

Que faire en cas d'échec ? Sleeve Gastrectomy et GBP

- Dr Benjamin MENAHEM, Service de chirurgie digestive – CHU de Caen
 - 10 novembre 2022

1^{ère} Journée territoriale de l'obésité. Caen

Cas



Obésité compliquée de SAS avec appareillage, HTA, DID (pompe)
ATCD : Insuffisance rénale, dépression



IMC max 44. En préopératoire IMC 43,7 (112 kg pour 1,60m)

Monsieur X



61 ans

ATCD :

AGA en 2002, retiré en 2012 pour migration intragastrique
SG en 2014 => RCP régionale



**INTERVENTION : BY PASS gastrique par voie
coelioscopique en 2019, pour RGO et ISPP (PEP 37%)**



**Suites simples, revu en 2022 :
IMC 36,8, PEP 47%**

Synthèse du cas : histoire pondérale

2002		2014		2019 ...	2022
AGA	NADIR AGA	Sleeve gastrectomie	NADIR Sleeve Gastrectomie	BPG	
IMC 55 Poids 134	IMC 29,4 Poids 89	IMC 49 Poids 128	IMC 32 Poids 101	IMC 39,3	IMC 36,8
	Suppurations du boîtier multiples			HTA IRC DNID SAS >60 ans...	Résolution partielle SAS

Synthèse du cas : Objectifs

- Connaître les éléments clés de la définition d'un **échec** après chirurgie bariatrique
- Connaître les résultats à court et moyen terme de la chirurgie de **conversion** d'une sleeve gastrectomy
- Connaître les **options thérapeutiques** après échec de bypass-gastrique

Introduction – Rationnel

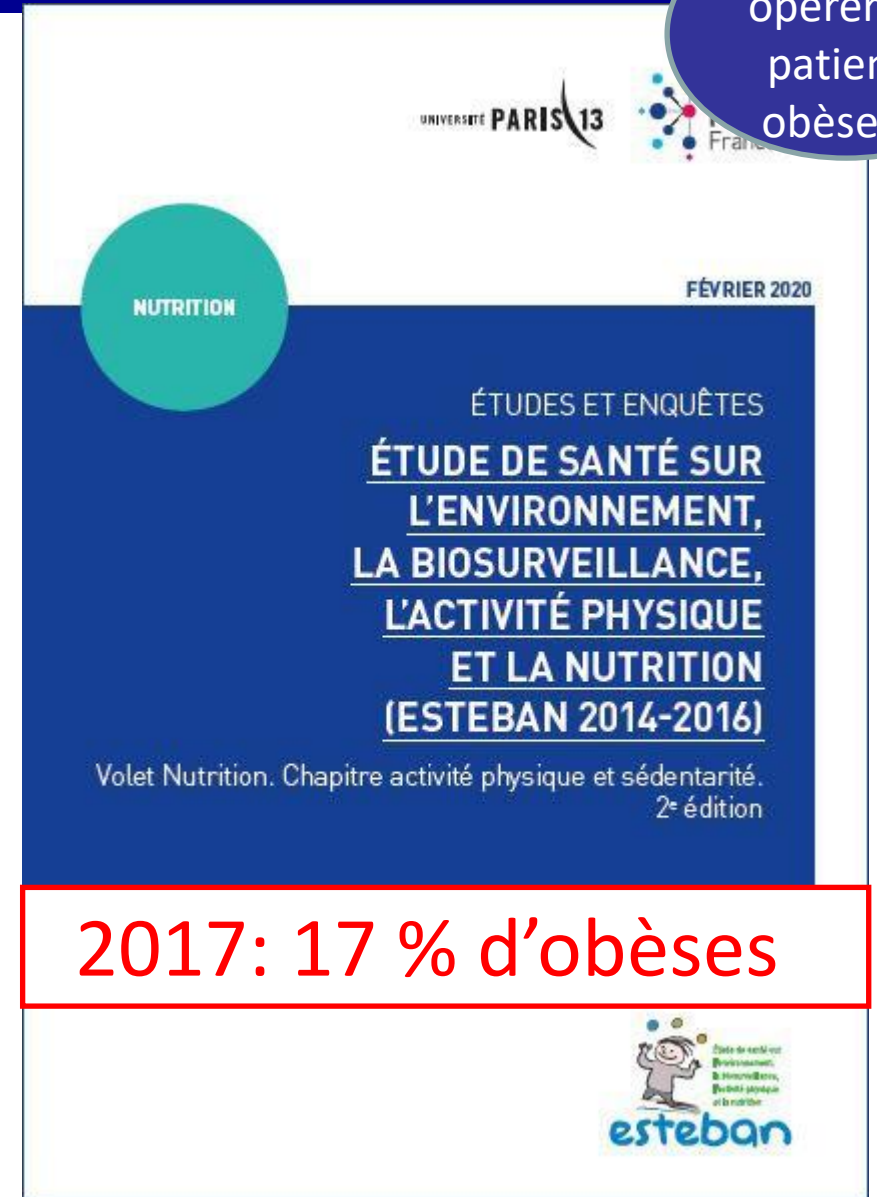
Introduction

Pourquoi opérer les patients obèses ?

Obesity: the greatest epidemic of the 21st century?

Obesidade: a maior epidemia do século XXI?

Paulo Manuel Pêgo-Fernandes^I, Benoit Jacques Bibas^{II}, Mariana Deboni^{III}



Introduction

Pourquoi
opérer les
patients
obèses ?

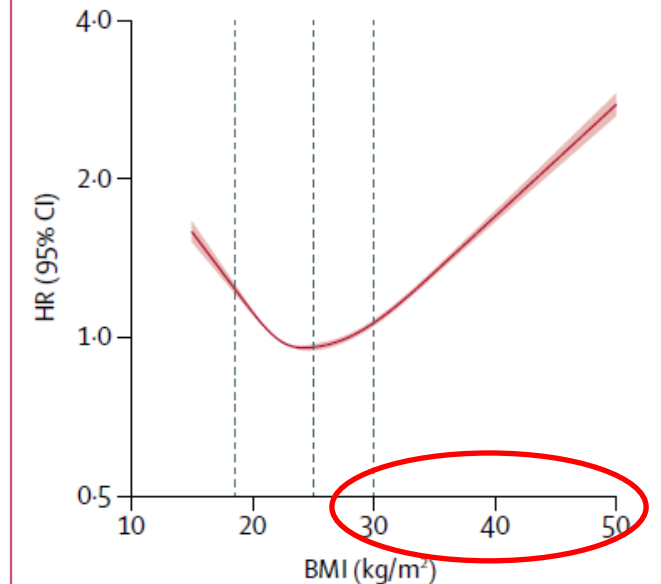
- Mortalité lié à l'obésité:
- Etude de population sur 3.6 millions d'individus

	Men		Women	
	Expected age of death at age 40 years (years)	Reduction in life expectancy (years)	Expected age of death at age 40 years (years)	Reduction in life expectancy (years)
Underweight (<18.5 kg/m ²)	77.9	4.3	79.8	4.5
Healthy weight (18.5–24.9 kg/m ²)	82.2	..	84.3	..
Overweight (25.0–29.9 kg/m ²)	81.2	1.0	83.5	0.8
Obese (all, ≥30.0 kg/m ²)	78.0	4.2	80.9	3.5
Obese class 1 (30.0–34.9 kg/m ²)	78.7	3.4	81.9	2.4
Obese class 2 (35.0–39.9 kg/m ²)	76.2	5.9	79.6	4.7
Obese class 3 (≥40.0 kg/m ²)	73.1	9.1	76.6	7.7

Expected age of death at age 40 years estimated from a Poisson model for overall survival with six-category BMI variable, 5-year age bands, sex, and interaction terms for BMI with age at BMI, and BMI with sex (see appendix for details); estimates assume mortality observed in the study remains constant. Reduction in life expectancy is calculated as expected age of death minus expected age at death in the healthy weight category.

Table 3: Expected age at death for a never-smoker aged 40 years by WHO BMI category,³⁹ and estimated reduction in life expectancy compared with an individual of healthy weight

Toutes causes de
B mortalité confondues



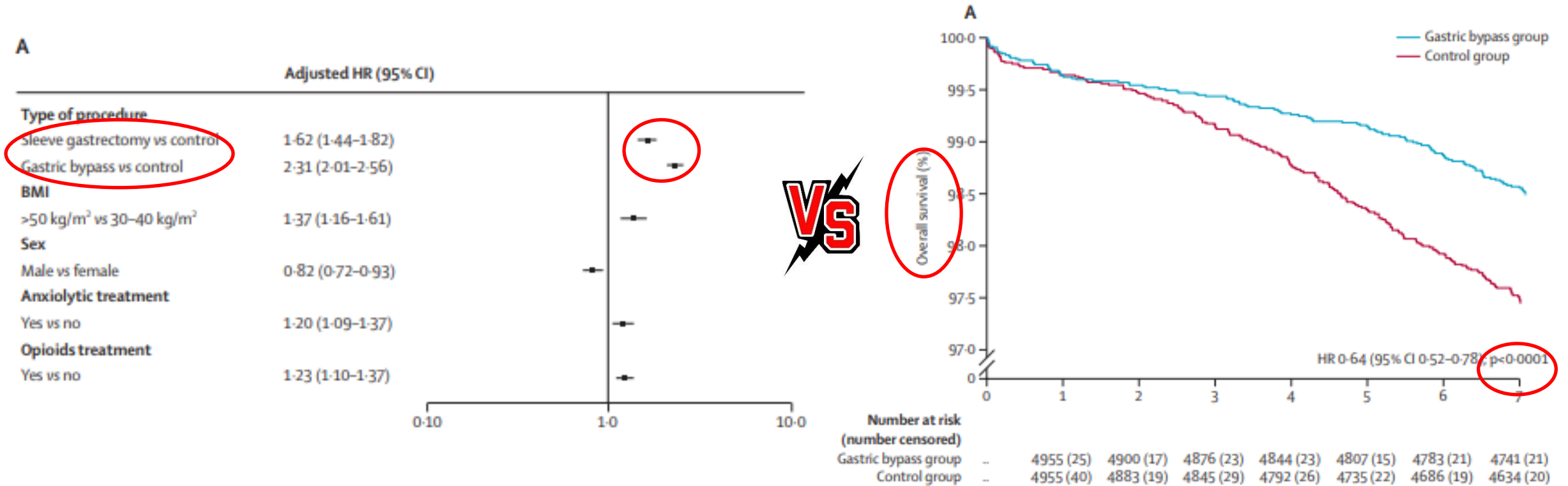
A 40 ans, un homme obèse morbide perd 9 années de vie



Introduction

Pourquoi opérer les patients obèses ?

- Mortalité lié à l'obésité : la réduction a un coût !
- Etude comparative des données PMSI # 8000 patients / groupe



Le patient opéré a un risque augmenté de :
Réintervention chirurgicale et endoscopique
Troubles gastrointestinaux et nutritionnels

Introduction

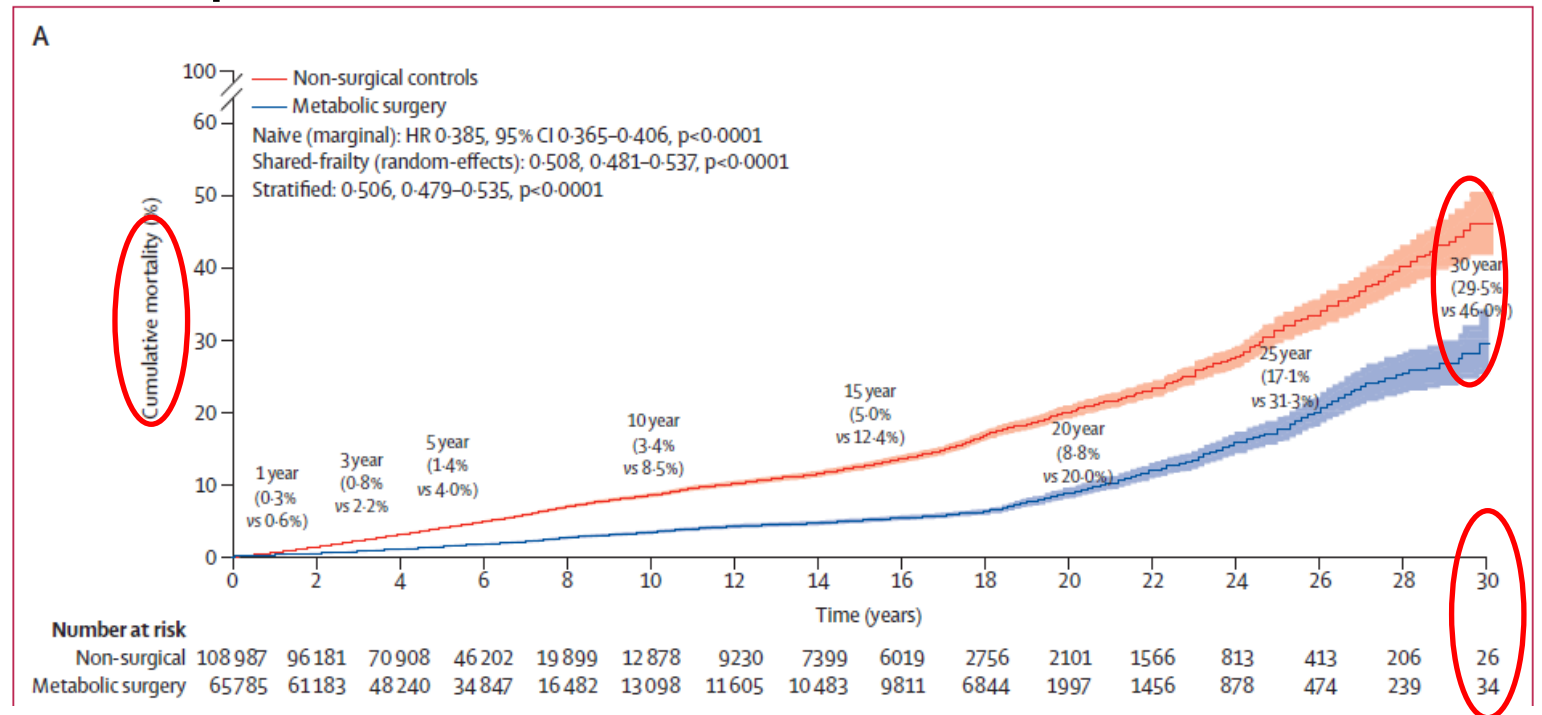
Pourquoi opérer les patients obèses ?

- Impact de la chirurgie sur les complications métaboliques :
 - Méta-analyse (RCT + études comparatives) # 175000 patients

Gain d'espérance de vie de 6 ans dans toute la population

Et..

De 9 ANS chez les patients diabétiques avec la chirurgie



Chirurgie > Traitement médical même au très long terme...

Le rationnel de la chirurgie

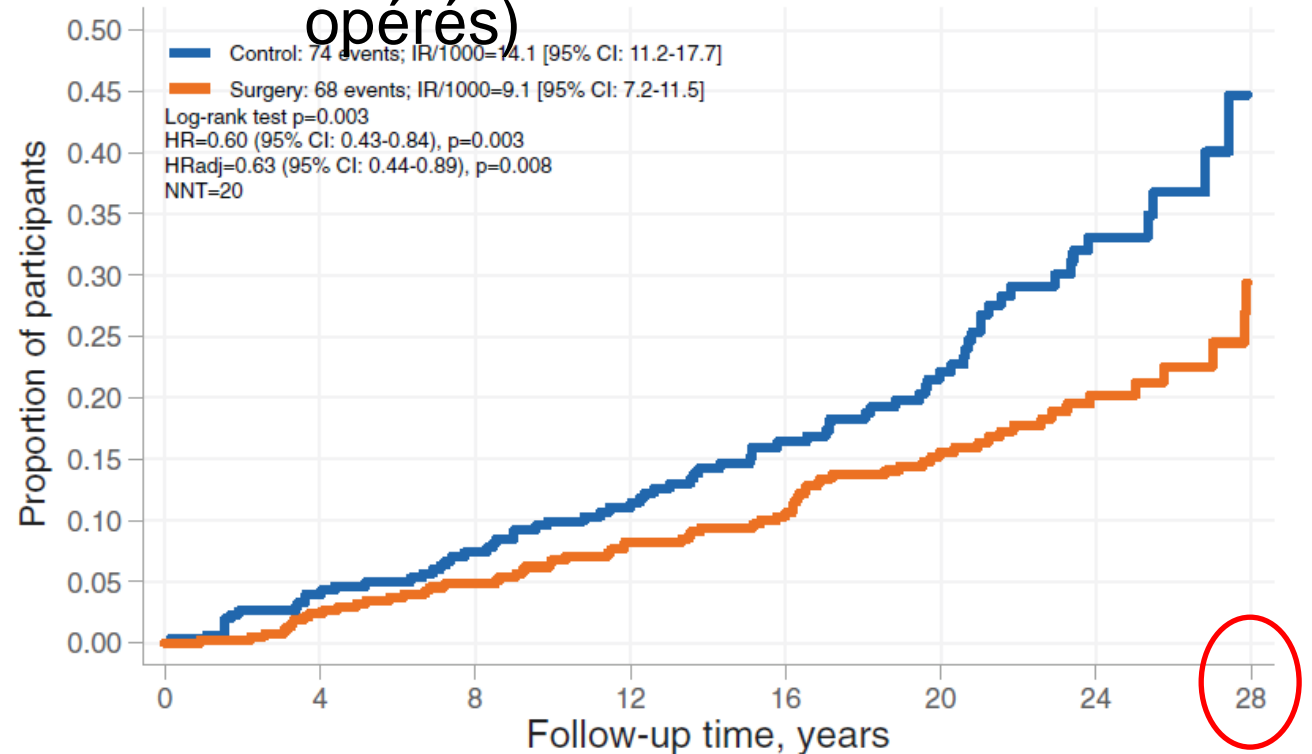
Pourquoi opérer les patients obèses ?

Association of Bariatric Surgery With Cancer Incidence in Patients With Obesity and Diabetes: Long-term Results From the Swedish Obese Subjects Study

SOS Study : étude de cohorte comparative longitudinale
(845 patients opérés vs 845 patients non opérés)

• Chirurgie et rémission du DNID sont des facteurs protecteurs de survenue de cancers

- OR 0,58 [0,38-0,90] et
- OR 0,40 [0,22-0,74]



Number at risk	0	4	8	12	16	20	24	28
Control	308	286	261	230	184	130	62	9
Surgery	393	365	349	314	293	220	109	28



Le rationnel de la chirurgie

Pourquoi opérer les patients obèses ?

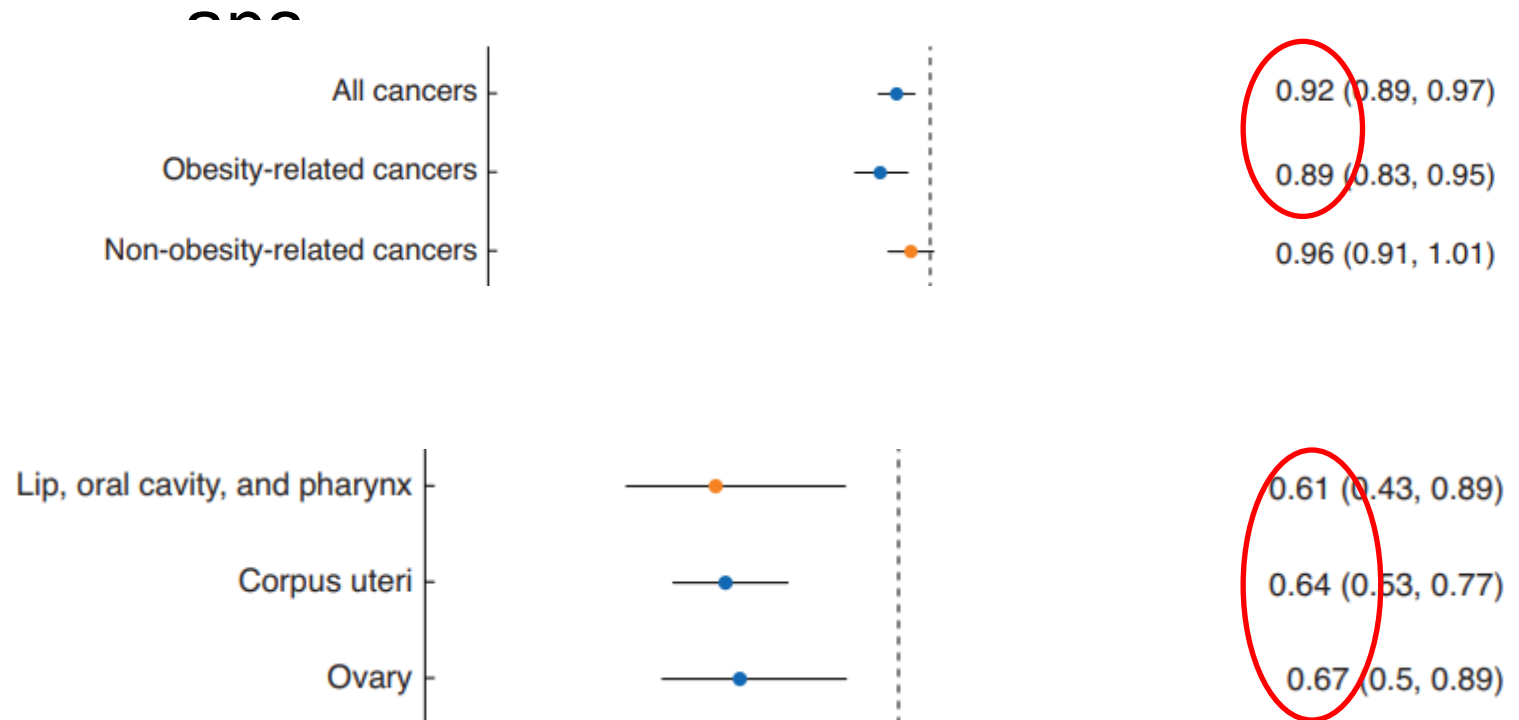
Impact de la chirurgie sur le risque de survenue de cancer :

