IFSO

XXIX IFSO World Congress

1-4 September 2026
Toronto, Canada

“IFSO Metabolic and Bariatric Surgery Cases World Cup”

Camilo Boza, MD.
Carlos Zerrweck, MD.
Caetano Marchesini, MD.
Felipe J Cantú Jr. MD.

IFSO LAC Team

TORONTO2026 The Future of Obesity Management: From Weight Loss to Health Gain

No Disclosures

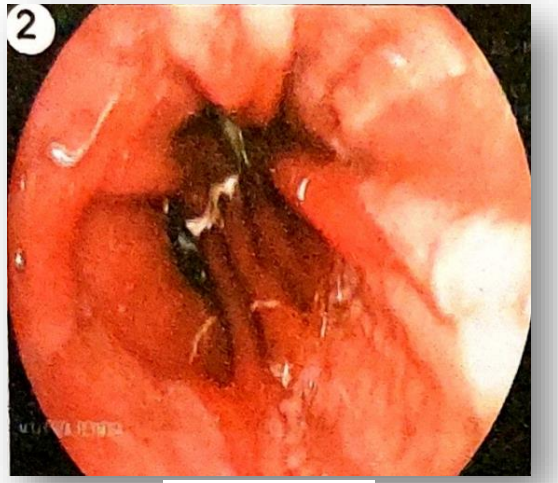
No conflicto de intereses

Case Presentation

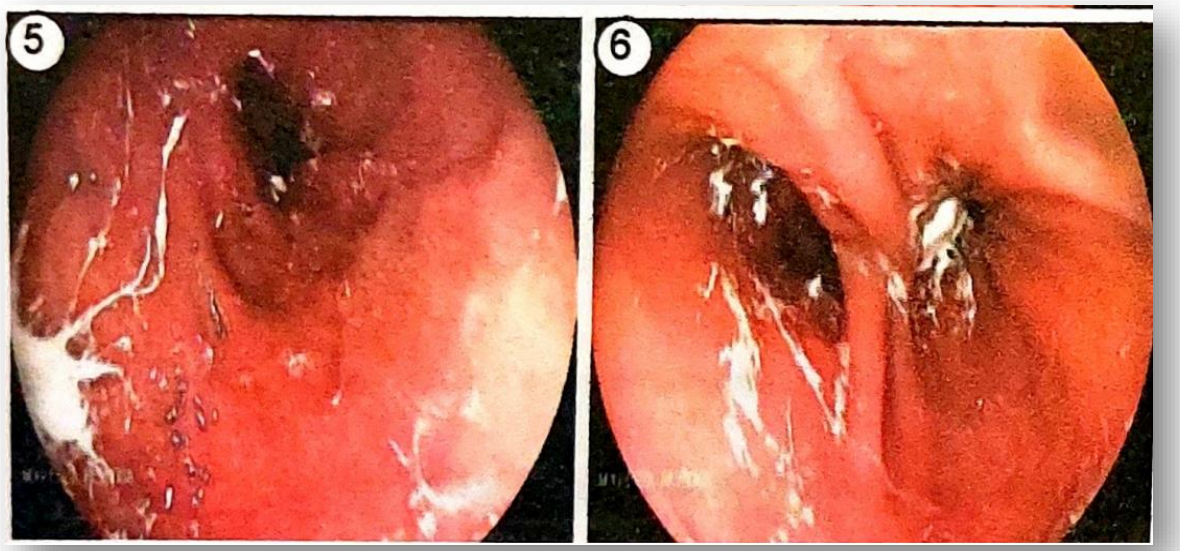
- This is a 44 y/o female with a BMI of 44.1 kg/m^2 (115.7kg), NAFLD, dyslipidemia.
- Past history of Open Vertical Gastroplasty 23 y ago (2003) initial BMI 43, lowest 34.
- CC: Epigastric pain for 6 months, weight regain, chronic use of NSAID´s (ibuprofen), dyspepsia and GERD.

- Labwork: normal.
- PSHx: Open cholecystectomy, liposuction, lipectomy, breast augmentation, saphenectomy.

