Safety and Feasibility of Conversion of Roux-en-Y Gastric Bypass to BPD/DS versus SADI: An Analysis of MBSAQIP Database

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Background

- Recurrent weight gain (RWG) after RYGB occurs in ~15% of patients
- Revisional strategies include BPD/DS and SADI-S.
- Limited comparative data exist after RYGB.

Objective

- Compare 30-day outcomes and early weight loss.

Methods

- Retrospective cohort analysis of MBSAQIP database (2020-2022)
- Patients undergoing BPD/DS or SADI-S following primary RYGB
- Primary outcomes: 30-day complications
- Secondary outcomes: Operative variables, 30-day weight loss
- Statistical significance $p < 0.05$

Results

Operative outcomes

Variable	BPD/DS (n=465)	SADI-S (n=151)	p-value
Operative time (min)	211.6 ± 81.7	211.9 ± 86.9	0.429
Length of stay (days)	3.0 ± 4.6	3.1 ± 4.1	0.747
Laparoscopic approach	55.2%	61.5%	0.108
Robotic approach	40%	37%	0.524
Conversion to open	0.6%	1.3%	0.418

Weight loss

Metric (30 Days)	BPD/DS	SADI-S	p-value
%EWL	11.4 ± 9.7%	14.4 ± 7.8%	0.462
%TWL	6.0 ± 5.1%	7.1 ± 3.6%	0.323
%EBMIL	12.9 ± 11.7%	16.3 ± 9.5%	0.531

30-Day outcomes

Outcome (30 Days)	BPD/DS	SADI-S	p-value
Overall complications	**17.2%**	**18.5%**	0.706
Anastomotic leak	**5.8%**	**5.9%**	0.944
Surgical site infection	8.1%	11.2%	0.247
GI bleeding	3.0%	1.3%	0.388
Reoperation	7.9%	7.2%	0.788
Readmission	14.8%	13.9%	0.778
ED visit	12%	11.2%	0.795
Mortality	0.8% (n=4)	0% (n=0)	0.252

Key Findings

✓ **Comparable 30-day complication rates** between BPD/DS (17.2%) and SADI-S (18.5%), p=0.706

✓ **Similar anastomotic leak rates** (~6% in both groups) — higher than primary procedures, reflecting increased complexity of revisional surgery

✓ **No significant differences** in operative time (~212 min), length of stay (~3 days), or early weight loss metrics

Conclusion

BPD/DS and SADI-S are both viable and comparable revisional options for patients with recurrent weight gain after RYGB. Procedure selection may be guided by surgeon expertise, patient anatomy, and institutional experience rather than expected perioperative outcomes. This study is limited to 30-day MBSAQIP data; **future studies evaluating nutritional sequelae and long-term weight loss durability are warranted.**

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