Results of failed Roux-en-Y gastric bypass reversal - marginal ulcers and partial obstruction

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Introduction

One of the most successful surgical interventions to treat obesity is the Roux-en-Y gastric bypass (RYGB), accounting for over 60 to 70% of all bariatric operations in the United States since 2003. However, the intervention is not without complications, with up to 25% of bariatric patients requiring a second operation at some point, including reversals. As such, the rate of RYGB reversal surgeries have markedly increased, while little information exists discussing the long-term complications of reversal procedures. We wish to highlight such a case, illustrate subsequent surgical management, and discuss outcomes following the intervention.

History of Present Illness

Patient is a 51-year-old female with a complex surgical history. She had an RYGB in 2003 before reversing it to normal anatomy in 2019. She first presented to the emergency room with complaints of abdominal pain, uncontrolled diarrhea, and an inability to tolerate food for 6 months. Subsequent imaging (Figures 1 and 2) was done to explore the etiology of her symptoms. Her anatomy is illustrated in Figure 3A.

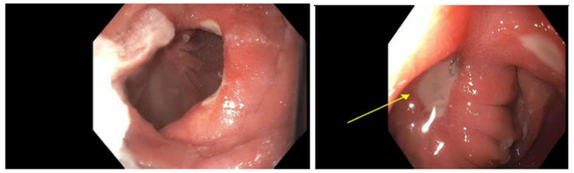


Figure 1. Multiple marginal ulcers were found at the remnant jejunum of the gastric pouch.

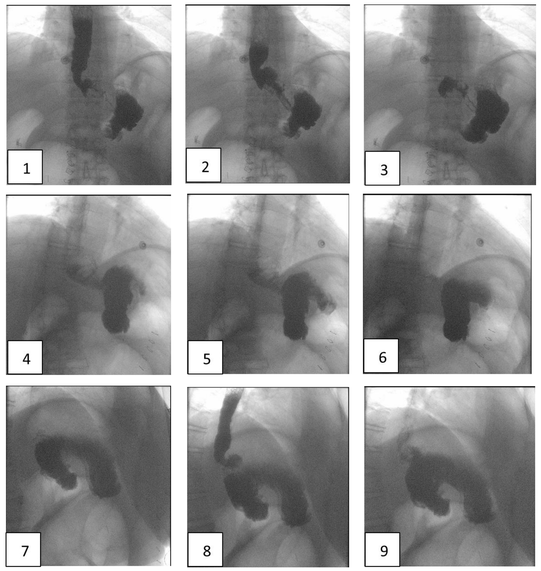


Figure 2. Patient's RYGB reversal was stenosed and placed high along the cardia of the remnant stomach and pouch, rendering it not dependent or particularly functional.

Intervention

After multiple attempts to mobilize the abdomen with the laparoscope, a large gastrotomy was performed, and an endoscope was utilized to identify a small pinhole connection between the patient's pouch and remnant stomach along the superomedial portion of the remnant stomach's fundus. The anvil of a 60 mm GIA black load stapler was guided through and fired twice to come across the stricture (Figure 3B). After the stricture was completely crossed, the endoscope was passed through, confirming that it was widely patent.

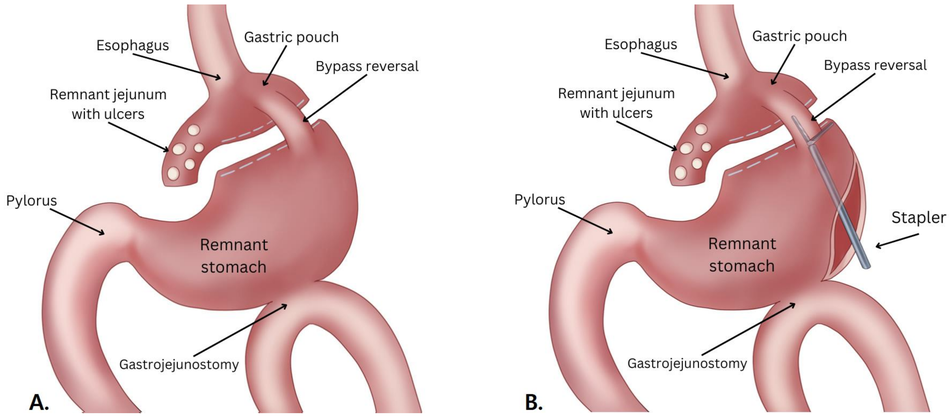


Figure 3. Original anatomical illustration by Rena Jiang and Kristina Gemayel of the patient's upper gastrointestinal system.
A. Patient's anatomy after her RYGB reversal in 2019, revealing marginal ulcers at the remnant jejunum of the gastric pouch and a nonfunctional RYGB reversal.
B. For patient's RYGB reversal revision as detailed in this paper, a large gastrotomy was performed to find and widen the stenosed bypass reversal with a stapler.

Conclusion

Long-term complications following RYGB reversal are not well-discussed in the literature. This case offers insight into such complications, discusses the surgical technique utilized to fix them, and calls for further research on the topic to better inform surgeons and patients alike.

No COI to declare.

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