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Revisional Bariatric Surgery: 11-Year experience of a Bariatric department in Greece**Athanasios Pantelis***Evangelismos General Hospital of Athens*

BACKGROUND: The exponential increase in bariatric and metabolic surgery over the last decade has led to a concurrent rise in bariatric reoperations, owing to suboptimal bariatric outcomes (insufficient weight loss–IWL, weight regain–WR), complications of index operations or alterations of the anatomy and physiology of the gastrointestinal tract.

METHODS: This is a retrospective analysis of prospectively collected data on demographics, comorbidities, time elapsed after index operation, and indication for reoperation.

RESULTS: Over the period May 2010–April 2021, 1,733 bariatric and metabolic operations were performed in our Department. There were 37 patients (22 females, 59.4%) with a mean age of 40.5 years (27–58) and a mean BMI of 43.9 (24.2–69.4) who underwent at least 1 reoperation. Index operation had been performed elsewhere in 32 cases (86.5%) and mean interval between index and final redo operation was 7.3 years (6 months–13 years). Twenty-nine patients underwent one reoperation (78.4%), 7 patients underwent two (18.9%), and 1 patient underwent three (2.7%) reoperations. Index procedures included adjustable gastric banding (26 cases, 70.3%), sleeve gastrectomy (LSG–6 cases, 16.2%), greater curvature plication (3 cases, 8.1%), Roux-en-Y gastric bypass (RYGB) and vertical banded gastroplasty (1 case each, 2.7%). Indications for reoperation included WR (18 cases, 48.6%); IWL (6 cases, 16.2%); leak or band slippage (3 cases each, 8.1%); nutritional deficiencies or port infection (2 cases each, 5.4%); and persistent vomiting, cardiac arrhythmia due to fundus dilatation or gastric stricture (1 case each, 2.7%). The reoperations that we performed were simple band removal (6 cases, 16.2%); band removal and LSG (13 cases, 35.1%; 11 single-step operations, two 2-step procedures); band removal and RYGB (5 cases, 13.5%; 2 single-step operations, three 2-step procedures); conversion to gastric bypass (classic or one-anastomosis) and RYGB undo or redo (3 cases each, 8.1%); total gastrectomy (2 cases, 5.4%) and other miscellaneous procedures (5 cases, 10.8%).

CONCLUSION: In our series, the most common index operation was gastric banding (70.3%), and the most common indication for reoperation was weight regain (48.6%). Band removal and conversion to either LSG or bypass were the most common reoperations. The fact that 86.5% of cases had been operated in another institution underlines the issue of loss to follow-up in the bariatric population.

Biography

Athanasios G. Pantelis is a surgeon practicing in the largest public hospital of Greece, with a special interest and expertise in Metabolic Bariatric Surgery, as well as Trauma and Acute Care Surgery. He received his MSc in Thrombosis, Hemostasis and Transfusion Medicine in 2015 from the University of Athens and his MSc in Trauma Sciences in 2020 from Queen Mary University of London.