



Revisional Surgery for Recurrent Weight Gain Only – Yes! Why Not?

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Past President IFSO 2025
Chile



Disclosures

- Johnson and Johnson
- Boston Scientific

Consultant fee

Consultant fee

Introduction

- Rationale
- Weight loss versus Complications (reflux)
- Complications
- Real life compliance with medication

Conversion of standard Roux-en-Y gastric bypass to distal bypass for weight loss failure and metabolic syndrome: 3-year follow-up and evolution of technique to reduce nutritional complications



96

Patients (retrospective)

Converted from standard to distal RYGB, 2010–2016, single academic-affiliated practice

250→450 cm

Total Alimentary Limb Length (TALL)

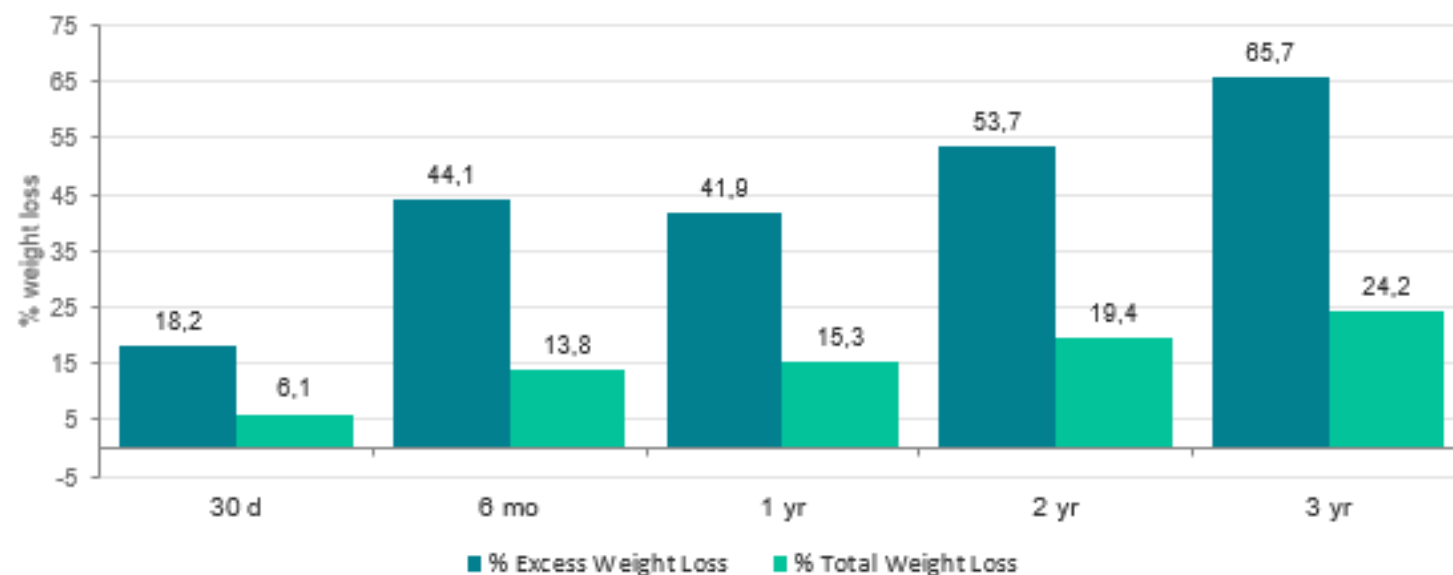
Initial TALL of 250–300 cm caused malnutrition/steatorrhea in 7 of 11 patients; lengthened to 400–450 cm final

48.4 → 32.2

Mean BMI (kg/m²)

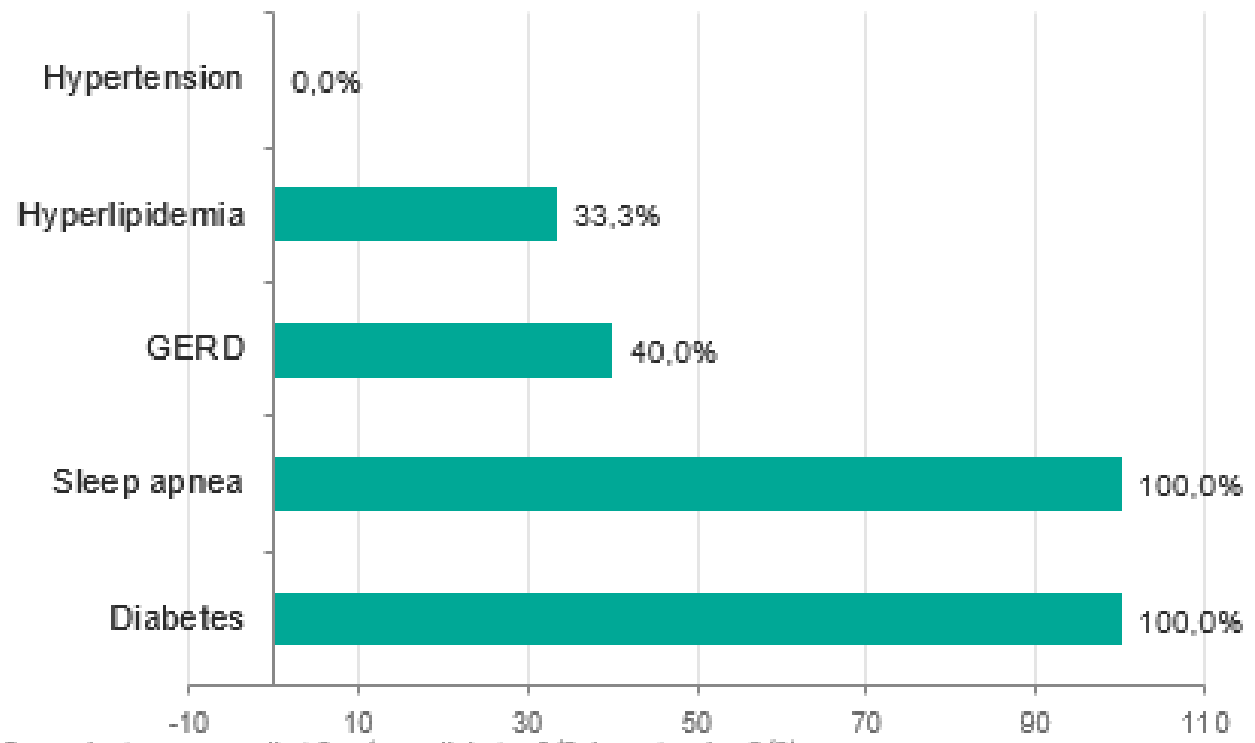
From index RYGB through 3-year post-distalization follow-up

