Early experience and outcomes of robotic assisted bariatric surgery in patients submitted to conversion bariatric surgery in a tertiary level hospital in México City, México. Omar Felipe Gaytán Fuentes MD¹, Israel Abraham Gaytán Fuentes MD², Edith Barajas Galicia MD³, Alejandra Ortiz Romo MD¹, Juan Carlos López Arias MD⁴, José Ramón Flores MD⁴, José Guerrero Cantera MD⁴,

¹Centro Médico Nacional 20 de Noviembre, ISSSTE, ²Universidad Nacional Autónoma de México (UNAM), ³Hospital Central Norte de PEMEX, ⁴Hospital Ángeles Acoxpa.

Objective. We want to demonstrate our experience in patients submitted to a Robotic Assisted Conversion Bariatric Surgery (RABS) in a Tertiary Level Hospital in Mexico City, Mexico and the first three months follow up. Methods. This is a randomized, longitudinal and retrospective study of 10 patients submitted from Laparoscopic Sleeve Gastrectomy (SG) to Rouxen-Y Gastric Bypass (RYGB) using (RABS) from January to December 2016, at Centro Médico Nacional 20 de Noviembre, ISSSTE. We analyzed demographic data, conversion causes, time from the first procedure to conversion, operating time, complications and excess weight loss. All patients have undergone to a multidisciplinary team protocol, upper endoscopy and contrast imaging **Results**. A total of 10 patients were submitted to a RABS by a single Bariatric Surgery Surgeon Mean weight before SG was (137.9 kg ±23.99). Mean weight before RYGB (105.77 kg ± 19.91). Mean weight at 3 months was (89.55 kg ± 16.25) (p<0.0001). Mean BMI before SG was (54.94 kg/m2 ±9.45), before RYGB was (42.28 kg/m2 ±8.75) and finally, the 3 months postoperative weight was (35.73 $kg/m^2 \pm 6.73$) (p<0.001). The % EWL after SG and before conversion surgery was 38.9%. The % EWL after RYGB was 32.72 % at three months. Mean time from SG to RYGB was 40 months (17-50 mo). Mean laparoscopic time was (52.5 min. \pm 6.67). Mean docking time was (10.1 min. \pm 3.1). Mean console time was (97.6 min ± 23.53). Total operative time was (160 min. ± 27.23). There were no complications during this study.**Conclusions** RABS can safely be performed in candidates to Conversion Bariatric Surgery.