Early 1-year Outcomes Following Limb Distalization to a Common Channel Length of 500 cm for Weight Recidivism

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Background

- Distalization of a Roux-en-Y gastric bypass (D-RYGB) is an increasingly common revisional bariatric option for patients with weight recidivism (WR), with the advantage of avoiding revision or dissection of the gastric pouch.
- This involves transposing the Roux limb base to a more distal location, shortening the common channel (CC).
- Shortening a CC length to 200-300 cm may successfully induce weight loss, however, can be accompanied by intractable diarrhea and nutritional deficiencies.
- We report our experience with weight loss, symptoms and nutritional deficiencies after shortening to a 500 cm CC.

Aim

- The primary study aim was to evaluate weight loss, symptoms of diarrhea and nutritional deficiencies following limb distalization using a 500 cm CC.

Methods

- This is a retrospective review of early experience with a less aggressive D-RYGB.
- We reviewed outcomes of patients at one year follow-up with previous RYGB and WR, that underwent D-RYGB at a single tertiary care center in 2019 to a CC length of 500 cm.
- Perioperative weight loss, nutritional deficiencies and comorbidities were evaluated.

Results

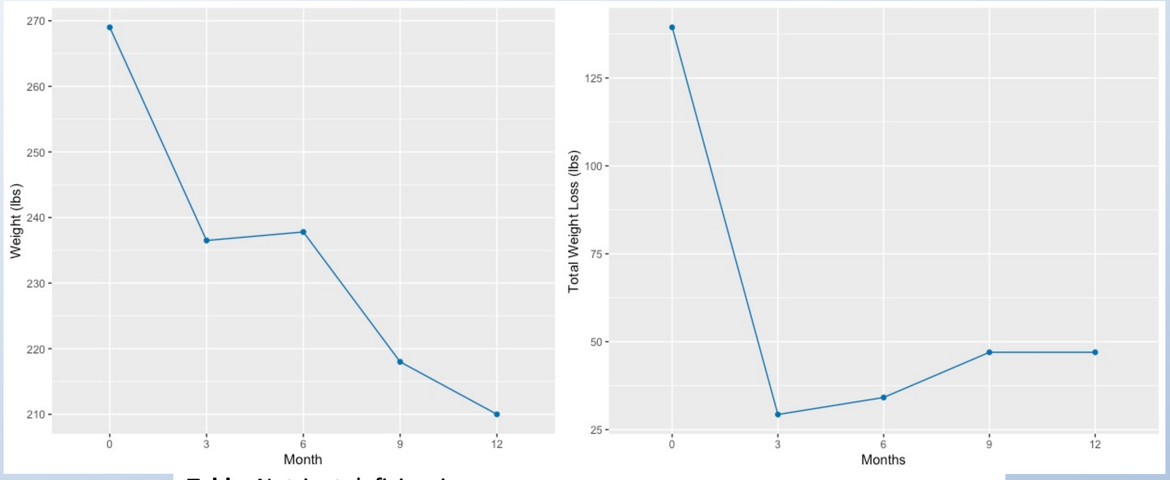


Table: Nutrient deficiencies.

Nutrient Deficiency	3 months (n=10)	6 months (n=6)	9 months (n=8)	1 year (n=7)
Vitamin A	5 (50%)	3 (50%)	1 (12.5%)	2 (28.6%)
Vitamin B12	3 (30%)	2 (33.3%)	2 (25%)	0
Vitamin D	4 (40%)	3 (50%)	3 (37.5%)	3 (42.8%)
Vitamin K	2 (20%)	0	0	0
Iron	5 (50%)	3 (50%)	1 (12.5%)	2 (28.6%)
Any	8 (80%)	5 (83.3%)	4 (50%)	3 (42.7%)

Figure: Weight Parameters following D-RYGB

Conclusions

- D-RYGB to 500 cm may be an effective weight loss option for WR and may lessen risk of diarrhea and vitamin deficiencies.
- Further data are needed on the optimal length of Roux limb distalization to maximize weight loss while minimizing complications.