

**33° CONGRESSO
NAZIONALE SICOB
SORRENTO**

**29 · 31 OTTOBRE
2 0 2 5**



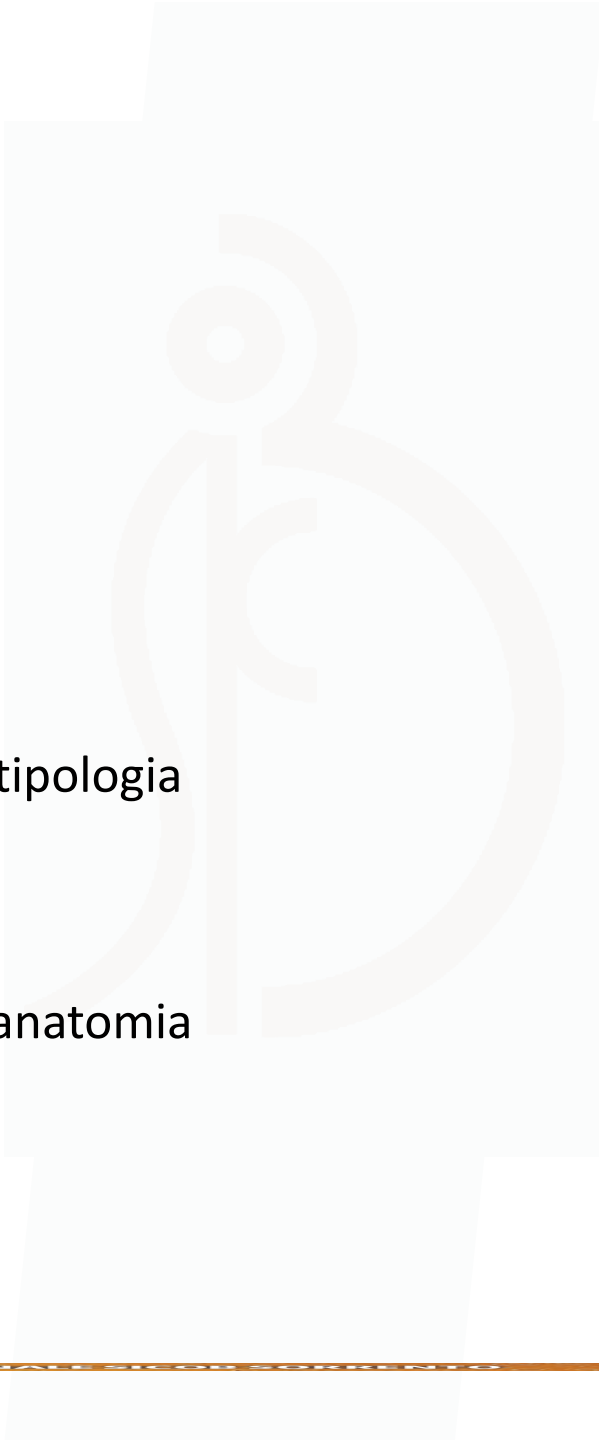
**HILTON
SORRENTO
PALACE**

OAGB versus RYGB COME PROCEDURA REVISIONALE

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OAGB versus RYGB
COME PROCEDURA REVISIONALE

Procedure revisionali

- Revisione: procedure che modificano parti di un intervento senza alterarne la tipologia
 - Conversione: procedura che porta a cambiamento di tipologia e/o meccanismo di azione
 - Restaurazione: procedure che restaurano la normale anatomia
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Indicazioni per intervento revisionale

- Insufficiente calo ponderale
 - Ripresa ponderale
 - GERD
 - Reflusso biliare
- Eccessivo calo ponderale
- Malnutrizione /malassorbimento
- Ripresa di comorbidità
 - Complicanze ad es :
 - Erosione
 - Slippage
 - Ernia interna

OAGB versus RYGB
COME PROCEDURA REVISIONALE

- 2024 26702 procedure chirurgiche in Italia
 - Sleeve Gastrectomy 55%
 - RNY bypass 15%
 - OAGB 12%
 - Bendaggio Gastrico 4%

Reoperations After Bariatric Surgery in 26 Years of Follow-up of the Swedish Obese Subjects Study

JAMA Surg. 2019 Jan 2;154(4):319–326

interventi di revisione generalmente entro 10 anni

Interventi di conversione/restaurazione in tutto il periodo di follow-up

- Reinterventi dopo bendaggi gastrico 40,7%
- Rny Bypass 7,5%
- Gastroplastica verticale 28,3%

Weight loss, weight regain and conversion to RNY gastric by pass: 10 years results of laparoscopic sleeve gastrectomy.