Weight Loss After Distalization (Table 1)



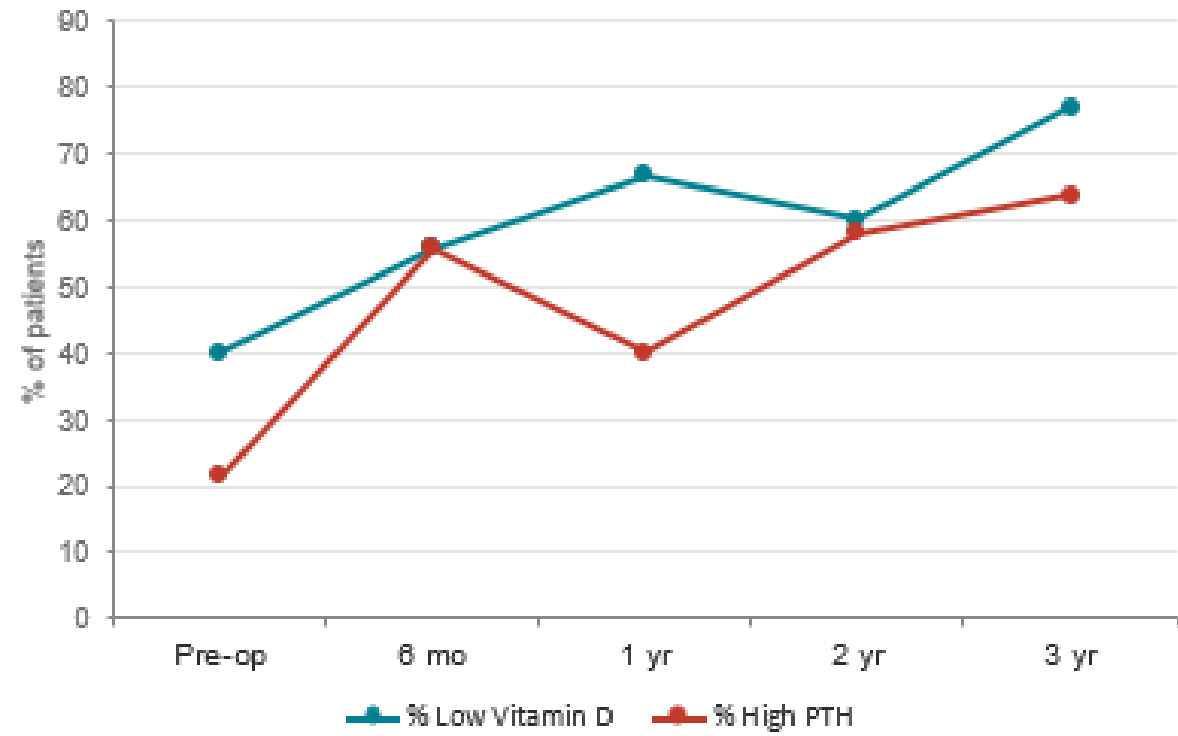
Mean BMI declined from 40.6 kg/m² at distalization to 32.2 kg/m² at 3 years, alongside a mean Δ BMI of 10.2 ± 3.2 (n=10/20, 50% follow-up).

Comorbidity Resolution at 3 Years



Denominators are small at 3 yr (e.g., diabetes 3/3, hypertension 0/8).

Nutritional Risk Increased Over Time



Key takeaway: Distalization improved diabetes and sleep apnea resolution and drove sustained weight loss through 3 years, but low vitamin D and elevated PTH (a marker of nutritional bone risk) rose in parallel — reinforcing the need for the technique's evolution toward a longer final TALL (400–450 cm) and lifelong nutritional monitoring.

REVIEW

Bariatric Surgery

Comparison of different revisional surgeries after sleeve gastrectomy: A network meta-analysis

Piotr Małczak¹ | Sung Ryul Shim² | Michał Wysocki³ |
Justyna Rymarowicz¹ | Mateusz Wierdak¹ | Michał Pędziwiatr¹ | Piotr Major¹

Over 20% of patients require a revision after sleeve gastrectomy

The first Bayesian network meta-analysis comparing six revisional procedures after a failed sleeve gastrectomy (SG) due to weight regain, insufficient weight loss, or reflux.

