

## **Indications for laparoscopic reversal of roux-en-y gastric bypass**

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**Background:** Bariatric surgery has proven to be the gold standard for the treatment of obesity. Some patients have sufficient postoperative complaints to warrant reversal of bariatric surgery. Unfortunately, not all patients have clear anatomical or physiological causes to explain their prolonged symptoms. There is no clear algorithm for bariatric reversal.

**Purpose:** This study aims to assess the causes and factors that lead to bypass reversal.

**Methodology:** Retrospective chart review was done of 7 patients who underwent Roux-en-Y gastric bypass reversal at our institution between May 2010 and April 2016. All reversal surgery was completed laparoscopically by a single bariatric surgeon.

**Results:** The main causes of bypass reversal were: chronic abdominal pain in 57% (including 3 patients with chronic pain NYD and one patient with a refractory marginal ulcer) and refractory hypoglycemia in 43% of patients. Mean BMI before primary bypass was 47.0 with a mean pre-reversal BMI of 30.5. The average interval between surgery and reversal was 30 months. The only complication was one postoperative leak that was managed laparoscopically. Improvement of symptoms after reversal was 100%.

**Conclusions:** Bypass surgery reversal implies very precise patient selection, but if done correctly can eliminate chronic postoperative pain and hypoglycemia secondary to bariatric surgery.