- Etude de population sur # 290 000 patients opérés en IPWT sur 10

Incidence de cancer 1,6 % vs 5,2 %

CCR, Sein, Prostate et Poumon

Chirurgie FP cancer VADS, Utérus et Ovaire



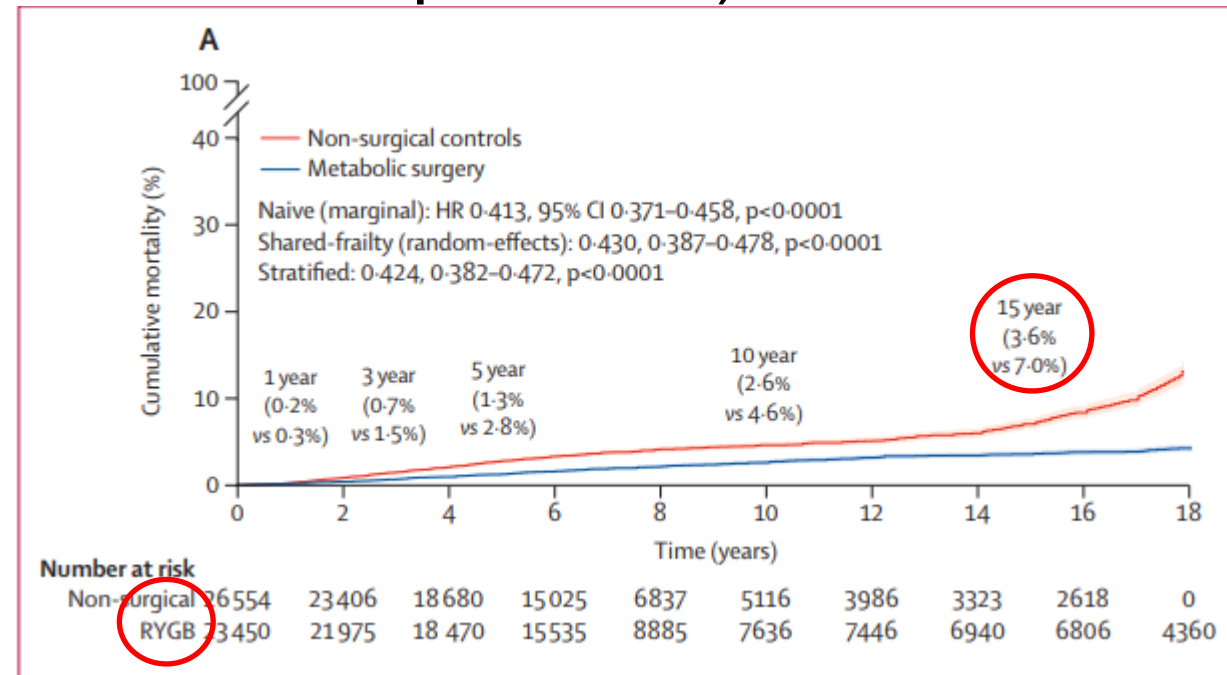
La chirurgie réduit de 11% le risque de survenue de cancers

Introduction

Choix de la
technique
opératoire

- Impact de la chirurgie sur les complications métaboliques :
- Méta-analyse (RCT + études comparatives) # 175000

Les 3 interventions chirurgicales augmentent l'espérance de vie



BPG > SG > AGA



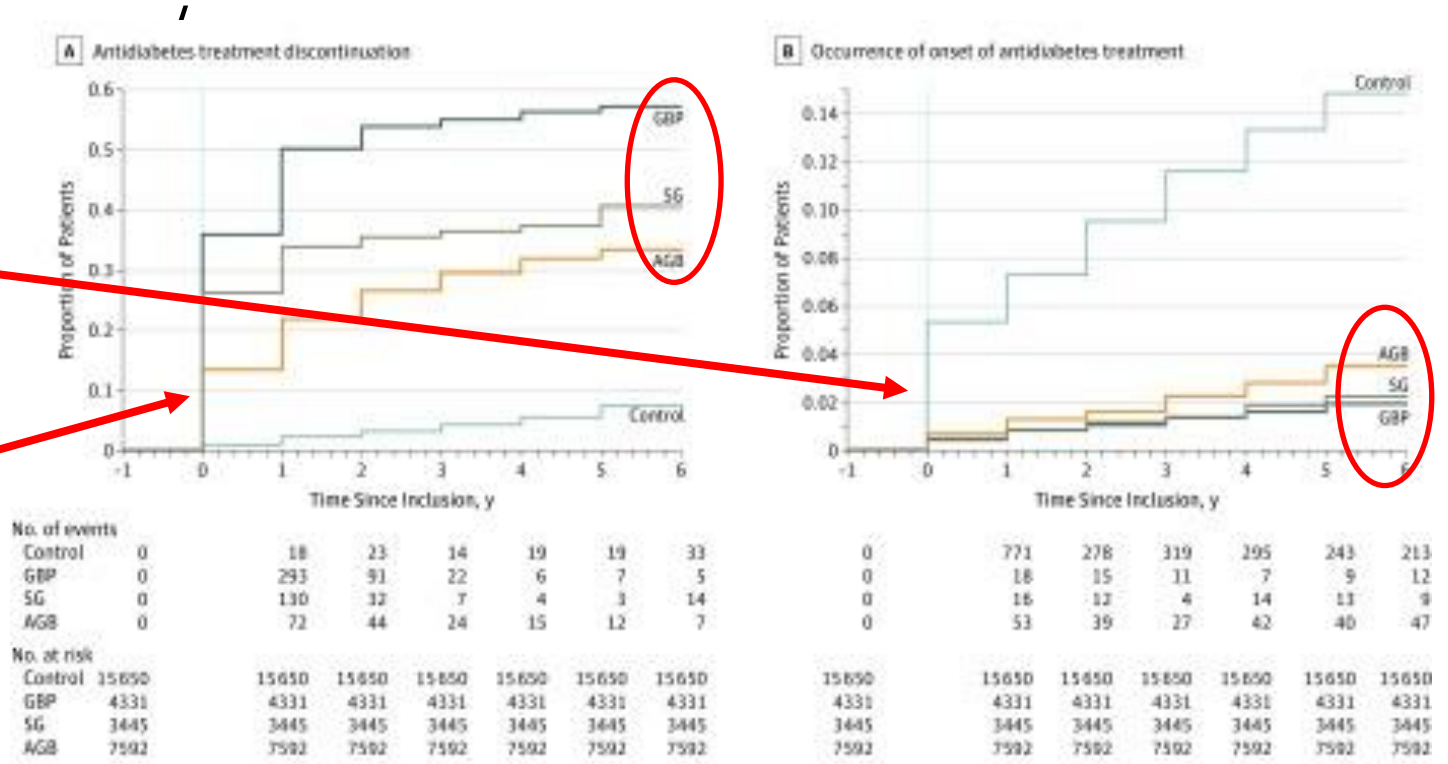
Introduction

Choix de la technique opératoire

- Impact de la chirurgie sur le traitement du diabète :
- Etude de cohortes comparatives sur données PMSI # 15000 patients

Réduction risque de survenue d'un diabète

Sont des FP indépendants de rémission du diabète



BPG OR 16.1 _{IC95%}[13.0-21.4] >>>> SG OR 7.3 _{IC95%}[5.5-9.5] >>> AGB OR 4.3 _{IC95%}[3.3-5.6]

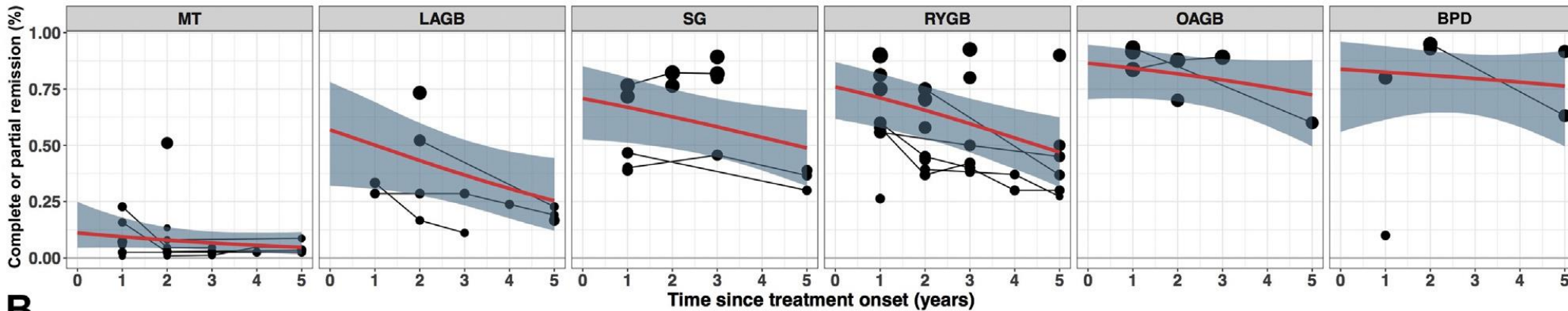


Introduction

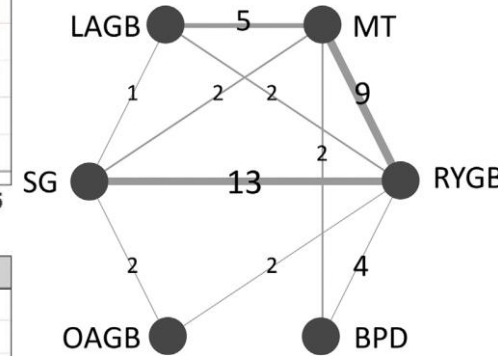
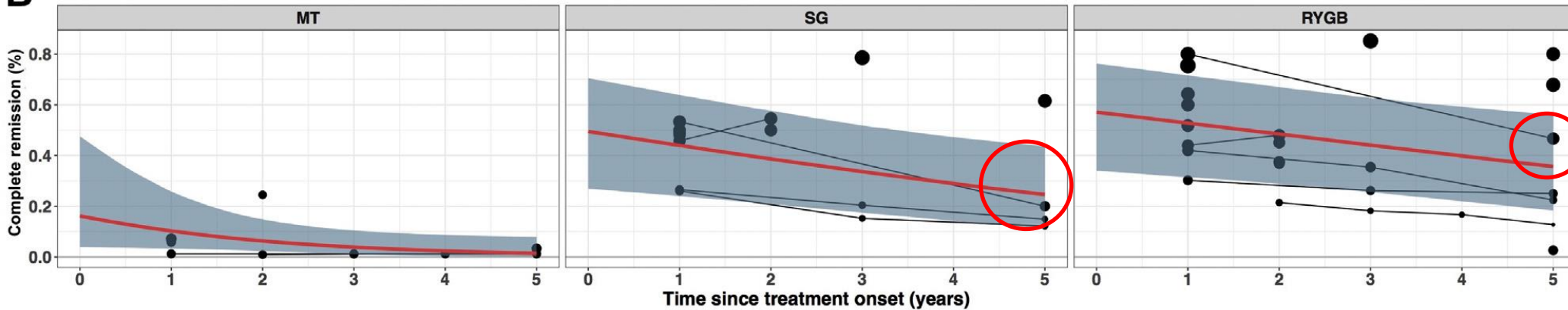
Choix de la technique opératoire

- Impact de la chirurgie sur les complications métaboliques :
- Méta-analyse RCT (avec méta-régression) # 1706 patients / 37 études

A

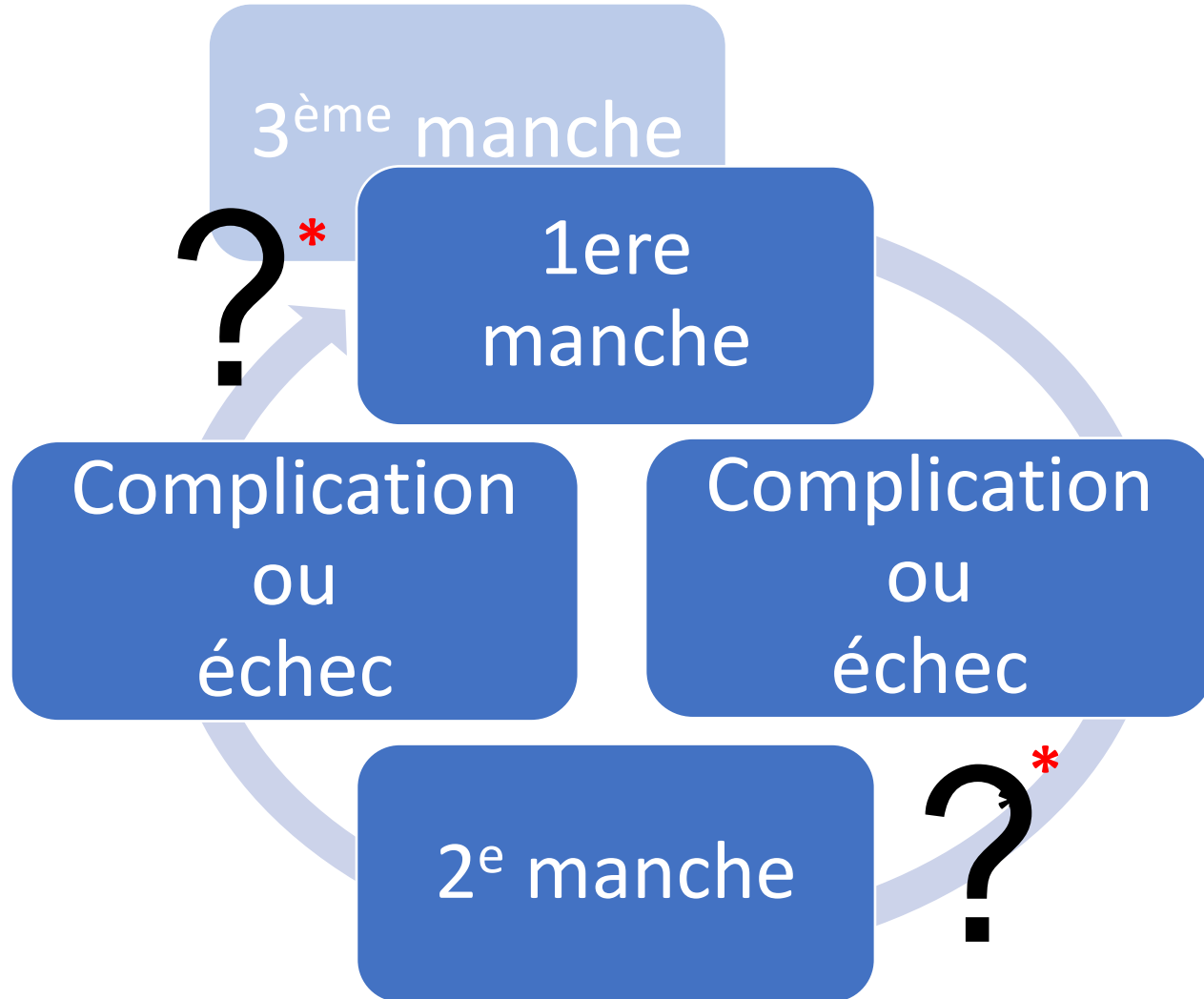


B



BPD > OAGB > BPG > SG > AGA

Echec



*** Pas de consensus, de guidelines,...**

...nouvelle ère ?

Ce que l'on sait déjà...

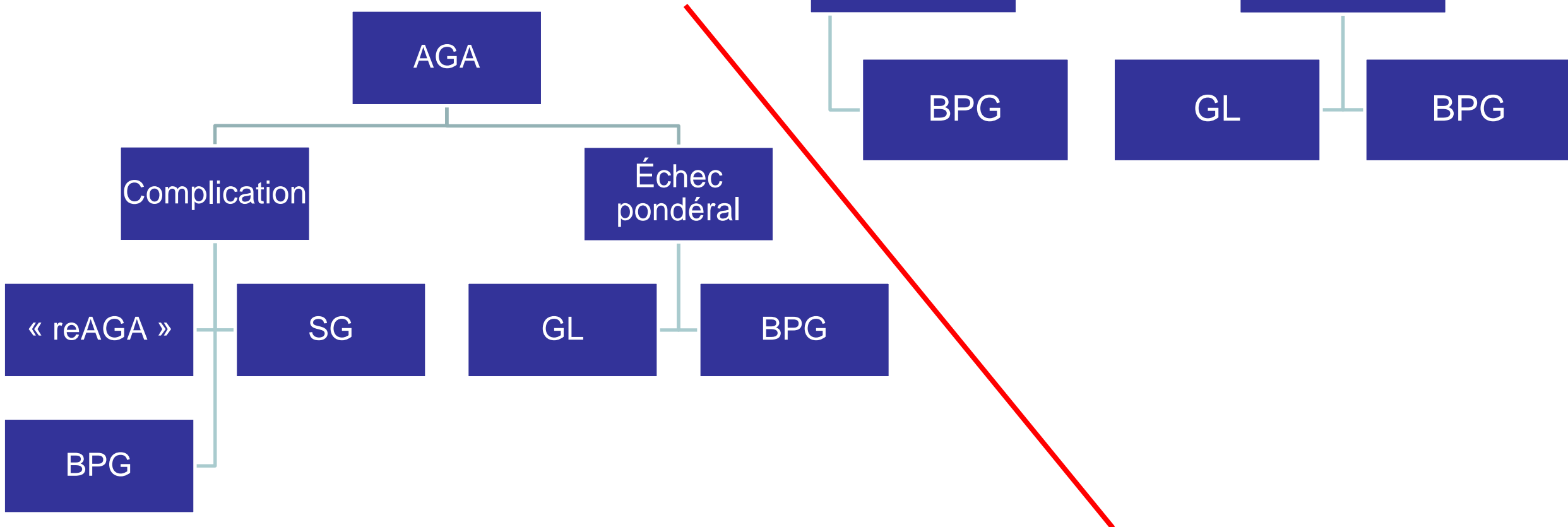
MISE AU POINT

La chirurgie bariatrique de révision : quels enjeux pour le patient et le praticien ? ☆

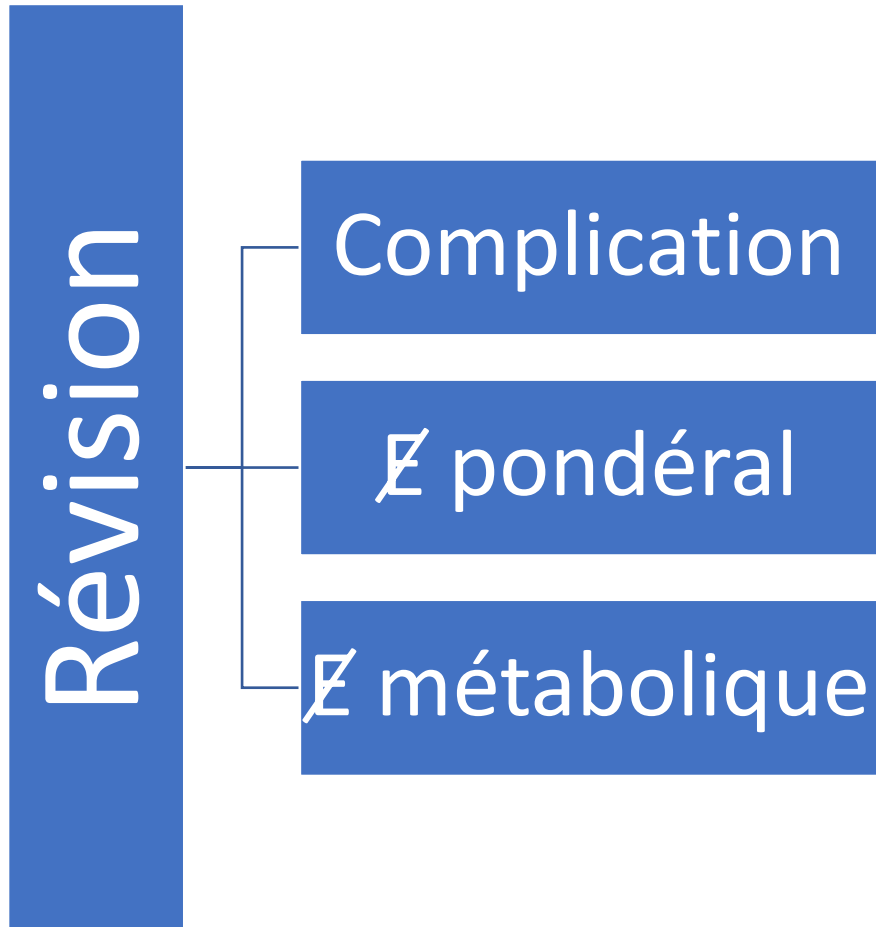


Bariatric revisional surgery: What are the challenges for the patient and the practitioner?