23

STUDIES

3,266

PATIENTS

6

PROCEDURES

PROCEDURES COMPARED

RYGB Roux-en-Y gastric bypass — reference comparator

SADI-S Single-anastomosis duodeno-ileal bypass with sleeve

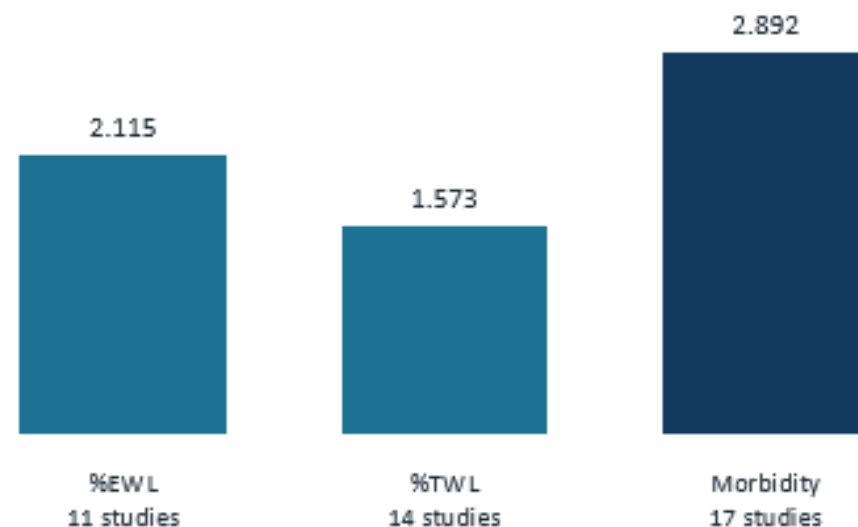
OAGB One-anastomosis gastric bypass

BPD-DS Biliopancreatic diversion with duodenal switch

re-LSG Repeat sleeve gastrectomy

B-LSG Banded sleeve gastrectomy

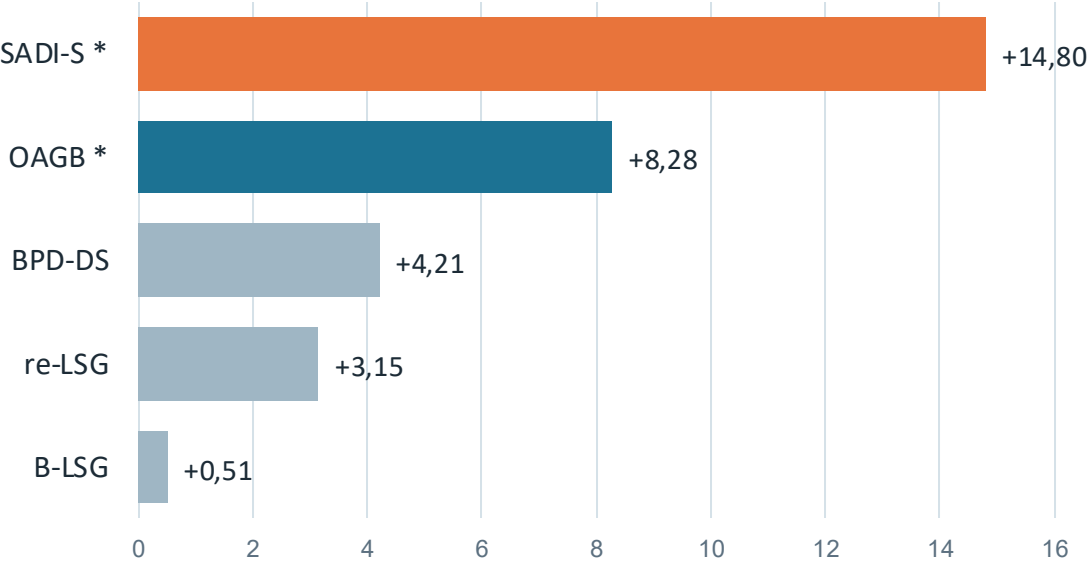
PATIENTS ANALYZED PER OUTCOME



SADI-S is the only revision superior to RYGB on both weight-loss measures

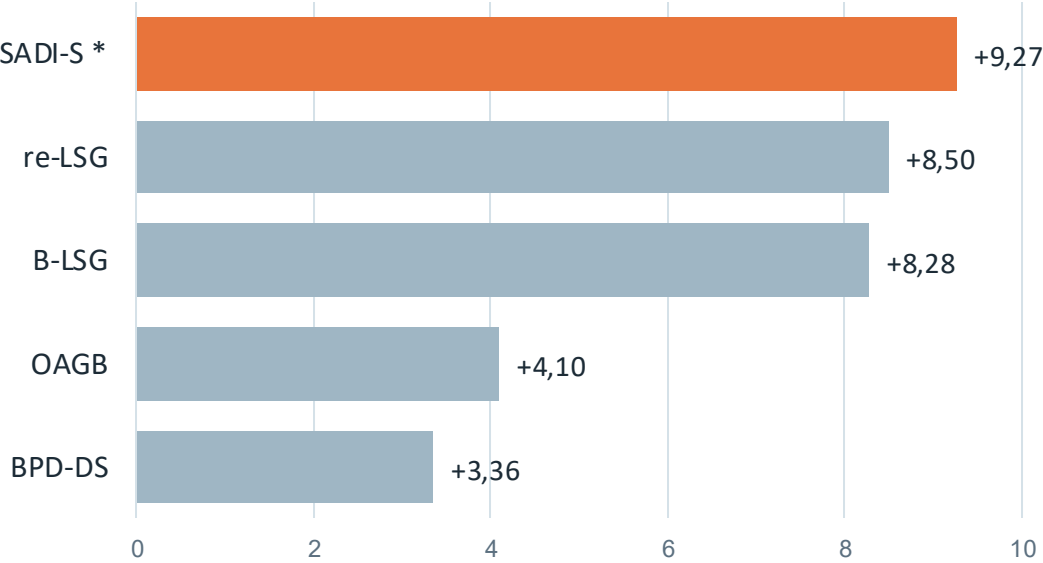
Mean difference (percentage points) versus RYGB, with 95% credible interval. * = statistically significant.

%EWL — Excess weight loss



SADI-S +14.80* (CrI 5.38–24.40) and OAGB +8.28* (CrI 1.99–14.30) were significantly better than RYGB.

