The Revisional Bread and Butter

Sleeve to RYGB Conversion: The Proximal Pouch and Hiatal Hernia

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Why SG→RYGB Is the Default Revision

- SG's two failure modes — weight regain and GERD — both point to RYGB
- Post-SG GERD: 20–30% long-term, driven by hiatal migration, stenosis, incompetent LES
- RYGB is the most effective salvage: 60–100% GERD resolution

Two Indications, Two Different trajectories (Weight Regain vs. GERD)

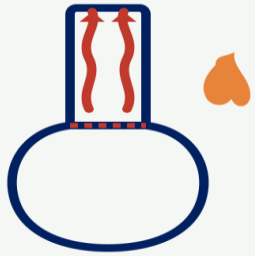
Vosburg RW, et al. SOARD 2026;22(8):823-831.
Matar R, et al. Obes Surg. 2021;31(9):3936-3946.

Two Stories: Weight Regain vs. GERD

Weight Regain

- BMI 43 → 32 at 12 months
- %EBMIL >48%, durable
- Low acute complications (~3%)
- Late reoperation: 4%

GERD / Reflux



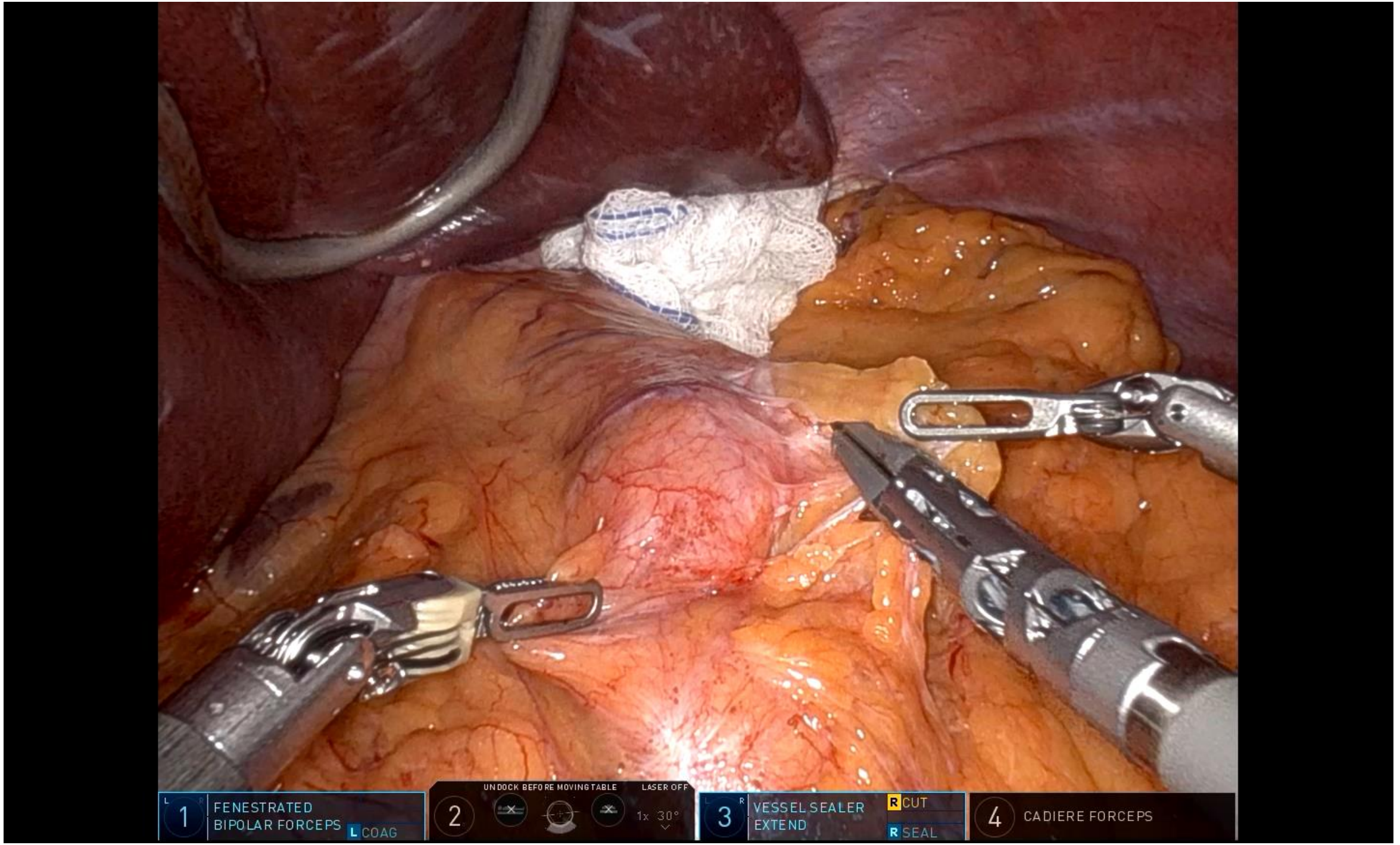
- ~13% total weight loss
- >75% GERD resolution at 1 yr
- Late reoperation: 14%
- Stricture subgroup: 54% vs 9%

Frieder JS, et al. SOARD 2026;22(8):845-852. | Kaoukabani G, et al. SOARD 2025;S1550-7289(25)00833-0.

