Revisional Bariatric Surgery in the Elderly: Outcomes from Three Tertiary Referral Centers in the Middle East and North-America.

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Background

- Bariatric surgery is safe and effective but a subset of patients will need a **revisional surgery**.
- Indications included; inadequate weight loss, weight regain, lack of comorbidity resolution and chronic postsurgical conditions.
- Older patients are perceived to **have higher complication rates** and as such, may not be offered these procedures.
- The aim of this study was to analyze the safety and efficacy of revisional bariatric surgery in a cohort of older patients.

Methods

- All bariatric procedures performed from **March 2013 to October 2020** were retrospectively reviewed for analysis.
- All patients **≥ 60 years old** undergoing revisional bariatric surgery at Cleveland Clinic Abu Dhabi, Ohio and Florida were included.
- Intraoperative and postoperative outcomes were analyzed.

Results

- **Twenty-four** patients were included, 70.8% were female with a mean age of 65 years.
- The median body mass index (BMI) was **28.5 kg/m²** in the group of patients with chronic postsurgical conditions (CPC) and **46.7 kg/m²** in the group of weight regain/ residual comorbidity (WRRC).
- **Primary procedures included** Sleeve gastrectomy (n=19, 79.1%), Roux en-Y gastric bypass (n=3, 12.5%), One-anastomosis gastric bypass (n=1, 4.1%), and Primary obesity surgery endolumenal procedure (n=1, 4.1%).
- Median time between primary to revision was **36 months** (3-168).

Table 1. Indications for revision

Primary indication for revision	(N, %)
Chronic postsurgical conditions	15 (58.3%)
Weight regain/ residual comorbidity	9 (33.3%)

- **Revisional procedures comprised**: Conversion to Roux en-Y gastric bypass (n=19, 79.1%), revision of gastro-jejunal anastomosis (n=2, 8.3%), re-sleeve (n=1, 4.1%), conversion to biliopancreatic diversion with duodenal switch (n=1, 4.1%), and distalization (n=1, 4.1%).
- 91.6% of cases were completed laparoscopically with a mean time of 326 minutes (SD±235).
- The mean hospital stay was **nine days** (SD±13.8).

Results

- At 12 months, the median BMI was **37.0 kg/m²** in the group of WRRC.
- Major postoperative complications occurred in five patients **(CPC=3 & WRRC=2)** including; three (12.5%) anastomotic leaks, one (4.1%) case of gastrointestinal bleeding, and one (4.1%) small bowel obstruction.

Table 2. Procedural Outcomes and follow up

Resolution of primary indication (N, %)	
Chronic postsurgical conditions	15 (100%)
Weight regain/ residual comorbidities	6 (66%)
Duration of follow-up (median, months) (IQR)	33 (1-81)
30-day mortality (N, %)	0 (0%)

Conclusions

- Postoperative complications rates are **higher** in patients older than 60 years without differences among indications for revisions.
- Resolution rates of the primary indication are **higher** in patients with chronic postsurgical conditions.
- This series suggests that revisional bariatric surgery is effective in patients **≥ 60 years old,** however longer follow-up and larger trials are needed to validate this data.

Disclosures

- Authors have no conflicts of interest relevant to this publication.