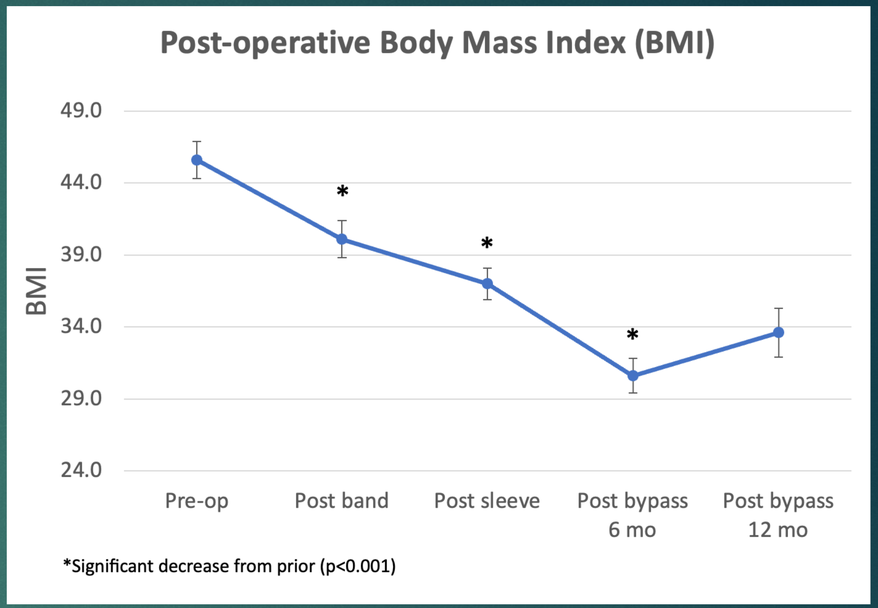
TITLE: "HAT TRICK" BARIATRIC SURGERIES: OUTCOMES AFTER GASTRIC BAND CONVERSION TO SLEEVE GASTRECTOMY TO GASTRIC BYPASS

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INTRODUCTION:
There has been a sharp rise in revisional bariatric surgery, currently making it the third most common procedure overall. As a result, there have been cases of "hat trick" bariatric surgeries with initial conversion of the adjustable gastric band (AGB) to sleeve gastrectomy (SG) followed by Roux-en-Y gastric bypass (RYGB). We aimed to evaluate the outcomes of this subset of patients at our institution to help guide surgical planning after failed AGB.

METHODS AND PROCEDURES:
Between 2008 to 2022, patients who had undergone "hat trick" bariatric surgeries at a single healthcare system were identified. The median post operative follow-up after RYGB was 12.9 months. Data was analyzed using McNemar's test and Wilcoxon signed rank test

RESULTS:
A total of 41 patients were included (92.7% female) with initial mean body mass index (BMI) of 45.6kg/m^2. The main reasons for conversion from AGB to SG were insufficient weight loss/weight regain (65.9%) or reflux (39.0%). Revision from SG to RYGB was chiefly due to reflux (73.2%) and weight (51.2%). A total of seven 30-day post-operative complications including stricture, leak, hernia and bleeding were seen in six patients (AGB 0; SG 4; RYGB 3) without significant difference in complication rates between AGB to SG and SG to RYGB. Mean BMI was 40.1kg/m^2 following AGB, 37.0 kg/m^2 after SG and 33.6 kg/m^2 12 months after RYGB (Figure). Of the co-morbidities evaluated, there was no significant change in HTN, DM, and OSA after conversion. There was significant increase in reflux with conversion to SG (43.9% to 75.6%, p=0.003) but with significant improvement after revision to RYGB (75.6% to 41.2%, p<0.001). This correlated with a significant increase in PPI/H2 blocker usage after conversion to SG (34.2% to 82.9%, p<0.001) and with a trend towards decreased medication use after RYGB (68.3%, p=0.083).



CONCLUSION:
"Hat trick" bariatric surgeries or conversion of failed AGB to SG followed by RYGB have become more common due to insufficient weight loss/weight regain and reflux. After final conversion to RYGB, patients saw enhanced weight loss and improved reflux symptoms. Although "hat trick" bariatric surgeries are a viable option, RYGB may be considered as the initial revisional procedure in patients with failed AGB and reflux to minimize the risks and cost of an additional operation

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