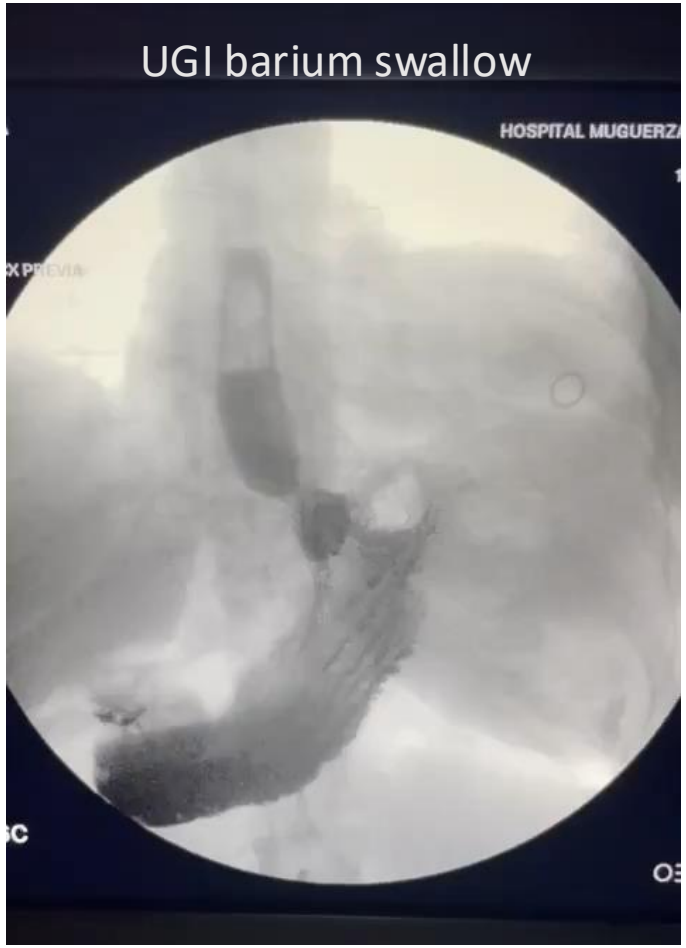
ENDOSCOPY



Esophagitis C

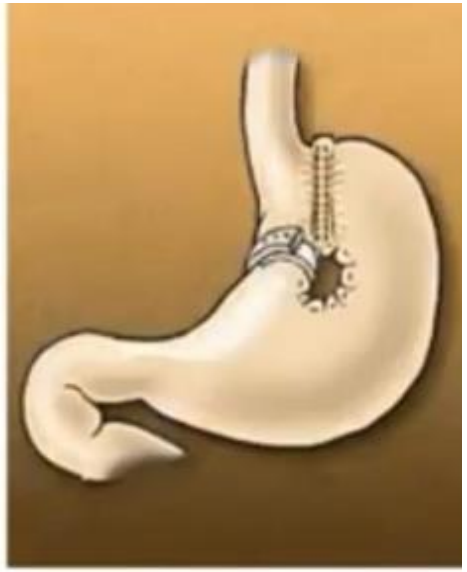


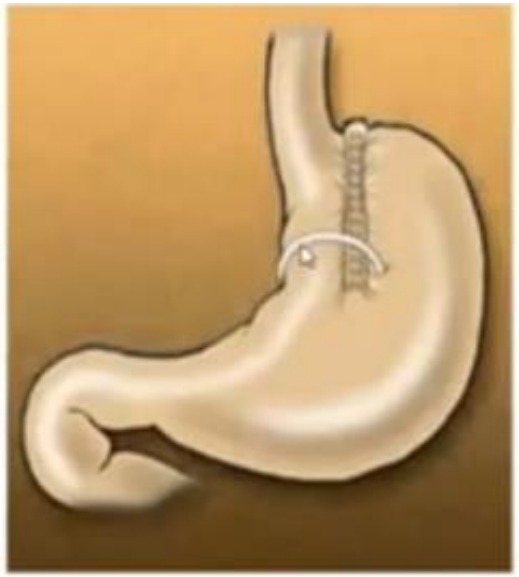
Gastro-gastric fistula



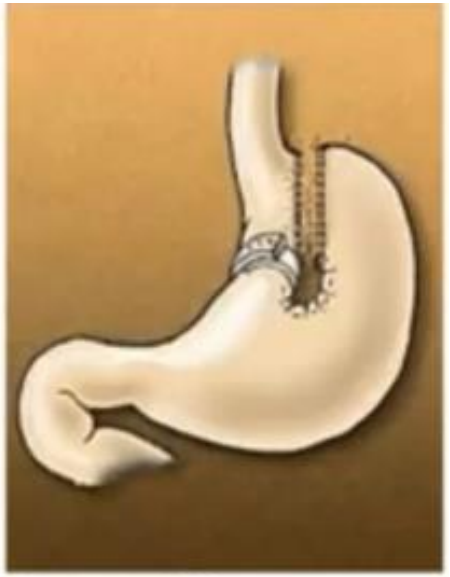
- 1980, Ed Mason
- Vertical Banded Gastroplasty

