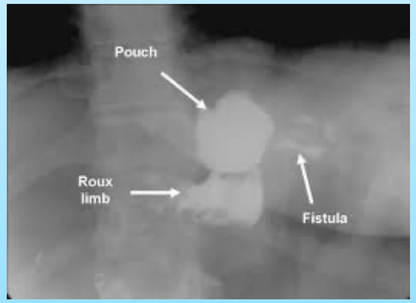
# BARIATRIC REVISIONAL SURGERY FOR GASTRO-GASTRIC FISTULA FOLLOWING ROUX-EN-Y GASTRIC BYPASS POSITIVELY IMPACTS WEIGHT LOSS

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## Background

- Gastro-gastric fistula (GGF) is a rare complication from Roux-en-Y gastric bypass (RYGB), reported incidence of 1-6%.
- Known risk factor associated with weight recidivism and an indication for Bariatric Revisional Surgery (BRS).
- Primary outcome ✦ evaluate perioperative outcomes associated with BRS for GGF and the long-term weight loss (WL) outcomes following revision.




## Methods

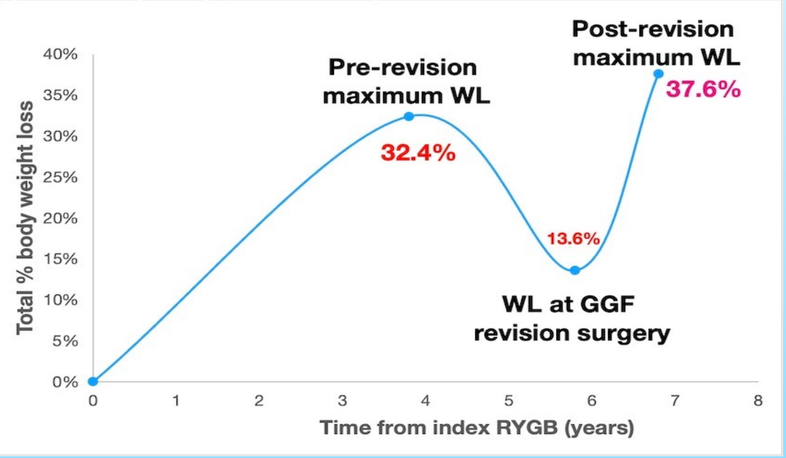
- Single Tertiary Academic Institution.
- Retrospective chart review.
- All patients who had primary bariatric surgery from 2003 to 2020, diagnosed with post RYGB GGF, who underwent BRS were included.
- WL analysis limited to patients who had revision for GGF at least 2 years following RYGB.

## Results

- One hundred and five patients were included.
- Median length of stay (LOS) after revision ✦ 3 days (interquartile range = [2, 5], range = [<1, 27]).
- 30-day reoperation rate ✦ 19%. 30-day readmission rate ✦ 34%. No deaths.
- Mean %WL after primary Roux-en-Y Gastric Bypass ✦ 34% ± 14. The total mean %WL at the time of revision ✦ 18.8%, translating into a weight regain of 13.6% ± 9.5.
- Total mean %WL after revision ✦ 37.6% ± 11.4, translating into WL of 18.8% ± 9.4 after revision when compared to WL at revision time.

| | | N=105 with revision for GG fistula after RYGB |
|---|---|---|
| Age at index operation | Mean (SD) | 45 (10) |
| | [Range] | [22, 67] |
| Age at revision operation | Mean (SD) | 51 (10) |
| | [Range] | [25, 73] |
| Sex, % (n) | Female | 87% (n=91) |
| | Male | 13% (n=14) |
| BMI at index operation | Mean (SD) | 51.6 (10.1) |
| | [Range] | [35.0, 78.7] |
| BMI at revision operation | Mean (SD) | 42.4 (11.2) |
| | [Range] | [22.0, 72.4] |
| Race, % (n) | White | 96% (n=101) |
| | Black | 4% (n=4) |
| Years from index to revision | Mean (SD) | 5.8 (3.3) |
| | [Range] | [<1, 14] |
| Index surgical type, % (n) | Open | 90% (n=94) |
| | Laparoscopic | 10% (n=11) |
| Revision operation type, % (n) | Open | 69% (n=72) |
| | Laparoscopic | 31% (n=33) |

*Figure 1: Mean weight change prior to and following revision for GGF*




## Key Findings

- 30-day reoperation and readmission rates were high. No deaths occurred within the same period.
- In the years leading up to revision for GGF, we observed weight regain from maximum WL from primary surgery. Following revision, the average WL exceeded the amount regained prior to revision.

## Conclusion

- Our results demonstrate that revision for gastro-gastric fistula can be safely performed, however is associated with higher morbidity than primary bariatric surgery. Revision for gastro-gastric fistula results in significant long term weight loss.

Roberts, K. E., Duffy, A. J. and Bell, R. L. (2007) 'Laparoscopic Transgastric Repair of a Gastrogastric Fistula After Gastric Bypass: A Novel Technique', *Surgical Innovation*, 14(1), pp. 18–23.

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