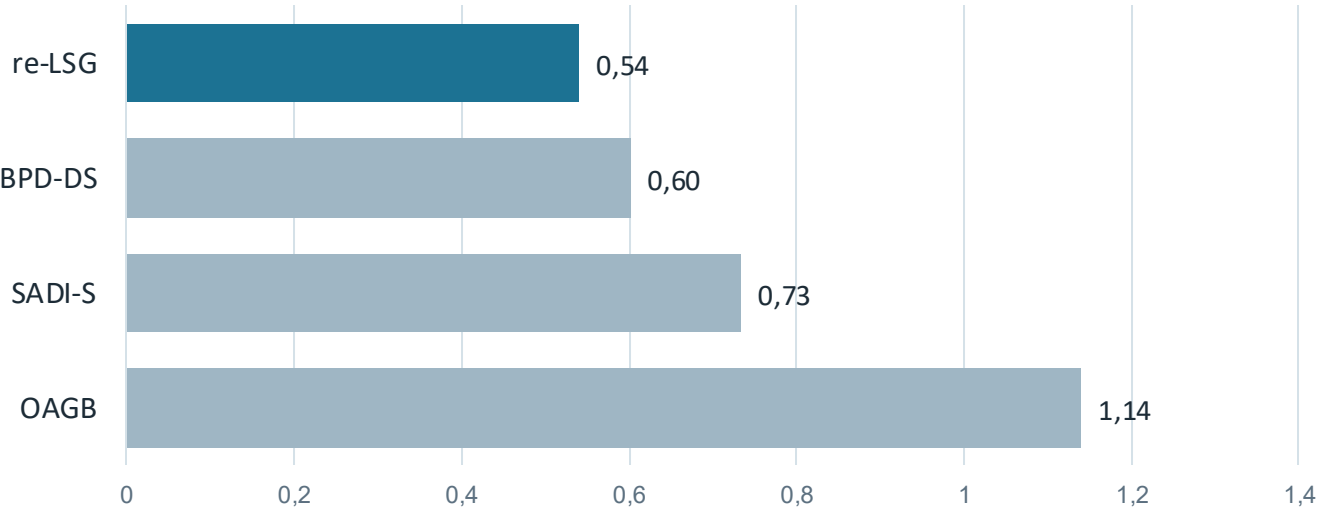
%TWL — Total weight loss



SADI-S +9.27* (CrI 1.06–17.8) was the only significant difference; all others did not reach significance.

No significant differences in morbidity; re-LSG shows the lowest rate

MORBIDITY — ODDS RATIO VERSUS RYGB (95% CrI)



OR < 1 = fewer complications than RYGB. No interval excluded 1.0: no difference was statistically significant.

SUCRA RANKING — BEST OPTION PER OUTCOME



Long-Term Outcomes After Indication-Based Conversion to OAGB or RYGB Following Sleeve Gastrectomy

Cooke, Claria, Matus, Merino Rosas, Andino — Sanatorio Mayo, Córdoba, Argentina
Abril 2026



Study Design

Single-center, prospective cohort · 576 sleeve gastrectomies (2007–2019)

Procedure choice was pre-defined by indication, not randomized:

- OAGB → weight recurrence (WR) without GERD
- RYGB → GERD, with or without WR

Follow-up with weight measurement + endoscopy at 1, 5 and 10 years

576

patients (2007–2019)

87

underwent conversion
(among 5-yr follow-up)

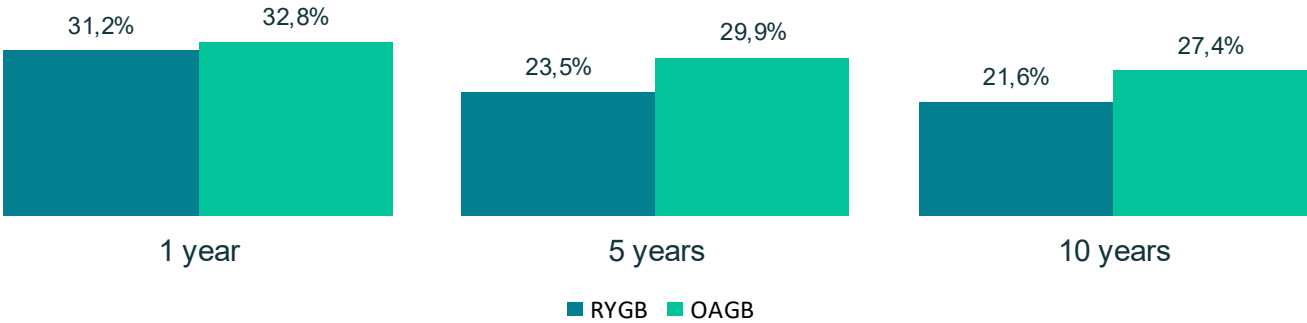
30.7%

average conversion rate

Take-Home Message

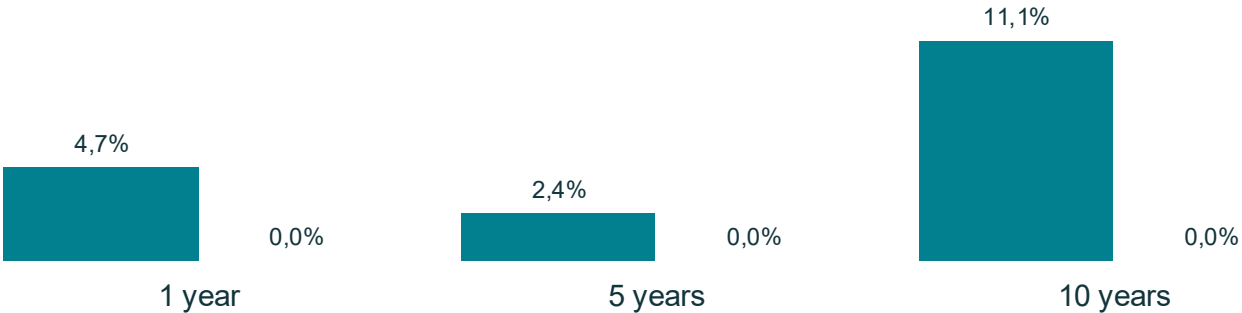
- OAGB gave durable weight loss for patients converted for weight recurrence without GERD.
- RYGB controlled reflux in most patients converted for GERD.
- Both procedures had no major (Clavien–Dindo III–IV) complications; 10-year data are exploratory (small samples).