- 1980, Mason
  - Gastroplastía vertical en banda





Laws, 1981



MacLean, 1993

Obesity Surgery (2018) 28:3505–3510
https://doi.org/10.1007/s11695-018-3375-9

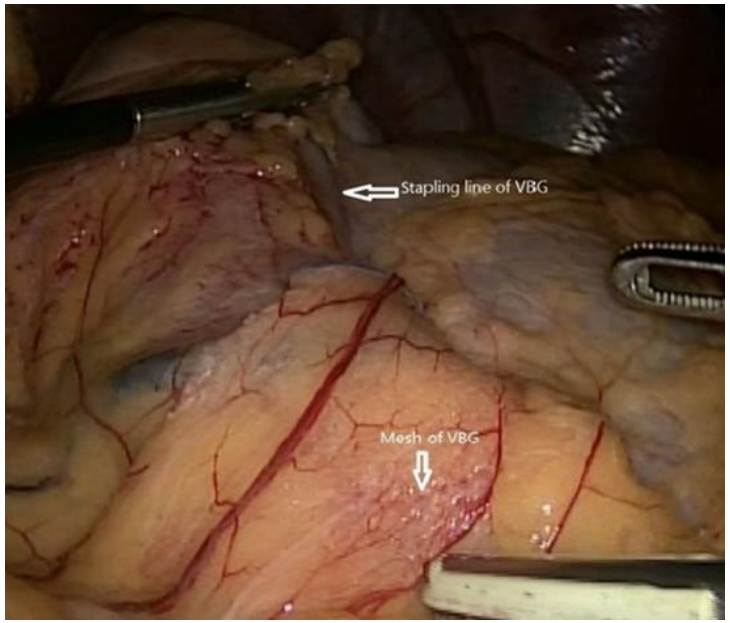
ORIGINAL CONTRIBUTIONS

Laparoscopic Roux-en-Y Gastric Bypass for Failed Vertical Banded Gastroplasty

Mahmoud Zakaria [1] · Ahmad Elhoofy [1]

Published online: 31 July 2018

En serie 153 pacientes
Vasas et al. llego a la conclusion que laparoscopic Roux-en-Y gastric bypass(LRYGB) es una operacion segura y eficaz para los pacientes con gastroplastia vertical.



