Laparoscopic Re-Sleeve Gastrectomy As Treatment Of Weight Loss Failure After Biliopancreatic Diversion

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Introduction: Bariatric surgery is recognized as an effective treatment of obesity and its comorbidities. Insufficient weight loss and weight regain vary accordingly to the type of surgery performed and require multidisciplinary management. Laparoscopic re-sleeve gastrectomy (LRSG) alone has been shown to be effective. Data remains limited as to the effectiveness of LRSG after biliopancreatic diversion with duodenal switch (BPD-DS).

Objectives: To demonstrate the effectiveness and safety of LRSG after BPD-DS as treatment of weight loss failure.

Methods: A retrospective analysis of our prospectively acquired database was conducted on 28 patients who underwent LRSG after BPD-DS between February 2003 and May 2017. A gastroscopy or barium meal showing gastric dilation was performed prior to LRSG.

Results: At the time of LRSG, patients' mean age was 49 ± 9 years old and 86% of them were females. Mean weight was 111.4 kg and mean BMI was 41,1 kg/m^2. Eighty-six percent of BPD-DS were performed by laparotomy. A median time of 98 months elapsed between BPD-DS and LRSG. LRSG laparotomy conversion rate was 46%. One gastric leak and one gastric stenosis were recorded after LRSG. One 30-day rehospitalisation occurred. No mortality was reported. Median follow-up time was 50,3 months. At 24 months after LRSG, mean BMI went from $41,4 \pm 4,6$ to $32,0 \pm 6,1$ kg/m^2, and mean %EWL obtained was 61 ± 36%. After LRSG, diabetes rates remained stable at 14,3%.

Conclusion: LRSG as treatment of weight loss failure after BPD-DS is a safe and effective procedure in selected patients.