Total Weight Loss (TWL) by procedure



OAGB sustained more weight loss over time

GERD with esophagitis after conversion



Reflux with esophagitis occurred only after RYGB

Semaglutide versus Placebo in Individuals with Poor Weight Loss After Bariatric Surgery: A Double-Blinded, Randomized, Placebo-Controlled Trial

Stanley, Mallik, Hamid, Jassil, et al. — University College London Hospitals, UK
Nature Medicine, 2026 (BARI-STEP trial)



Study Design

68-week, double-blind, randomized, placebo-controlled trial (BARI-STEP)

Population: adults ≥ 1 year after RYGB or SG with $< 20\%$ weight loss

Randomization: semaglutide 2.4 mg weekly (n=35) or placebo (n=35), + lifestyle intervention

Primary outcome: %weight loss at 68 weeks (intention-to-treat)

70

participants
randomized

68 wks

treatment duration

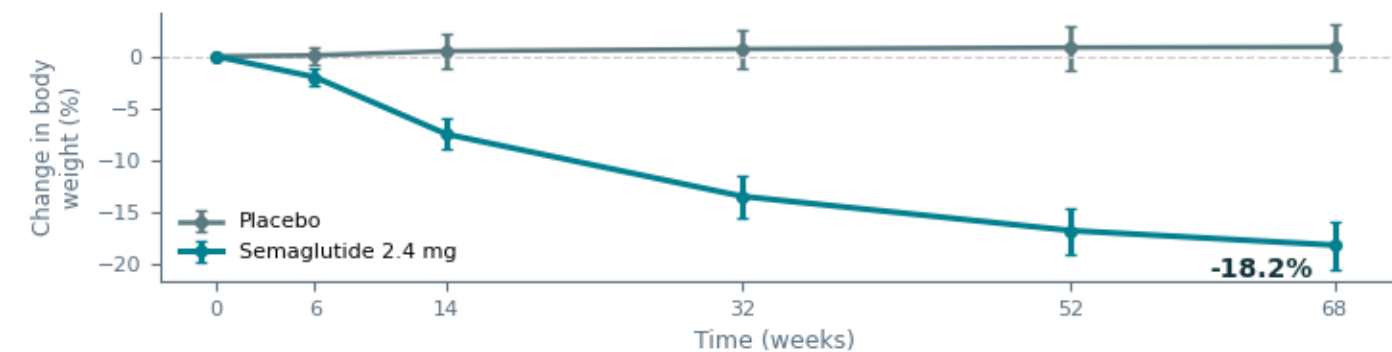
-19.1%

treatment difference

Take-Home Message

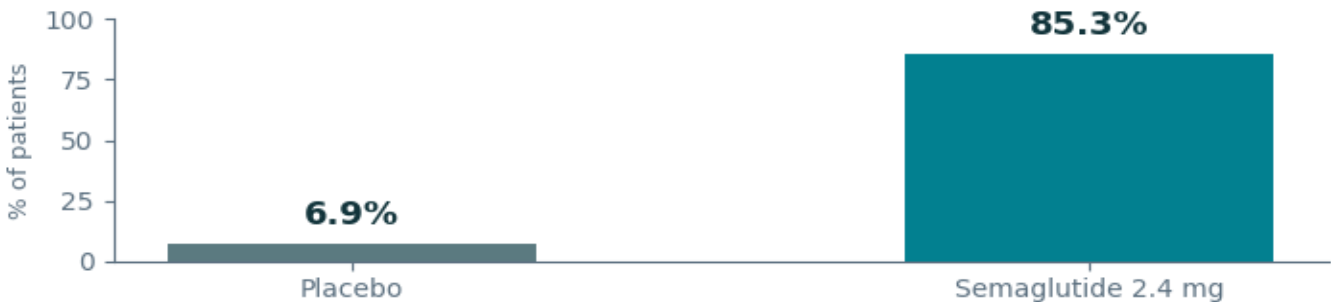
- Semaglutide produced 18.0% weight loss vs a 0.4% weight gain with placebo ($P < 0.001$).
- 85.3% of semaglutide patients achieved $\geq 10\%$ weight loss vs 6.9% with placebo.
- No treatment-related deaths; safety consistent with known semaglutide tolerability.

Change in Body Weight Over Time



Weight loss continued through 68 weeks without plateauing

Categorical Weight Loss ($\geq 10\%$)

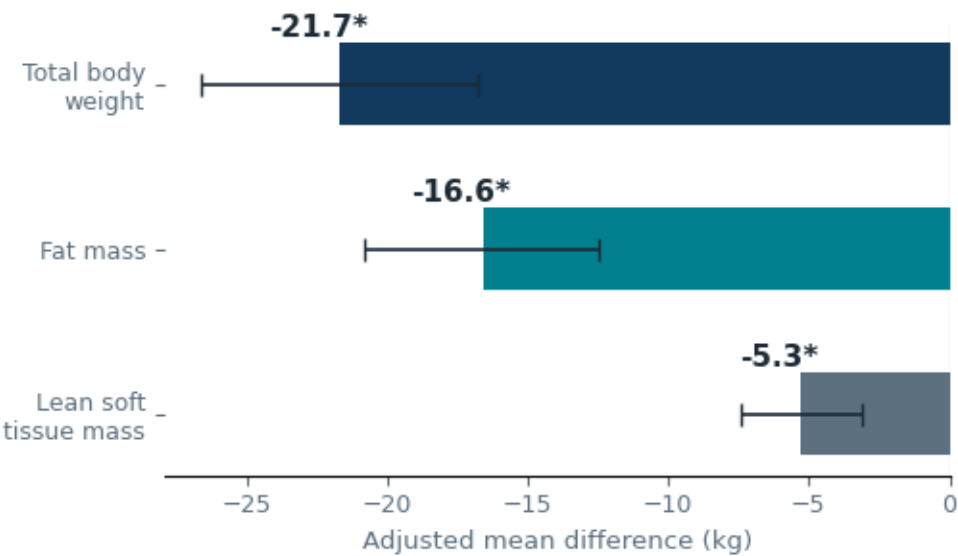


Nearly all semaglutide-treated patients reached a clinically meaningful threshold

