Conversion to Mini-gastric bypass post single anastomosis sleeve jejunal bypass (SASJ) for non-responders to weight loss

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Background

(SAS-J) bypass is reported as revisional surgery for weight regain after laparoscopic sleeve gastrectomy (LSG). However, technical faults in performing this procedure made it functionless. The aim is to evaluate the efficacy of the mini gastric bypass (MGB) procedure, which was opted to configure the previous SAS-J technique.

Methods

A 37-year-old woman performed LSG in 2016 (97 kg, BMI 41 kg/m2). Her nadir weight was (62kg, BMI 26.1). In 2023, the SAS-J procedure was performed because of weight regain (100kg, BMI 42.1 kg/m2). The patient complained of periodic abdominal cramping, which was relieved with antispasmodic drugs. After 8 months, she lost only 5kg despite the restriction of the diet regimen. A CT volumetry revealed a mild mid-body kinking at the sleeved stomach with a volume of 560-580 cc and a gastro-jejunal anastomosis of 11-12 mm in diameter. The MGB procedure was opted to configure the previous SAS-J technique.

Results

No postoperative complications occurred, abdominal cramping resolved, and the patient lost 20 kg one month postoperatively (75kg, BMI 31.6 kg/m2)

Conclusion

Conversion from (SAS-J) bypass to MGB for non-responders to weight loss requires cautious consideration, thorough evaluation, and skilled surgical intervention. It aims to provide patients with a viable alternative to achieve their weight loss goals and improve their overall health and quality of life.