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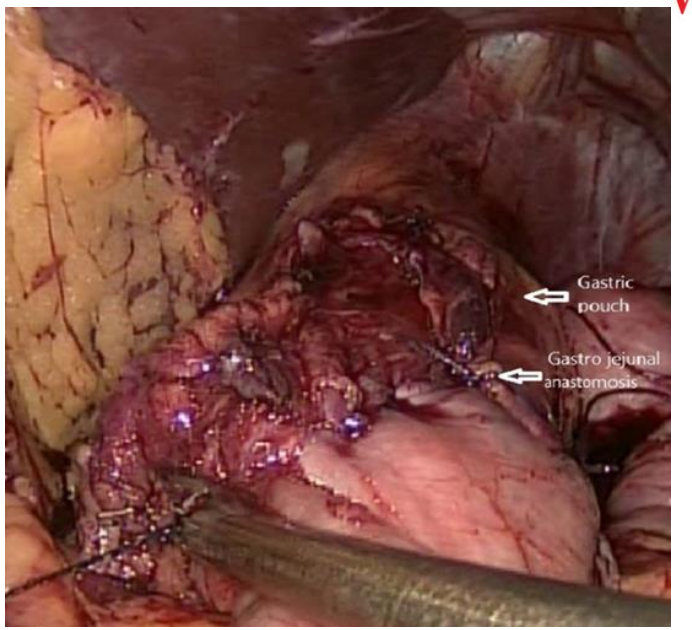
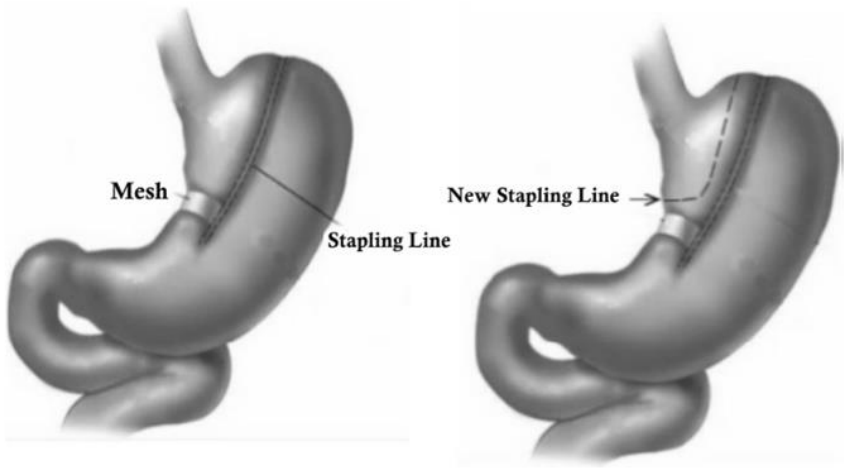
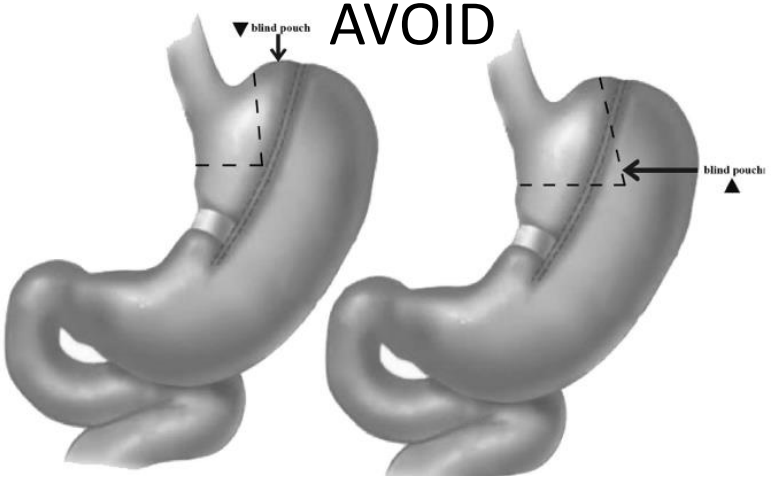


Creation of the new pouch



AVOID



TORONTO

OBES SURG (2012) 22:1554–1561
DOI 10.1007/s11695-012-0692-2

CLINICAL RESEARCH

Laparoscopic Roux-en-Y Gastric Bypass After Failed Vertical Banded Gastroplasty: a Multicenter Experience with 203 Patients

M. Suter · S. Ralea · P. Millo · J. L. Allé

Published online: 15 June 2012

Table 2 All complications leading to reoperation after VBG

Type of complication	Number	Percent, %
Weight regain	128	63.1
Gastro-eosphageal reflux	96	46.8
Food intolerance	68	33.5
Staple line disruption	58	28.6
Pouch dilatation	35	17.2
Stricture	22	10.8
Insufficient weight loss	11	5.5
Band erosion	4	2
Band slippage (after Mc Lean)	2	1
Volvulus of the pouch	2	1
Esophageal dilatation	1	0.5
Recurrence of comorbidity (diabetes)	1	0.5
Large para-esophageal hernia	1	0.5

tolerate severe restriction less and less, depend on anti-reflux medications, or even continue to lose weight until they become underweight. Other late complications are pouch dilation or staple line disruption. Studies on long-term results after VBG show that up to more than 50 % of the patients eventually need redo surgery [3–8]. While restoration of the initial procedure can sometimes be done safely, it has been shown that conversion to RYGBP provides better results, better weight loss or maintenance, and fewer further complications leading to fewer further reoperations [7, 9–12].

Postop

- The patient started oral liquids on 1st postop day and discharged after uneventful recovery.
- On 3rd POD the drain is removed. After 1 month, pt denies any digestive symptoms nor GERD.
- 5 months postop, asymptomatic, BMI 36 kg/m^2 , 95 kg.

DISCUSSION

Obesity Surgery
https://doi.org/10.1007/s11695-019-04002-3

ORIGINAL CONTRIBUTIONS

Twelve-Year Experience with Roux-en-Y Gastric Bypass as a Conversional Procedure for Vertical Banded Gastroplasty: Are We on the Right Track?

