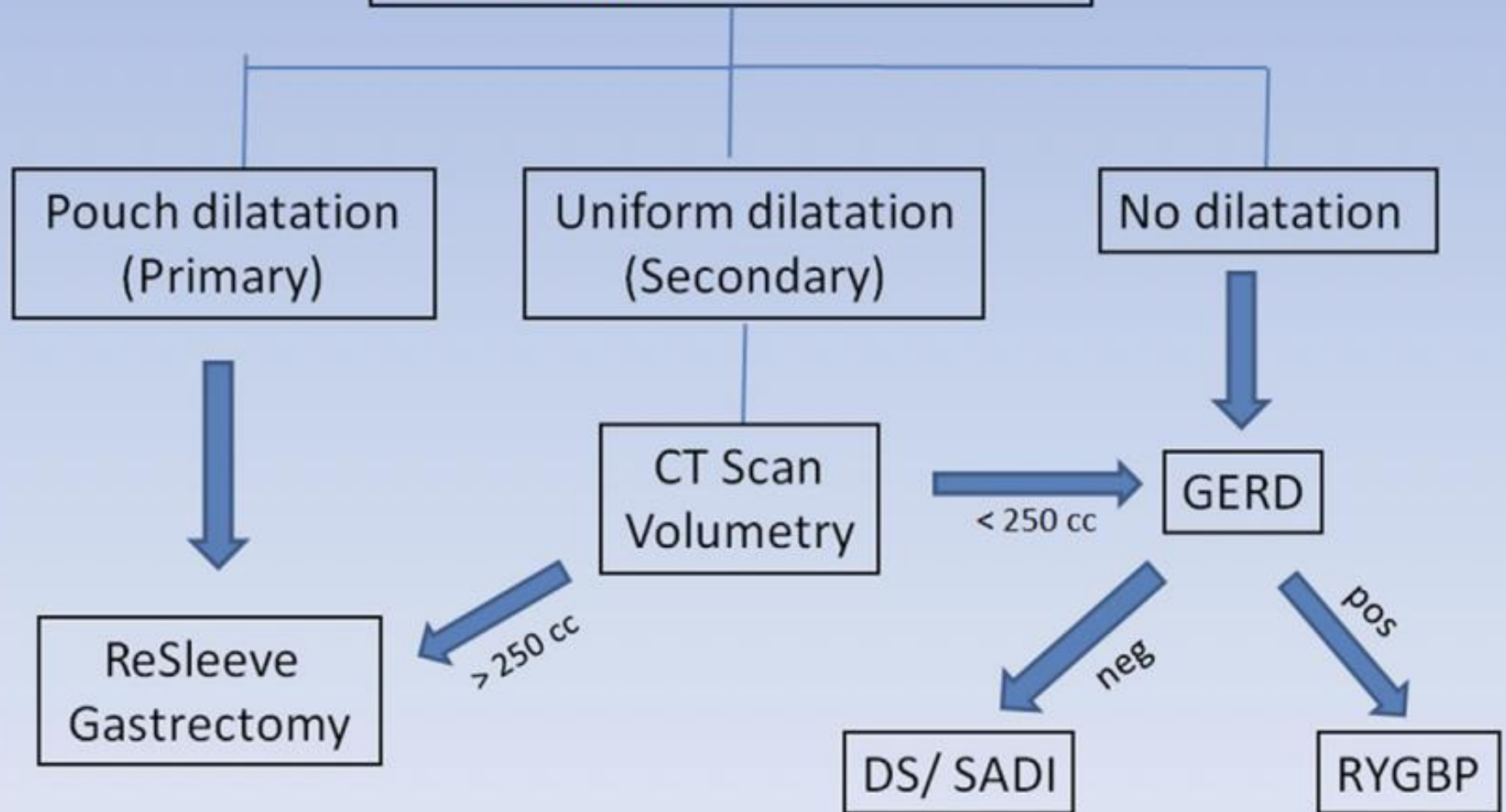
Aniceto Baltasar; Carlos Serra; Nieves Pérez; Rafael Bou; Marcelo Bengochea

Resleeve Gastrectomy (ReSG)

- Preserves the anatomy of SG
- Avoids malabsorptive side effects
- Technically simpler than anastomotic conversions
- Keeps future “step-up” revision (SADI/DS) on the table



