DECISIONS IN BARIATRIC SURGERY: LESS IS MORE

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BACKGROUND

The prevalence of obesity is increasing globally; bariatric surgery is a treatment that has shown the most remarkable effectiveness in terms of long-term weight loss. There are different bariatric surgery techniques, including sleeve gastrectomy and roux-en-Y gastric bypass. The current literature shows no differences in their outcomes in terms of weight loss and carbohydrate metabolism improvement.



CASE PRESENTATION

A 55-year-old female patient with a history of DM-2 and coronary artery disease with two previous episodes of acute myocardial infarction, weighing 97 kg, BMI 40.3, who underwent sleeve gastrectomy two years ago, with lost weight up to 65 kg, BMI 27.1 in the first year. She regained weight progressively, reaching 88 kg, BMI 36.6, three years after surgery. We decided to do a bariatric conversion surgery, a laparoscopic roux-en-Y gastric bypass. However, a laparoscopic re-sleeve gastrectomy was performed in this high-risk patient due to surgical and anesthetic considerations such as surgery time extension.

During the surgery, a large volume stomach was evident. In the procedure, gastric volume was reduced by 60%. The patient evolved satisfactorily, losing 12 kg in the first postoperative month.

CONCLUSION

Some patients have weight regain after gastric sleeve (defined as loss of less than 50% of excess weight). For these patients there are different surgical options, such as a Roux-en-Y gastric bypass requiring multiple anastomosis or a re-sleeve gastrectomy.

Mortality after bariatric surgery is currently low, and there are no significant differences between the different bariatric surgery techniques; however, this may increase in patients with multiple comorbidities. In our case, we decided to perform a re-sleeve gastrectomy to reduce surgical time and the risk of perioperative complications, with an excellent postoperative result in terms of weight loss. This case may serve as a reference in future similar cases.