Proximal Pouch: Exposure & Dissection

Landmark: 2nd vessel of the lesser curvature / angle of His / phrenoesophageal ligament

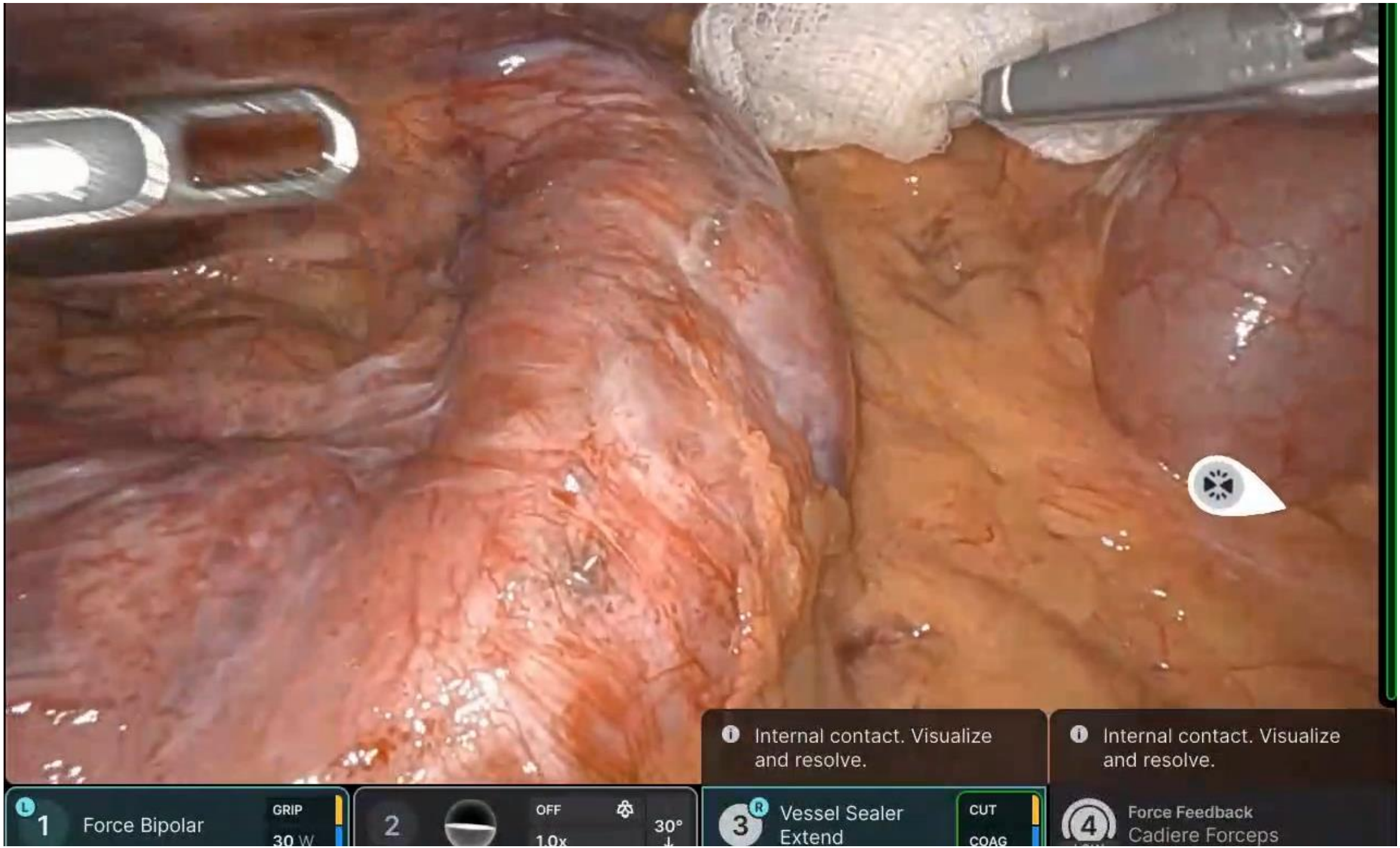
Wristed dissection through the fibrotic re-operative field