A. Lee Bion^{a,*}, Y. Le Roux^a, A. Alves^{a,b}, B. Menahem^{a,b}



La chirurgie de révision : définitions



- Chirurgie^s de révision : « conversion », « correction » ou « réversion » (Brethauer et al. 2014)
- Echec pondéral : critères de Reinhold ? PPT ?
- Echec métabolique : indication suffisante (Jie et al. 2020, SOARD)

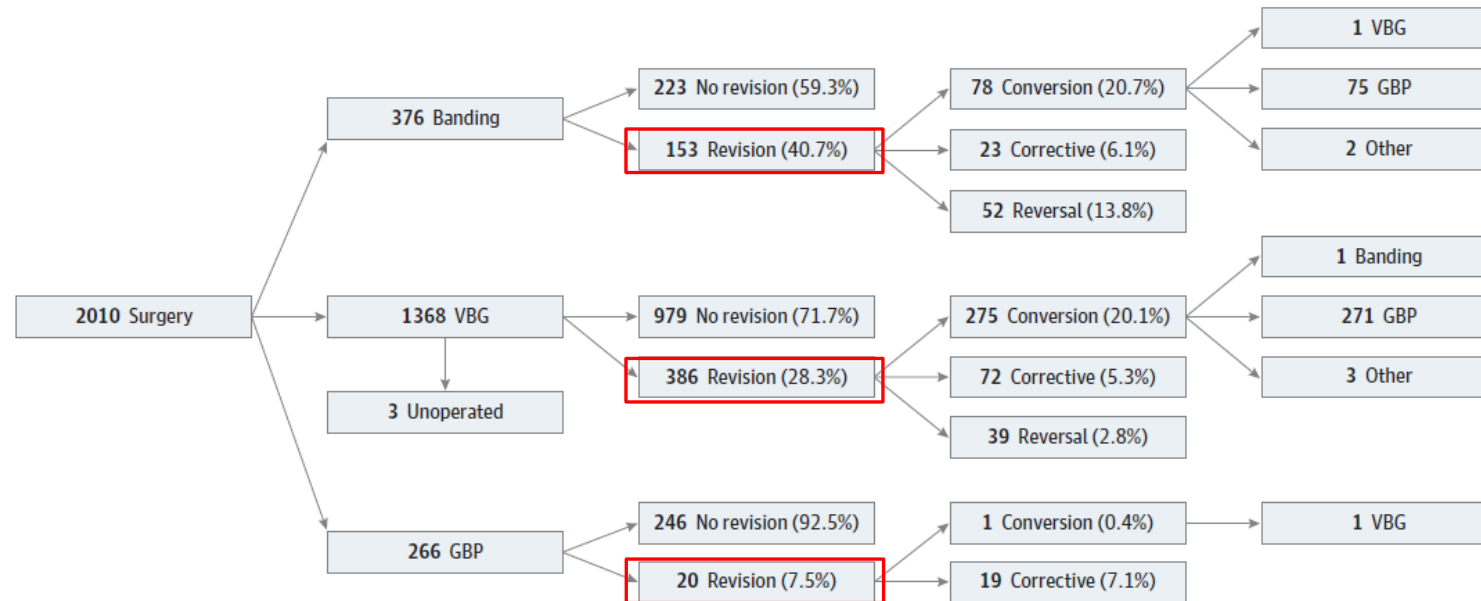
Données de la littérature

JAMA Surgery | Original Investigation

Reoperations After Bariatric Surgery in 26 Years of Follow-up of the Swedish Obese Subjects Study

Stephan Hjorth, PhD; Ingmar Näslund, MD, PhD; Johanna C. Andersson-Assarsson, PhD; Per-Arne Svensson, PhD; Peter Jacobson, MD, PhD; Markku Peltonen, PhD; Lena M. S. Carlsson, MD, PhD

JAMA Surg. 2019



Suivi 19 ans: 27,8% de révision

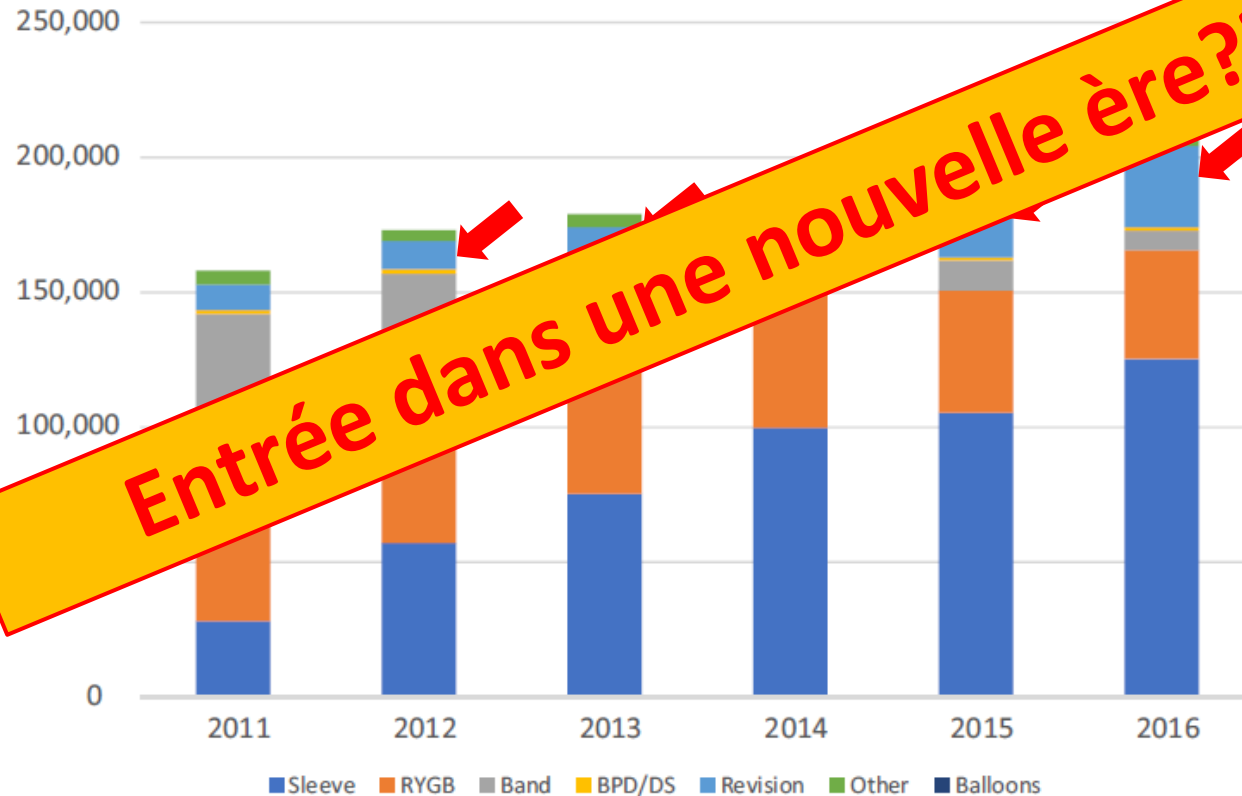
Données de la littérature

Original article

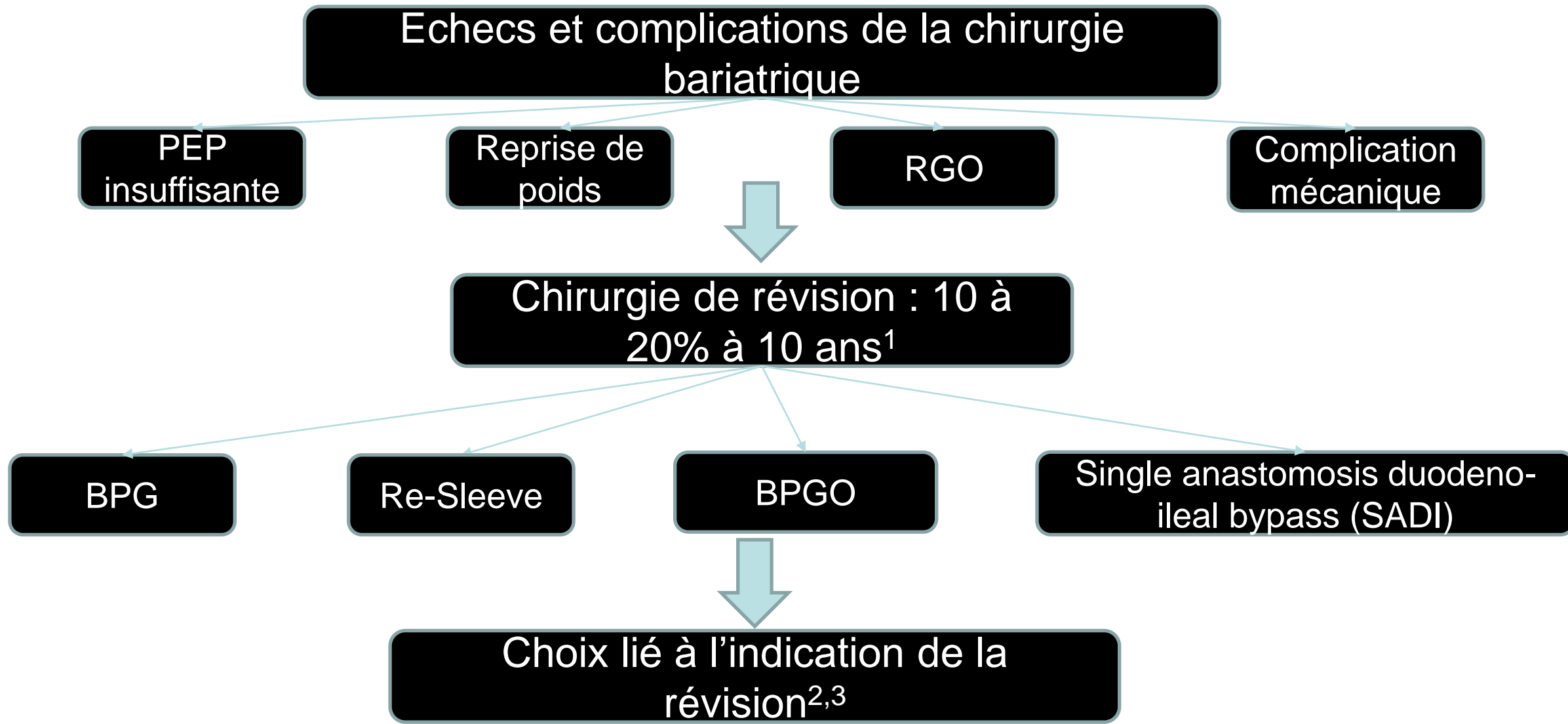
American Society for Metabolic and Bariatric Surgery estimation of metabolic and bariatric procedures performed in the United States in 2016

Wayne J. English, M.D., F.A.C.S.^{a,*}, Eric J. DeMaria, M.D., F.A.C.S.^b,
Stacy A. Brethauer, M.D., F.A.C.S.^c, Samer G. Mattar, M.D., F.A.C.S.^d,
Raul J. Rosenthal, M.D., F.A.C.S.^e, John M. Morton, M.D., M.P.H., F.A.C.S.^f

SOARD. 2018



En résumé



Echec Sleeve

Quelle procédure réaliser en cas **d'échec** de Sleeve

gastrectomy ?


3-33%
entre 3 et
10 ans

Insuffisance de PEP/
PEBMI <50% **2/3**

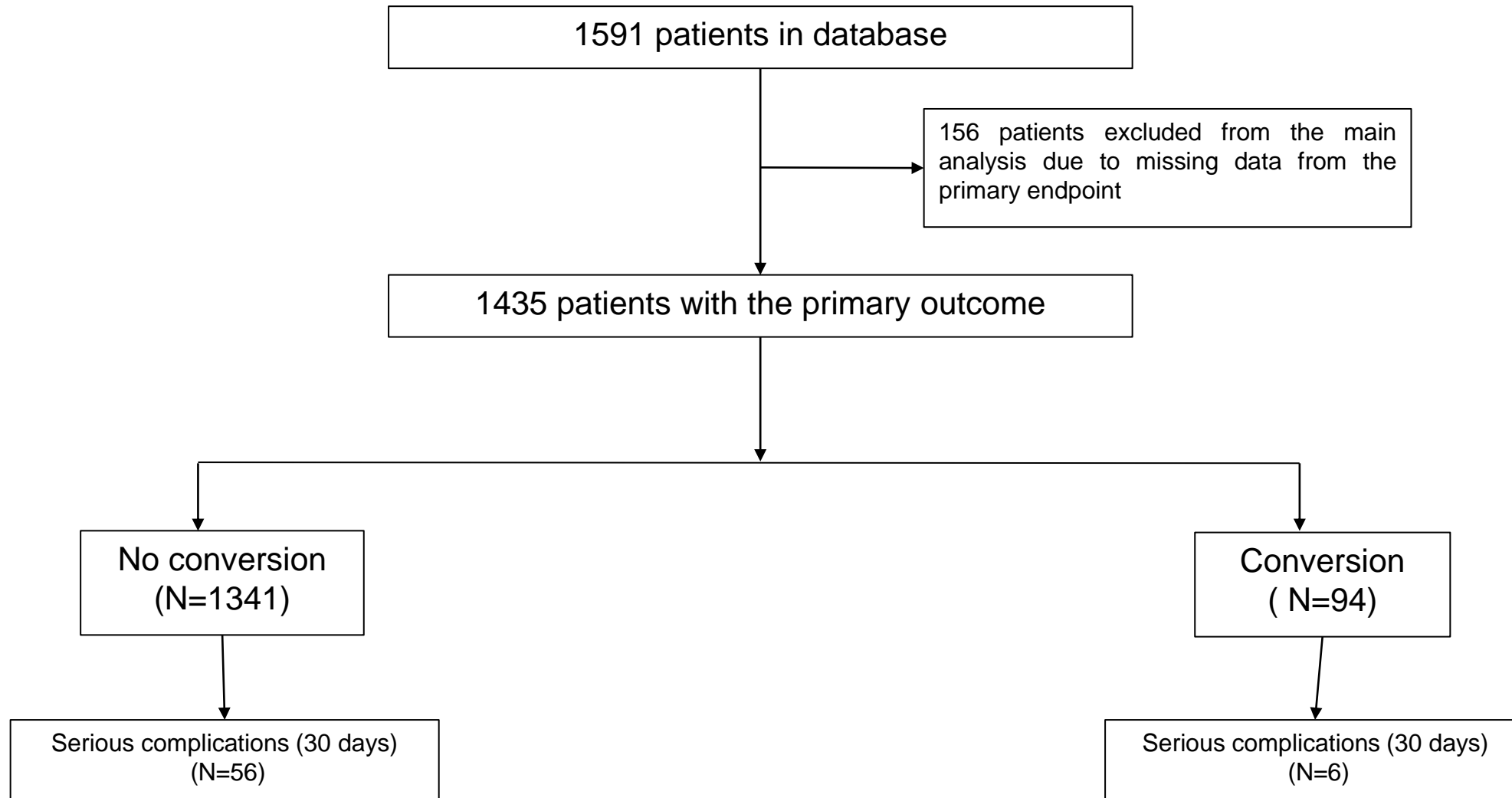
Effet adverse de la SG
RGO / sténose **1/3**



Revisional Roux-en-Y Gastric Bypass: a Safe Surgical Opportunity? Results of a Case-Matched Study

Antoine Vallois¹ · Benjamin Menahem^{1,2,3}  · Yannick Le Roux¹ · Adrien Lee Bion¹ · Hugo Meunier¹ · Thomas Gautier⁴ · Nicolas Contival⁵ · Andrea Mulliri¹ · Jean Lubrano¹ · Jean-Jacques Parienti^{2,6} · A. Alves^{1,2}

Echec de Sleeve



Méthode

Méthodologie : score de propension

- Patients :

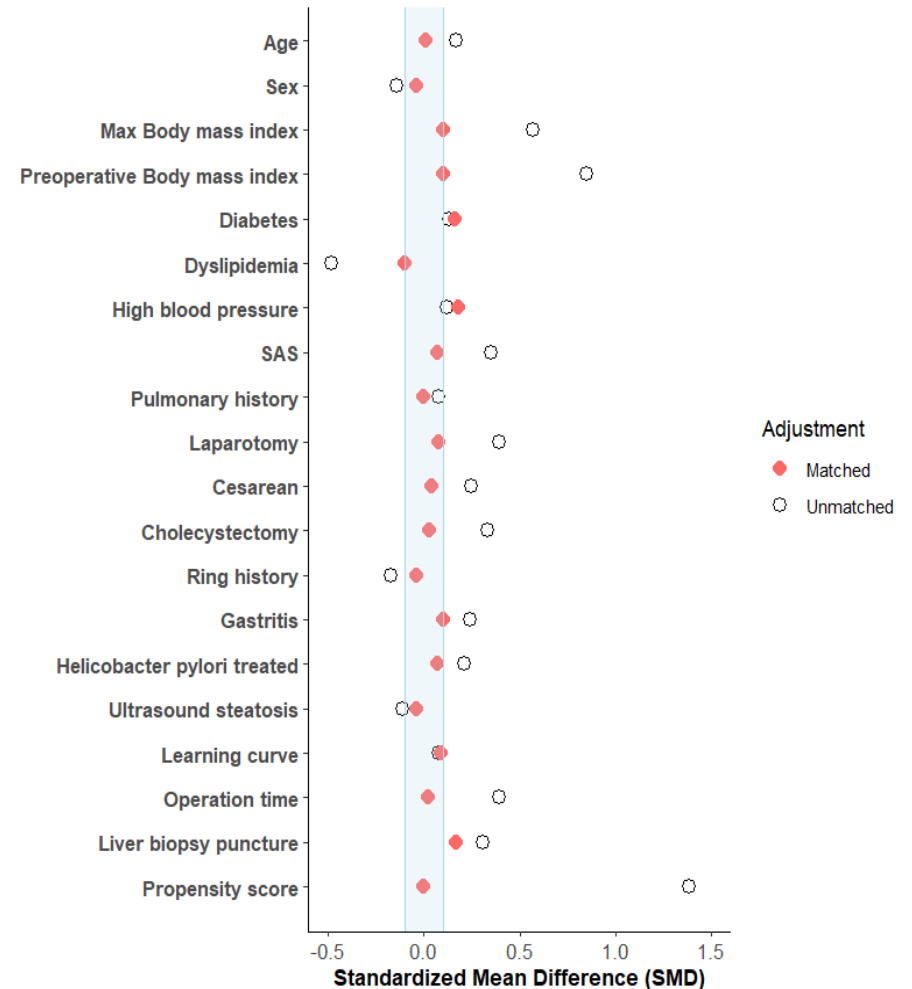
- Cohorte prospective depuis le début de l'activité de chirurgie

bariatricque

- Analyse rétrospective

- Méthodes :

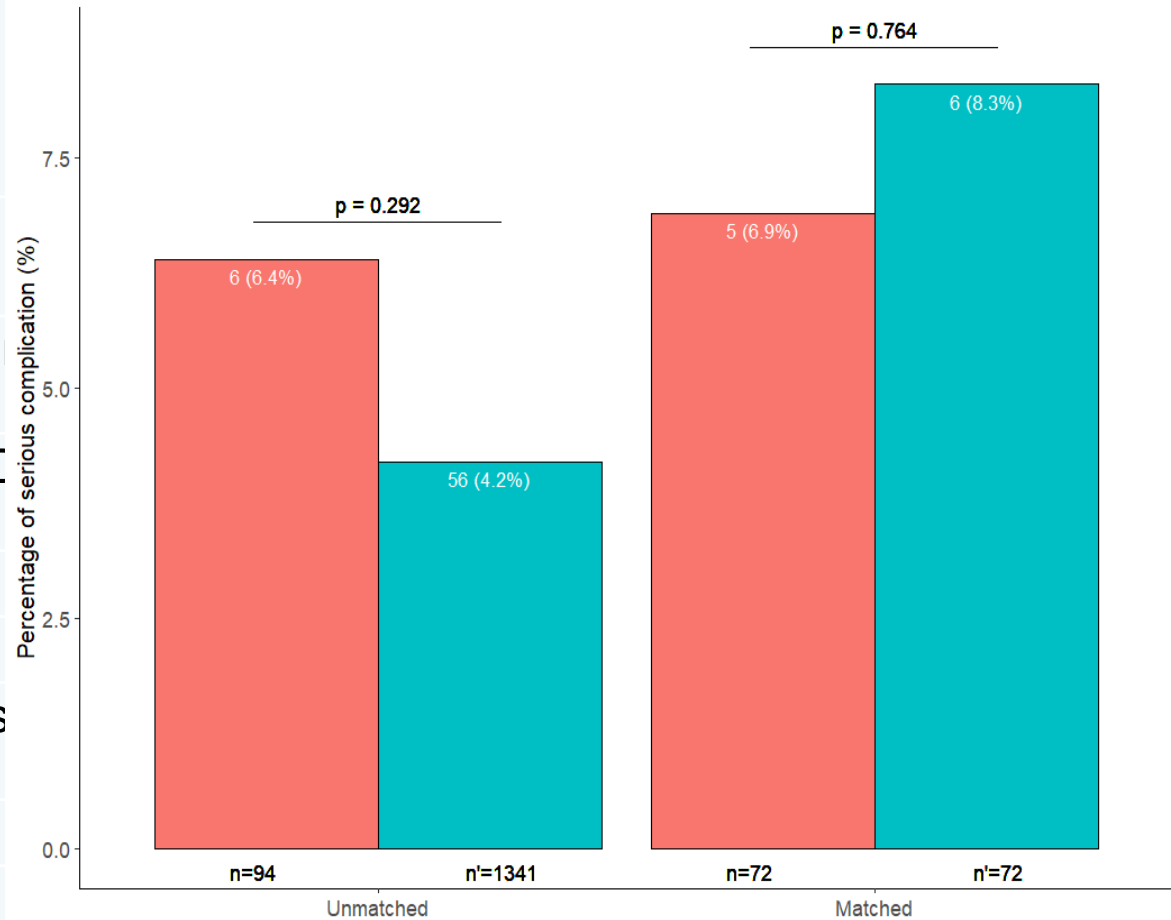
- Etude cas-témoin en 1 : 1 en PSA nearest and exact matching



Résultats

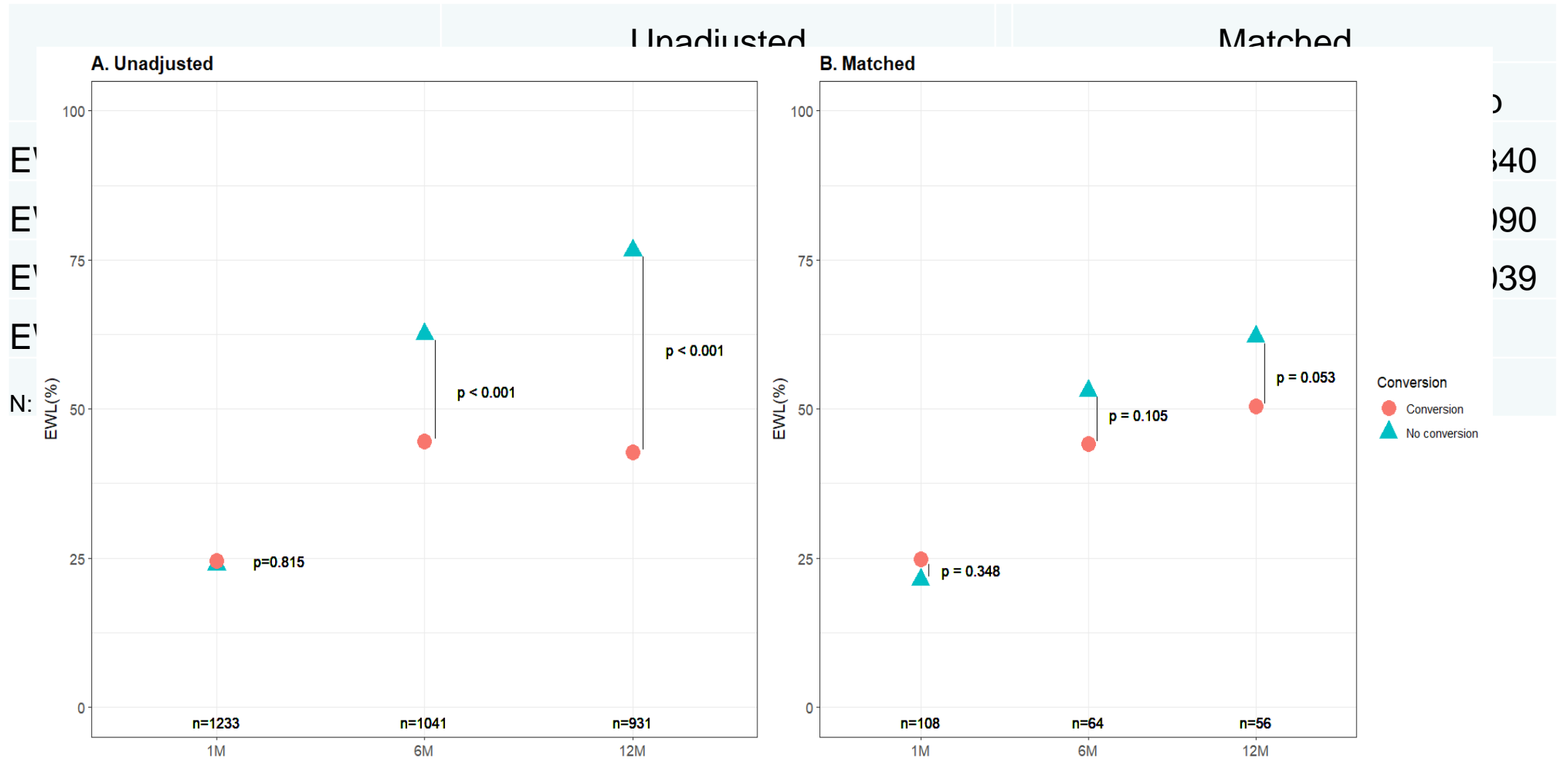
Serious complications to 30 days, n(%)	
Overall morbidity within 30 days, n(%)	
According to Clavien [classification, n(%)	
	Minor
	Major
Surgical complications until 30 days	
Hemorrhage, n(%)	
Fistula, n(%)	

Percentage of serious complication up to 30 days after the bariatric surgery by conversion group



	Conversion	p
	5 (7)	0.764
	19 (26)	0.550
	14 (19)	
	5 (7)	
	4 (6)	0.707
	2 (3)	0.179

Résultats



Résultats : et chez les autres ?