Soard 2016 12(9) 1655-62 Felsenreich Dm e al.

- Reinterventi dopo sleeve gastrectomy 20.7 %

OAGB versus RYGB
COME PROCEDURA REVISIONALE

- Casistica SICOB 2010/2024
 - Sleeve Gastrectomy 118.443
 - RNY bypass 34.563
 - OAGB 24.098
 - Bendaggio gastrico 27.330

Author	Year	Country	Journal	Design	Follow-up
Chiappetta et al	2018	Germany/Italy	Obesity Surgery	Retrospective	12
Rayman et al	2021	Israel	Obesity Surgery	Retrospective	32
Rheinwalt et al	2022	Germany	World Journal of Surgery	Retrospective	24
Felsenreich et al	2022	Austria	Obesity Surgery	Retrospective	60
Auricchio et al	2022	Italy	Surgeries	Retrospective	12
Wilczyński et al.	2022	Poland	J. of Gastrointestinal Surger	Retrospective	60
Hany et al	2022	Egypt	Obesity Surgery	R.C.T.	24

A total of 802 patients met the inclusion criteria: 390 OAGB and 412 RYGB



Revisional bariatric surgery following sleeve gastrectomy: a meta-analysis comparing Roux-en-Y gastric bypass and one anastomosis gastric bypass

Ann R Coll Surg Engl

. 2024 Jul 31;107(3):180–187. G.Santoro et Al.

• Author	Pre-revisional BMI (kg/m2)		Post-revisional BMI (kg/m2)	
•	OAGB	RYGB	OAGB	RYGB
• Chiappetta et al	45.7 ± 8	36.6 ± 6.9	36.6 ± 6.3	33.5 ± 5.6
• Rayman et al	41.6 ± 5.	39.6 ± 5.0	31.8 ± 5.3	33.3 ± 5.0
• Rheinwalt et al	45.5	39.3	31	35
• Felsenreich et al	45.0 ± 7.3	38.6 ± 8.6	30.3 ± 8.5	31.4 ± 8.1
• Hany et al	45.1 ± 8.3	44.9 ± 6.6	27.8 ± 2.2	27.4 ± 3.1

Pre- and post-revisional surgery BMI
with no statistically significant difference between the two groups (p = 0.1882) .

• Author	Pre-revisional BMI (kg/m2)		Post-revisional BMI (kg/m2)	
	OAGB	RYGB	OAGB	RYGB
• Chiappetta et al	45.7 ± 8	36.6 ± 6.9	36.6 ± 6.3	33.5 ± 5.6
• Rayman et al	41.6 ± 5.	39.6 ± 5.0	31.8 ± 5.3	33.3 ± 5.0
• Rheinwalt et al	45.5	39.3	31	35
• Felsenreich et al	45.0 ± 7.3	38.6 ± 8.6	30.3 ± 8.5	31.4 ± 8.1
• Hany et al	45.1 ± 8.3	44.9 ± 6.6	27.8 ± 2.2	27.4 ± 3.1