Semaglutide improved body composition and quality of life versus placebo

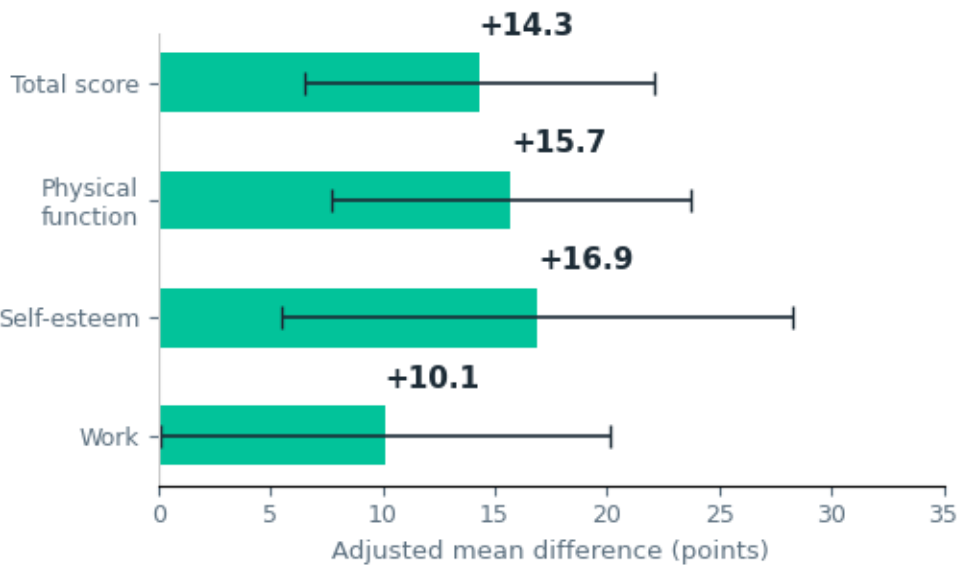
Adjusted mean difference (semaglutide vs placebo), with 95% CI. * = statistically significant.

Body Composition (kg)



Weight loss was predominantly fat mass; lean mass loss was comparatively small.

Quality of Life (IWQOL-Lite points)



Higher scores indicate better quality of life; sex life and public distress were not significant.

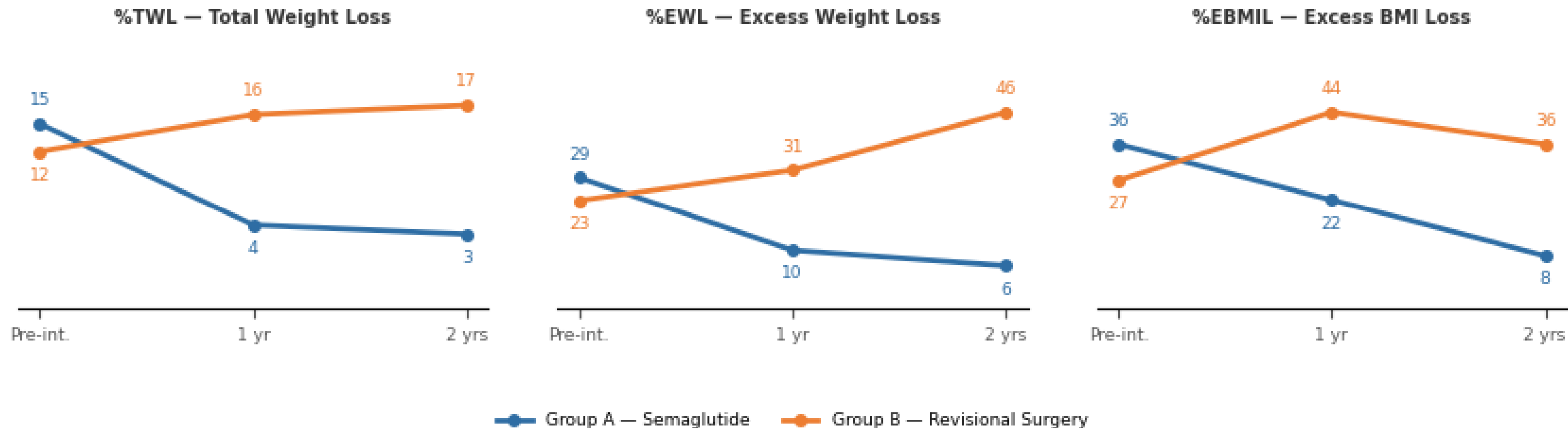
Safety: Overall adverse event rates were similar between groups (97.1% semaglutide vs 94.3% placebo); nausea (RR 3.0) and decreased appetite (RR 3.8) were significantly more frequent with semaglutide. There were 12 serious adverse events (9 placebo, 3 semaglutide) and no treatment-related deaths.

Revisional Metabolic and Bariatric Surgery Versus Semaglutide: Which Strategy Has Greater Efficacy for Recurrent Weigh Gain After Primary Bariatric Surgery?

Yeisson Rivero-Moreno¹ · Arturo Estrada¹ · Diego Zamata-Ovalle¹ · Nawaf Hindosh¹ · Rodolfo Oviedo^{2,3} · Jenny Choi¹ · Erin Moran-Atkin¹ · Diego Camacho¹

