HR EXCELLENCE IN RESEARCH

«MORBID OBESITY IN A PATIENT WITH A PREVIOUS MASON VERTICAL BANDED GASTROPLASTY: REVISION WITH ROUX-EN-Y GASTRIC BYPASS»

Pavone Giovanna

Speaker: Khoury Elizabeth
Dipartimento di Scienze mediche e chirurgiche

Università di Foggia

U.O.C Chirurgia Generale Universitaria

Direttore Prof. A. Ambrosi

Scuola di specializzazione in chirurgia generale

Direttore Prof. N. Tartaglia

- Bariatric surgery is an effective treatment for morbid obesity resistant to conservative therapies.
- Revisional surgery is indicated for weight loss failure or postoperative complications.

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Bariatric revisional surgery for gastrogastric fistula following Roux-en-Y gastric bypass positively impacts weight loss

Luis Pina, M.D. · G. Craig Wood, M.S. · Sharma Richardson, M.D. · Vladan Obradovic, M.D. · Anthony Petrick, M.D. · David M. Parker, M.D.

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Revisional Bariatric Surgery

C. S. H. Lim · V. Liew · M. L. Talbot · J. O. Jorgensen · K. W. Loi

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Abstract
Background Revisional surgery is required in a significant number of patients because of failure to lose weight, loss of quality of life, weight regain, or complications of the previous procedure. It has traditionally been associated with higher complication rates, and there appears to be no standardized surgical approach to revisional surgery. The aim of the study was to review the revisional procedures performed at St George Private Hospital and analyze the outcomes of the different types of revisional surgery.
Methods We performed a retrospective review of 75 patients who underwent revisional surgery between December 2003 and October 2007. Demographic, anthropometric, perioperative, and clinical follow-up data were collected, and statistical analyses were performed using SPSS version 14.0.
Results Sixty-six of the 75 patients were female. The mean age at the time of revision was 46.32 (22–68) years. Mean initial weight was 119.08 kg, and body mass index (BMI) was 43.42 kg/m^2. The lowest BMI and excess weight loss (EWL) recorded after primary surgery was 36.9% and 53.5%, respectively. At the time of revision, the mean EWL was 24.79. The EWL at 3 months and 6 months were 41.7% and 47.8%, respectively. Revision was performed laparoscopically in 51 patients and via laparotomy in 24 patients. There was no mortality in the cohort, but there were 17.3% minor and 4.0% major perioperative morbidities.
Conclusion Our study suggests that revision can be performed safely. Weight loss is satisfactory, and complications of the previous operations were all reversed. Furthermore, revisions may be done laparoscopically, including those who had previous open procedures.

Keywords Revision · Bariatric surgery · Morbid obesity · Laparoscopy · Gastric bypass · Gastric band · Sleeve gastrectomy

Revisional Bariatric Surgery

Katelin Mirkin, MD, Vamsi V. Alli, MD, Ann M. Rogers, MD*

KEYWORDS
• Bariatric • Revision • Reoperation • Complications • Weight loss surgery

KEY POINTS
- Revisional surgery is a growing subset of bariatric surgical procedures.
- These operations are generally more complex and more prone to complications than primary bariatric procedures.
- General principles exist for the evaluation of revisional patients.
- The approach to revision of different procedures will vary.

INTRODUCTION

Most of the bariatric procedures never require reoperation.[1] However, revisional procedures are a growing subset of bariatric operations, currently representing around 7% to 15% of the total number.[2–4] As primary bariatric volumes increase, inevitably so will the potential need for revisional surgeries. This increase has been demonstrated in multiple longitudinal studies in bariatric patients; notably, the long-term Swedish Obesity Study recently reported a 28% rate of revisional bariatric surgery in adults.[5] **Similarly, a systematic review by Shoar and colleagues**[6] reported rates of revisional bariatric surgery in up to 23.7% of adolescent patients.

Accepted nomenclature for various types of reoperative or revisional bariatric surgery include those that are "corrective" of primary bariatric operations in order to achieve their original desired function: a "conversion," in which one procedure is changed to another type, or "reversal," intended to restore normal or near-normal anatomy.[7] In this article, the authors use the words *reoperative* and *revisional* interchangeably.