	Après anneau gastrique			Après sleeve gastrectomy		
	Sleeve	BPG	DBP-DS	Re-Sleeve	BPG	BPGO
Mortalité (%)	0	0	0	6,6 ⁴	1,3 ⁶	0 ⁸
Morbidité (%)	12,2 ¹	4,7 ²	Jusqu'à 66 ³	20 ⁴	29,5	6,8 ⁸
Fistules (%)	5,6 ¹	4,7 ²	14,3 ³	13,3 ⁴	5,8 ⁶	dm
PEP (%)	30 à 60 ¹	45 à 70 ¹	66,2 ³	58,4 ⁵	48 ⁷	dm

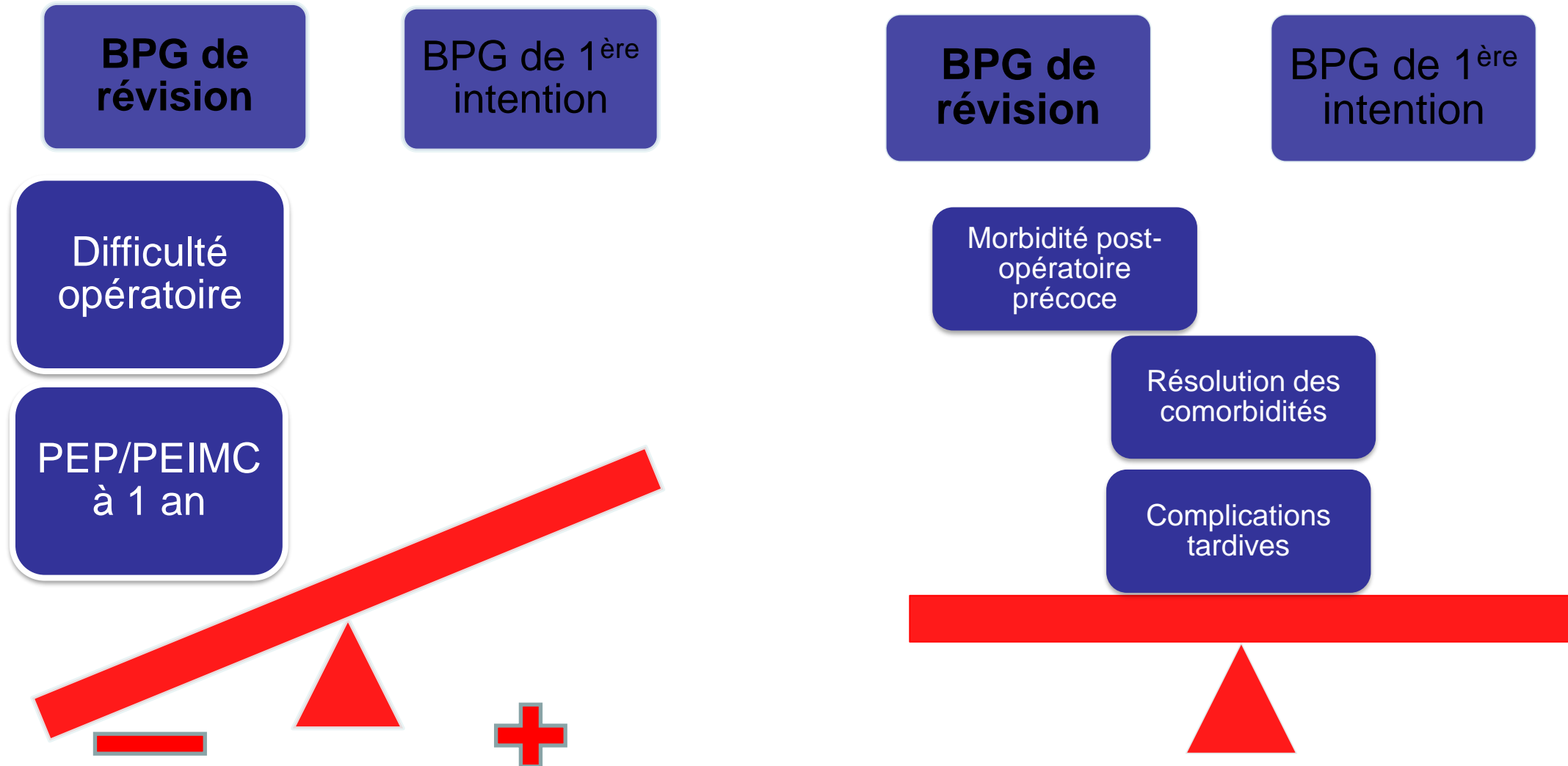
dm: donnée manquante

1: Brethauer et al, SORD 2014
 2: Janik et al, Ann Surg 2017
 3: Topart et al, SORD 2007

4: Rebibo et al, Obes Surg 2012
 5: Nedelcu et al, SORD 2015
 6: Mahawar et al, Obes Surg 2015

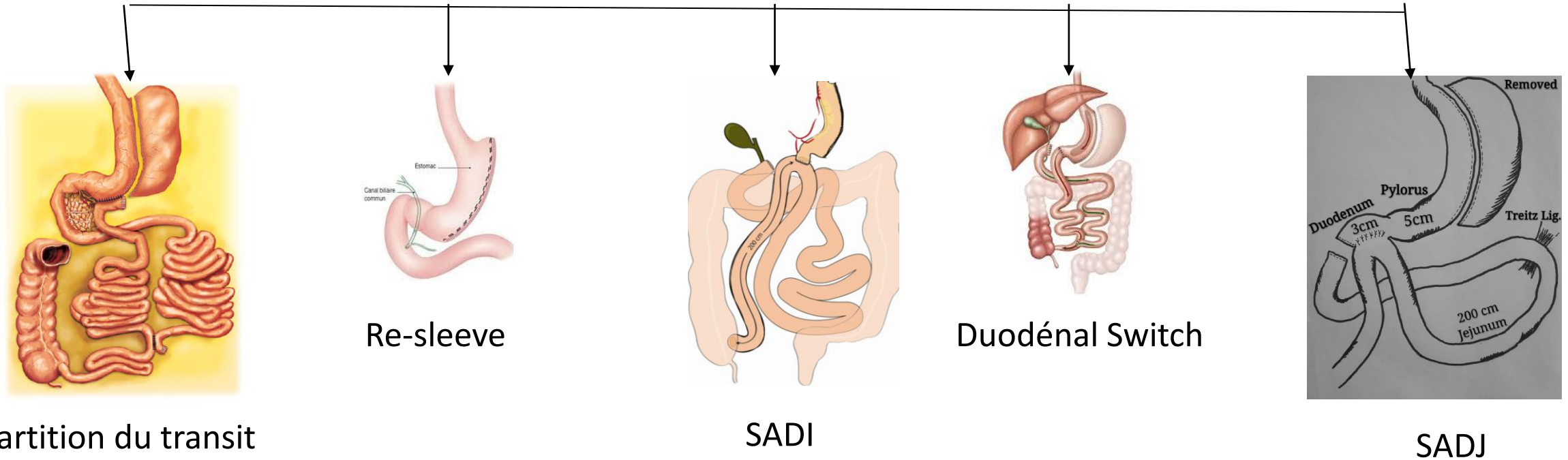
7: Cheung et al, Obes Surg 2014
 8: Taha et al, Obes Surg 2017

SYNTHESE



Autres options possibles

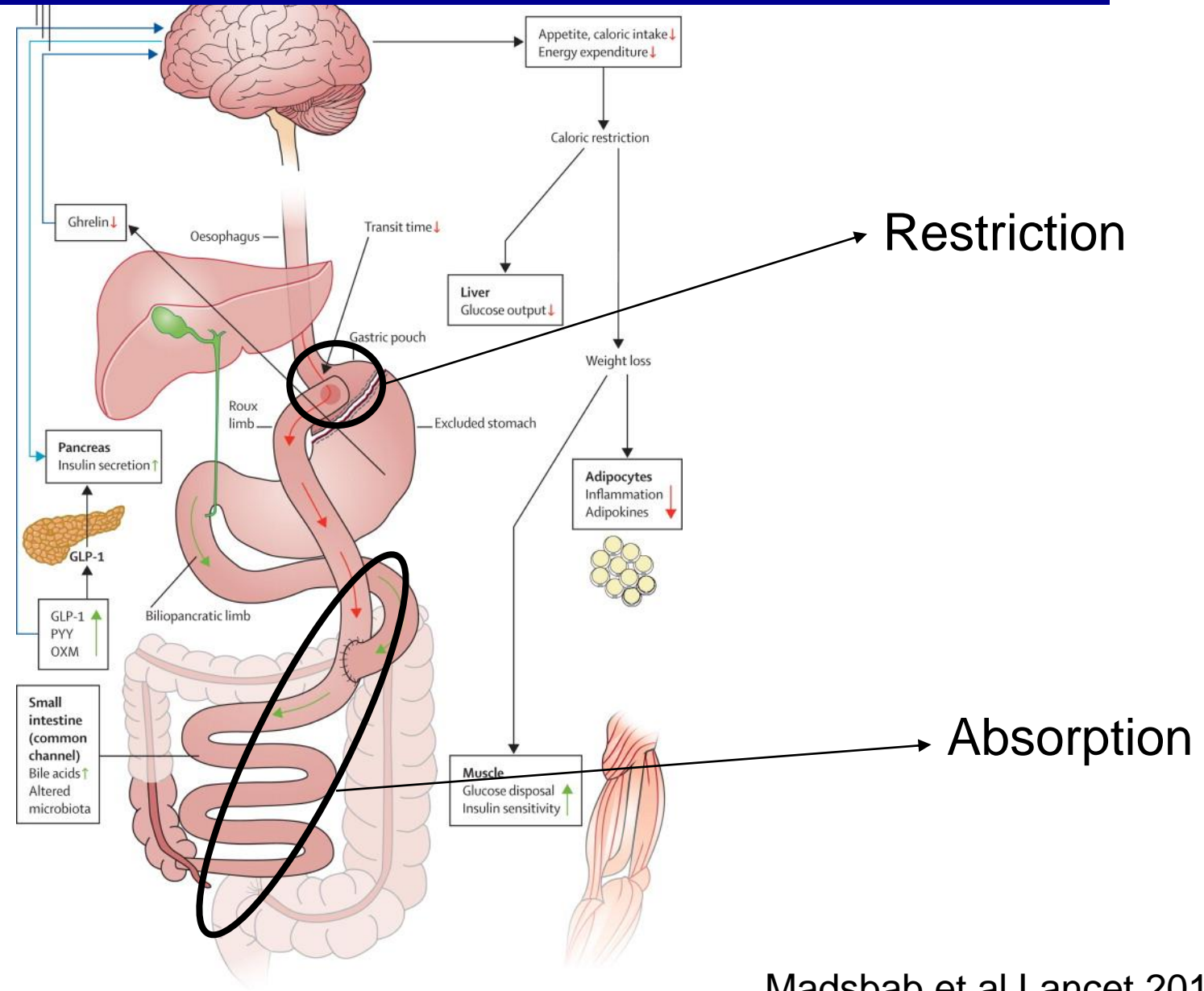
Sleeve gastrectomie



PHRC en cours, autres techniques en cours d'évaluation...

Echec BPG

Echec BPG

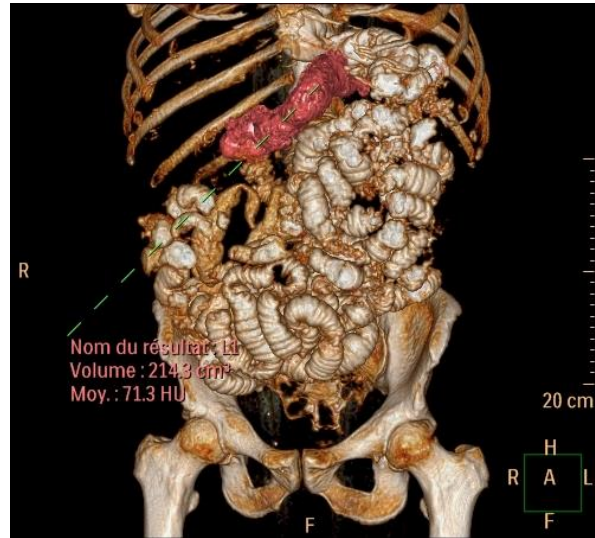


Echec BPG

Bilan morphologique pré opératoire



Scanner Volumétrique

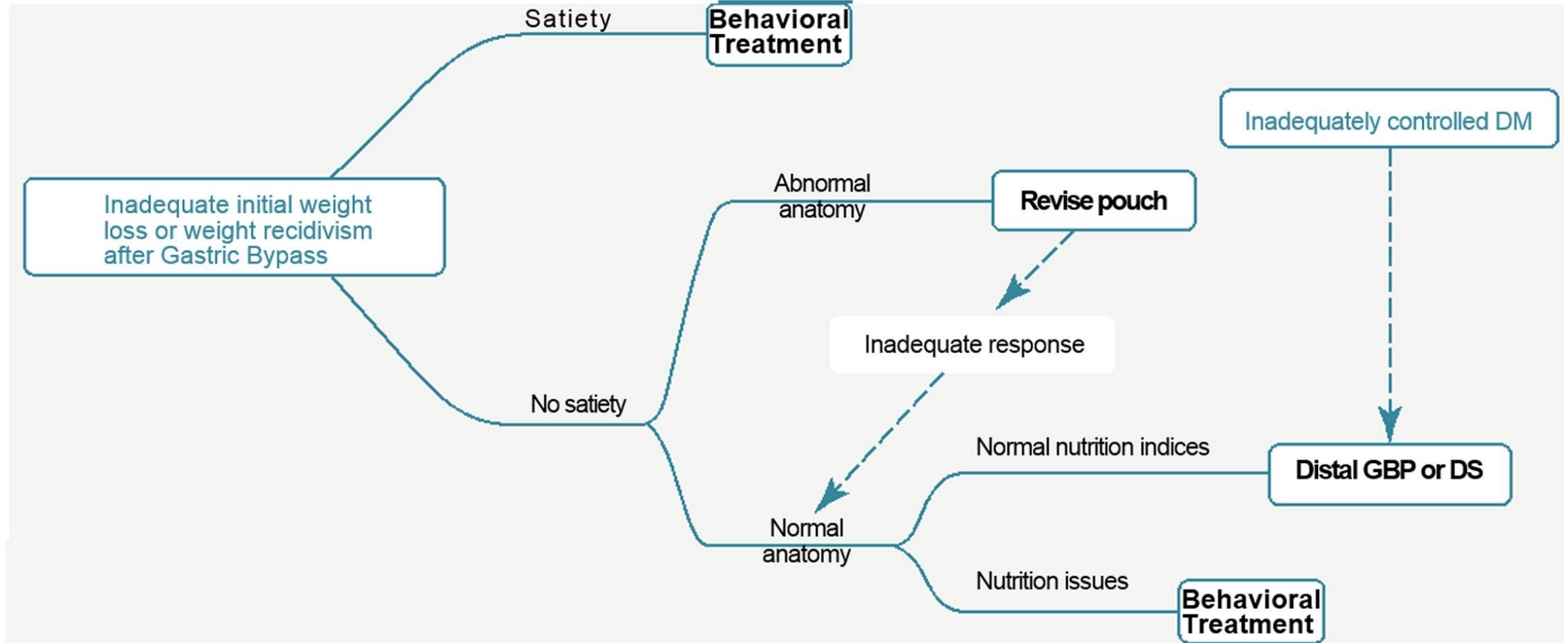


Endoscopie digestive haute



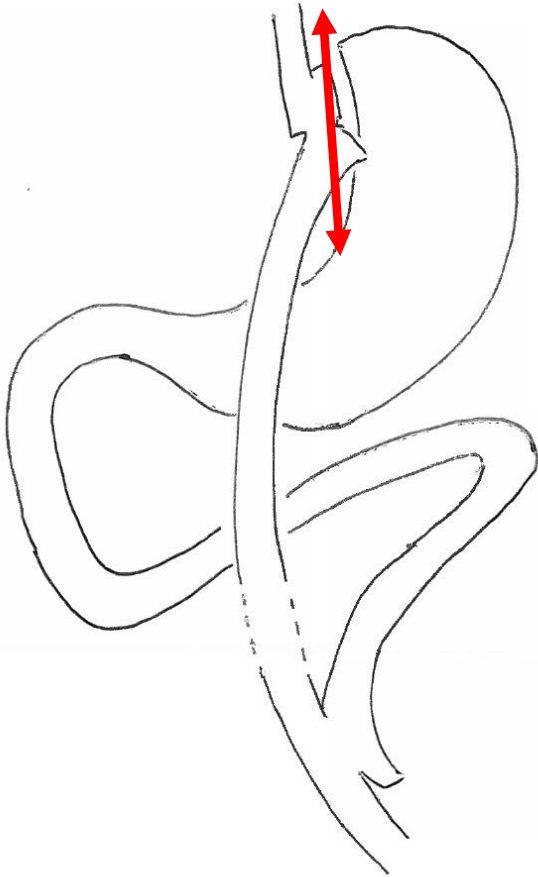
TOGJ

Echec BPG

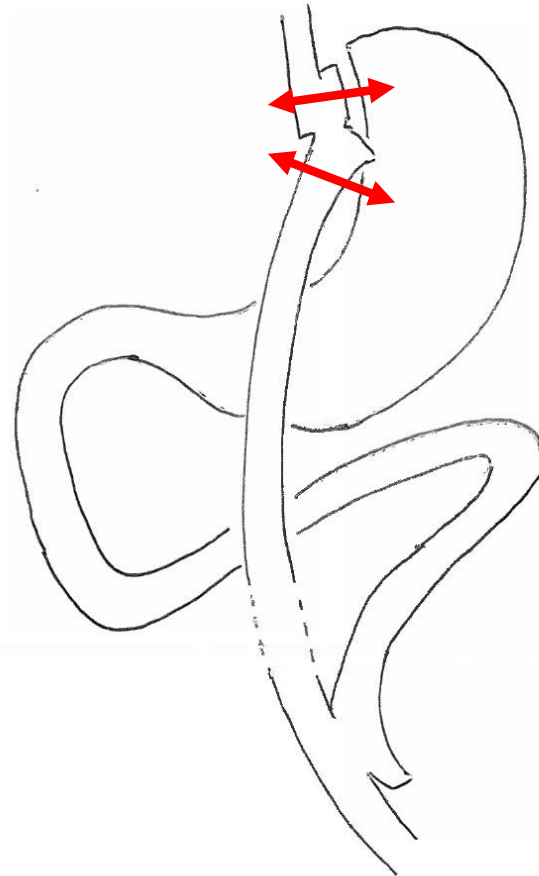


Réfection de la poche gastrique

- Recoupe latérale de la poche
(en la calibrant)



- Réfection de l'anastomose :
Raccourcir la poche et diminuer
Le diamètre de l'anastomose





Midterm Outcomes of Gastric Pouch Resizing for Weight Regain After Roux-en-Y Gastric Bypass

Imed Ben Amor¹ · Niccolo Petrucciani² · Radwan Kassir³ · Eugene Malyshev¹ · Clementine Mazoyer¹ · Carine Korkmaz¹ · Tarek Debs¹ · Jean Gugenheim¹

gastric pouch size > 200 ml and/or GJ anastomosis > 20 mm,

Table 1 Demographic characteristics of the study population

Variable	Mean ± SD or number
Age (years)	45.7 ± 11.3
Male sex	6
Weight before RYGB (kg)	113.8 ± 14.2
BMI before RYGB (kg/m ²)	42.9 ± 4.8
Minimal weight after RYGB (kg)	77.8 ± 12.7
Minimal BMI after RYGB (kg/m ²)	29.4 ± 4.9
Weight before resizing (kg)	97.3 ± 2.7
BMI before resizing (kg/m ²)	36.6 ± 6.3
Gastric pouch volume (ml)	199.3 ± 98.6
GJ anastomosis diameter (mm)	31.3 ± 13.2