L
1
R
FENESTRATED
BIPOLAR FORCEPS
L COAG
UNDOCK BEFORE MOVING TABLE
LASER OFF
2
1x 30°
L
3
R
VESSEL SEALER
EXTEND
R CUT
R SEAL
4
CADIERE FORCEPS

Pouch Construction & Sizing

3–4 cm vertical pouch, more rectangular with the robot; avoid going through the old staple line

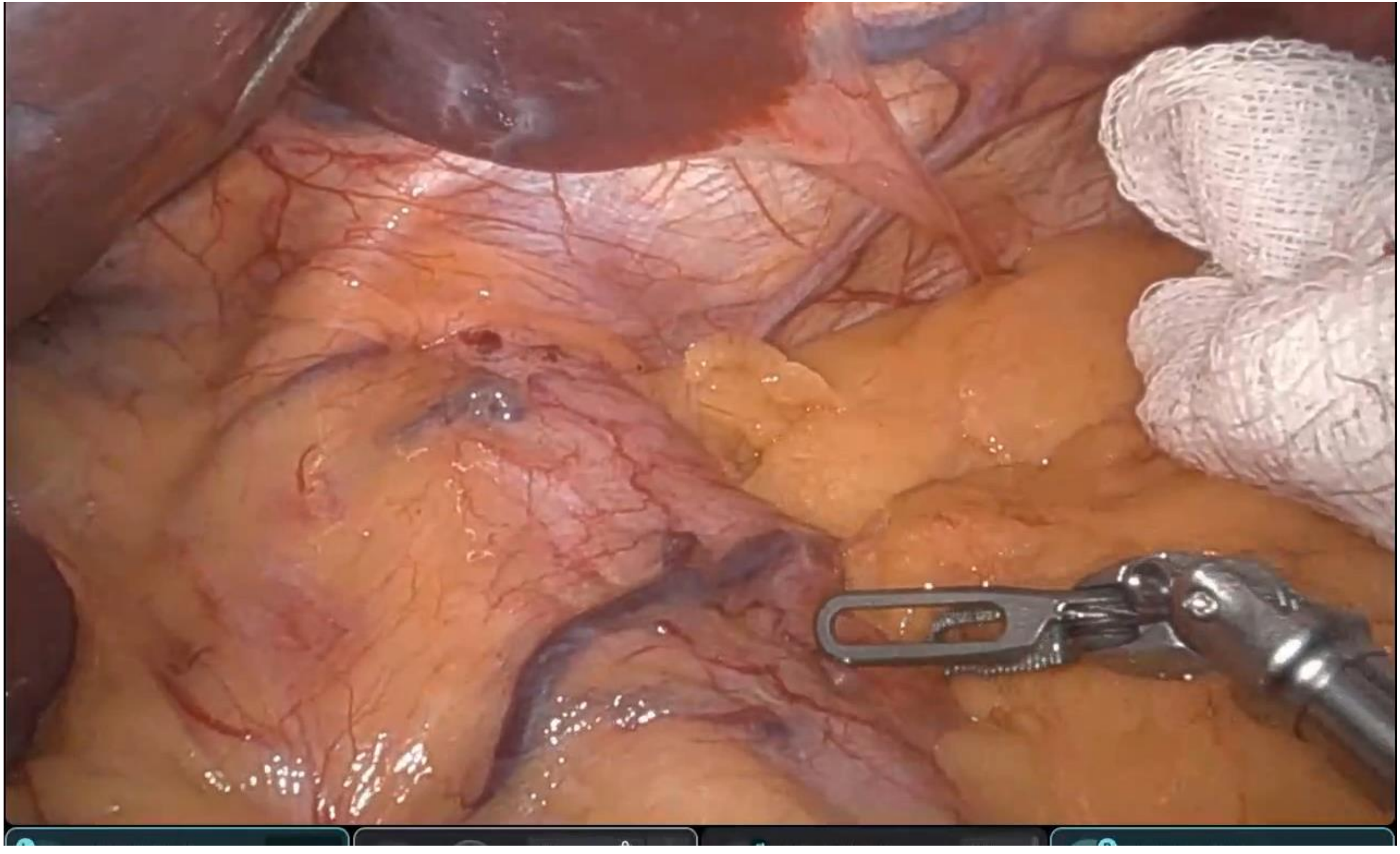
Marginal ulcer risk: 13.6% — build small, mind blood supply