Gastrografin Swallow



Upper Gastrointestinal Xray Series



CT volumetry

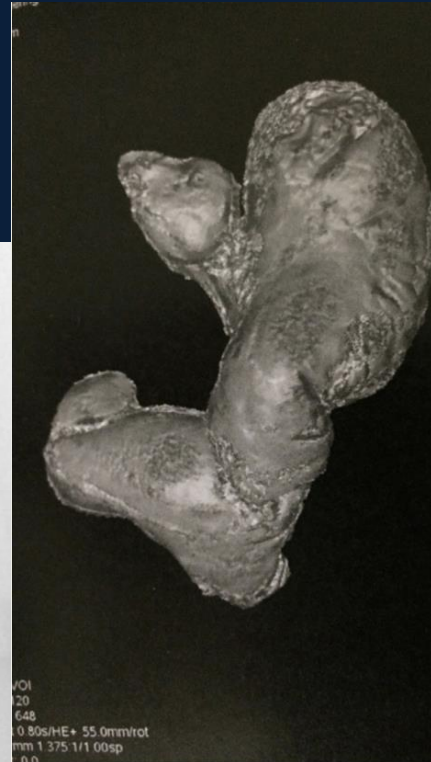


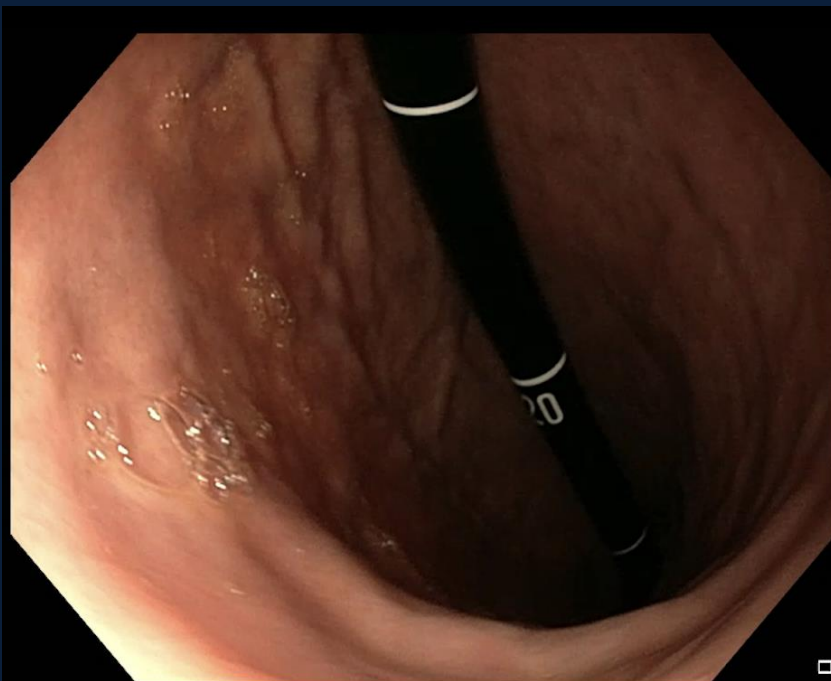
Fig. 2. Primary dilation.



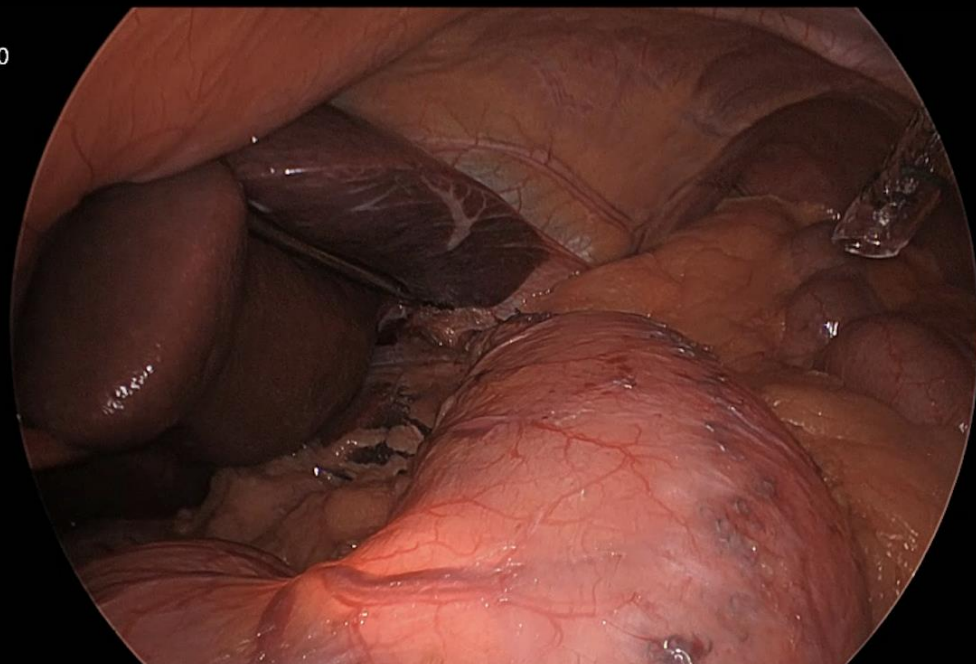
Fig. 3. Secondary dilation—uniform dilation of the gastric tube.

