

## ABSTRACT

### REVIEW OF CONVERSION OF VERTICAL BANDED GASTROPLASTY TO ROUX EN Y IN A CANADIAN BARIATRIC HIGH VOLUME CENTRE.

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#### **Background:**

Open Vertical Banded Gastroplasty was one of the metabolic surgery procedures performed in Canada until 2004. This practice was abandoned due to high rate of postoperative complications and failure to achieve weight loss. The purpose of this study is to analyze the postoperative outcomes of laparoscopic revisional surgery (conversion to Roux en Y) from the weight reduction point of view as well as perioperative and late complications encountered.

#### **Methods:**

A retrospective review of prospectively collected data from all patients who underwent VBG conversion to Roux en Y in our institution. The data from pre operative symptoms, weight loss, perioperative and late complications and comorbidities were collected.

#### **Results:**

From 2012-2016, 3000 bariatric procedures were performed. From these 61 were Laparoscopic revisional surgeries VBG to Roux en Y (2.03%). Of the 61 patients 6 (10%) males and 55 females (90%). The average patient age was 49.4 (range 36-68). BMI pre surgery 44.69 Kg/m<sup>2</sup> (range 19-62.8). Early and late complications occurred in 26 patients (42.6%). 14 (22.95%) required reoperations. From these 8 (13%) underwent reoperations within 30 days. Leak rate 3.27%. No deaths were reported. Average Length of stay 4.5 days. Average Follow up 12 months (1-36). BMI decrease 9.75 Kg/m<sup>2</sup>. (Range 0-20).

#### **Conclusions:**

Laparoscopic revisional surgery VBG to Roux en Y is a procedure, which has a significant amount of complications. This was found despite expert surgeons performing cases. However the ultimate result, which is improvement of severe reflux and weight loss was achieved. Our complication rate is slightly higher than found in literature where early complications are 3% -11% and late ones 11% -19% with no leaks reported. This may be related to our recent experience with this procedure. In a sub group analysis the operative time from 2012 to 2016 has decreased notoriously showing improvement in the learning curve for

this procedure. The procedure should still be performed in our high volume Bariatric centers.

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