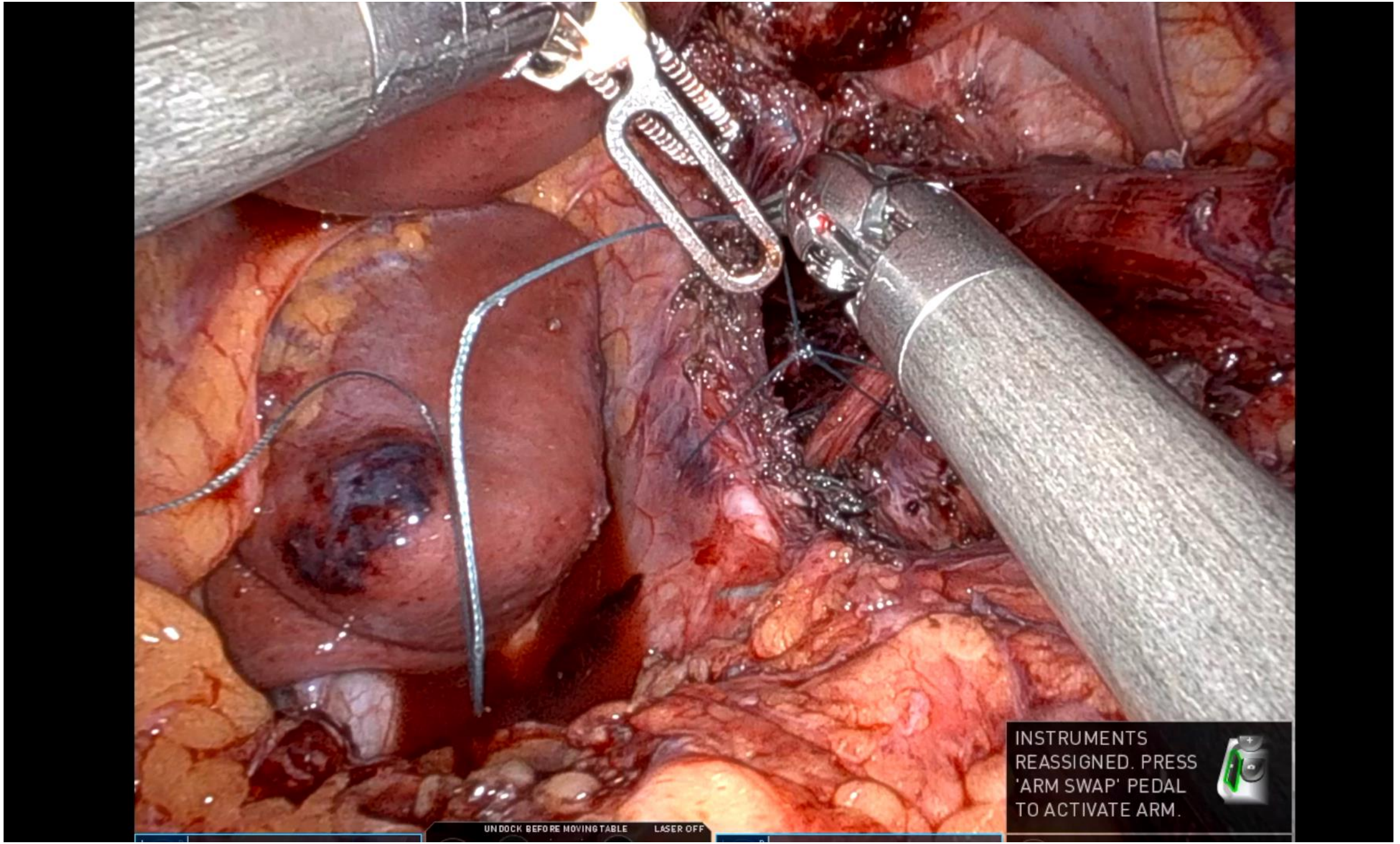

Internal contact. Visualize and resolve.
Internal contact. Visualize and resolve.
1
Force Bipolar
GRIP
30 W
2
OFF
1.0x
30°
3
Vessel Sealer Extend
CUT
COAG
4
Force Feedback
Cadiere Forceps

The Hiatal Hernia: Non-Negotiable

If it's there — repair it, same operation

Symptom control: 86% → 70% → 59% (1 / 3 / 5 yr)