M. Nedelcu et al. SOARD 11 (2015) 1282–1288

EGD



"OK Stryker"
0 0



ReSG — Efficacy

63.7% excess BMI loss (Noel et al.)

53.8% maintained >50% EBMIL at 5 years

49.5% excess weight loss (Bonaldi et al.)

68% of patients reached their final ideal weight

Bonaldi et al. — indication may matter	Group A: insufficient weight loss	Group B: weight recurrence
BMI pre-SG → pre-ReSG → post-ReSG (kg/m ²)	46.1 → 40.0 → 31.7	46.0 → 36.5 → 29.0
%EWL pre-ReSG → post-ReSG	22.7% → 47.0%	41.0% → 51.5%

Patients revised for weight recurrence (Group B) reached a better final BMI and %EWL than those revised for primary insufficient weight loss (Group A) — the starting anatomy and biology matter as much as the operation.

ReSG vs. Other Revisions – How Does It Compare?

Study (ReSG vs.)	ReSG %EWL	Comparator %EWL	ReSG Safety	Comparator Safety
Antonopoulos – RYGB (n=61 vs 83)	69.5%	61.2%	11.5% compl.*	13.2% compl.
Al-Sabah – RYGB, 5-yr (n=38 vs 46)	61.7% → 45.3%	48.1% → 49.2%	—	4.3% late compl.
Gerges – OAGB (n=27 vs 25)	60.3%	83.7%	7.4% leak	8% leak, 64% diarrhea
Dapri – Duodenal Switch (n=7 vs 19)	43.7%	73.7%	14.2% leak	15.7% compl.

**Antonopoulos: 1 death (leak with PE, POD 30). More aggressive comparators (OAGB, DS) trade higher %EWL for greater malabsorptive risk (diarrhea, nutritional deficiency); RYGB comparators show similar mid-term %EWL to ReSG.*

ReSG – Feasibility and Safety

0–26.3%

Morbidity range
across published series

0–14.2%

Leak rate range
across published series

7.9%

Our complications
Ma et al. 2026, N=101

0%

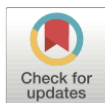
Our mortality
Ma et al. 2026, N=101

- Technically more challenging than a primary SG — adhesions, altered anatomy, and crossing staple lines raise leak risk
- Range also includes gastric stenoses (0–5.2%), bleeding (0–10.5%), and incisional hernias (0–2.5%)
- One reported mortality in the literature: Rebibo et al. — post-op gastric leak with PE on day 30 (1 of 46, 2.1%)

Re-sleeve Gastrectomy



ELSEVIER

SURGERY FOR OBESITY
AND RELATED DISEASES

Surgery for Obesity and Related Diseases 22 (2026) 459–468

Original article

Re-sleeve gastrectomy: single-center insight into controversial territory

Pearl Ma, M.D.^{a,b,c}, Luis Felipe Okida, M.D.^{a,c,*}, Morgan McGrath^a, Kayla Ikemiya, B.S.^b,
Oliver Knoell, M.D.^{a,c}, Kathryn Tan^{a,c}, Jose Covarrubias, M.D.^{a,c}, Abhishek Gulati, M.D.^c,
Nicole Takeda, M.D.^{a,b,c}, Kelvin Higa, M.D.^{a,b,c}

^aAdvanced Laparoscopic Surgical Associates, Community Medical Hospitals, Fresno, California

^bDepartment of surgery, University of California San Francisco – Fresno, Fresno, California

^cDepartment of Minimally Invasive and Bariatric Surgery, Fresno Heart and Surgical Hospital, Fresno, California

