

REVISIONAL SURGERY OVERVIEW

CHOICES FOR REVISIONAL SURGERY

Revisional surgery may be required for

1. Weight loss rescue after poor outcomes from previous bariatric operation
2. Resolving adverse symptoms or complications from previous bariatric operation

The most common scenarios

1. Poor weight loss outcome from gastric band
2. Weight regain or poor outcome from sleeve gastrectomy
3. Severe reflux symptoms relating to sleeve operation or banding (or stomach stapling)
4. Others/misc

Poor weight loss outcome from gastric band

If a gastric band has failed to produce significant and sustained weight loss, my preference is conversion to gastric bypass in appropriate patients. Sleeve gastrectomy is another option however in this context probably has a similar risk profile to gastric bypass but bypass has been studied in much more detail after banding than sleeve and may be more durable in the long term.

Weight regain or poor outcome after sleeve surgery

The approach to this may depend on current anatomy and whether you have debilitating reflux symptoms. Gastric bypass may be most appropriate if reflux is a problem. For weight loss rescue my preference is to add a second stage procedure (loop duodenal switch or SADI) to the sleeve which may give better outcomes than bypass in terms of weight reduction. Whether or not the sleeve itself should be redone depends on how enlarged/stretched it is from baseline and your restrictive sensation.

Severe reflux symptoms

Pretty much any operation where reflux is a problem leads to a discussion about conversion to gastric bypass surgery. This can be done after sleeve, banding and stomach stapling procedures.

In general revisional surgery carries with it increased risks compared to first-up procedures due to scar tissue/adhesions from the initial surgery and anatomy which may be distorted or unclear. Hence there should be a clearly thought out rationale to proceed down this track.