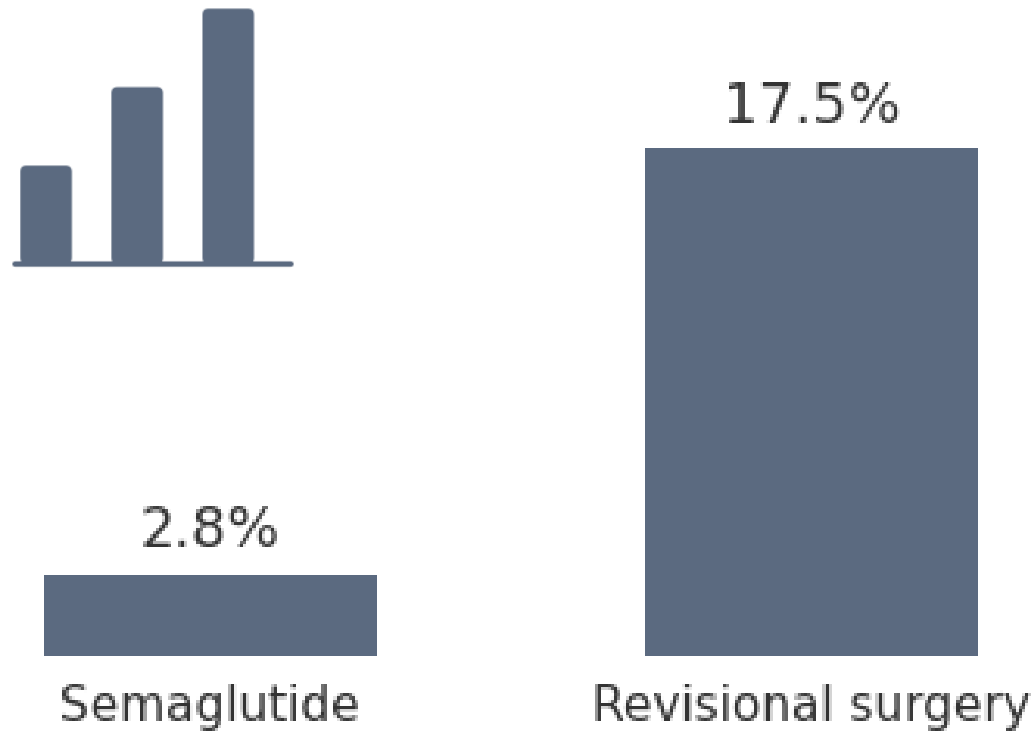
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Cohort of 250 patients at 2 years · Semaglutide (n = 120) vs. revisional metabolic surgery (n = 130)



Cohort of 250 patients at 2 years · Semaglutide (n = 120) vs. revisional metabolic surgery (n = 130)

Revisional surgery produced substantially greater weight loss than semaglutide



≈ 6x

greater %TWL with revisional surgery than semaglutide at 2 years

Surgical group: sleeve → RYGB, or surgical revision of a prior RYGB.

Conclusion: revisional metabolic surgery produced greater weight loss than semaglutide.

Comparative seven year outcomes of RYGB and SADI-S as revisional procedures for weight recurrence regain after sleeve gastrectomy: weight loss trajectory, reflux control, and metabolic safety

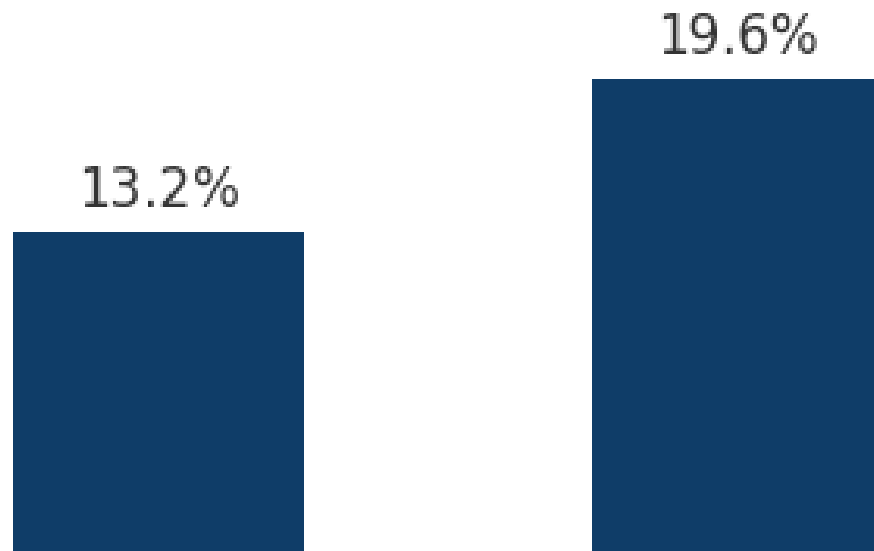


Asaad F. Salama^{1,2}  · Abdelwahed Yahmadi¹ · Hamzah El Baba¹ · Jawher Baazaoui¹ · Khadija Gibreal³ · Mohamed Bougmiza⁴ · Mohammed Al Kuwari¹

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105 patients revised for inadequate weight loss/recurrence after sleeve (reflux/stricture excluded) · RYGB n = 62 · SADI-S n = 43



At 7 years:

- %TWL: 13.2% (RYGB) vs 19.6% (SADI-S)
- No significant difference in complications
- No leaks, bowel obstruction or strictures in either group

Conclusion

After sleeve gastrectomy, revisional surgery produces durable additional weight loss; SADI-S outperforms RYGB without a significant increase in complications.

Ten-year comparative outcomes of one-anastomosis gastric bypass versus single-anastomosis duodeno-ileal bypass as revisional procedures after sleeve gastrectomy

Abdelwahed Yahmadi¹, Asaad F. Salama^{1,2}, Hamzah El Baba¹, Jawher Baazaoui¹, Mohamed Bougmiza³ and Mohammed Al Kuwari¹

90 patients revised after sleeve for weight-related indications only · OAGB n = 47 · SADI-S n = 43



≈ 19%

additional TWL that persists at 10 years

Leak: 2.1% (OAGB) vs. 0% (SADI-S)

Mortality: 0% in both groups, with low complication rates.

Revision for weight recurrence after sleeve offers sustained benefit over the very long term.

