Patient outcomes and indications for revisional bariatric surgery following Roux-en-Y gastric bypass: an observational analysis

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Background

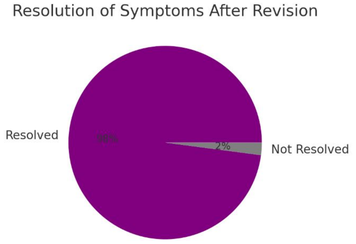
Patients who have undergone bariatric surgery may experience complications such as vomiting and food intolerance, leading to malnutrition and a reduced quality of life. Additionally, weight regain can undermine the benefits of the initial procedure, resulting in the recurrence of comorbidities like diabetes and hypertension. These issues frequently indicate the need for revisional surgery. This study aims to clarify the indications and outcomes of revisional gastric bypass surgeries by analyzing clinical data from procedures performed by a single surgeon between 2009 and 2024.

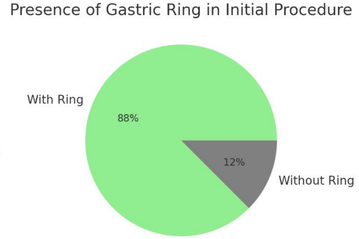
Methods

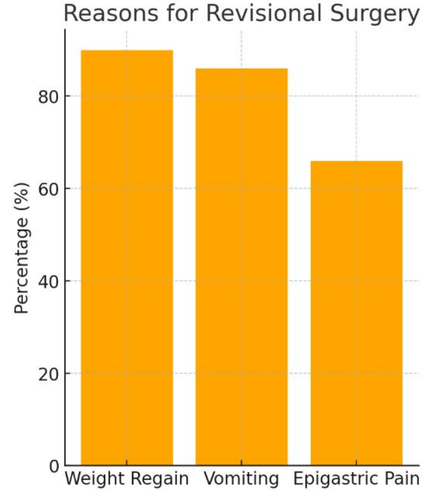
It's a retrospective cohort. Clinical data, including indications, endoscopic findings, weight progression, symptoms, postoperative complications, and surgical techniques, were collected from medical records and organized in a spreadsheet.

Results

A total of 48 patients who had previously undergone gastric bypass surgery were analyzed, including 7 men and 41 women, with **42 having had a gastric ring placed during the initial procedure.** The time between the initial bypass and revisional surgery ranged from 3 to 24 years. The primary reasons for revision were **weight regain (90%), vomiting (86%), and epigastric pain (66%).** Notably, **64% of patients experienced frequent vomiting combined with weight regain**, **all of whom had a gastric ring**. Endoscopic findings revealed an enlarged gastric pouch, stenosis, ring migration (with or without pouch enlargement), stasis, esophagitis, and dilation of the jejunal blind loop. The most common revisional procedures were **lateral gastrectomy, with or without ring removal, and the creation of a smaller gastric pouch**. Patients undergoing revisional surgery for weight regain achieved notable weight loss, **with a median reduction of 11.6 kg at 12 months post-surgery.** Furthermore, **98% of patients who underwent revision for refractory symptoms** (vomiting, pain, or food intolerance) reported complete resolution of their symptoms. We had three postoperative fistulas following the revisional surgeries, and no deaths were recorded.







Conclusion

Revisional gastric bypass surgery is effective for patients facing complications such as weight regain and vomiting. Notably, 87% of the cohort had undergone a banded procedure, highlighting a significant link between gastric rings and postoperative complications. Furthermore, the presence of a gastric ring or food intolerance does not seem to prevent weight regain, as 64% of patients experienced both vomiting and food intolerance alongside weight gain. These findings underscore the complexity of post-bariatric outcomes. Most patients achieved significant weight loss and symptom resolution after revisional surgery, reinforcing its importance in managing ongoing issues following initial bariatric interventions.