INSTRUMENTS
REASSIGNED. PRESS
'ARM SWAP' PEDAL
TO ACTIVATE ARM.
UNDOCK BEFORE MOVING TABLE
LASER OFF

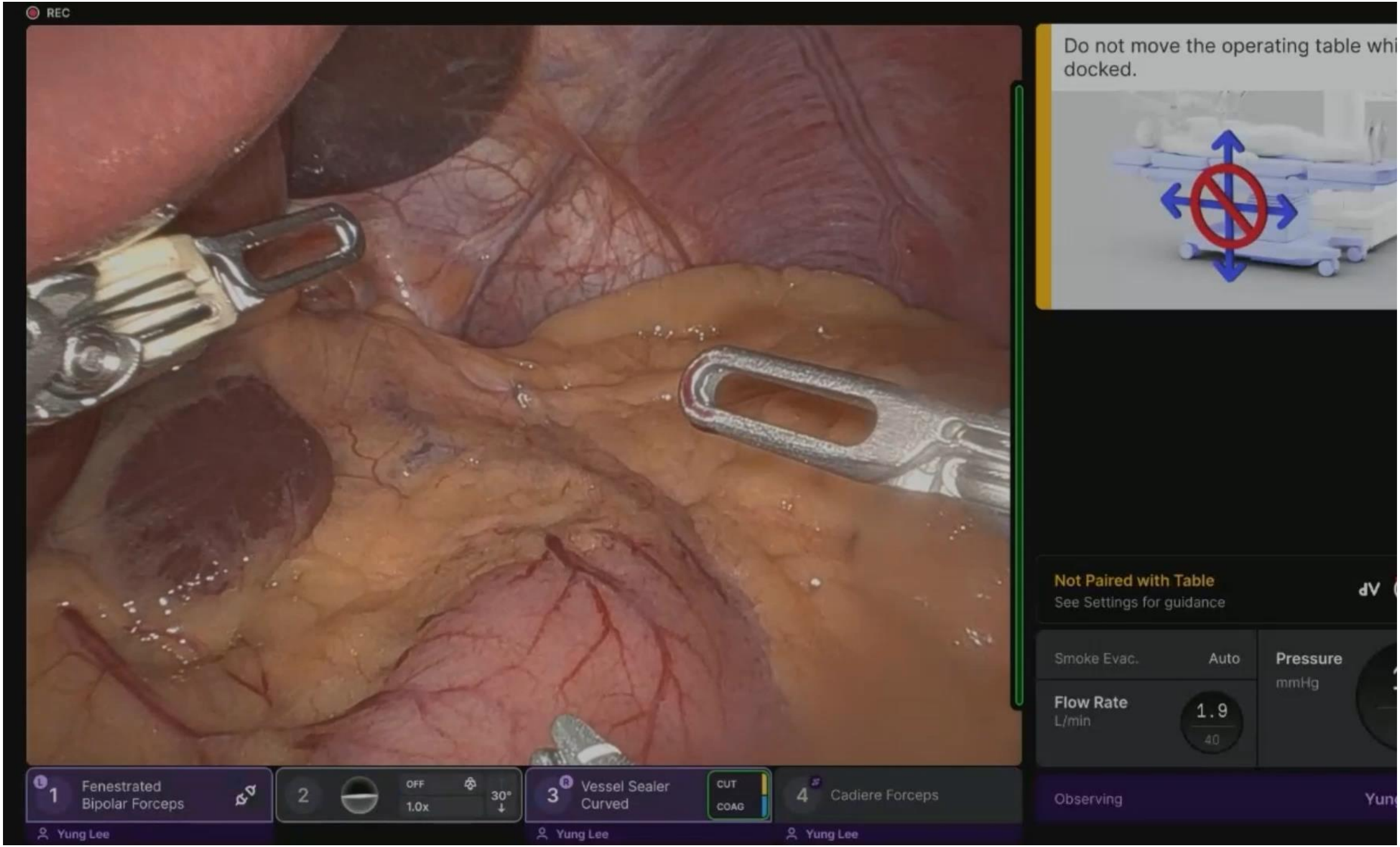
Pars Flacida Approach to the GE Junction