Effectiveness of Transoral Outlet Reduction Post-Roux-en-Y Gastric Bypass Beyond the One-Year Benchmark: A Systematic Review and Meta-Analysis

Ortega, Sabatella, Brachimi, Arregui, Yong, Perretta
Obesity Surgery, 2026



Study Design

Systematic review + meta-analysis · 25 studies, 2,667 patients
Population: RYGB with weight recurrence (WR) or suboptimal response
Search: 6 databases, through June 2025
Outcomes: %TWL/%EWL at ≥12 months and procedural safety

25

studies included

2,667

patients pooled

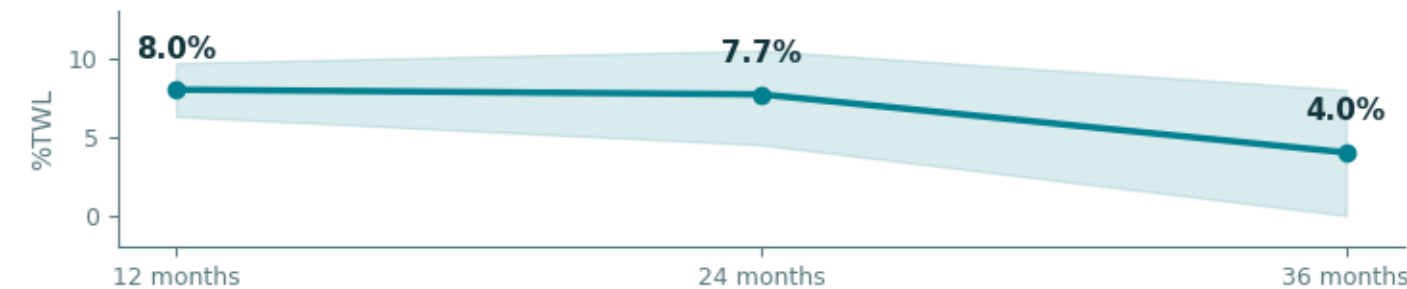
≥12 mo

minimum follow-up

Take-Home Message

- TWL after TORe falls from 8.0% at 1 year to ≈4.0% at 3 years without reinforcement.
- Safety profile is favorable: AE 5%, SAE 0.3%, no deaths.
- Durability appears limited unless paired with multimodal management.

Total Weight Loss (TWL) After TORe



Durability declines after the first year without reinforcement

Safety Profile

AE 5% · SAE 0.3% · 0 deaths

Favorable safety profile relative to surgical revision

Endoscopic Transoral Outlet Reduction for the Treatment of Biliary Reflux Symptoms in Patients After One-Anastomosis Gastric Bypass—a Case Series

Reicher, Cohen, Fishman, Shnell — Tel Aviv Sourasky Medical Center, Israel
Obesity Surgery, 2023

Study Design

Prospective case series · 12 patients after OAGB
Indication: biliary reflux symptoms refractory to PPI
Technique: argon plasma coagulation (APC) + suture, narrowing the anastomosis
Follow-up: symptoms, GERD-HRQL, and endoscopy at 6 months

12

patients treated

100%

technical success

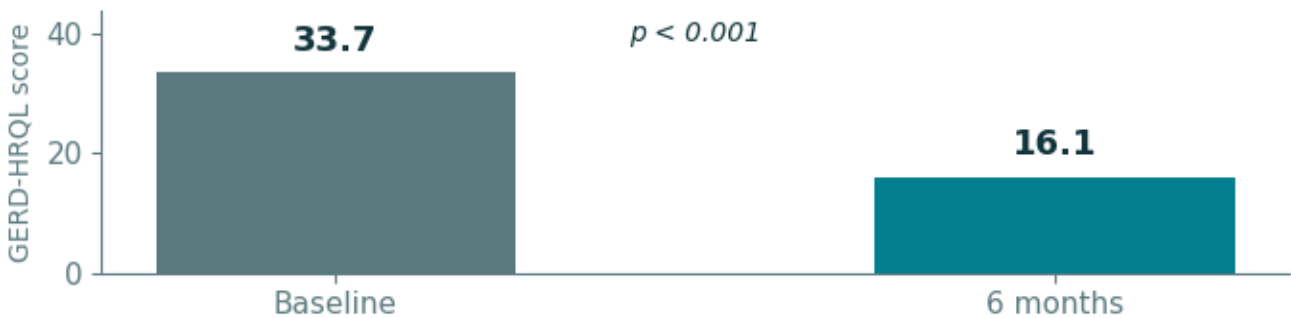
75%

symptom resolution
(9/12)

Take-Home Message

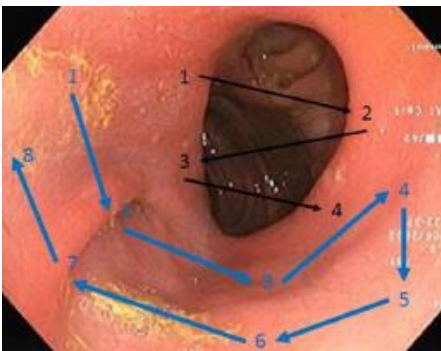
- Biliary reflux symptoms resolved in 9 of 12 patients (75%) after endoscopic revision.
- GERD-HRQL improved from 33.7 to 16.1 at 6 months ($p < 0.001$).
- Technical success was 100%; one small perforation was closed endoscopically.

GERD-HRQL Before and After Endoscopic Revision



Marked symptomatic improvement at 6 months ($p < 0.001$)

Endoscopic View



Endoscopic view of the anastomosis after APC and suture narrowing

Conclusion

Indication-based selection	OAGB or SADI-S for weight-driven recurrence; RYGB when reflux is the primary indication — procedure choice should follow the clinical presentation.
Surgery leads on efficacy	SADI-S consistently delivers the greatest and most durable weight loss among revisional options, with safety comparable to RYGB.
Semaglutide is a real alternative	BARI-STEP confirms semaglutide 2.4 mg produces substantial weight loss and quality-of-life gains versus placebo, though surgery still achieves greater %TWL.
Endoscopy fills specific gaps	Transoral outlet reduction and endoscopic revision offer minimally invasive options for outlet dilation and biliary reflux, though durability may fade without reinforcement.
The future	A multidisciplinary algorithm combining surgery, endoscopy, and pharmacotherapy — individualized to each patient — offers the best long-term strategy for weight recurrence.

Thank You.

