

Laparoscopic wedge resection of gastrojejunostomy for weight
recidivism after
gastric bypass

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Running title: Wedge resection of wide gastric outlet post bypass

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Background: Weight recidivism after Roux-en-Y gastric bypass (RYGB) is a common problem. Often, this weight loss failure or regain may be due to a wide gastrojejunostomy (GJ). We evaluated the feasibility and safety of a novel approach of laparoscopic wedge resection of gastrojejunostomy (LWGJ) for a wide stoma after RYGB associated with weight recidivism.

Methods: This is a single-center retrospective study of a prospectively-collected database. We analyzed outcomes of patients with weight recidivism after RYGB and a documented wide GJ (>2cm) on imaging, who underwent LWGJ between 11/2013-05/2016.

Results: Nine patients underwent LWGJ for dilated stomas. All patients were female with a mean \pm SD age of 53 \pm 7 years. Mean interval between RYGB and LWGJ was 9 \pm 3 years. All cases were performed laparoscopically with no conversions. Mean operative time and hospital stay were 86 \pm 9 minutes and 1.2 \pm 0.4 days, respectively. The median(IQR) follow-up time was 14(12-18) months. During follow-up, there were no deaths, major postoperative complications or unplanned readmissions or reoperations. Mean and median(IQR) BMI before RYGB and LWGJ were 55.4 \pm 8.1kg/m² and 56.1(47.9-61.7), and 43.4 \pm 8.6kg/m² and 42.1(38.3-47.1), respectively. One year after LWGJ, mean and median(IQR) BMI significantly decreased to 34.9 \pm 7.3kg/m² and 33.3(31.7-35.0) corresponding to a mean %EWL of 64.6 \pm 19.9 (P <0.05).

Conclusion: LWGJ is safe and can lead to further weight loss in patients experiencing weight recidivism after RYGB with a wide GJ ($>2\text{cm}$). Long-term follow-up is needed to determine the efficacy and durability of LWGJ and compare its outcomes with other endoscopic/surgical approaches for weight recidivism after RYGB with a documented wide GJ.