Dissection: base of right crus → left crus → angle of His

Identify the IVC — crucial in very difficult cases

VIDEO — case clip to be inserted

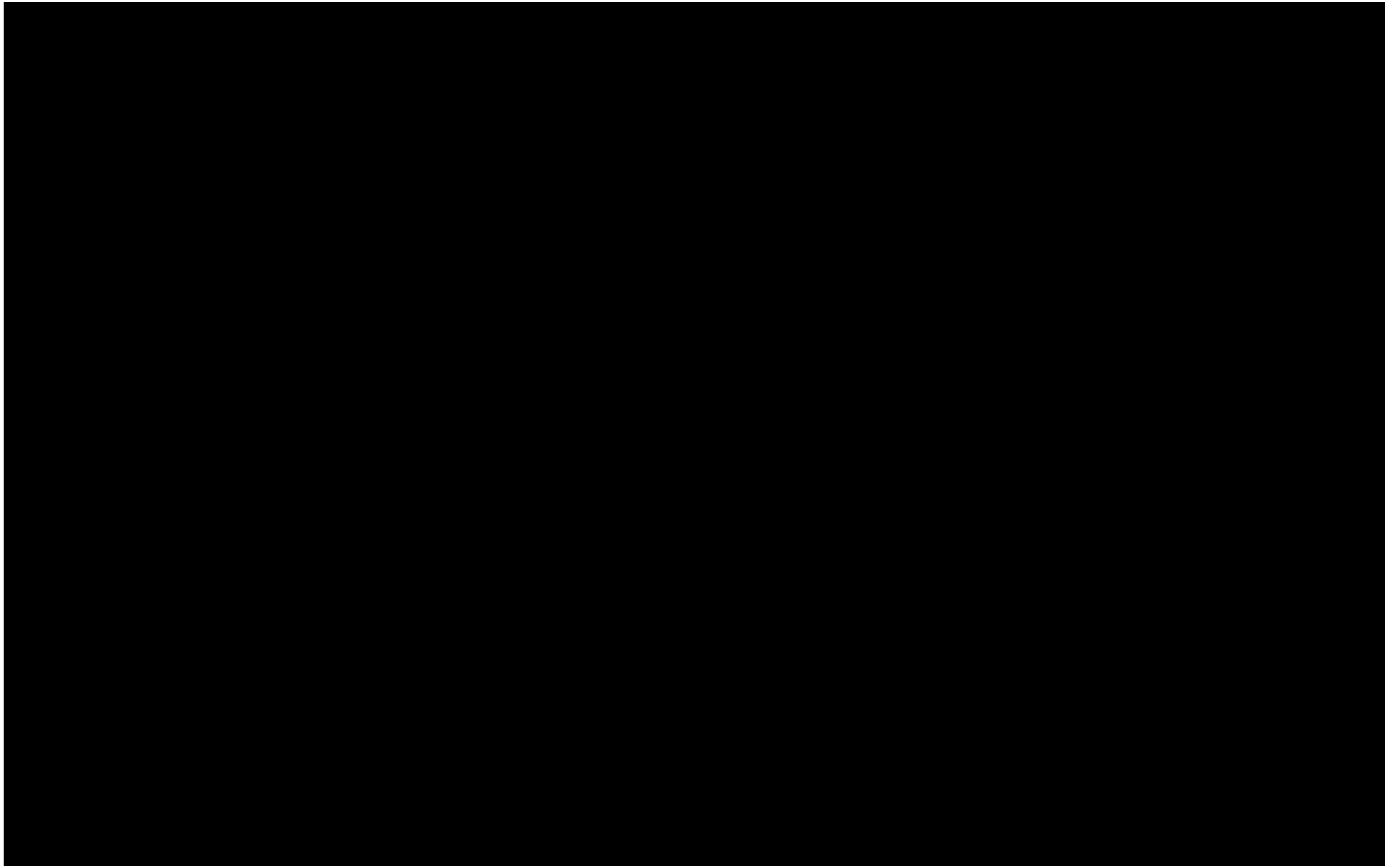
Easier technically —pouch perfusion ??


REC
Do not move the operating table whi
docked.
Not Paired with Table
See Settings for guidance
Smoke Evac.
Auto
Pressure
mmHg
Flow Rate
L/min
1.9
40
1
Fenestrated
Bipolar Forceps
2
OFF
1.0x
30°
3
Vessel Sealer
Curved
CUT
COAG
4
Cadiere Forceps
Yung Lee
Yung Lee
Yung Lee
Observing

GJ Construction & Marginal Ulcer Prevention

Tension-free. Well-perfused. Healthy tissue.

MU risk 2× higher, presents 4× earlier than primary RYGB



Does the Robot Earn Its Place?

- Largest comparison to date: 72,189 conversional procedures (2020–2022) — 75.4% laparoscopic, 24.6% robotic
- Safety comparable: serious complications 6.5% vs 6.1% (p=0.08); mortality identical at 0.1%