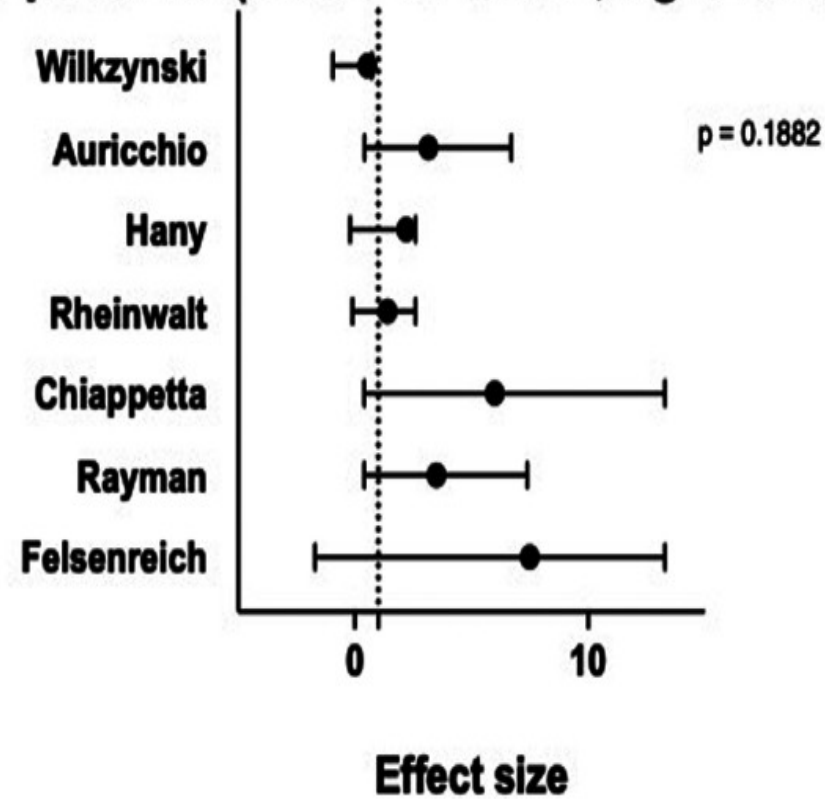
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Revisional bariatric surgery following sleeve gastrectomy: a meta-analysis comparing Roux-en-Y gastric bypass and one anastomosis gastric bypass

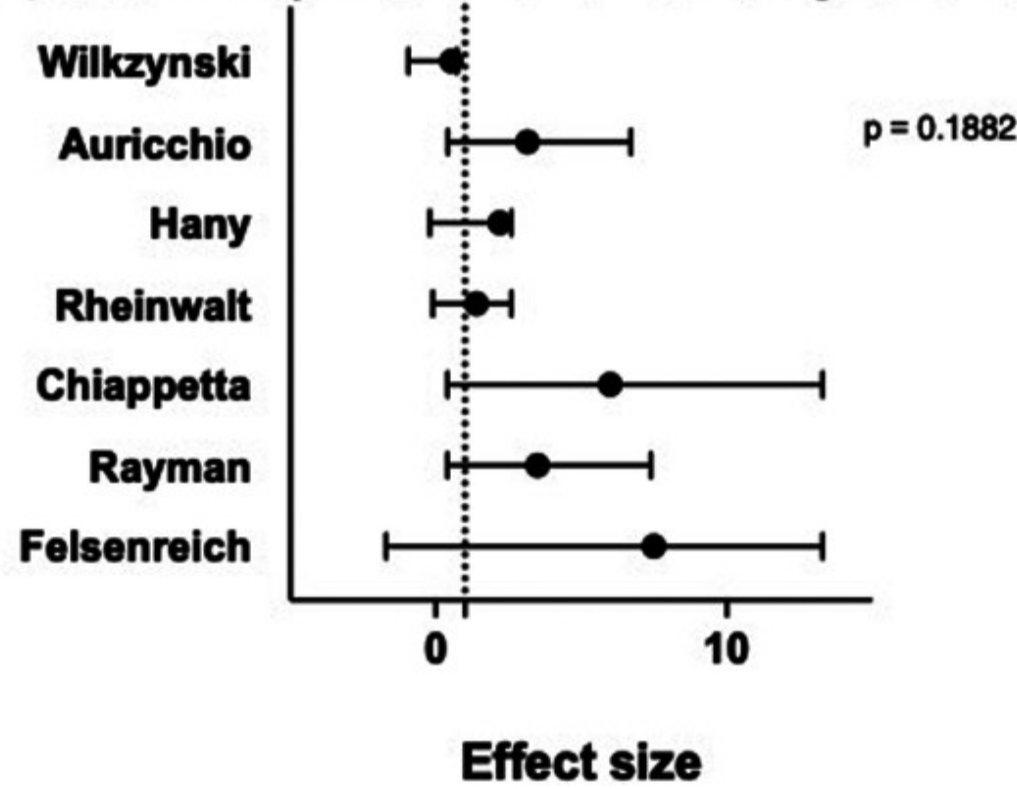
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Pre vs post BMI (RYGB vs OAGB; right favours OAGB)