N = 48

RYGB, Roux-en-Y gastric bypass; BMI, body mass index; GJ, gastrojejunal

Table 4 Results on weight loss after gastric pouch resizing

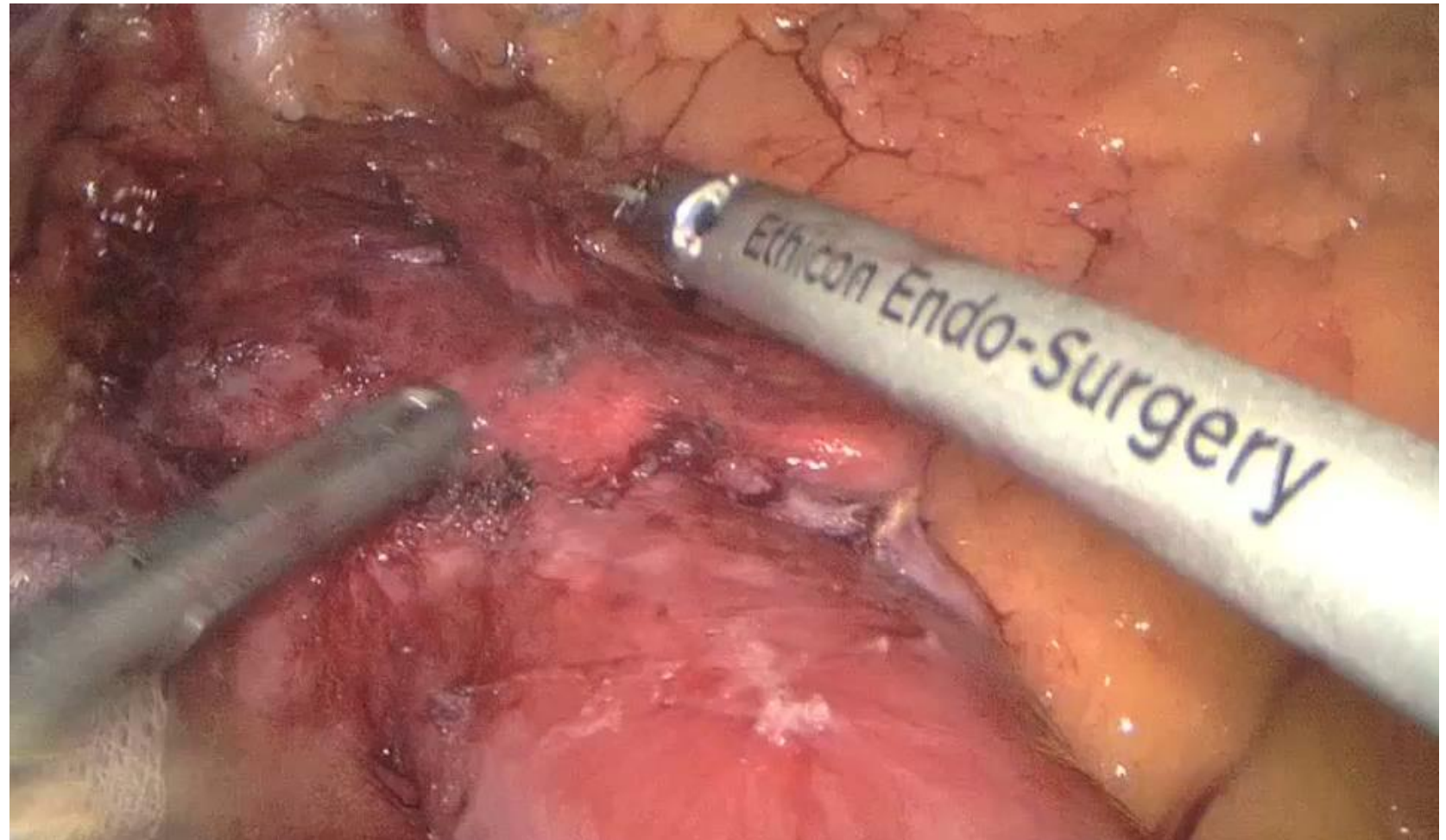
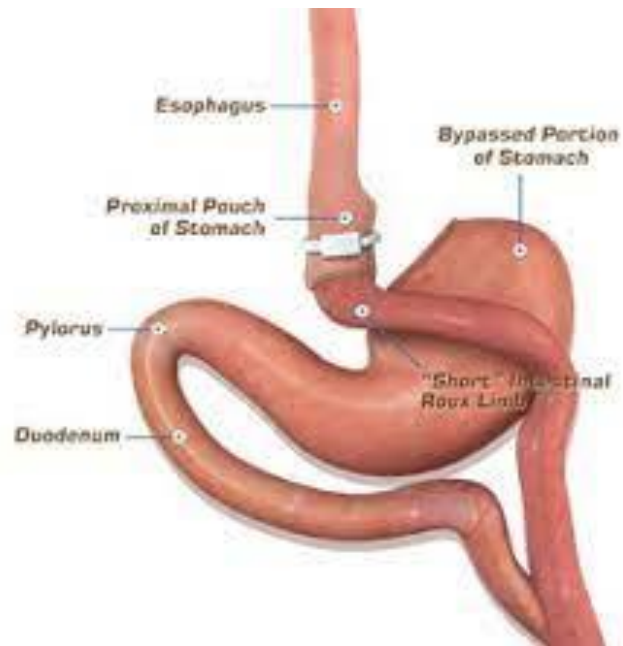
Weight at 1 year (41 patients) (kg)	82.5 ± 16.5
BMI at 1 year (kg/m ²)	30.0 ± 7.3
Weight at 3 years (30 patients) (kg)	80.9 ± 16.7
BMI at 3 years (kg/m ²)	30.0 ± 6.0
Weight at 5 years (22 patients) (kg)	82.2 ± 15.2
BMI at 5 years (kg/m ²)	30.9 ± 5.7

BMI, body mass index

Table 2 Early postoperative complications

Patient	POD	Cause	Treatment	Clavien-Dindo grade
1	6	Staple line leak	Percutaneous drainage + endoscopic stenting	3b
2	4	Staple line leak	Medical treatment	2
3	6	Gastric remnant leak	Medical treatment	2
4	9	Abdominal collection	Percutaneous drainage	3a

Anneau Gastrique après RYGB



Original article

Large series examining laparoscopic adjustable gastric banding as a salvage solution for failed gastric bypass

Hans J. Schmidt, M.D., F.A.C.S.^{a,*}, Edmund W. Lee, M.D.^b, Erica A. Amianda, PA-C.^a, Themba L. Nyirenda, Ph.D.^c, Toghrol Talishinskiy, M.D., F.A.C.S.^a, Richard C. Novack Jr., M.D., F.A.C.S.^d, Douglas R. Ewing, M.D., F.A.C.S.^a

^aCenter for Bariatric Medicine and Surgery, Hackensack University Medical Center, Hackensack, New Jersey

^bDepartment of Surgery, Stanford University School of Medicine, Stanford, California

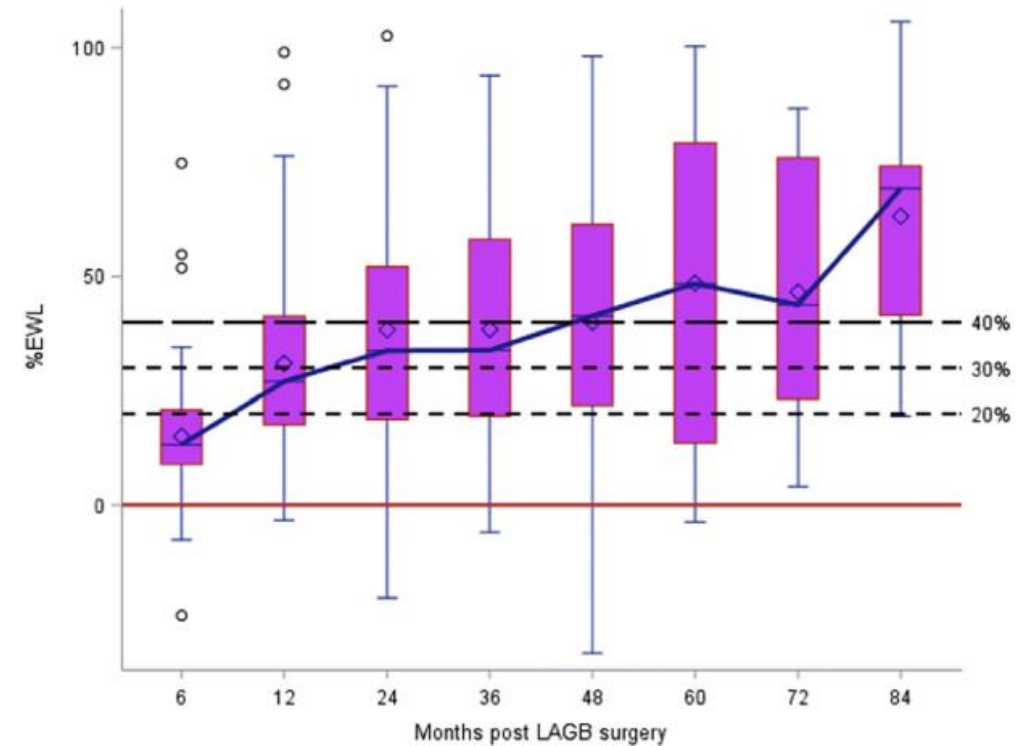
^cDepartment of Research, Hackensack University Medical Center, Hackensack, New Jersey

^dDepartment of Surgery, Baylor University Medical Center at Trophy Club, Trophy Club, Texas

Received 11 February 2018; received in revised form 25 August 2018; accepted 7 September 2018; Available online xxx

Characteristics bariatric patients who underwent LAGB (n = 139).

Variable	Mean (SD)/median (IQR)/n (%)
Age at RYGB	
Median yr (range)	36.0 (19–61)
Sex	
Female n (%)	111 (80.4)
RYGB type	
Open n (%)	32 (23.4)
Laparoscopic n (%)	105 (76.6)
Weight before RYGB	
Median, kg	146.3 (129.5–165.8)
Range, kg	77.1–241.8
BMI before RYGB	
Median, kg/m ² (range)	52.8 (47.5–60.0)
Range, kg/m ²	35.5–84.9
Reason for LAGB procedure	
Pouch dilation/anastomotic failure n (%)	99 (78.0)
Pouch dilation n (%)	10 (7.9)
Weight loss failure n (%)	11 (8.7)
Other n (%)	7 (5.5)



Follow-up post Laparoscopic gastric band placement											
	6 mo	1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr
Eligible	139	136	132	109	69	46	27	15	8	5	3
Actual	133	88	68	45	26	14	12	5	2	3	3
Percentage	95.68	64.71	51.52	41.28	37.68	30.43	44.44	33.33	25	60	100

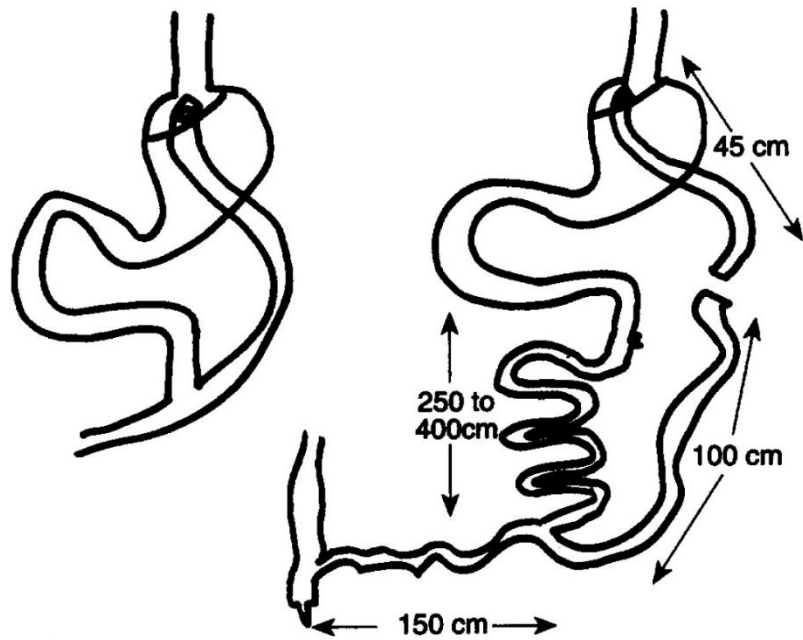
Long-term complications 16 (1.5%)

Total bands removed 11 (7.9%)

Distalisation du Roux-en-Y gastric bypass

Conversion of Proximal to Distal Gastric Bypass for Failed Gastric Bypass for Superobesity

Harvey J. Sugerman, M.D., John M. Kellum, M.D., Eric J. DeMaria, M.D.

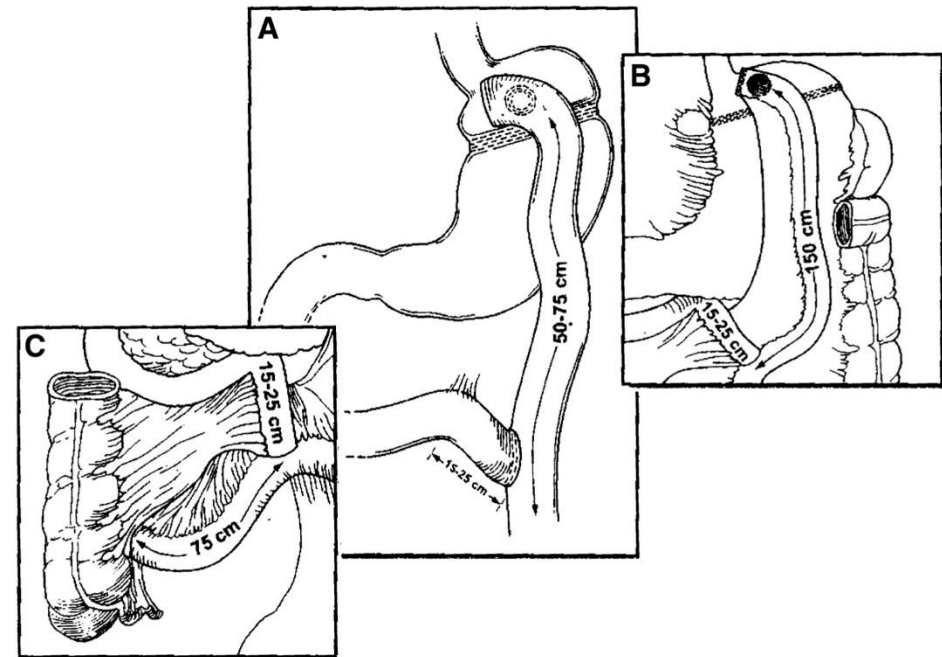


Journal of
Gastrointestinal Surgery

1997;1:517-525.

Adding malabsorption for weight loss failure after gastric bypass

Robert E. Brolin · Ronald P. Cody



Surg Endosc (2007) 21:1924-1926

Allongement de l'anse biliaire

Conversion of Proximal to Distal Gastric Bypass
for Failed Gastric Bypass for Superobesity 1997;1:517-525

Harvey J. Sugerman, M.D., John M. Kellum, M.D., Eric J. DeMaria, M.D.

Journal of
Gastrointestinal Surgery

[Surgery for Obesity and Related Diseases](#) ■ (2018) 00-00

Saber Ghiassi, M.D., M.P.H.

Conversion of standard Roux-en-Y gastric bypass to distal bypass
for weight loss failure and metabolic syndrome: 3-year follow-up
and evolution of technique to reduce nutritional complications

**Revisional Surgery for Insufficient Loss or Regain of Weight After
Roux-en-Y Gastric Bypass: Biliopancreatic Limb Length Matters**

Marko Kraljević¹ 2019
Obesity Surgery

Allongement de l'anse biliaire

Conversion of Proximal to Distal Gastric Bypass for Failed Gastric Bypass for Superobesity

1997;1:517-525.

Journal of
Gastrointestinal Surgery

Harvey J. Sugerman, M.D., John M. Kellum, M.D., Eric J. DeMaria, M.D.

Table II. Weight loss following conversion from S-GBP to D-GBP

	No.	Weight (pounds)	BMI (kg/m ²)	%EWL	%IBW
Before S-GBP	27	367 ± 13	57 ± 2	—	264 ± 11
Before D-GBP	27	296 ± 10*	46 ± 2*	30 ± 4	201 ± 7*
1 year after	25/27	232 ± 9†	37 ± 2†	61 ± 4†	162 ± 7†
3 yr after	13/16	216 ± 15†	35 ± 2†	67 ± 5†	152 ± 10†
5 yr after	11/12	211 ± 14†	33 ± 2†	69 ± 5†	144 ± 7†

5 patients AC = 50 cm
 ↗ 2 patients décédés
 ↘ 3 patients convertis

22 patients AC = 150 cm → Chirurgie de révision AC = 250 cm

Allongement de l'anse biliaire

Obesity Surgery

<https://doi.org/10.1007/s11695-020-04868-8>

Short or Long Biliopancreatic Limb Bypass as a Secondary Procedure After Failed Laparoscopic Sleeve Gastrectomy

ABC = 20

ABL = 32

52 patients, 4 procédures différentes...

Morbidité à J30

ABL 4/32 (12,5%)

ABC 3/20 (18%)

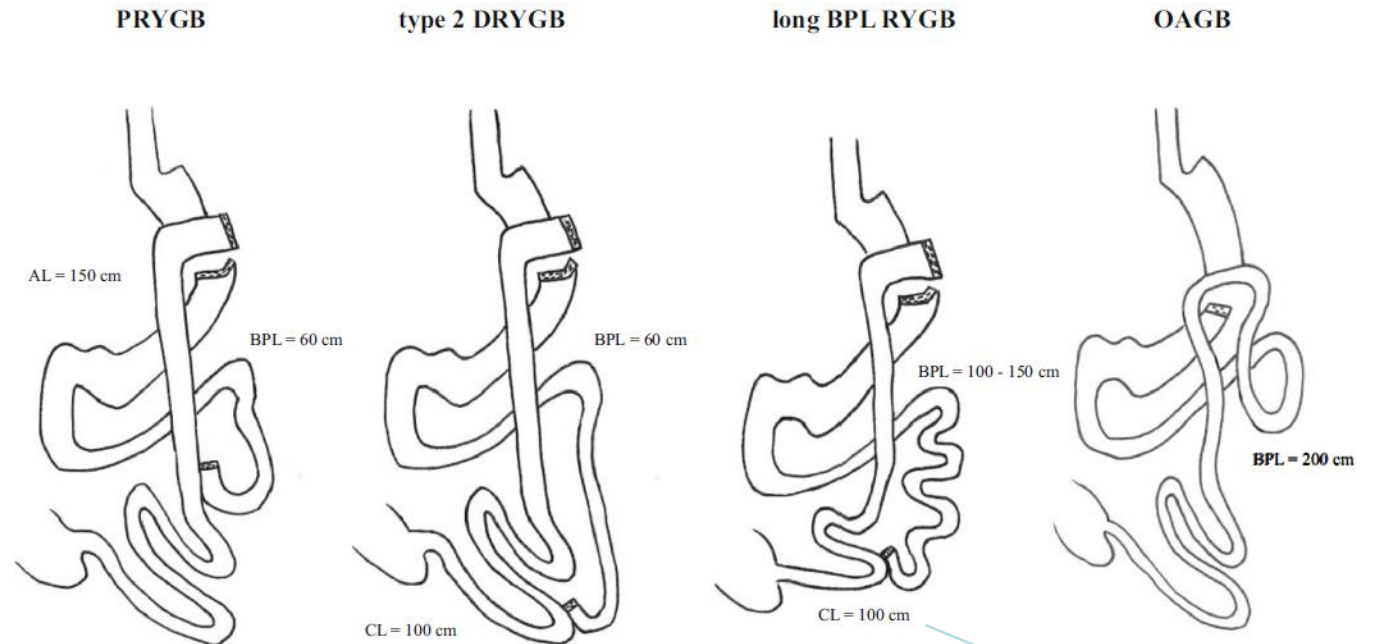
Morbidité tardive

ABL 4 chirurgies de révision (malnutrition NP, reflux biliaire OAGB)

ABC 1 pour type 2DRYGB

ABL > ABC

PEP à long terme



IMC pré-sleeve > 50
IMC pré-révision > 42

Allongement de l'anse biliaire

BPG

BPG ABL

Résultats
EP/EBMI>

Morbidité post-
opératoire
précoce

Résolution des
comorbidités

Complications
tardives
malnutrition



Conversion d'un GBP en DS

Méthode 1

Surg Endosc (2013) 27:4640–4648
DOI 10.1007/s00464-013-3087-0

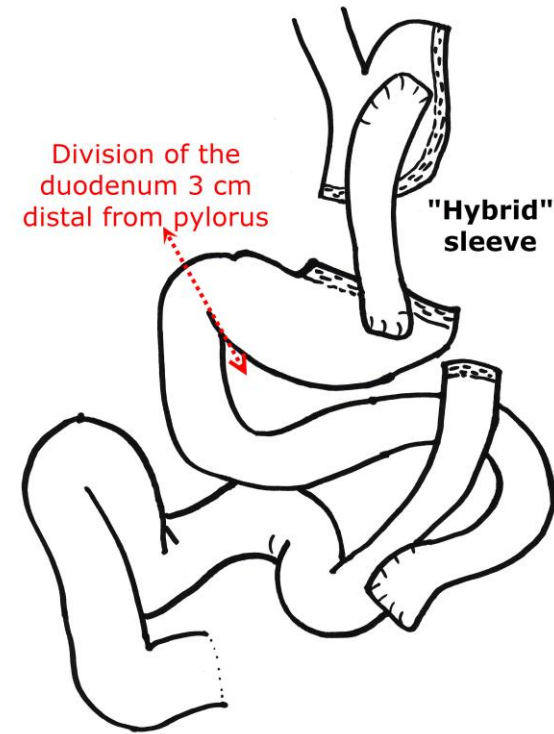
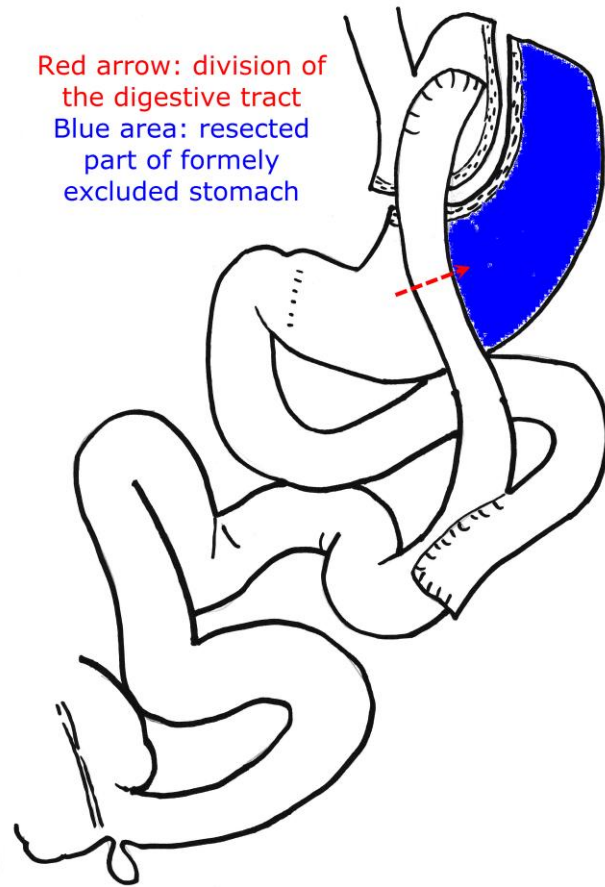