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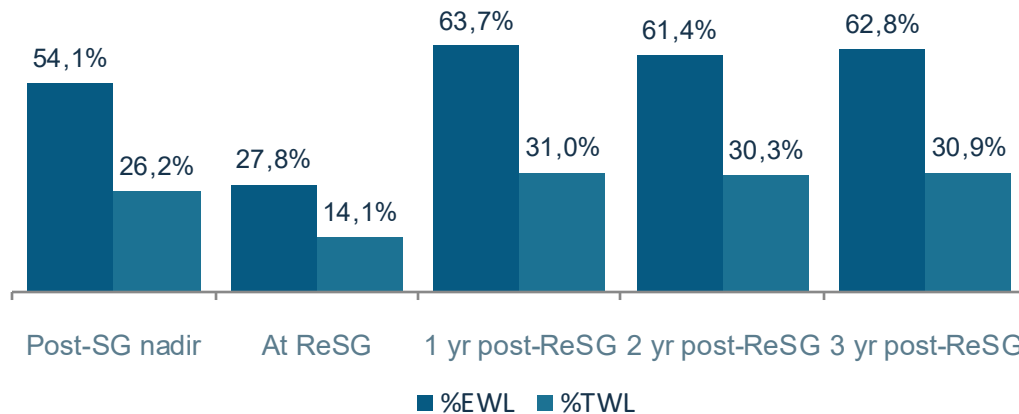
STUDY COHORT

101 ReSG patients — 95 with medium-term follow-up

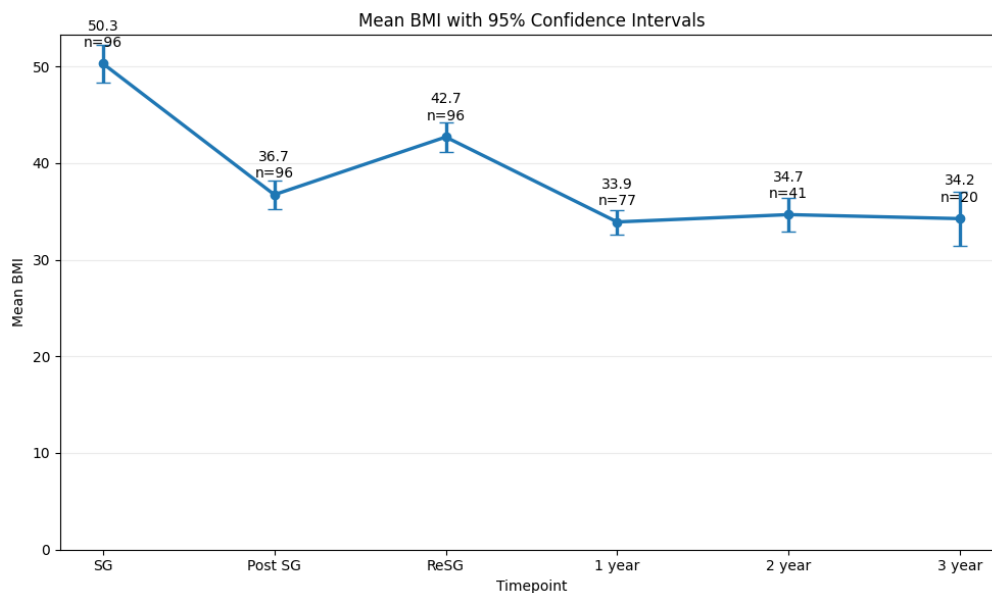


*29.7% of original sleeves were performed at outside institutions / Concurrent hiatal hernia repair in **61.4%** of ReSG cases*

Weight loss is sustained beyond 60% EWL through 3 years



Weight loss after ReSG exceeded the original result after primary SG



Of patients who reached >50% EWL after SG, 87.3% reached >50% EWL again after ReSG.

