

# **Is Roux-en-Y gastric bypass an effective procedure to treat mechanical complications post sleeve gastrectomy?**

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## **ABSTRACT:**

### **INTRODUCTION**

Laparoscopic sleeve gastrectomy (LSG) is the most popular bariatric surgery worldwide. Gastric sleeve stricture and severe gastroesophageal reflux disease (GERD) are common mechanical complications, occurring in at least 3–5% of the cases.

### **METHODS**

Retrospective review of a prospectively collected database identifying LSG operations done from January 2008 to May 2015. All patients who underwent revision from LSG to LRYGB for mechanical complications (GERD or stricture) were studied.

### **RESULTS**

Overall, 62/1996 patients (3.1%) underwent revision from LSG to LRYGB. The population reviewed included 51 females and 11 males, with a mean age of 40±9 years

and preoperative body mass index (BMI) of  $46\pm 8$  Kg/m<sup>2</sup>. A total of 29 (46.7%) patients were operated because of gastric stricture, while 33 (53.3%) for severe GERD resistant to medical treatment. In the population with gastric stricture treated with LRYGB, 20/29 (72.4%) patients had no postoperative dysphagia, while 9 (31%) patients complained of mild dysphagia (weekly or monthly). In the population with GERD treated with LRYGB, 20/33 (60.6%) patients presented no postoperative reflux symptoms, 10 (30.3%) mild GERD (weekly or monthly) and 3 (10.1%) patients complained of daily GERD symptoms. Median time (range) between the primary surgery and the surgical revision for mechanical complications was 21 (5–67) months. Median follow-up (range) after LRYGB was 16 (6-67) months.

## **CONCLUSIONS**

LRYGB appears to be a valid option for the treatment of mechanical complication post LSG. Postoperative complete resolution or mild symptoms have been described in 59/62 patients (95%) with obstructive or GERD symptoms.