

Outcomes of Revisional Roux-en-Y Gastric Bypass

A Single-Surgeon, Single-Institution Retrospective Analysis (2020–2024)

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INTRODUCTION

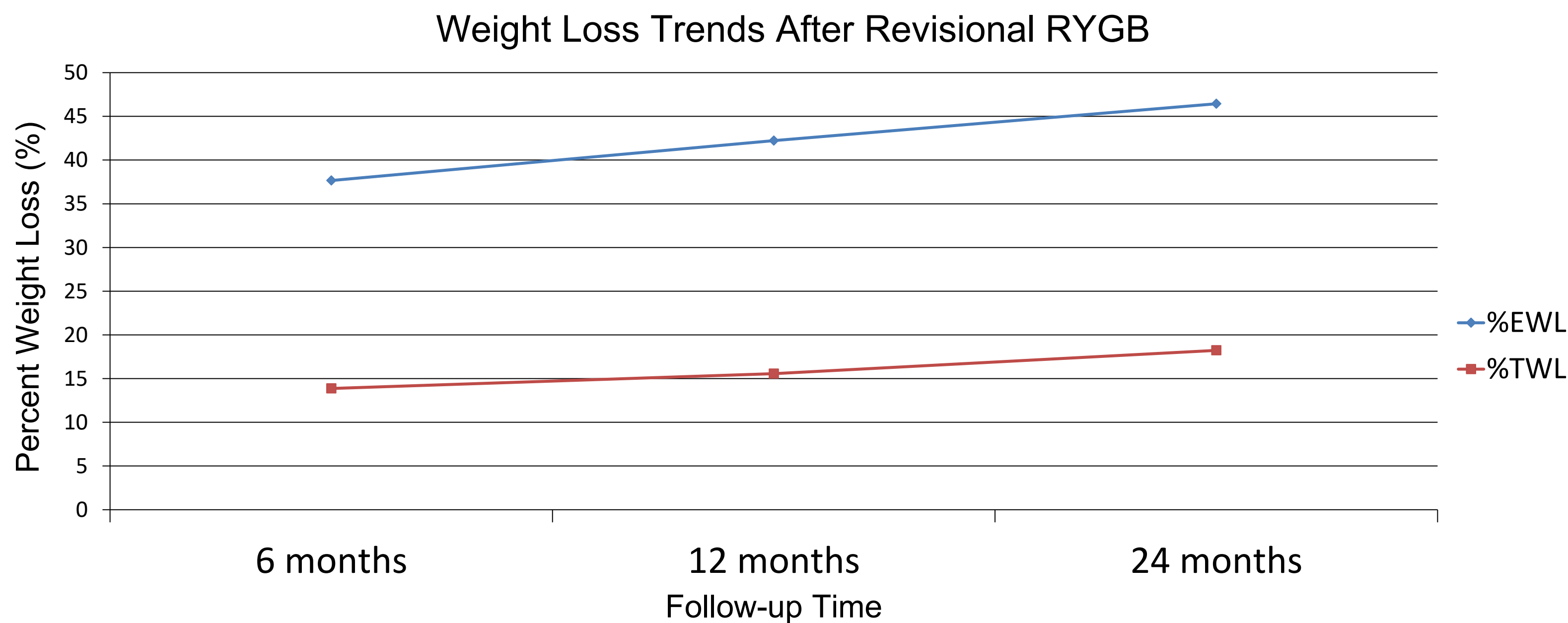
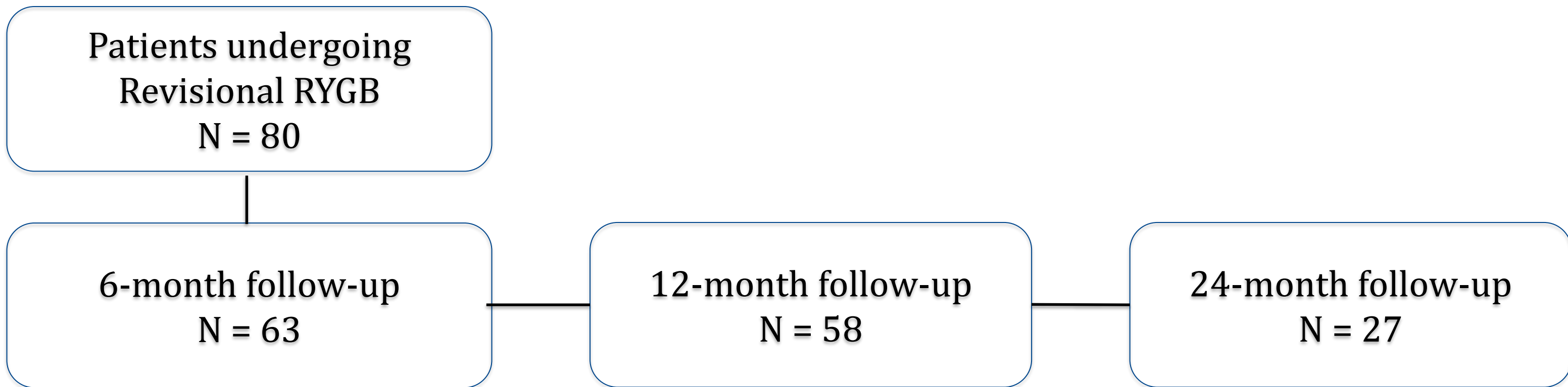
- Obesity continues to rise globally with increasing bariatric surgery utilization.
- Roux-en-Y gastric bypass (RYGB) provides durable weight loss.
- Some patients develop weight regain or inadequate weight loss.
- Revisional RYGB addresses pouch dilation, GJ enlargement, and inadequate malabsorption.
- Objective: Evaluate outcomes following revisional RYGB.

METHODS

- Retrospective review of 80 adult patients (2020–2024).
- Single surgeon at one U.S. institution.
- Primary outcomes: %EWL and %TWL at 6, 12, 24 months.
 - EWL(Excess body weight loss), TWL(Total body weight loss)
- Secondary outcomes: comorbidity resolution and complications.
- Statistical analysis: paired t-tests, McNemar test, ANOVA with Tukey HSD.
- Statistical significance defined as $p < 0.05$.

PATIENT DEMOGRAPHICS

- N = 80 patients
- Mean age: 49 years (30–69)
- Female: 92.5%
- Mean starting weight: 120 kg



Comorbidity	Preoperative (N)	Postoperative (N)	P-value
Diabetes	11	5	0.0312
Hypertension	37	27	0.0117
Hyperlipidemia	22	9	0.0213
Sleep apnea	12	12	N/A

DISCUSSION

- Revisional RYGB achieved significant weight loss across follow-up intervals.
- %EWL outcomes align with published literature (~39–43% at 12 months).
- Improvement seen in diabetes, hypertension, and hyperlipidemia.
- Revision technique did not significantly alter %EWL outcomes.

CONCLUSION

- Revisional RYGB is an effective treatment for failed primary bariatric surgery.
- Significant weight loss and comorbidity improvement observed.
- Acceptable complication profile.

LIMITATIONS

- Retrospective study design.
- Single surgeon and institution.
- Reduced follow-up beyond 12 months.

Complication Type	Count (%)
Any complication	7 (8.8%)
30-day readmission	4 (5.0%)
Reoperation	0 (0%)
Endoscopic intervention	2 (2.5%)

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