BMI trend

- 50.3 → 36.7 kg/m² after primary SG
- 42.7 → 33.9–34.7 kg/m² after ReSG (1–3 yr)
- Statistically significant reduction vs. both SG and ReSG baselines (p<0.05)



RESULTS — SAFETY

Acceptable morbidity, no mortality across 101 cases

96.5 min

Mean operative time

1.7 days

Mean length of stay

9.9%

30-day readmission

7.9%

30-day reoperation

7.9%

30-day complications

5.9%

Staple line leak (30-day)

0

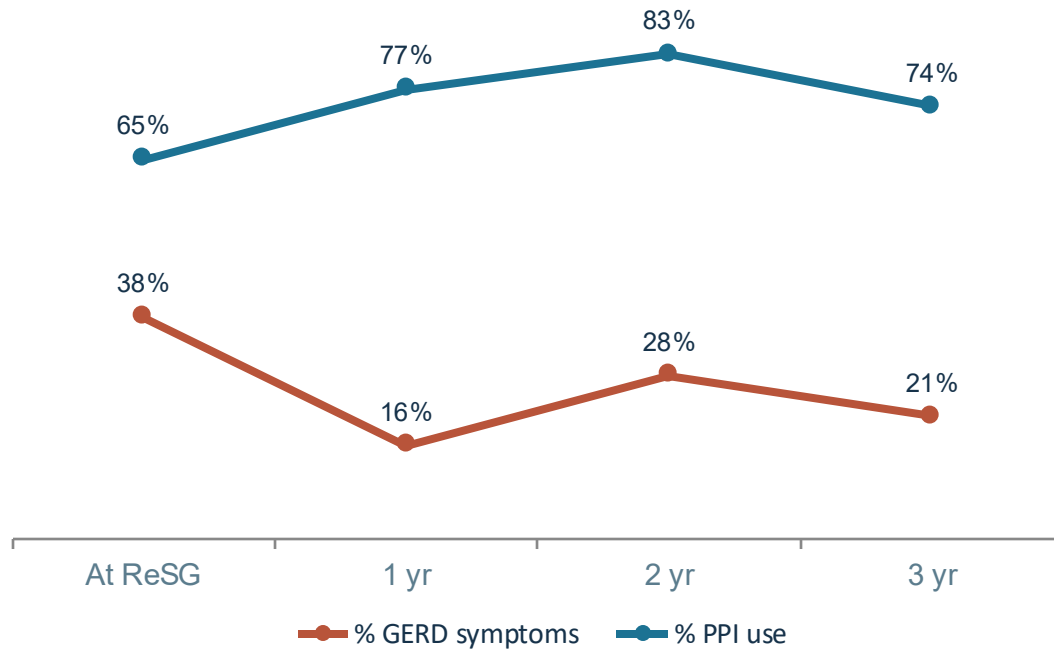
Mortalities

5.9% to 1.1% leak rate

Leak management: 2 of 6 leaks managed with endoluminal stent alone; 4 required surgical re-exploration. 3 patients converted to RYGB within 30 days (leak or stenosis). No leak-related deaths.