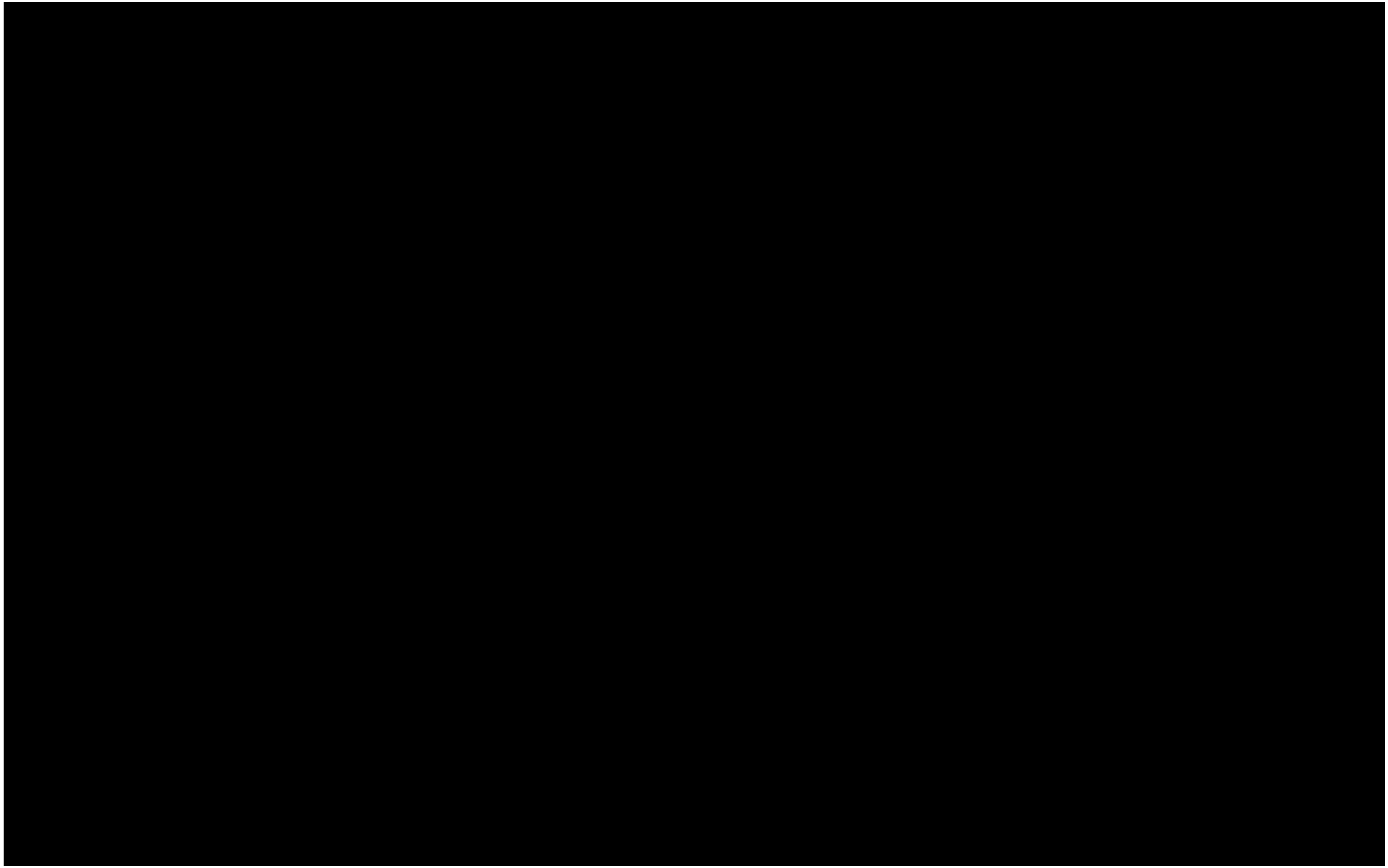
121.7 min
Laparoscopic OR time

165.4 min
Robotic OR time

Trade-offs with robotic: LOS 1.7 vs 1.6 d; readmission 6.7% vs 5.4% (p<0.001)

both approaches are safe with equivalent mortality - platform choice should hinge on patient factors and institutional expertise