Laparoscopic reversal of Roux-en-Y gastric bypass into normal anatomy with or without sleeve gastrectomy

**Ramon Vilallonga · Simon van de Vrande ·
Jacques Himpens**

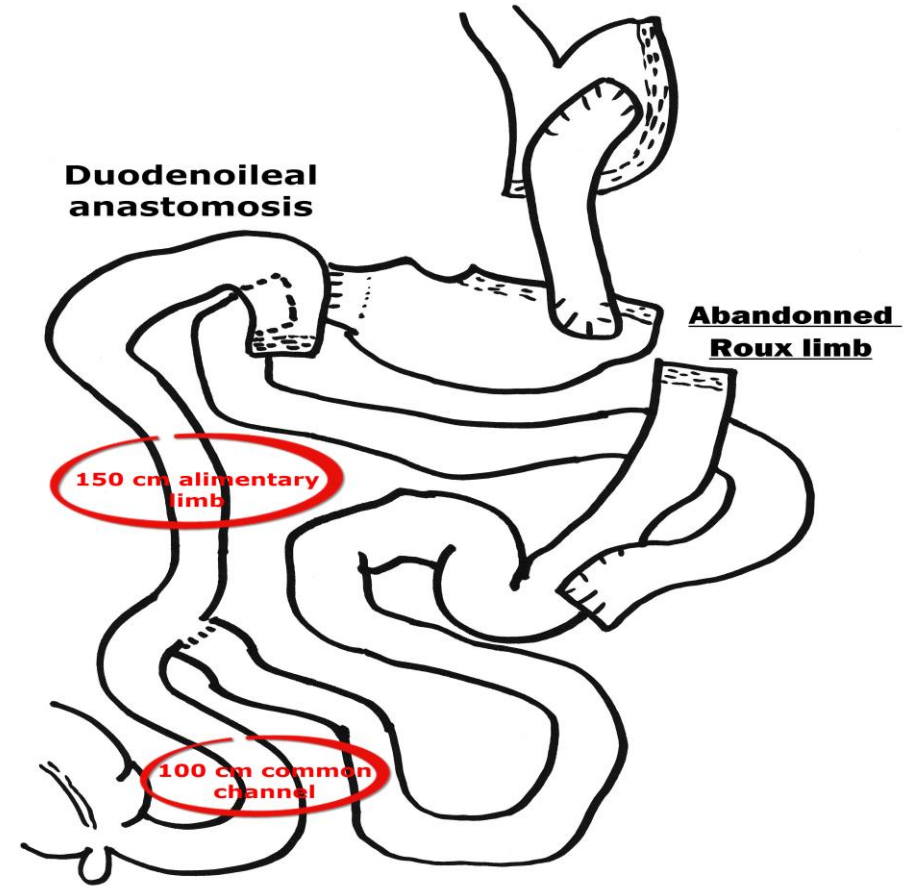
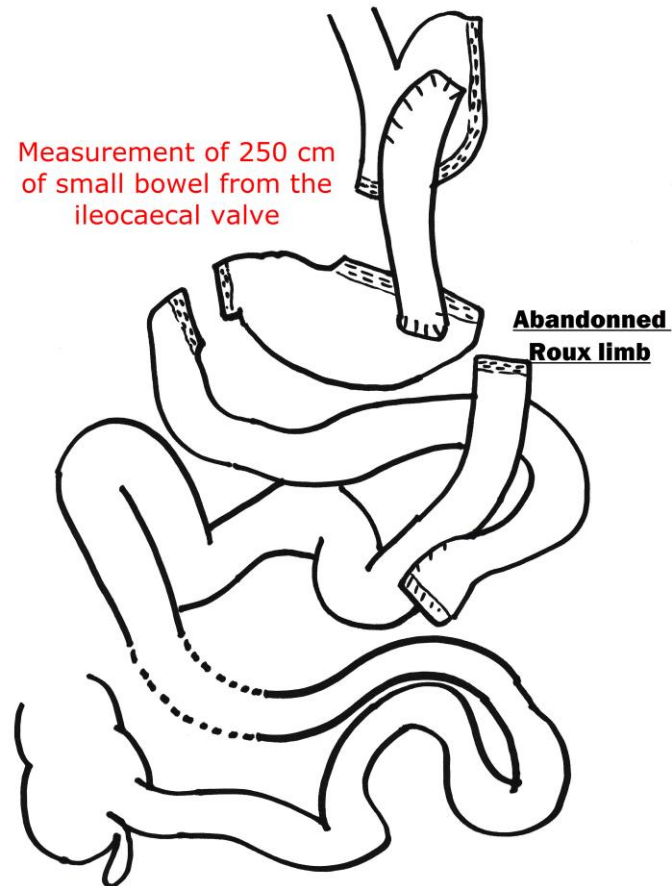
Conversion d'un GBP en DS

Méthode 2 : Philippe Topart



Conversion d'un GBP en DS

Méthode 2 : Philippe Topart





Conversions of Roux-en-Y gastric bypass to duodenal switch (SADI-S and BPD-DS) for weight regain

Rena C. Moon¹ · Layth Alkhalil¹ · Alyssa Jameson Wier¹ · Andre F. Teixeira¹ · Muhammad A. Jawad¹

Received: 11 June 2019 / Accepted: 9 October 2019
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Table 1 Demographics of patients undergoing conversions from Roux-en-Y gastric bypass

	All (n=15)	SADI-S (n=10)	BPD-DS (n=5)
Female, n (%)	13 (86.7)	9 (90.0)	4 (80.0)
Age (years) ^a , mean ± SD	42.8 ± 9.6	42.5 ± 10.8	43.4 ± 7.6
Single stage, n (%)	8 (53.3)	6 (60.0)	2 (40.0)
Period from RYGB to conversion (months) ^{b,c} , mean ± SD	125.6 ± 47.8	105.5 ± 52.1	145.8 ± 39.2
BMI (kg/m ²) at RYGB ^b , mean ± SD	50.0 ± 5.5	48.9 ± 4.1	51.2 ± 7.0
Preoperative BMI (kg/m ²) ^a , mean ± SD	48.1 ± 8.0	49.8 ± 7.9	44.6 ± 7.9
Comorbidities ^a , n (%)			
Hypertension	6 (40.0)	3 (30.0)	3 (60.0)
GERD	5 (33.3)	3 (30.0)	2 (20.0)
Diabetes	13 (13.3)	9 (90.0)	4 (80.0)
Sleep apnea	2 (13.3)	1 (10.0)	1 (20.0)
Hypertipidemia	2 (13.3)	2 (20.0)	0 (0.0)
Length of stay ^a , median (q1, q3)	3 (3, 3)	3 (3, 3)	3 (3, 3)

Table 3 Mean levels of hemoglobin, protein, albumin, calcium, AST, and ALT before and after the conversion of Roux-en-Y gastric bypass to duodenal switch

Test	Reference range	Preop (n=15)	6 months (n=7)	1 year (n=4)	2 year (n=2)	Abnormal		
						Preop	1 year	2 year
Hemoglobin (g/L)	Male 132.0–171.0 Female 117.0–155.0	128.3 (16.8)	116.6 (14.4)	107.3 (8.7)	106.0 (1.4)	25%	75%	100%
Protein (g/L)	61.0–81.0	69.9 (4.9)	64.3 (8.5)	65.8 (4.6)	70.0 (2.8)	None	25%	None
Albumin (g/L)	36.0–51.0	40.4 (2.7)	39.6 (15.4)	37.0 (1.6)	38.5 (2.1)	14%	25%	None
Calcium (mmol/L)	2.15–2.55	2.31 (0.08)	2.01 (0.46)	2.21 (0.14)	2.19 (0.02)	13%	50%	None
AST (ukat/L)	0.17–0.60	0.33 (0.07)	0.49 (0.23)	0.42 (0.09)	0.41 (0.10)	None	None	None
ALT (ukat/L)	0.10–0.68	0.34 (0.16)	0.53 (0.34)	0.38 (0.16)	0.28 (0.11)	None	None	None

AST aspartate aminotransferase, ALT alanine aminotransferase

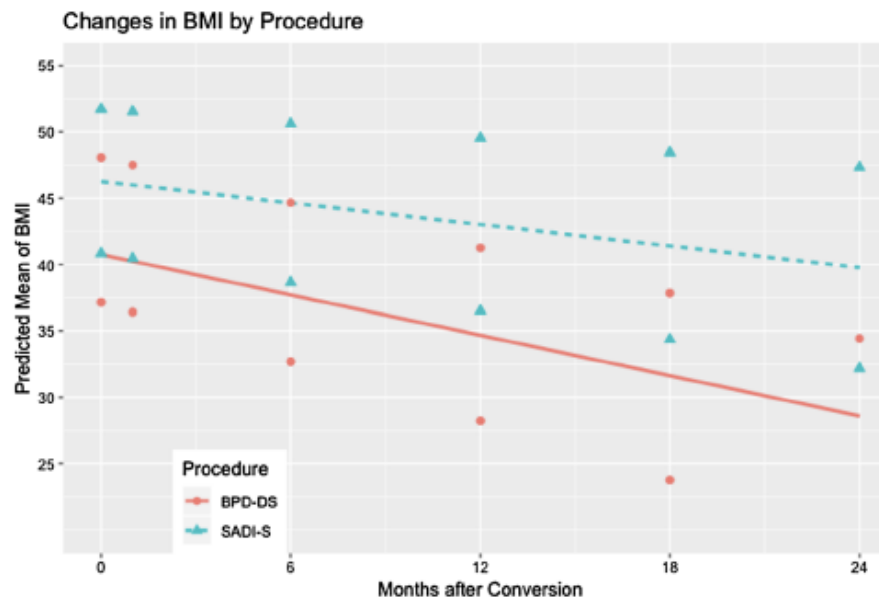


Table 4 Mean levels and percentage of abnormal levels of vitamins, parathyroid hormone, and ferritin levels following conversions from Roux-en-Y gastric bypass to duodenal switch

Test	Reference range	6 months (n=7)	1 year (n=4)	2 year (n=2)	Abnormal		
					6 months	1 year	2 year
Vitamin A (umol/L)	0.7–2.3	1.2 (0.4)	0.9 (0.4)	1.0 (0.3)	None	25%	None
Vitamin D, 25-hydroxy (nmol/L)	74.9–249.6	78.5 (44.2)	65.0 (21.5)	43.7 (22.9)	33%	75%	100%
Vitamin E, alpha tocopherol (umol/L)	1.2–3.9	1.9 (0.5)	1.6 (0.1)	1.5 (0.1)	17%	None	None
Vitamin B ₁₂ (pmol/L)	155.7–698.1	894.4 (517.1)	547.0 (253.7)	412.2 (238.5)	57%	25%	None
PTH, intact (ng/L)	15–65	52.4 (17.0)	51.0 (14.4)	80 (16.0)	20%	33%	50%
Ferritin, serum (pmol/L)	33.7–337.1	74.2 (44.8)	29.2 (12.6)	10.1 (4.7)	14%	50%	100%

PTH parathyroid hormone

Conversion d'un GBP en DS

Check for updates

Conversions of Roux-en-Y gastric bypass to duodenal switch (SADI-S and BPD-DS) for weight regain

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Conversion d'un GBP en DS

Check for updates

Conversions of Roux-en-Y gastric bypass to duodenal switch (SADI-S and BPD-DS) for weight regain


Rena C. Moon¹ · Layth Alkhairi¹ · Alyssa Jameson Wier¹ · Andre F. Teixeira¹ · Muhammad A. Jawad¹ 

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Table 1 patient from R

Test *PTH* parathyroid hormone

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AST aspartate aminotransferase, ALT alanine aminotransferase

Synthèse des procédures

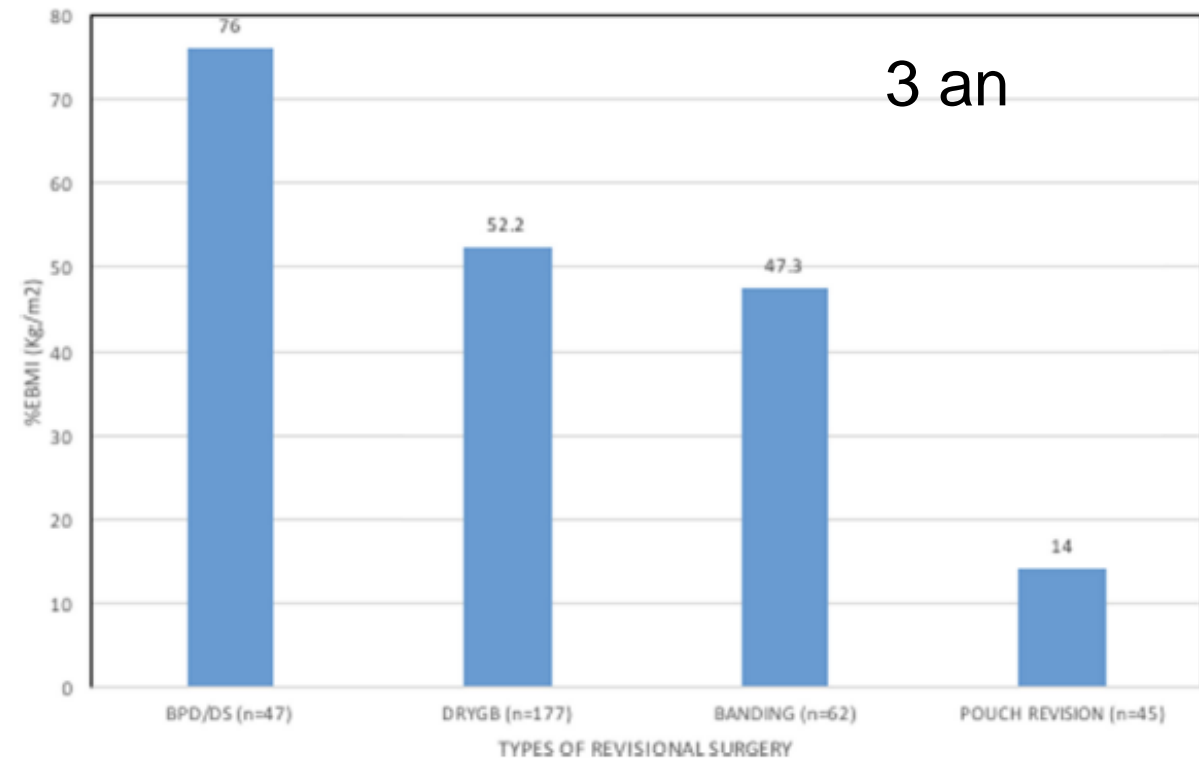
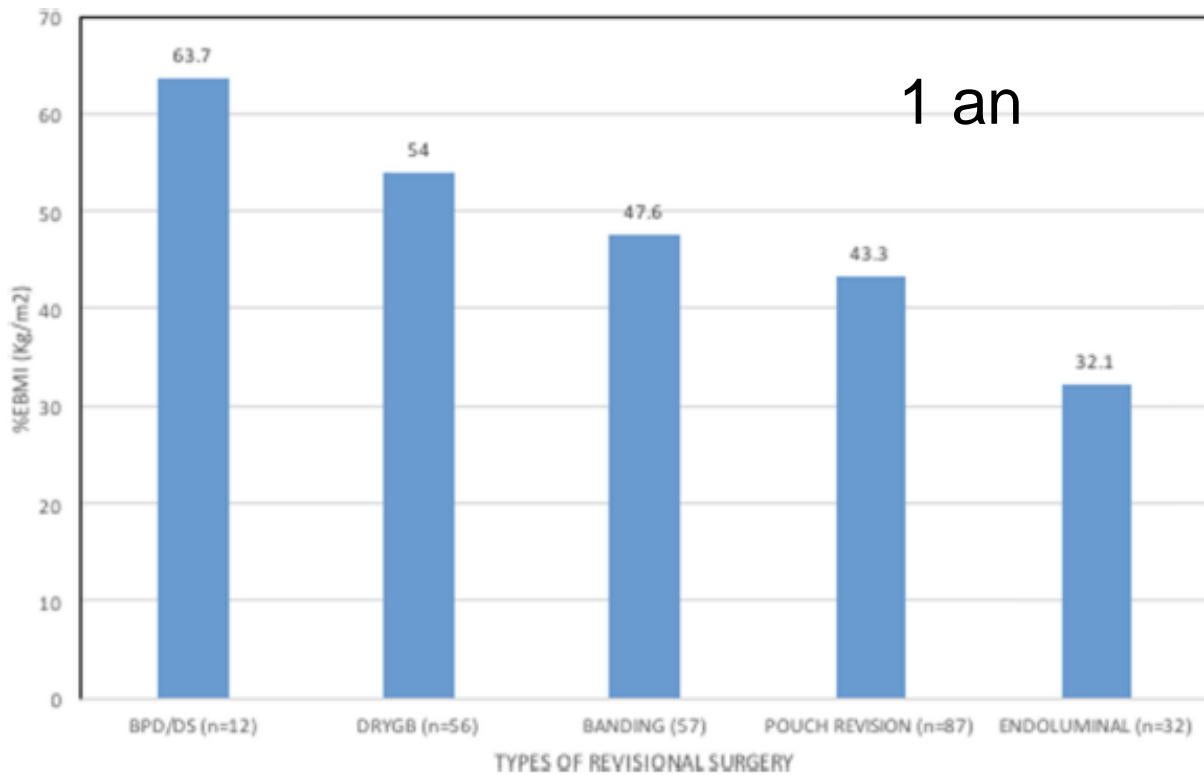
OBES SURG (2016) 26:1627–1634
DOI 10.1007/s11695-016-2201-5



REVIEW ARTICLE

Revision of Roux-En-Y Gastric Bypass for Weight Regain: a Systematic Review of Techniques and Outcomes

Daniel D. Tran¹ · Ifeanyi D. Nwokeabia² · Stephanie Purnell² · Syed Nabeel Zafar¹ · Gezzer Ortega¹ · Kakra Hughes¹ · Terrence M. Fullum¹