Reflux symptoms improved despite rising PPI use

RESULTS — GERD

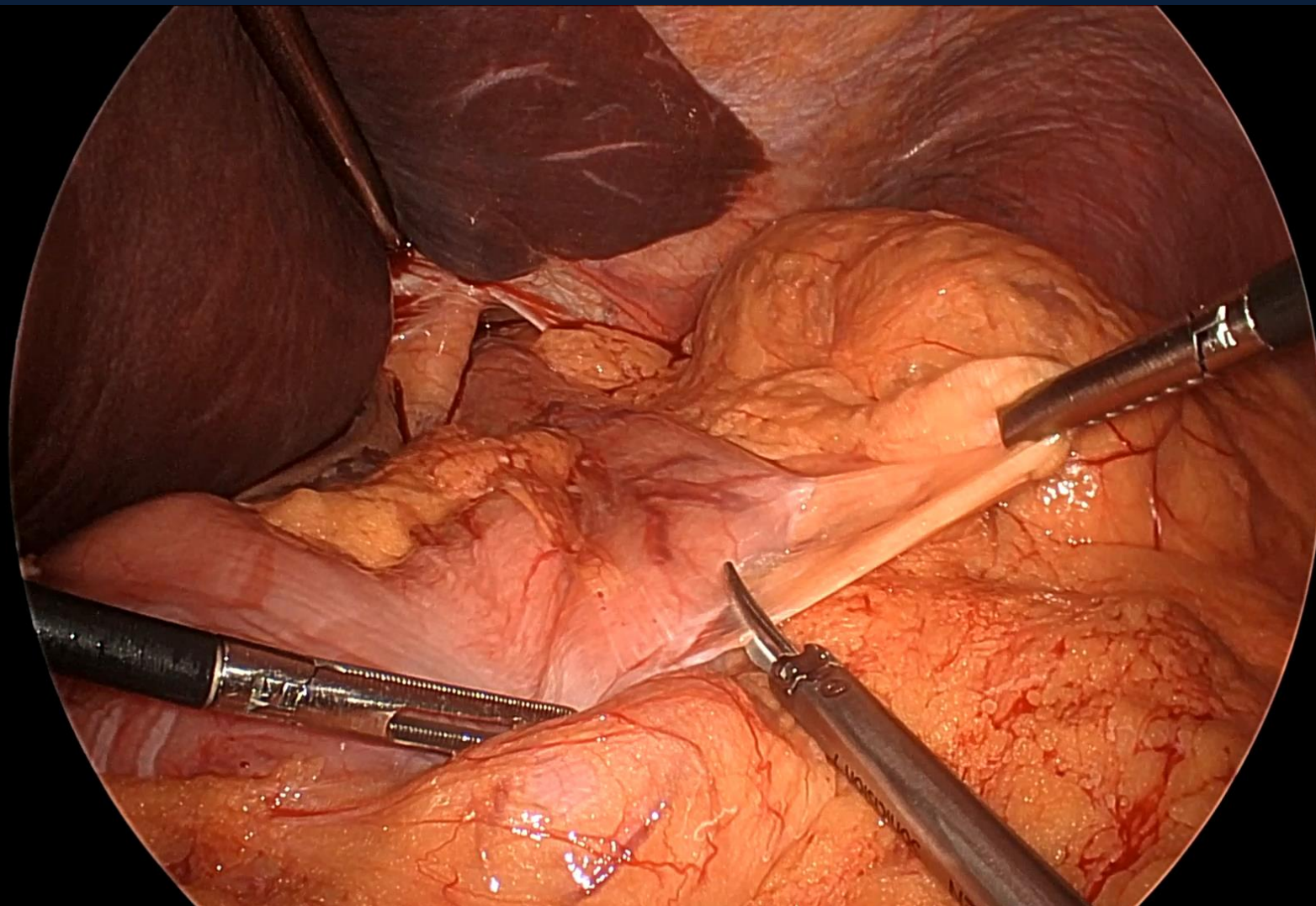


Key findings

- 61.4% of ReSG cases included concurrent hiatal hernia repair
- GERD symptoms declined significantly from time of ReSG to 3-yr follow-up ($p < 0.05$)
- No patients converted to RYGB for intractable reflux
- Severe GERD/esophagitis refractory to medical therapy was an exclusion — not offered ReSG

"OK Stryker"

0 0



INSUFFLATOR

14

A Pressure

12

Actual Flow

Why would this work?

Obesity Surgery (2024) 34:150–162
<https://doi.org/10.1007/s11695-023-06951-2>



ORIGINAL CONTRIBUTIONS



The Evaluation of Gastric Emptying Using Nuclear Scintigraphy Compared to Three-Dimensional Multi-detector Computed Tomography (3D-MDCT) Gastric Volumetry in the Assessment of Poor Weight Loss Following Sleeve Gastrectomy

Anagi Wickremasinghe¹  · Jessica Ferdinands¹ · Yazmin Johari^{1,2} · Patrick Ho³ · Yit Leang^{1,2} · Helen Yue⁴ · Cheryl Laurie¹ · Paul Beech⁴ · David P. Nadebaum⁴ · Kenneth S. Yap^{4,5} · Geoffrey Hebbard⁶ · Wendy Brown^{1,2} · Paul Burton^{1,2}

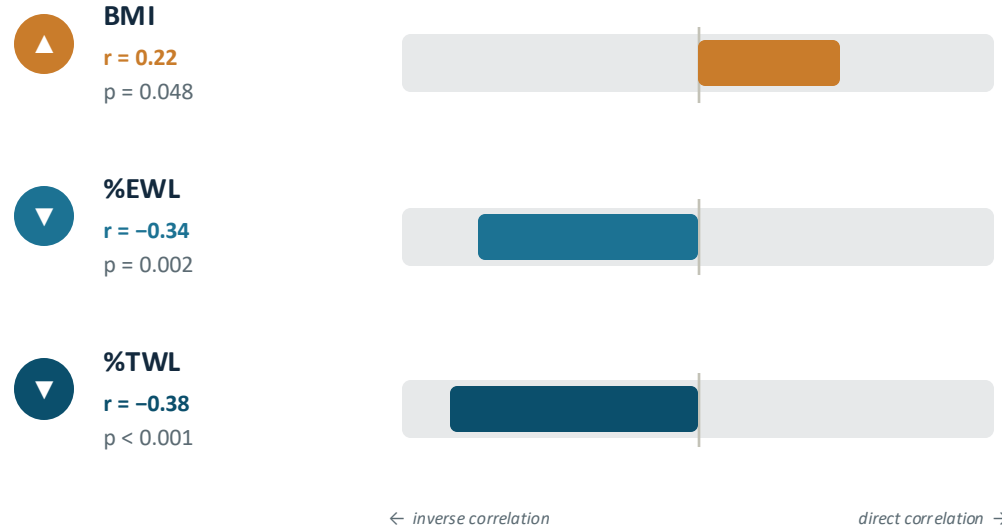
- Proposed: resleeve → faster emptying → ↑ GLP-1/PYY; ↓ reservoir pressure