Pre vs post BMI (RYGB vs OAGB; right favours OAGB)



Revisional bariatric surgery following sleeve gastrectomy: a meta-analysis comparing Roux-en-Y gastric bypass and one anastomosis gastric bypass

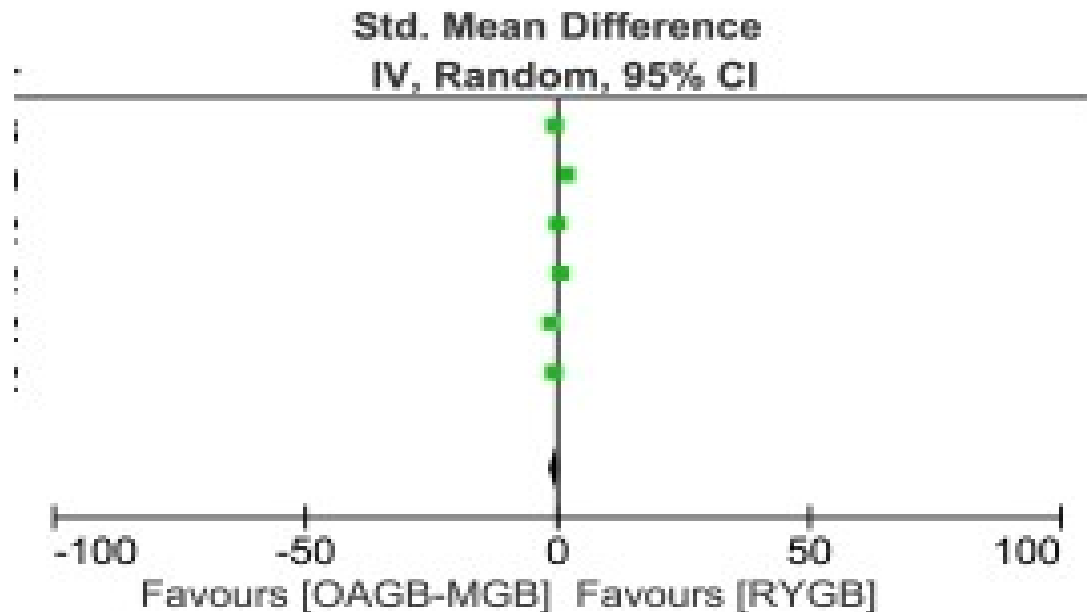
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Excess weight loss was reported in six papers for a total of 642 patients.

There were 310 patients in the OAGB group and 332 patients in the RYGB group).

At 12-month follow-up, there was no statistically significant difference between OAGB and RYGB.



- **Anastomotic leak** was reported in six studies for a total of 739 patients

The OAGB group reported 7 of 373 (1.8%) leaks, whereas the RYGB group had 9 of 366 (2.4%) leaks.

There was no statistically significant difference

Study or Subgroup	OAGB-MGB		RYGB		Weight	Risk Difference		Year
	Events	Total	Events	Total		M-H, Random, 95% CI		
Chiappetta <i>et al</i>	0	34	0	21	6.1%	0.00 [-0.07, 0.07]	2018	
Rayman <i>et al</i>	2	144	1	119	52.3%	0.01 [-0.02, 0.03]	2020	
Rheinwalt <i>et al</i>	2	55	4	68	5.9%	-0.02 [-0.10, 0.05]	2022	
Wilczyński <i>et al</i>	3	47	0	33	4.7%	0.06 [-0.02, 0.15]	2022	
Hany <i>et al</i>	0	80	1	80	28.8%	-0.01 [-0.05, 0.02]	2022	
Felsenreich <i>et al</i>	0	13	3	45	2.2%	-0.07 [-0.19, 0.06]	2022	
Total (95% CI)		373		366	100.0%	-0.00 [-0.02, 0.02]		