9 - 33 % 8 - 44 % 0 - 14 % 7 - 30 %

Complications majeures

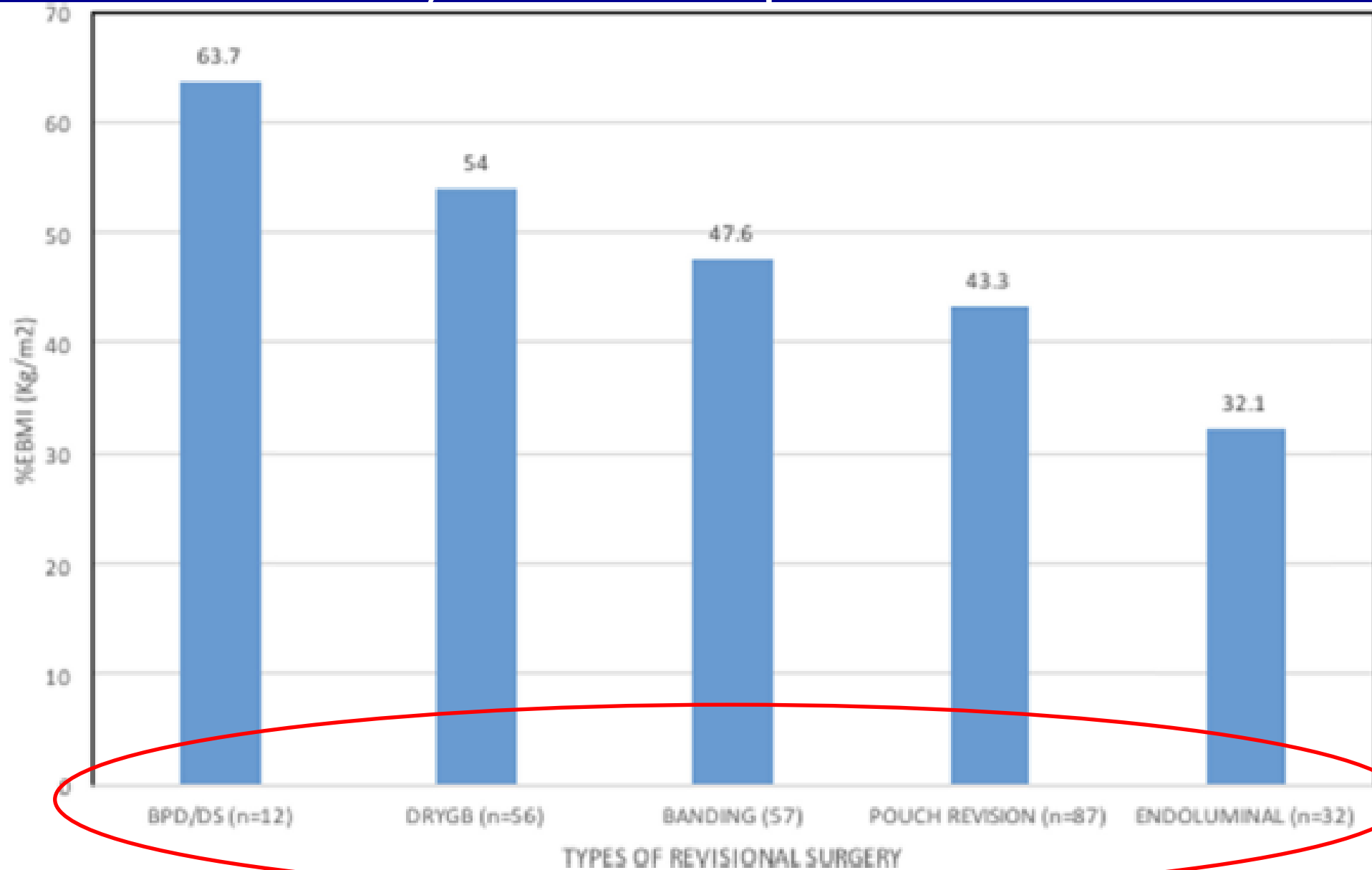
Tran et al Obes Surg 2018

Synthèse des procédures

OBES SURG (2018)
DOI 10.1007/s11695-018-2111-1
REVIEW ARTICLE

Revisional Surgery

Daniel D. Trautwein
Gezzer Ortega



9 -

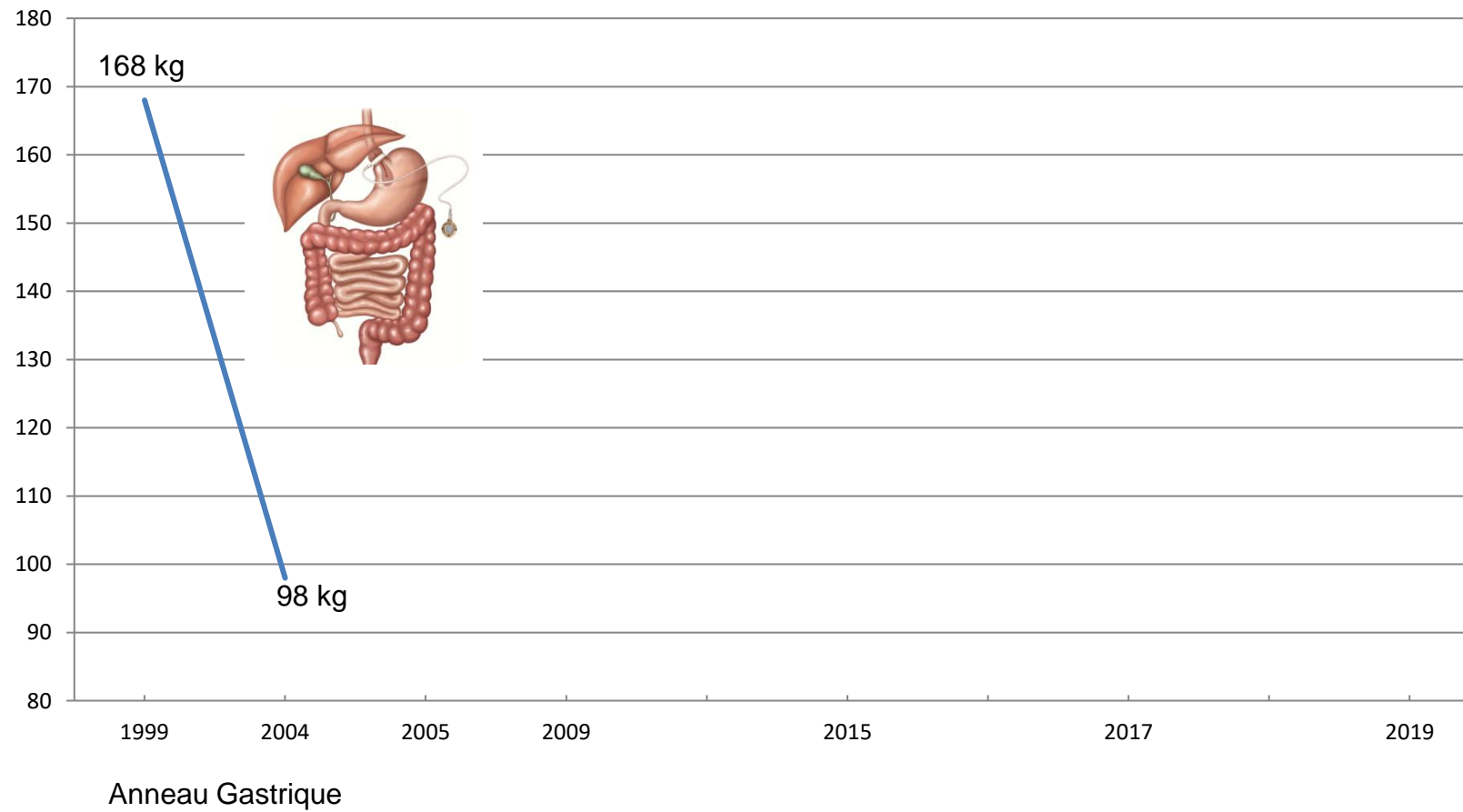
Complications majeures

Retour au Cas

Que proposez-vous ?