Talal Khewater[1] · Nathalie Yercovich[1] · Edouard Grymonprez[2] · Julie Horevoets[1] · Jan Paul Mulier[3] · Bruno Dillemans[1]

Estudio retrospectivo. 305 Pacientes
reganancia de peso 28.5%
vomitos, ERGE, disfagia 10.5%
61%

The conversion to RYGB has been described by different authors as the best option for optimum weight control and resolution of VBG complications, and it is associated with low rates of early or late complications [20, 21, 36]. Furthermore, the published long-term data for this procedure are highly encouraging both in terms of quality of life and overall patient fulfillment [37]. As an alternative, conversion to sleeve gastrectomy (SG), biliopancreatic diversion (BPD)/duodenal switch (DS), or omega loop-mini-gastric bypass (OGB) has also been suggested [38–40]. Moreover, endoscopic revisions were described for failed VBG by some authors with some success [41, 42]. However, the long-term follow-up data for these options are still lacking.

Surg Endosc
DOI 10.1007/s00464-015-4230-x

15-year follow-up of vertical banded gastroplasty: comparison with other restrictive procedures

Yu-Hung Lin[1,2] · Wei-Jei Lee[1] · Kong-Han Ser[1] · Shu-Chun Chen[1] · Jung-Chien Chen[1]

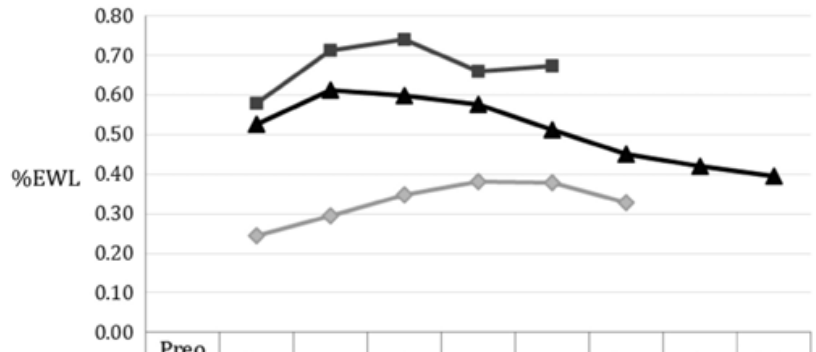
Received: 9 November 2014 / Accepted: 8 May 2015

Table 3 Reasons for VBG revision

	Frequency	Percentage
Inadequate weight loss	12	14.0
Weight regain	64	74.4
Acid or bile reflux	3	3.5
Protein malnutrition	4	4.7
Stricture	2	2.3
Personal reason	1	1.2
Total	86	100.0

VBG vertical banded gastroplasty

Fig. 1 Excessive weight loss (EWL) in percentage after laparoscopic adjustable gastric banding (LAGB), laparoscopic sleeve gastrectomy (LSG), and vertical banded gastroplasty (VBG)



	Preop	6m	1y	2y	3y	5y	8y	10y	13y
LAGB No.	200	148	150	113	68	60	17	3	
LSG No.	424	229	223	117	48	33			
VBG No.	652	474	483	488	361	410	144	102	15
LAGB		25%	30%	35%	38%	38%	33%		
LSG		58%	71%	74%	66%	67%			
VBG		53%	61%	60%	57%	51%	45%	42%	39%

CONCLUSION

- Vertical gastroplasty is not currently performed at these days but is important to be familiarized with the management of the long-term complications.

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- Vertical gastroplasty is not currently performed at these days but is important to be familiarized with the management of the long-term complications.
- Gastro-gastric fistula & weight regain are common after Vertical Gastroplasty.
- Conversion of VBG to RYGBP is a complex and a challenging revisional procedure, requiring a meticulous and detailed dissection.

CONCLUSION

- During our case, we found anatomical difficulties due to significant adhesions to approach the lesser curvature and create the gastric pouch.

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- During our case, we found anatomical difficulties due to significant adhesions to approach the lesser curvature and create the gastric pouch.
- *Transgastric stapled septotomy is a feasible and safe alternative* to revert the normal gastric anatomy and create the new gastric reservoir to convert to a RYGBP.

Transgastric Stapled Septotomy to convert a Vertical Gastroplasty to Roux-en-Y Gastric Bypass

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Thank you for your time!

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XXX IFSO WORLD CONGRESS

"Advancing Multimodal Obesity Care"

24-27 August 2027

ifso2027.org

IFSO PARIS 2027

See you in

PARIS