

Conversion of sleeve gastrectomy in single anastomosis duodenal switch vs gastric bypass for weight regain.

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BACKGROUND: Considering the large popularity that sleeve gastrectomy (SG) acquired in recent years, is more and more common for bariatric surgeons to deal with weight regain and choose between different surgical options. RYGB and SADI are two valid options for revisional surgery. The first one is a well-known procedure offering advantages in case of coexisting GERD but some questions have been raised concerning his effectiveness; SADI is a recent promising intervention without many long-term outcomes.

METHODS: We retrospectively reviewed 26 SADI and 29 RYGB as second step surgery after SG for weight regain performed between 2013 and 2017. Data concerning weight lost and surgical complications are collected.

RESULTS: Of 55 patients, 26 (22 women and 4 men; median age 46 years) had the SG transformed in SADI. Mean follow up is 19.5 months (range 3 – 60), average BMI before SG and SADI are 55.8 and 44.8 m²/Kg. Twenty-nine patients underwent RYGB for SG failure, 24 W and 5 M with median age of 48 years and mean follow up is 19.6 months (range 3 – 24). BMI before SG and RYGB are 50 and 44.3 m²/Kg respectively. In SADI group, we experienced 2 complications (1 anastomotic leakage and 1 hernia); 3 complications occurred in RYGB patients (1 bowel occlusion, 1 bleeding and 1 anastomotic stenosis). Mean %EBWL is 51.4 (SD 30.8) in SADI group and 37.9 (SD 26.4) in RYGB patients.

CONCLUSIONS: SADI, compared to RYGB, offers better weight loss results at 18 months with comparable risks of complications.

ABSTRACT CATEGORY: Bariatric surgery