

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 ± 8 Kg/m². 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.