Gastric Emptying Half-Time Predicts Weight-Loss Outcomes

Correlation with weight-loss parameters and comparison of 3D-MDCT gastric volume between outcome groups

Correlation with Weight-Loss Parameters

Gastric emptying half-time (nuclear scintigraphy) vs. outcome measures



3D-MDCT Gastric Volume

No significant difference between outcome groups ($p = 0.515$)



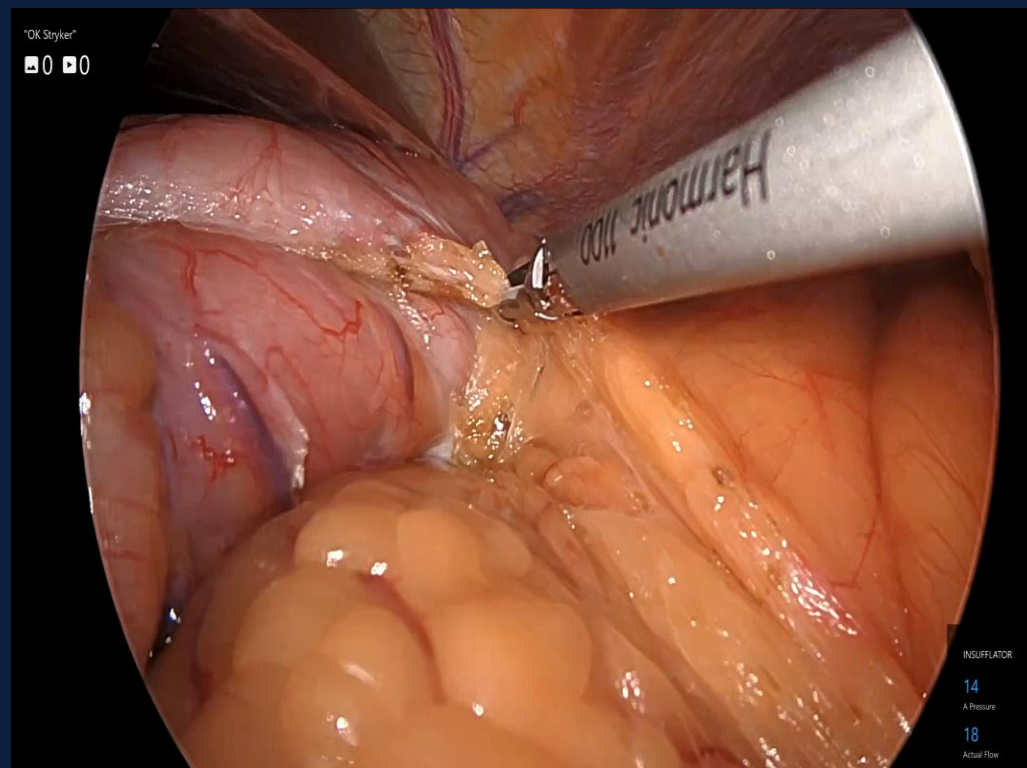
✓ Nuclear scintigraphy gastric emptying half-time was the most highly discriminant measure among the parameters assessed.

OWL = optimal weight loss group; PWL = poor weight loss group; %EWL = percent excess weight loss; %TWL = percent total weight loss; IQR = interquartile range.