INDICATIONS

Bariatric surgeons report that revisional surgery is primarily patient driven.[8] Potential indications for revision of a bariatric procedure include inadequate weight loss or postoperative weight regain; inadequate improvement or frank recurrence of a weight-related comorbidity such as type 2 diabetes; or complications related to the initial operation. Weight regain is the reported indication for more than half of revisional procedures.[8] Definitions of significant weight loss and weight regain vary, and it is now considered short

Minimally Invasive and Bariatric Surgery, Penn State Hershey Medical Center
* Corresponding author. 500 University Drive, H-149, Hershey, PA 17033.
E-mail address: arogers@pennstatehealth.psu.edu

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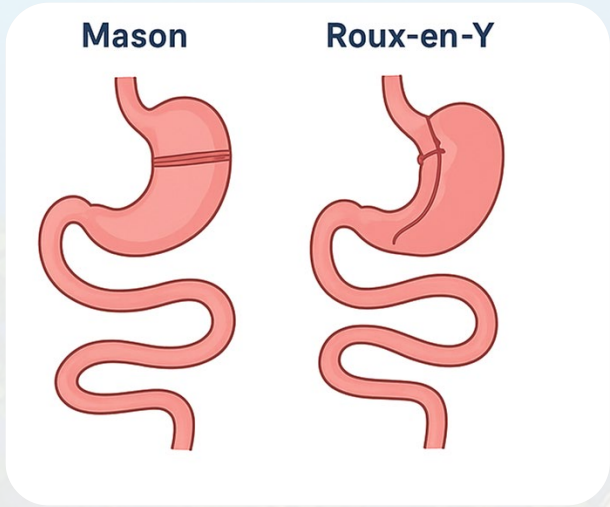
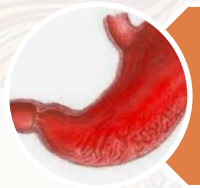
- This case reports the management of a patient with prior Mason vertical banded gastroplasty complicated by fistulization between gastric pouches.

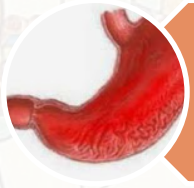
- The patient underwent revisional Roux-en-Y gastric bypass



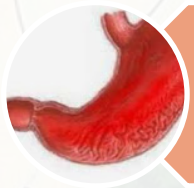
35-year-old female with severe obesity (BMI 45.7; weight 109 kg; height 154.4 cm).



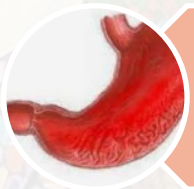
Progressive weight gain since age 18, unresponsive to dietary interventions.



Fat mass: 54.4% (bioelectrical impedance analysis).



Preoperative assessment:
– Cardiac: EF 55%, no active symptoms.
– Psychological: adequate insight and motivation.



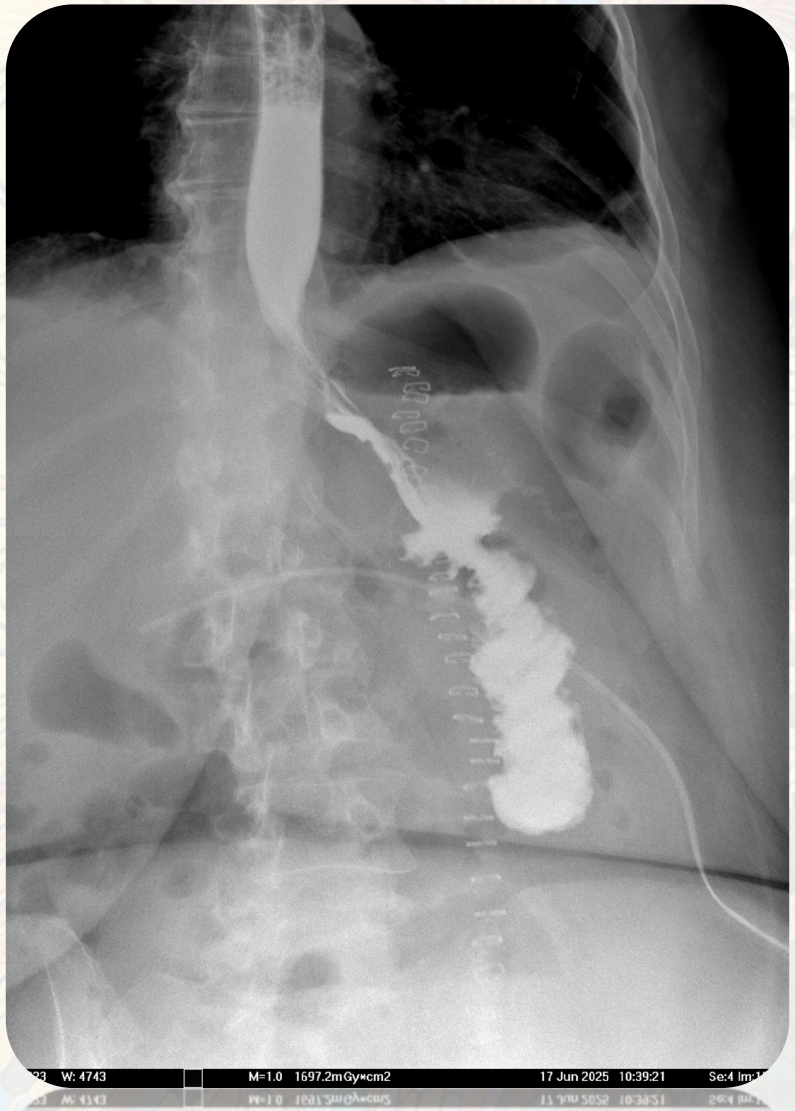
Fit for surgery from all perspectives.

