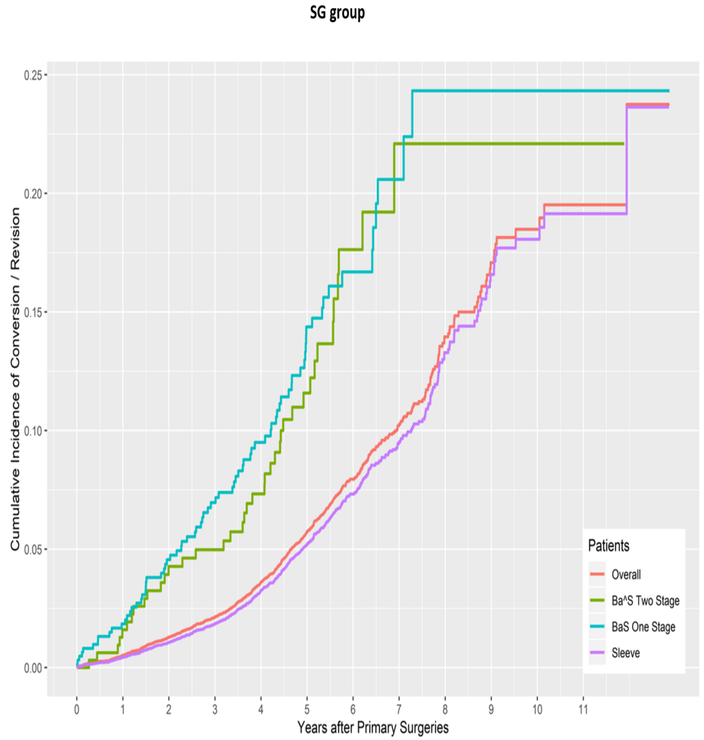
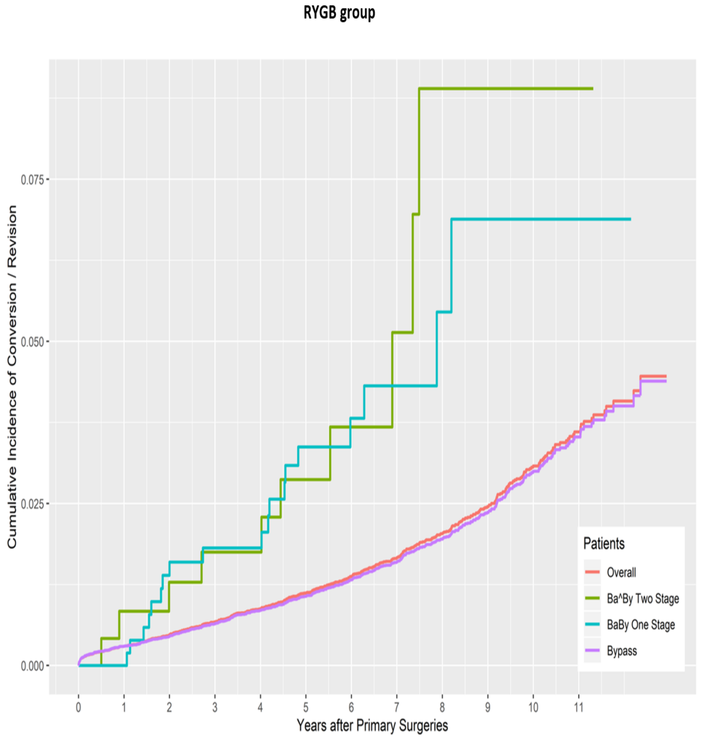
THE DURABILITY OF REVISIONAL SLEEVE GASTRECTOMY AND ROUX-EN-Y GASTRIC BYPASS AFTER PREVIOUS ADJUSTABLE GASTRIC BAND.



Number of Patients at Risk

Overall:	14691	13615	12543	11302	9389	6470	3127	1433	638	324	175	73
Ba^S Two Stage:	321	304	278	258	219	142	63	25	11	5	4	2
BaS One Stage:	621	559	501	436	354	242	123	48	23	8	3	2
Sleeve:	13749	12752	11764	10608	8816	6086	2941	1360	604	311	168	69



Number of Patients at Risk

Overall:	32617	30763	29282	27736	25763	22765	18510	14671	11040	7750	4896	2505
Ba^By Two Stage:	248	236	221	208	184	145	98	64	39	25	12	5
BaBy One Stage:	555	518	480	449	404	318	216	124	76	37	25	10
Bypass:	31814	30009	28581	27079	25175	22302	18196	14483	10925	7688	4859	2490

Figure 1: Cumulative Incidence Curves for the Overall Patient Groups and each Specific Patient Group

Background: Patients with adjustable gastric banding (AGB) often require revision, to one-stage or two-stage sleeve gastrectomy (SG) or Roux-en-Y gastric bypass (RYGB).

Objective: Compare the long-term durability of revisional SG and RYGB, in terms of subsequent revision/conversion (RC).

Methods: The New York Statewide Planning and Research Cooperative Systems (SPARCS) dataset was queried from 2006 to 2013 for patients who underwent primary SG and RYGB, one-stage and two-stage conversion from AGB to SG and RYGB. A multivariable Cox proportional hazard model was used to compare the RC risk among these groups.

Results: 13,749 had primary SG, 621 one-stage and 321 two-stage AGB to SG. 31,814 had primary RYGB, 555 one-stage and 248 two-stage AGB to RYGB. The estimated 5-year cumulative RC incidence rate was significantly lower after primary surgery than after prior AGB (one-stage AGB to SG 14.4%, two-stage AGB to SG 11.6%, primary SG 5.2%, one-stage AGB to RYBG 3.4%, two-stage AGB to RYGB 2.9%, primary RYGB 1.1%, p-value < 0.0001). RYGB and SG did not differ significantly in terms of the elevation effect of one and two stage AGB conversion over primary surgeries (RYGB vs SG: one-stage vs primary HR = 0.97, 95% C.I. = [0.58, 1.63], p-value = 0.9153; two-stage vs primary HR = 1.02, 95% C.I. = [0.50, 2.07], p-value = 0.9596).

Conclusion: RC after AGB to SG or RYGB is more frequent compared to primary surgeries with procedures following AGB to SG being more common than AGB to RYGB. However, that difference was proportionally similar to the difference noted for primary SG and RYGB.

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