Gastric volume did not correlate with weight loss outcomes

ReSG: A Measured Second Chance

- ReSG can be a **viable revisional option** for carefully selected patients after primary SG weight recurrence, with initial good response to primary SG
 - It is **not** a **universal solution**, and recurrent weight regain remains possible.
 - The choice of revisional procedure should be **individualized**, considering the reasons for initial failure, comorbidities, anatomy, surgeon expertise, and patient preferences.
 - **More long-term comparative studies** are needed to determine the optimal revisional strategies, and now need to account for GLP-1 RA
- . Our 101-patient US cohort supports this: 62.8% EWL at 3 years, 7.9% complication rate, no mortality — **not insanity, but not for everyone.**



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WEIGHT LOSS AFTER SLEEVE GASTRECTOMY? TWO POWERFUL ANSWERS.

BIPARTITION & SASI

EFFECTIVE. SAFE. PURPOSEFUL.

“Selecting the right revisional option is not just about weight loss—it's about restoring health, improving quality of life, and creating lasting results.”

— DR. PERCY BRANTE



Dr. Percy Brante

BARIATRIC SURGEON
INNOVATOR,
EDUCATOR,
PATIENT ADVOCATE.



ONE GOAL

TRANSFORM LIVES
THROUGH SMART,
EVIDENCE-BASED
SOLUTIONS.

REVISION OPTIONS THAT WORK

BIPARTITION (BPD/DS VARIANT)

A METABOLIC POWERHOUSE
FOR SIGNIFICANT WEIGHT LOSS
AND COMORBIDITY RESOLUTION.



- Substantial and sustained weight loss
- Powerful metabolic improvement
- High resolution of obesity-related conditions
- Ideal for patients with higher BMI or complex metabolic disease

MAXIMUM IMPACT. LASTING RESULTS.

SASI (SINGLE ANASTOMOSIS SLEEVE ILEAL BYPASS)

SIMPLER BY DESIGN,
EFFECTIVE BY OUTCOME.



- Significant and sustained weight loss
- Excellent metabolic improvement
- Technically simpler with shorter operative time
- Well-tolerated with faster recovery

SIMPLE. SAFE. SUSTAINABLE.

WHY THESE OPTIONS STAND OUT



PROVEN
EFFECTIVENESS



PERSONALIZED
APPROACH



PATIENT-CENTERED
CARE



BETTER HEALTH
BETTER LIFE



EXPERIENCE YOU
CAN TRUST

NOT JUST WEIGHT LOSS. METABOLIC TRANSFORMATION.

That's the Brante Promise.



SLEEVE GASTRECTOMY

WHEN TO CONSIDER REVISION

- ✓ Inadequate Weight Loss
- ✓ Weight Regain
- ✓ GERD / Reflux
- ✓ Metabolic Complications
- ✓ Improved Comorbidity Resolution
- ✓ Quality of Life

REVISING THE PAST. TRANSFORMING THE FUTURE.

CHOOSING THE RIGHT REVISION AFTER SLEEVE GASTRECTOMY



“THE GOAL IS
NOT JUST WEIGHT LOSS,
BUT TRANSFORMING
METABOLIC HEALTH
AND QUALITY OF LIFE.”

DR. ANTONIO J. TORRES
M.D., Ph.D., FA.C.S. (Hon), FASMBS

BARIATRIC & METABOLIC SURGEON
PIONEER. INNOVATOR. LEADER.

THE RIGHT REVISION. THE RIGHT PATIENT.

TWO POWERFUL OPTIONS



SADI

SINGLE ANASTOMOSIS
DUODENO-ILEAL BYPASS

- ✓ Excellent Weight Loss
- ✓ Metabolic Improvement
- ✓ Lower Risk of Nutritional Deficiencies vs. DS
- ✓ Shorter Operative Time
- ✓ Simpler Anatomy

EFFECTIVE. EFFICIENT. EXCELLENT OUTCOMES.



DUODENAL SWITCH

BILIOPANCREATIC DIVERSION
WITH DUODENAL SWITCH

- ✓ Highest Long-Term Weight Loss
- ✓ Greatest Resolution of Metabolic Diseases
- ✓ Superior Improvement in Type 2 Diabetes
- ✓ Proven Durability
- ✓ Ideal for Severe Obesity

MAXIMUM RESULTS. MAXIMUM IMPACT.



INDIVIDUALIZED DECISION.
EXPERT SURGICAL EXCELLENCE.
TRANSFORMATION THAT LASTS.

EVERY PATIENT.
EVERY JOURNEY.
ONE GOAL: A HEALTHIER, LONGER LIFE.

EXPERIENCE • INNOVATION • COMPASSION • COMMITMENT

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