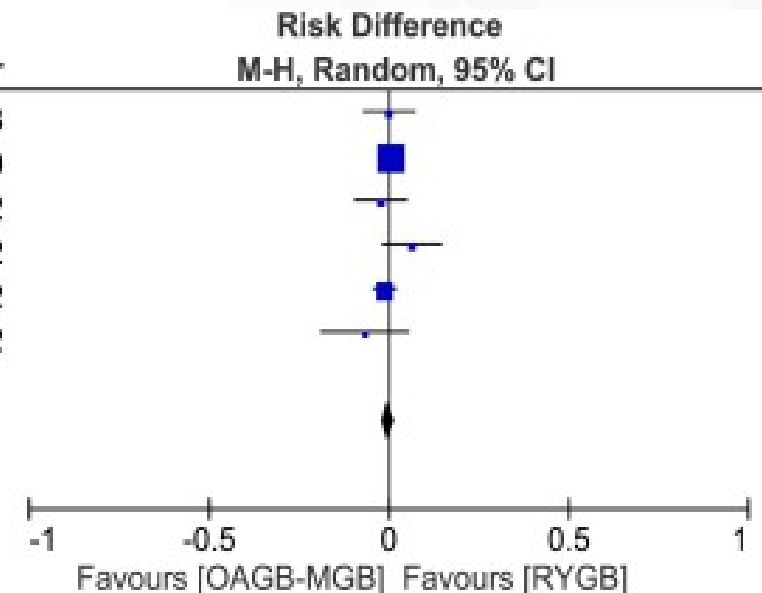
Total events

7

9

Heterogeneity: $\tau^2 = 0.00$; $\chi^2 = 4.39$, $df = 5$ ($P = 0.49$); $I^2 = 0\%$

Test for overall effect: $Z = 0.05$ ($P = 0.96$)

