

Reversal of Gastric Bypass: A Case Series

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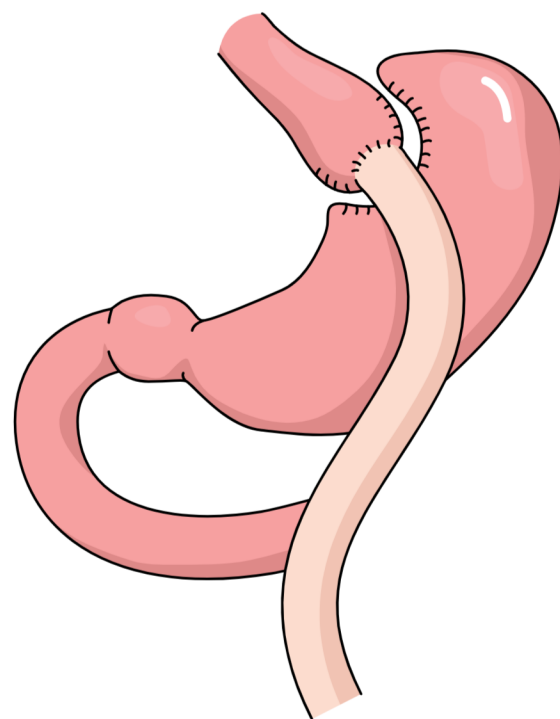
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Introduction

While Roux-en-Y gastric bypass (RYGB) is a very effective sustainable weight loss procedure, both acute and chronic complications can ensue. The primary objective of this study is to describe the indications, approaches, and outcomes of patients who underwent reversal of RYGB.



Methods

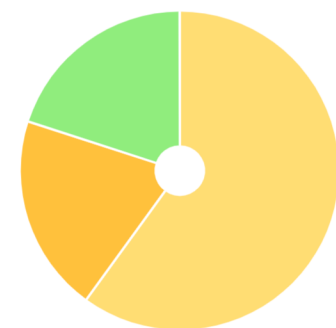
All patients who underwent primary RYGB between March 2012 and July 2018 at our institution were included in the study. Patients who subsequently underwent a reversal procedure were identified from the institution's bariatric database and had their medical records reviewed.



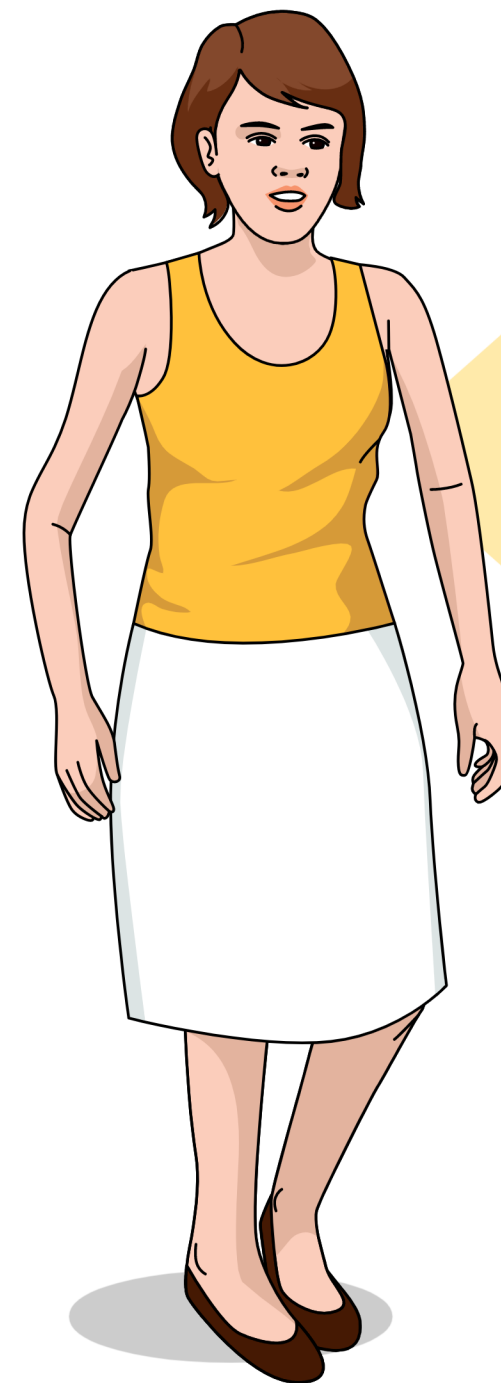
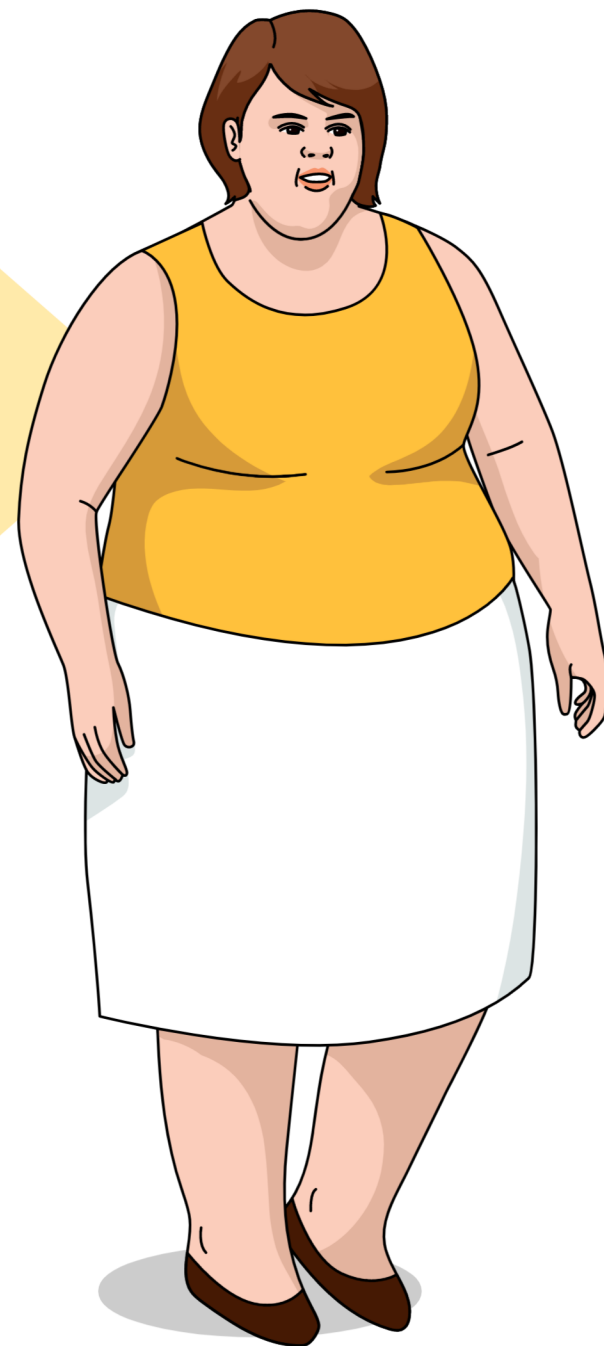
Results