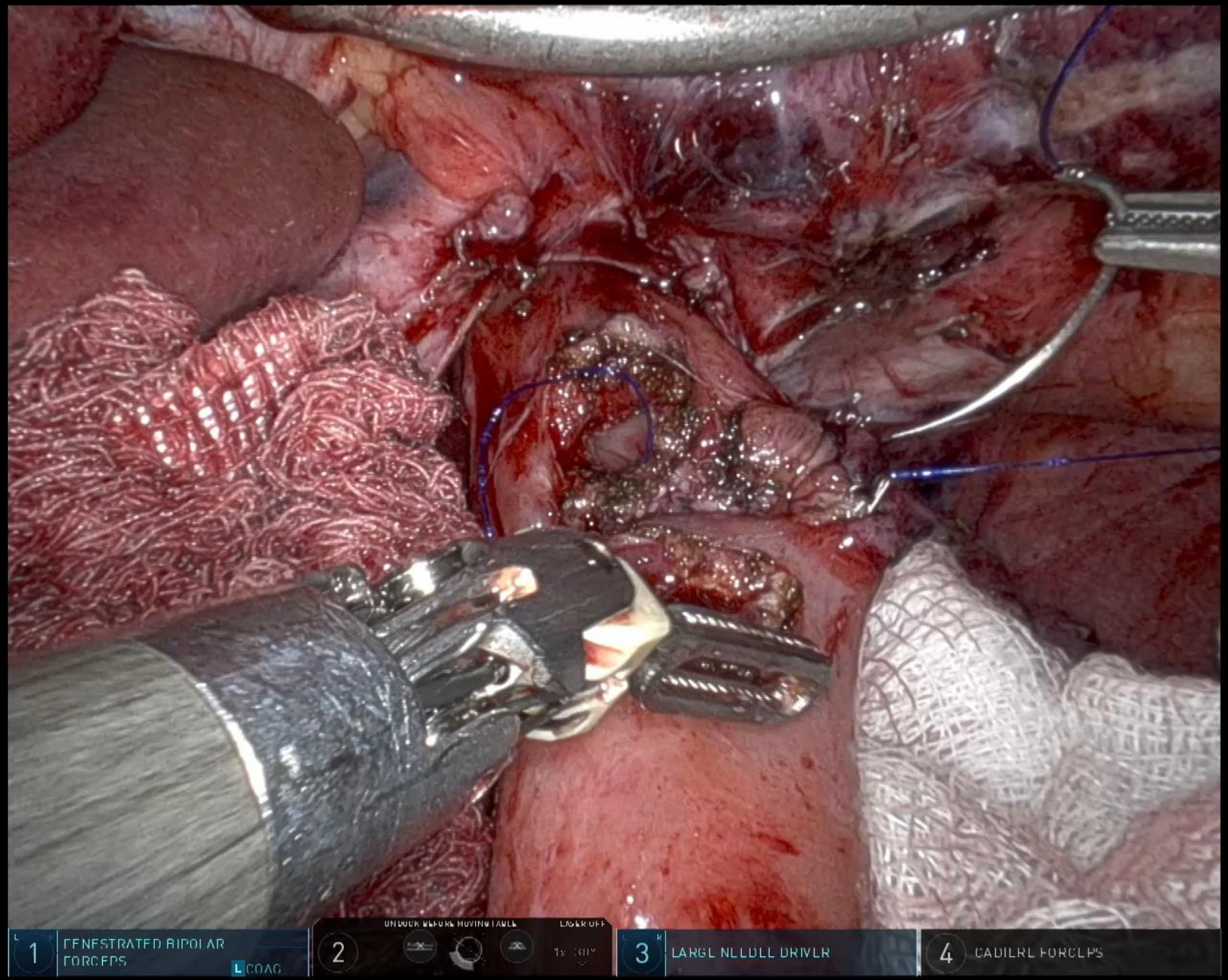
Barajas-Gamboa JS, **Corcelles R**, et al. Obes Surg. 2025;35(6):2191-2201



Robotic Advantages in the Hostile Abdomen

- **Wristed articulation for fine dissection through scarred, fused planes**
- **Stable, magnified 3D vision to find planes obscured by adhesions**
- **Tremor filtration and motion scaling near vital structures (IVC, great vessels)**

The case for the platform: precision and control where laparoscopy struggles most


1
2
3
LARGE NEEDLE DRIVER
4
CADIERE FORCEPS

Take-Home: Key Recommendations & Discussion

2 CRUCIAL RECOMMENDATIONS

- **Always find and repair the hiatal hernia at conversion ~ guideline-endorsed, no exceptions**
- **Build a small pouch from healthy, well-perfused tissue ~ avoid going through the old staple line**

- Intraoperative endoscopy vs. orogastric leak testing
- Marginal ulcer predictors and modifiable risk
- Pars flaccida vs. perigastric: vascularization vs. speed
- Does the robot really improve perfusion, or is ICG unproven?

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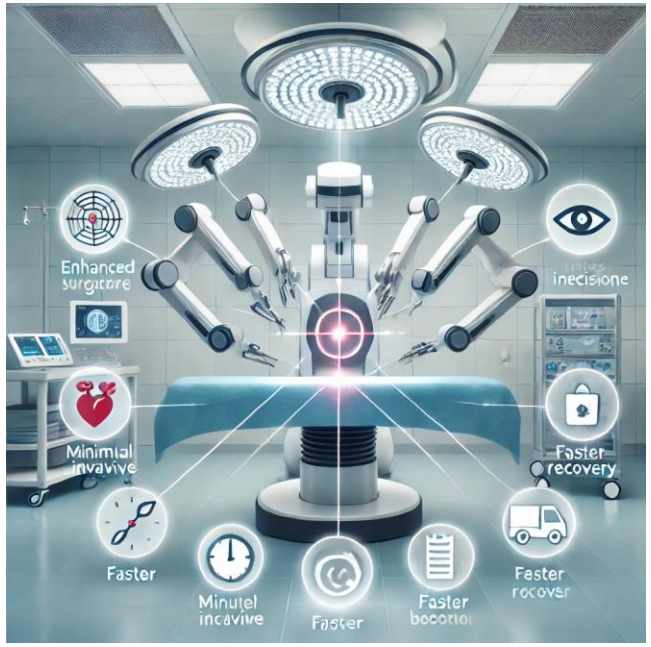

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