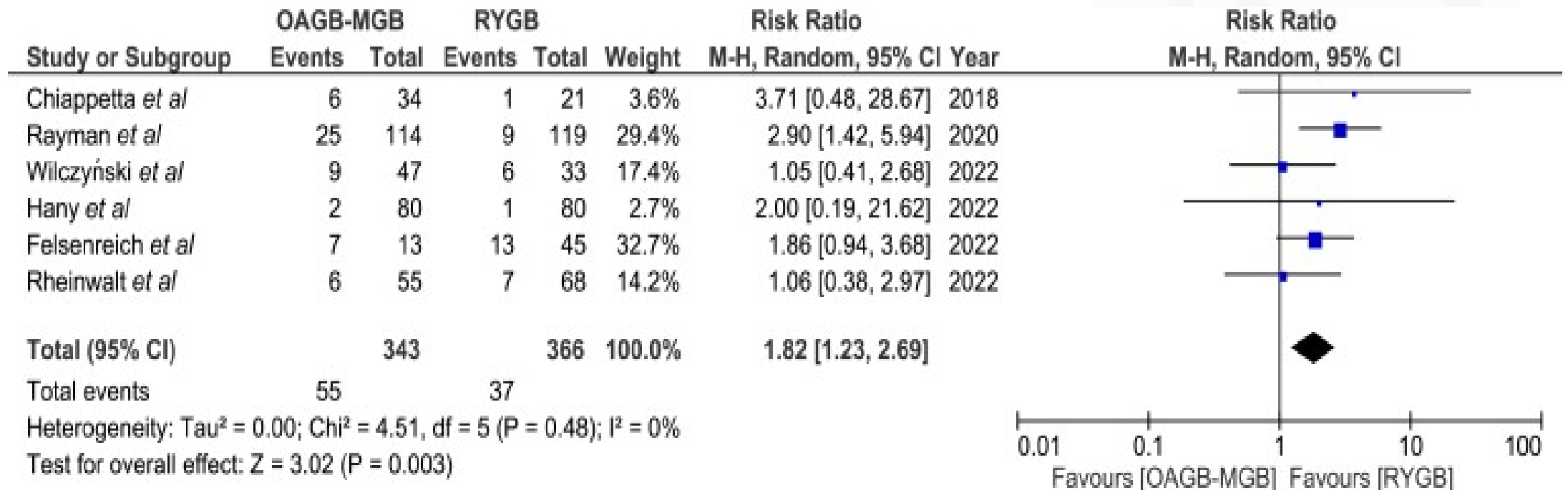


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- Postoperative reflux** was reported in six papers (Figure 6).10–13,15,16
The incidence of de novo postoperative reflux was higher in the OAGB group than in the RYGB group [55 of 343 (16%) vs 37 of 366 (10.1%)].
This difference was statistically significant (p < 0.003) in favour of RYGB



- **Postoperative bleeding** was reported in six studies, for a total of 739 patients

Postoperative bleeding requiring intervention was similar in the RYGB and OAGB

This difference was not statistically significant.

- **Operative time** was reported in three studies, for a total of 338 patients
The remaining three studies did not adequately report operative times.

Operative time was significantly lower in OAGB compared with RYGB.

- **COMORBIDITY RESOLUTION** (Three years)

Resolution of comorbidities was reported in six papers.

The three comorbidities documented were diabetes, hypertension and obstructive sleep apnoea.

The OAGB group had a greater resolution of

-**diabetes** (79.5% vs 61.2%, $p = 0.1708$),

-**obstructive sleep apnoea** (75.0% vs 64.3%, $p = 0.2563$)

- **hypertension** (67.3% vs 48.5%, $p = 0.3199$) compared with the RYGB group

- **None of the differences were statistically significant.**

OAGB versus RYGB

COME PROCEDURA REVISIONALE

One anastomosis gastric bypass vs. Roux-en-Y gastric bypass, remedy for insufficient weight loss and weight regain after failed restrictive bariatric surgery

Nathan Poublon et al Obes Surg. 2020 Apr 19;30(9):3287–3294

• 491 patients operated on between 2012 and 2017 for failed restrictive surgery were included in this study (OAGB (n=185) or RYGB (n=306))

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Gastric sleeve	140
Adjustable gastric banding	251

Procedure time was significantly shorter in the OAGB group (median time 72 [56–95] minutes vs. 83 [66–103] minutes, $p < 0.001$)

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One anastomosis gastric bypass vs. Roux-en-Y gastric bypass, remedy for insufficient weight loss and weight regain after failed restrictive bariatric surgery

Nathan Poublon et al Obes Surg. 2020 Apr 19;30(9):3287–3294

- Fate clic per aggiungere testo

BMI was significantly lower in the OAGB group at

24 months (mean 30.8 ± 5.2 vs. 32.6 ± 5.9 , $p = 0.016$)

36 months (mean 31.1 ± 5.1 vs. 34.3 ± 7.1 , $p = 0.012$).

%TWL was significantly larger in the OAGB group at

12 months (mean 24.1 ± 9.8 vs. 21.9 ± 9.7 , $p = 0.023$)

24 months (mean 23.9 ± 11.7 vs. 20.5 ± 11.2 , $p = 0.023$) follow-up.

One anastomosis gastric bypass vs. Roux-en-Y gastric bypass, remedy for insufficient weight loss and weight regain

after failed restrictive bariatric surgery

Nathan Poublon et al Obes Surg. 2020 Apr 19;30(9):3287–3294

Complications

Significantly less **early intra-abdominal complications**

(leakage, bleeding, intra-abdominal abscess, and perforation)
were present after revisional OAGB compared with RYGB
(1.1% vs. 4.9%, $p = 0.025$)

No significant difference in the cumulative rate of surgical intervention for any cause due to **long-term (> 30 days) complications** was found between groups (OAGB vs. RYGB: 9.2% vs. 12.4%, $p = 0.227$).

SINTESI

- TWL% e variazione del BMI tendenzialmente superiori per OAGB , più evidente nel lungo periodo.
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- Miglior trend di risoluzione delle comorbidità a tre anni con OAGB
-
- **Tempo operatorio più breve con OAGB**
-
- **Minor incidenza di reflusso postoperatorio con RYGB**
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- Non differenza di complicanze post operatorie precoci / tardive

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Grazie