The Effect of Medical Management vs. Endoscopic Gastric Pouch Revision on Weight Recidivism Status Post Roux-en-Y Gastric Bypass

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INTRODUCTION

- Bariatric surgery is one of the most effective tools to combat the growing obesity epidemic
- Roux-en-Y Gastric (RYGB) bypass is one of the most effective bariatric procedures
- Weight recidivism occurs in approximately 30% of patients
- Nonsurgical treatment options include medical management or an endoscopic revision of the gastrojejunal anastomosis using the Overstitch™ device

STUDY PURPOSE

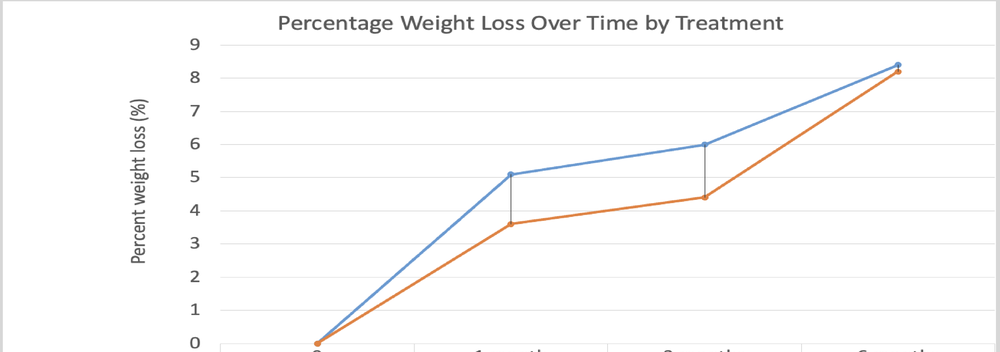
- To compare the effectiveness of medical management vs. endoscopic gastrojejunal revision in treating weight recidivism

METHODS

- A retrospective review was conducted for all patients who underwent endoscopic revision or medical management for treatment of weight recidivism after RYGB between January 2019 and July 2022
- Weight loss outcomes between the two groups were analyzed at 1, 3, and 6 months

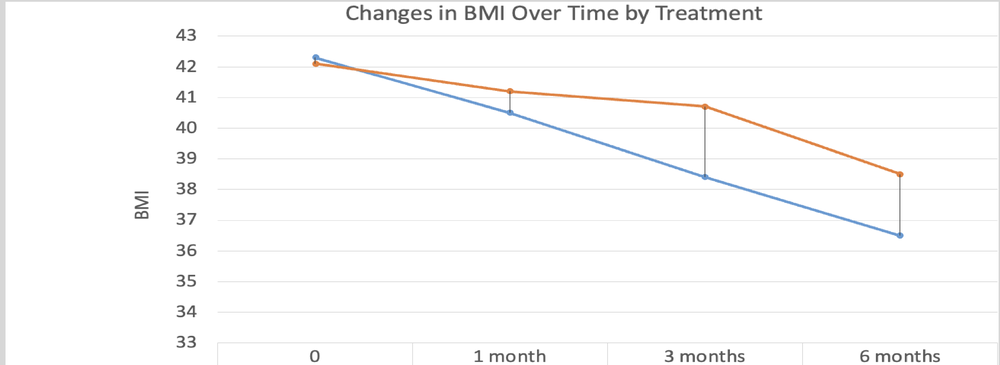
RESULTS

Figure 1: Percent Weight Changes Over Time by Type of Intervention



	0	1 month	3 months	6 months
Endoscopic revision	0	5.1	6	8.4
Medical	0	3.6	4.4	8.2

Figure 2: BMI Changes Over Time by Type of Intervention



	0	1 month	3 months	6 months
Endoscopic revision	42.3	40.5	38.4	36.5
Medical	42.1	41.2	40.7	38.5

RESULTS

- 38 patients (33 females, 5 males) with a mean age of 50.4 years were included
- 26 patients in the endoscopic revision group and 12 in the medical management group
- The medical management group had a higher incidence of musculoskeletal disease, diabetes, dyslipidemia, and depression
- There was no difference in pre-treatment body mass index (BMI) between the groups
- Mean percent weight loss was higher in the endoscopic revision group at 1 month, 3 months, and 6 months (**Figure 1**)
- Mean BMI was also lower for the endoscopic revision group at 1 month, 3 months, and 6 months (**Figure 2**)

CONCLUSION

- Although endoscopic revision has a higher mean percent weight loss, it is statistically equivalent to daily medical management
- Combination therapy with endoscopic pouch revision and medical management should be evaluated