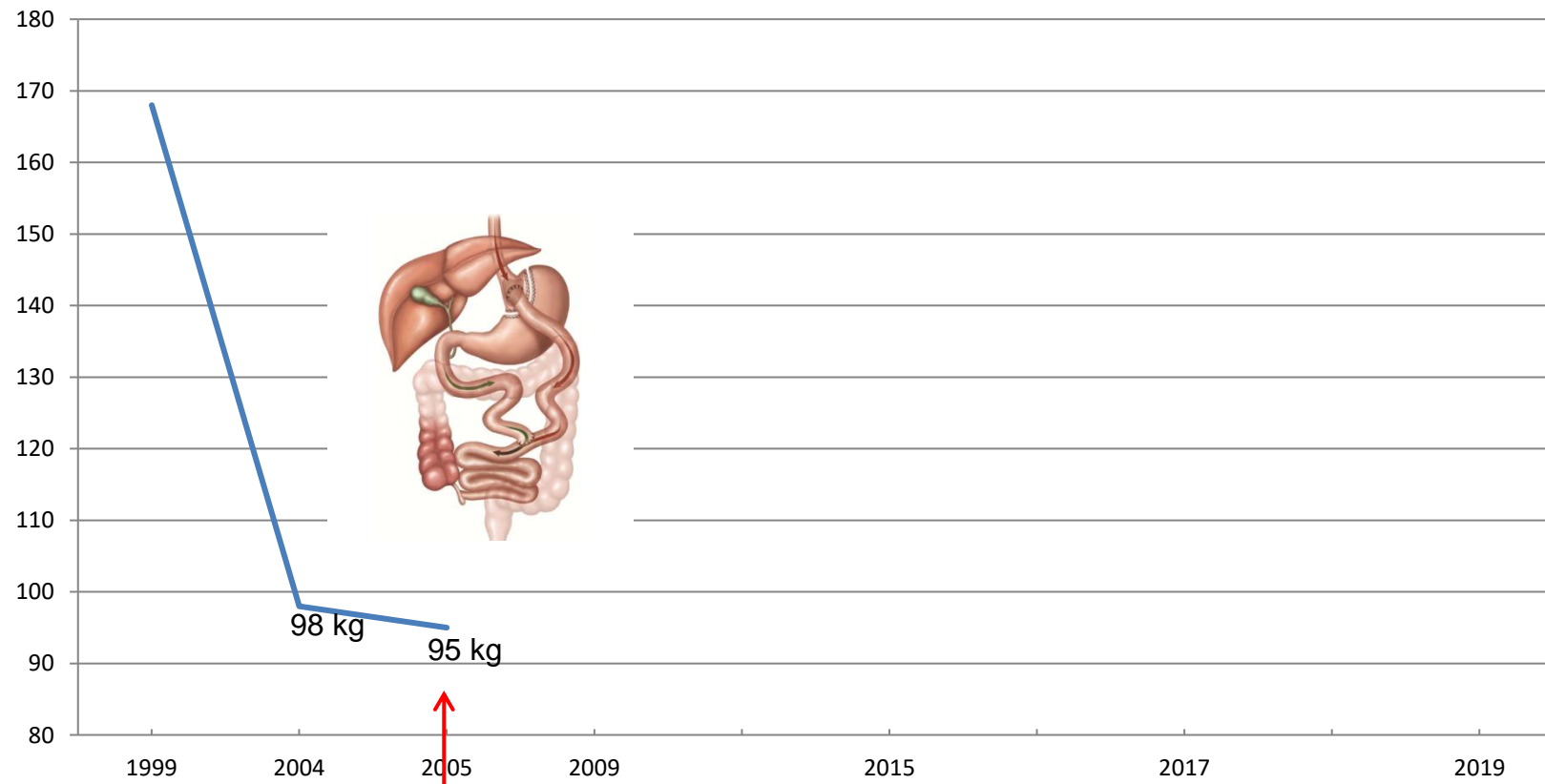
Autre Cas

Patiente âgée de 21 ans
Poids



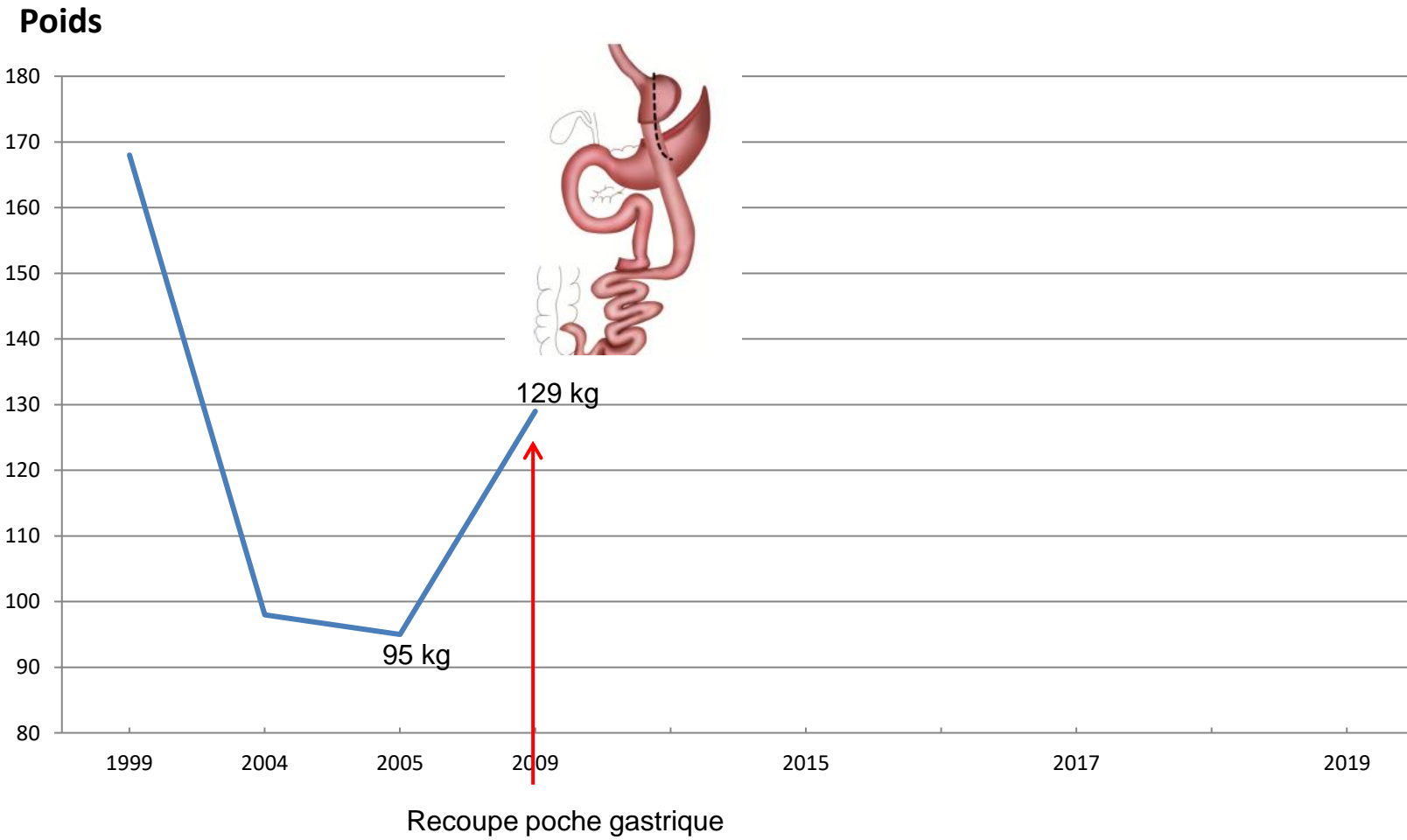
Autre Cas

Poids



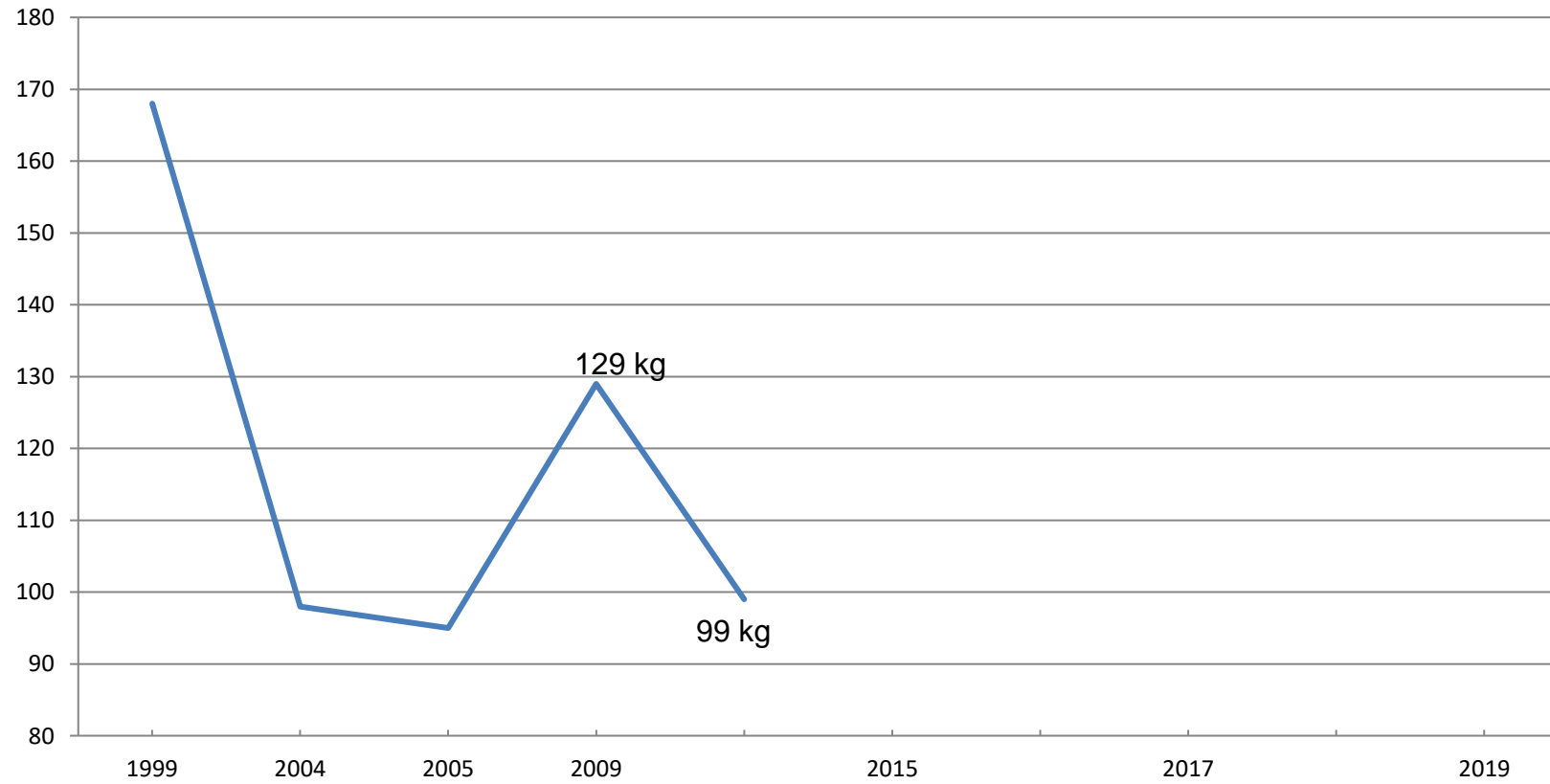
Gastrique Bypass en Y

Autre Cas



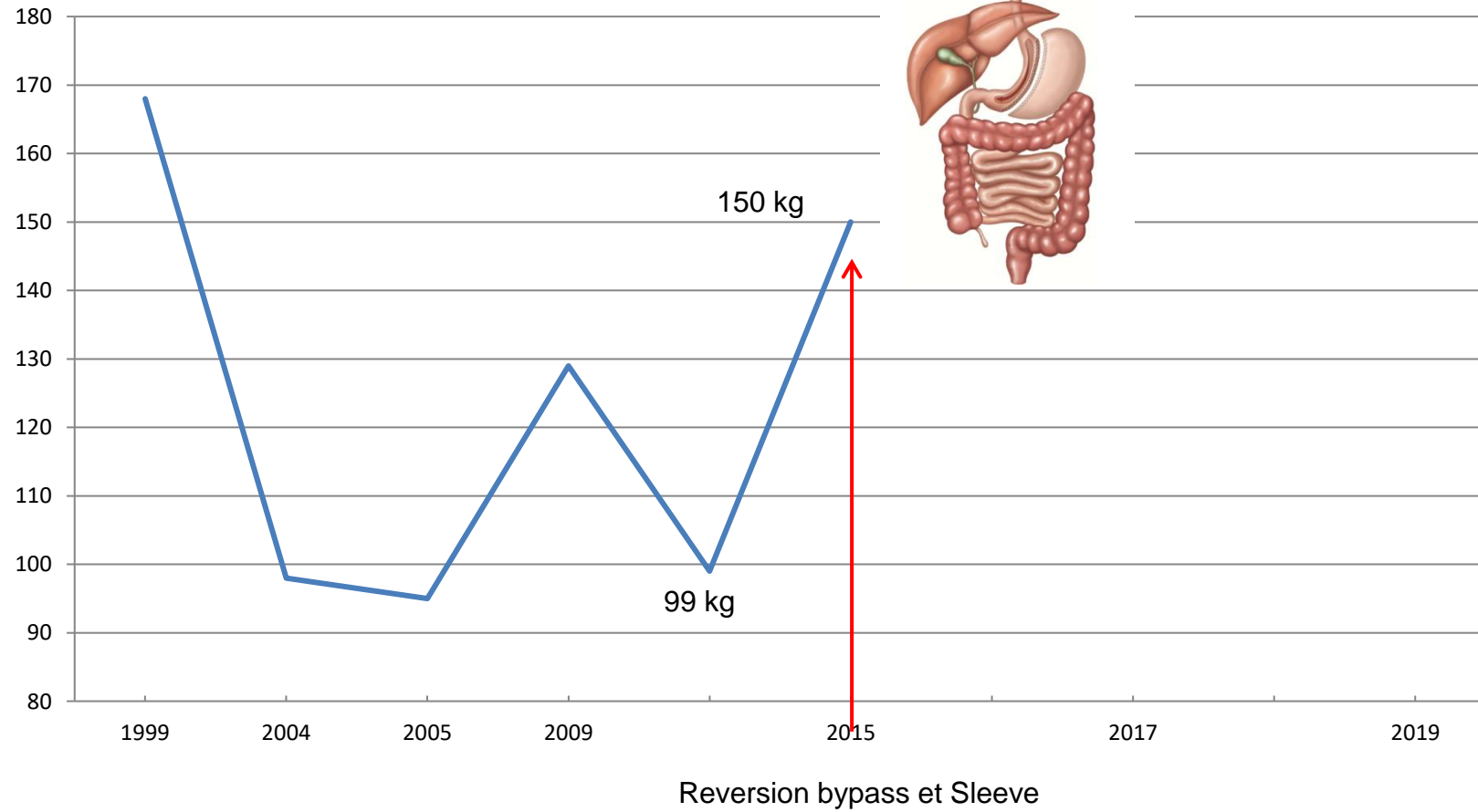
Autre Cas

Poids



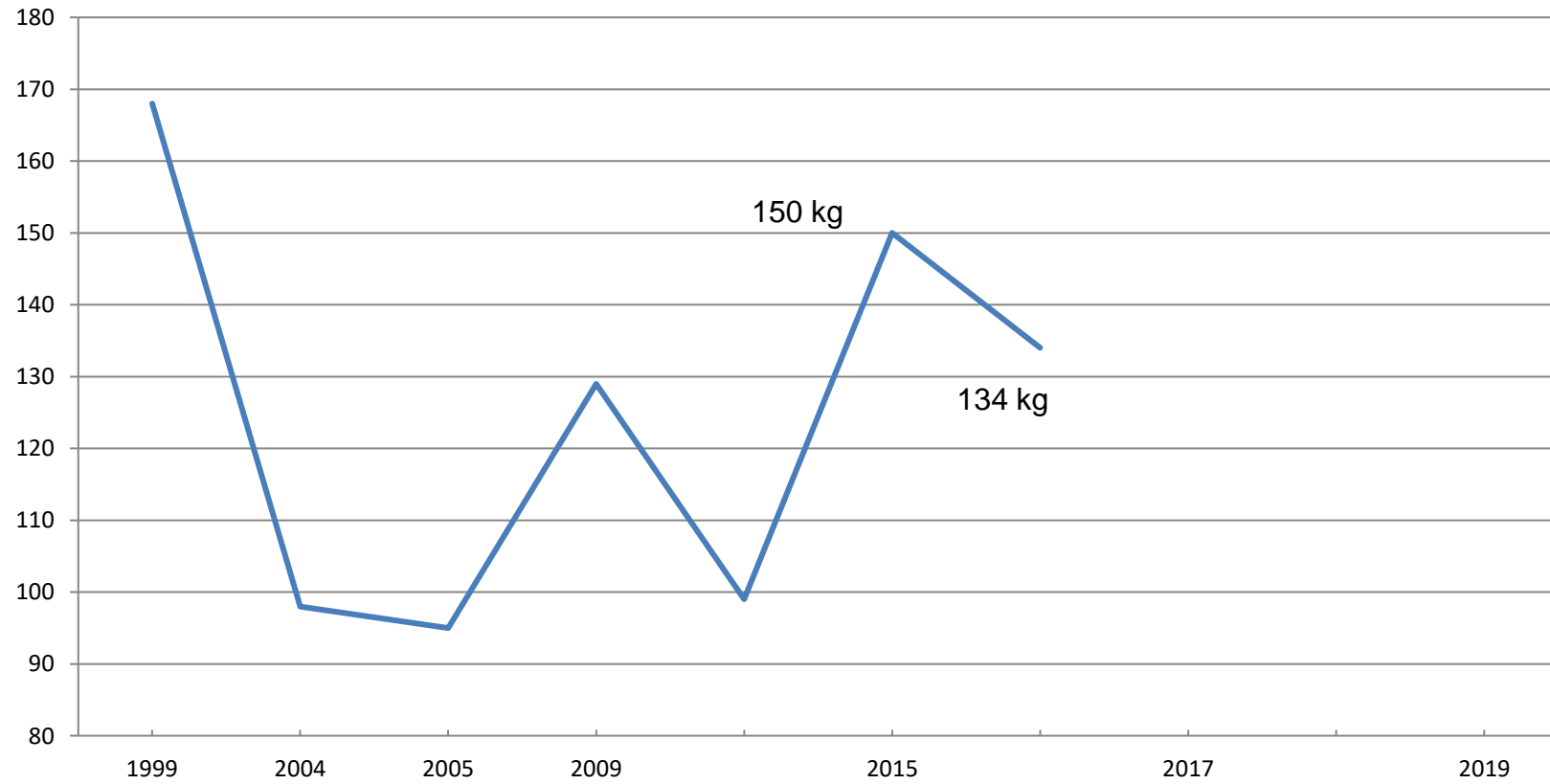
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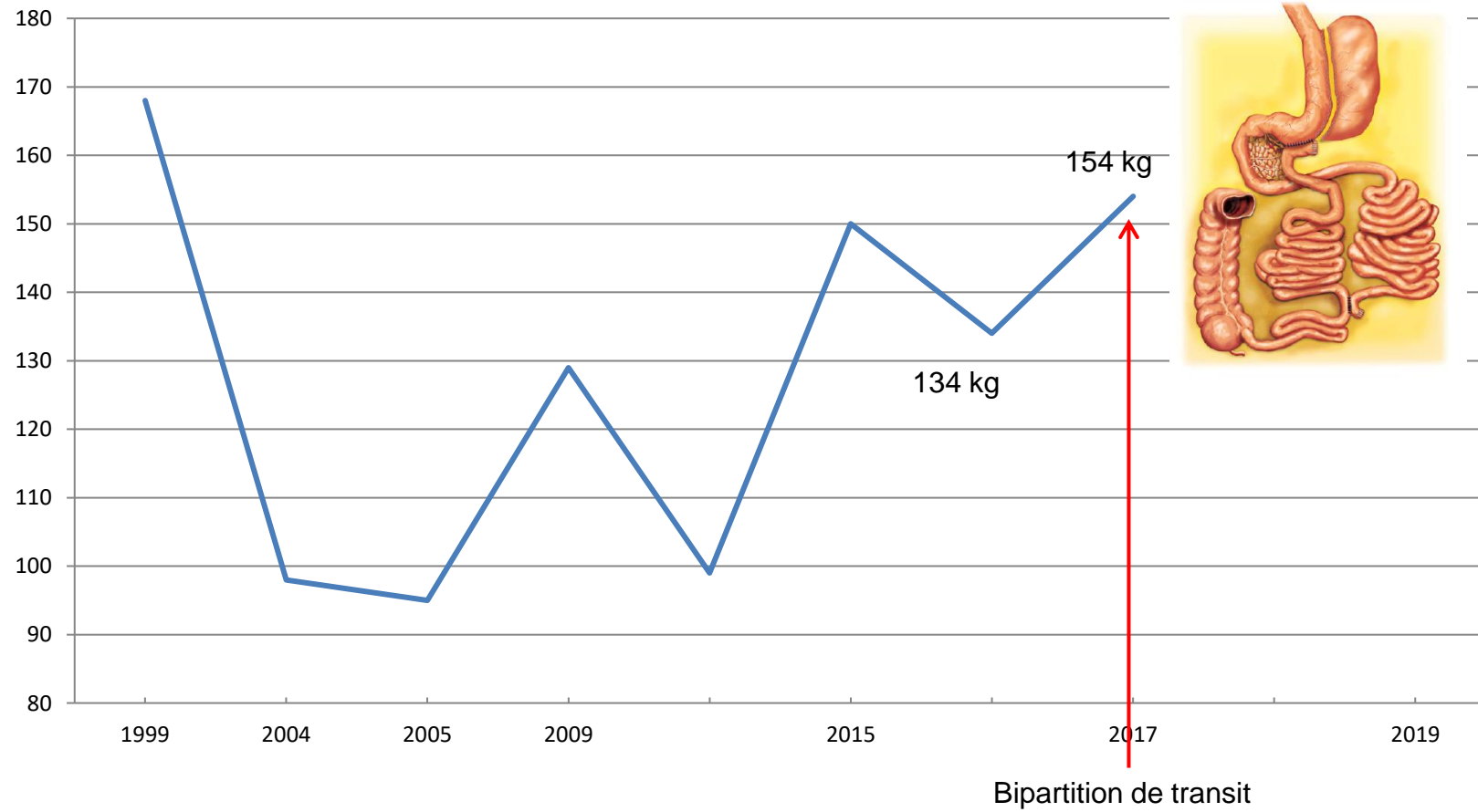
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Poids



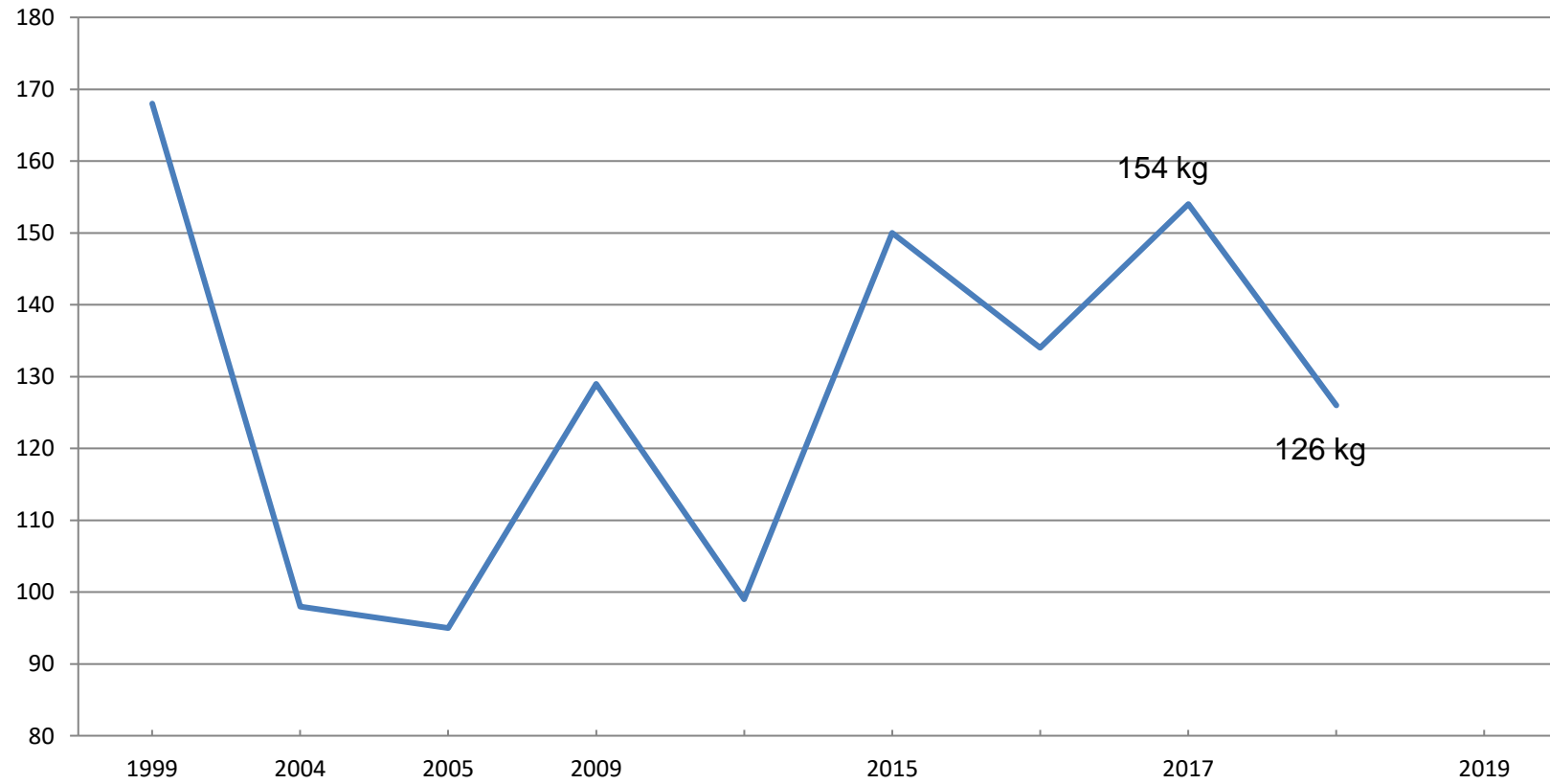
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Poids

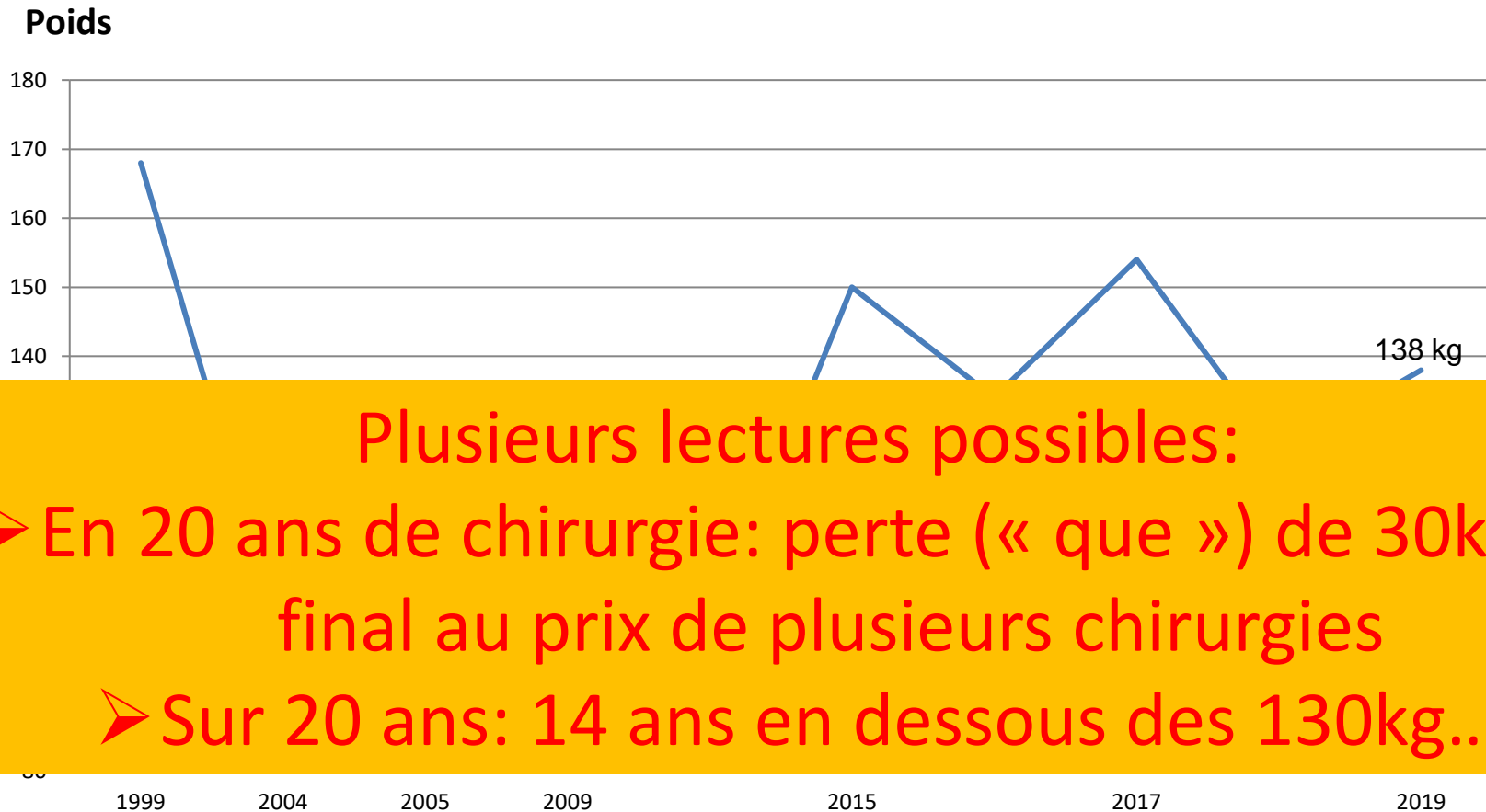


Autre Cas

Poids



Autre Cas



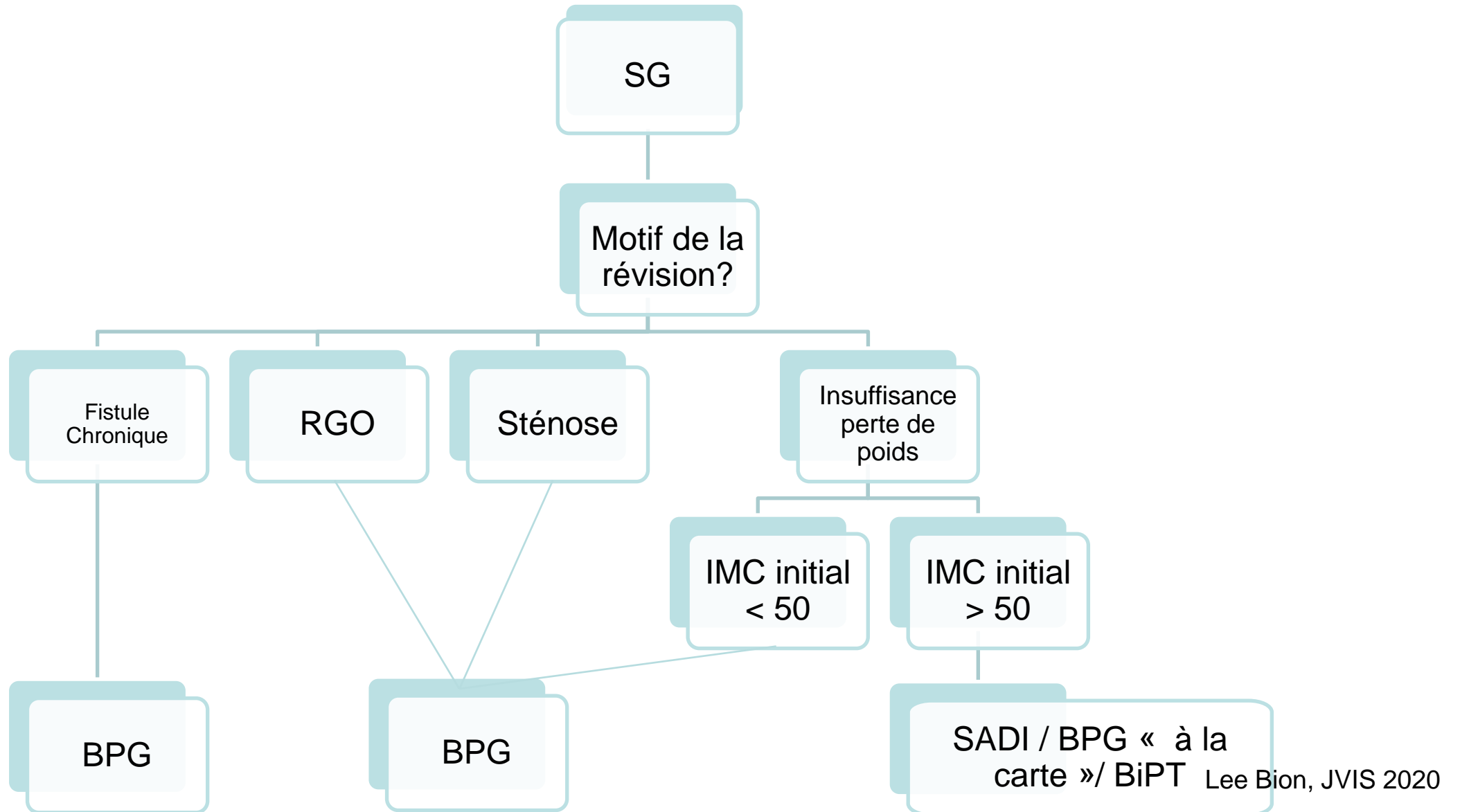
Plusieurs lectures possibles:

- En 20 ans de chirurgie: perte (« que ») de 30kg au final au prix de plusieurs chirurgies
- Sur 20 ans: 14 ans en dessous des 130kg...

Objectifs : Conclusions

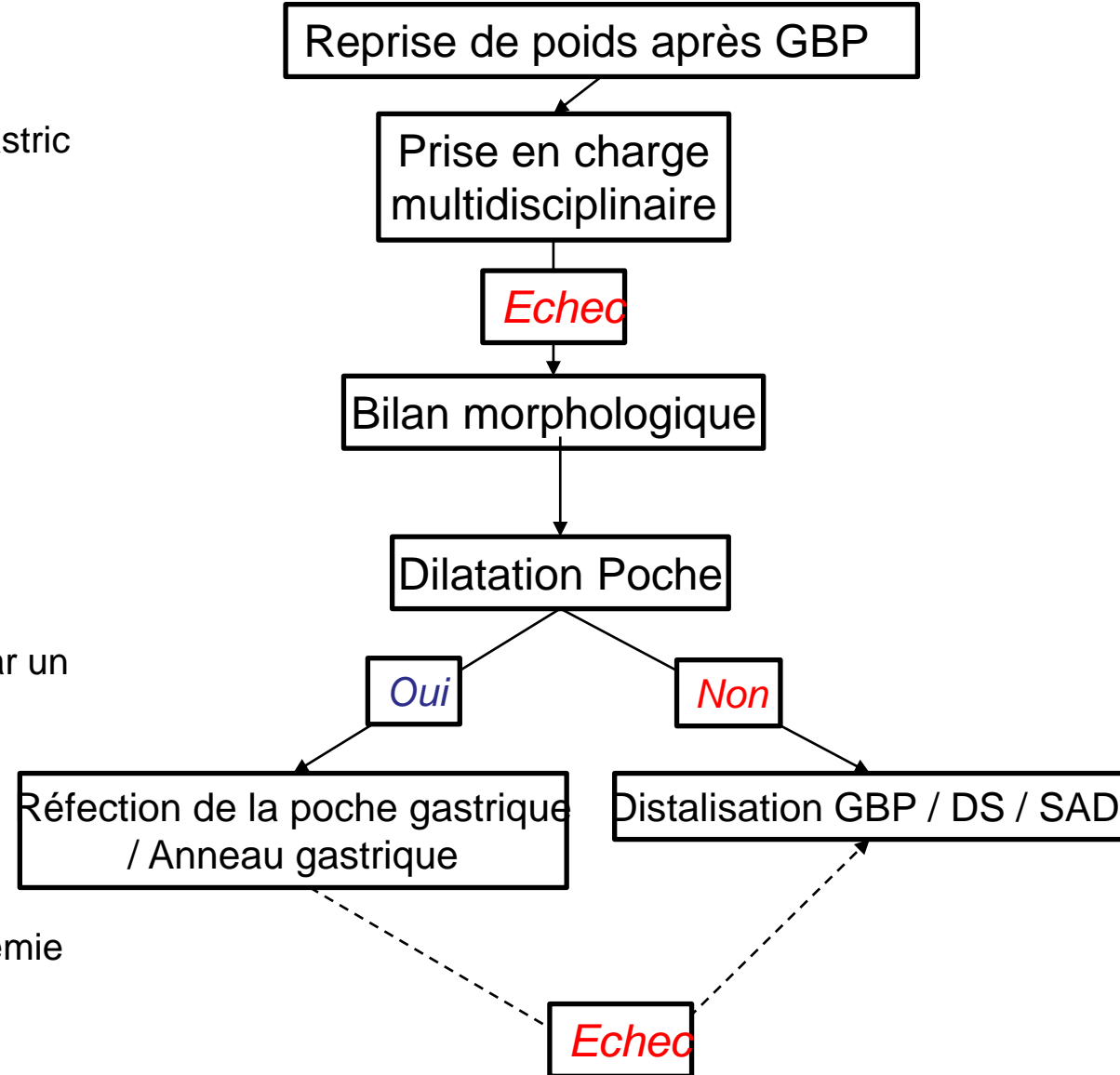
- Connaître les éléments clés de la définition d'un échec après chirurgie bariatrique
- Connaître les résultats à court et moyen terme de la chirurgie de conversion d'une sleeve
- Connaître les options thérapeutiques après échec de bypass-gastrique

Take Home Message



Take Home Message

- Avant toute ré intervention pour reprise poids après Roux-en-Y Gastric Bypass
-- > prise charge **en multidisciplinaire +++**
- **Bilan morphologique complet** : Scanner volumétrique, TOGJ, endoscopie
- Toutes ré interventions doit se discuter en **RCP**
- Risque de **complications post opératoires** majeur
- Prévenir la survenue des complications nutritionnelles chroniques par un **suivi prolongé**
- Importance de la **supplémentation vitaminique et protidique**
- Rechercher des signes d'alarme :
 - Perte de poids rapides, pré albumine basse, anémie, hypocalcémie



Take Home Message

« La simplification est le comble du raffinement »





MERCI DE VOTRE ATTENTION

Que faire en cas d'échec ? Sleeve Gastrectomy et GBP

- Dr Benjamin MENAHEM, Service de chirurgie digestive – CHU de Caen
 - 10 novembre 2022

1^{ère} Journée territoriale de l'obésité. Caen