During the study period, a total of 2,298 patients underwent RYGB procedure and 7 (0.3%) subsequently underwent reversal of gastric bypass. All patients were female with a mean age of 41 years and body mass index (BMI) of 42.2 kg/m² at their index surgery. The main presenting complaints prompting further investigations were epigastric pain, inability to tolerate oral intake, and gastrointestinal bleeding. The most common indication for reversal was refractory marginal ulcer disease (n=6), followed by dysphagia and inability to tolerate oral intake (n=2), and malnutrition (n=2). All patients underwent revision of their gastrojejunostomy before consideration for reversal.

Figure 1: Indication for RYGB Reversal

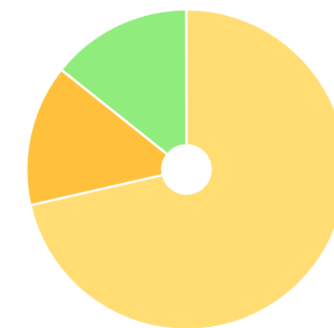


Refractory marginal ulcer
Dysphagia and inability to tolerate oral intake
Malnutrition



The mean interval between the index RYGB and reversal was 40 months and mean percentage of excess weight loss was 86.4%. Our reversal technique involved resection of the gastrojejunostomy and entire Roux limb, followed by gastrogastrostomy. All cases were done laparoscopically with the mean operative time of 166 minutes. The mean length of postoperative stay and follow-up were 7 days and 9 months, respectively. Following the reversal procedure, two patients had persistent abdominal pain without a clear etiology, one had ulcer recurrence, two had significant gastroparesis including one patient requiring a feeding gastrojejunostomy, one had complete resolution of her symptoms, and one had marked improvement necessitating only oral antiemetics as needed.

Figure 2: Outcome After Reversal



Persistent Symptoms
Improved Symptoms
Complete Resolution

Reference

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Conclusion

While the rate of bypass reversal was low, patients who required bypass reversal tended to have prolonged issues such as refractory marginal ulcer disease prior to reversal and had mixed outcomes after reversal. Our findings provide further insights into the indications, approaches, and outcomes of patients who undergo reversal and add to the current limited literature to aid surgeons and patients about the expectations of the procedure.

Time
40 months
Reversal rate
0.3%