Laparoscopic Roux-en-Y gastric bypass performed on June 10, 2025

No intraoperative complications

Postoperative imaging: normal transit through gastrojejunal anastomosis

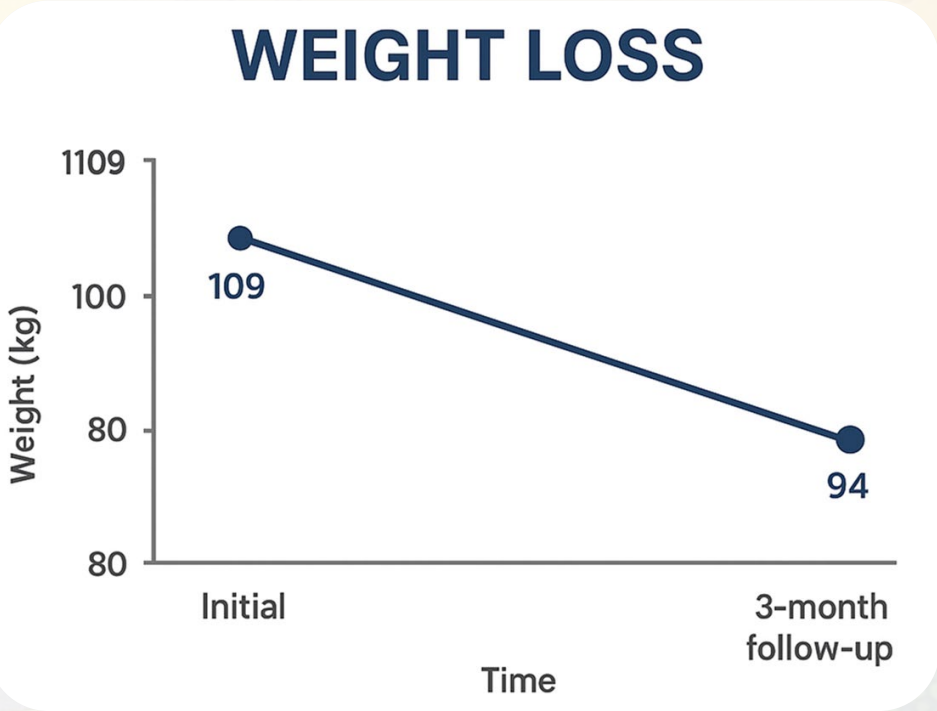
No leaks or major complications detected



"Al preliminare esame diretto non segni di aria libera a sede subfrenica. Presenza di tubo di drenaggio con estremo distale proiettivamente in ipocondrio dx. Si documentano nella regione del fianco destro, alcuni piccoli livelli idroaerei. ***Dopo somministrazione per os di mdc si evidenzia regolare il transito esofageo , con opacizzazione del moncone gastrico e dell'anastomosi gastro-digiunale senza evidenti spandimenti extra luminali di mdc in sede perianastomotica.*** *Progressiva opacizzazione delle anse digiunali a valle che peraltro presentano contestuali livelli idroaerei con ristagno di contrasto a monte a livello del moncone gastrico. Si documentano alcuni episodi di reflusso gastro-esofageo in Trendelemburg."*

- 3-month follow-up (September 2025):
  - Weight: 94 kg (−13.8% total body weight loss)
  - Improved satiety and dietary adherence
  - No gastrointestinal complaints

- Gastric bypass proved effective as revisional surgery after failed Mason gastroplasty



SURGERY

Revisional Roux-en-Y gastric bypass is a safe and effective option for failed Mason vertical banded gastroplasty.

PREOPERATIVE DATA

Thorough preoperative multidisciplinary assessment is essential.

POSTOPERATIVE DATA

Careful postoperative follow-up ensures optimal outcomes and patient safety.

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Grazie per l'attenzione

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