

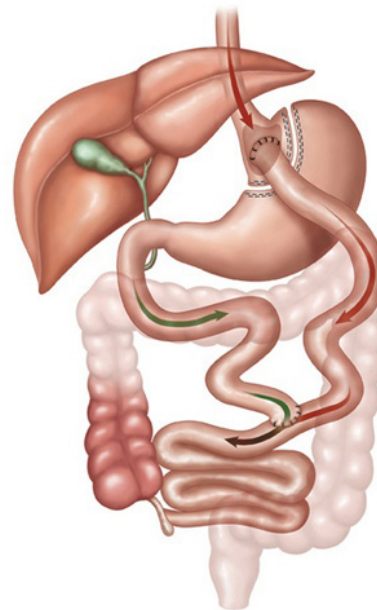
Revision to Bypass

KEY POINTS



Sometimes it may be necessary to convert an old weight loss operation such as gastric banding or stomach stapling to a different operation. In this case our preferred option is often gastric bypass. This is because of the extensive literature available detailing outcomes of revisional bypass and the fact that if you are going to accept the risk of further operative complications you might as well end up with a powerful operation with less risk of further revision.

Revising banding or stapling to bypass is more complex than having a bypass up front. This is because of the scar tissue and altered anatomy related to the previous operation which makes the bypass surgery more difficult. Complication rates are therefore higher than an upfront bypass. Because of this, you need to have a good reason to undertake revisional bypass. This usually means that your BMI is still high (e.g. > 40 kg/m²) and you may still have diabetes or other obesity-related medical problems. It should be clear that successful weight loss with your previous operation cannot be achieved. We will often investigate you with gastroscopy and barium swallow to assess your current anatomy.



Sometimes we prefer to remove your band if you have had gastric banding surgery and wait three months to let the tissues recover before embarking on the bypass itself.

Below is a list of estimated complication rates associated with revisional gastric bypass surgery. These rates may depend on your previous surgery.

Complication	Frequency	Comment
Death	1/1000 (0.1%)	
Leak	2%	Severe complication
Pulmonary Embolus	1%	Clot in the lungs which may cause respiratory failure or death
Open surgery required	2-5%	
Bleeding	2-5%	May require transfusion or sometimes re-operation
Stomal Stenosis	10-20%	Requires balloon stretching of the main join
Marginal Ulcer	2-5%	Ulcer at the main join
Small Bowel Obstruction	2%	Twist in the bowel due to re-arranged anatomy
Diarrhoea	Occasional	
Dumping Syndrome	Frequent	Depends on dietary choices
Nutritional Deficiencies		Watch B12, Vit D, Calcium, Iron. Supplements required.
Likely further weight loss		Between 5 and 15 units of BMI

Gastric bypass can be reversed, although this is a major procedure.

Please sign and date to indicate your understanding of the above:

Sign: _____ Print Name: _____ Date: _____