CIRURGIA REVISIONAL POR PERDA INADEQUADA DE PESO

Qual é a melhor revisão para gastrectomia vertical?

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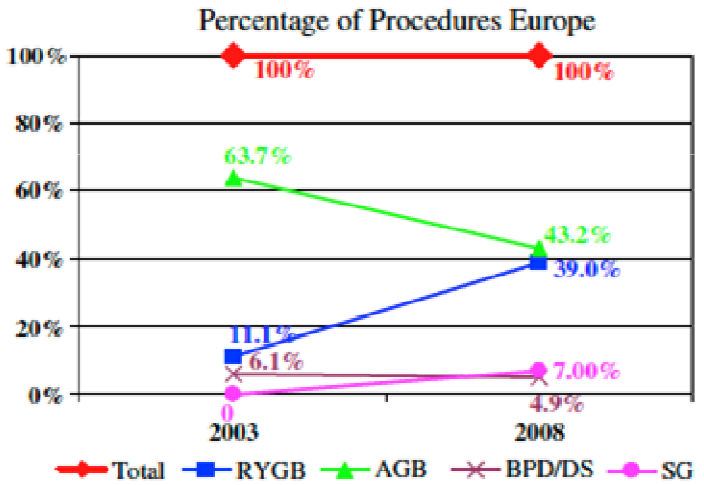
Sleeve Gastrectomy in Europe

Table 5 Regional trend Europe

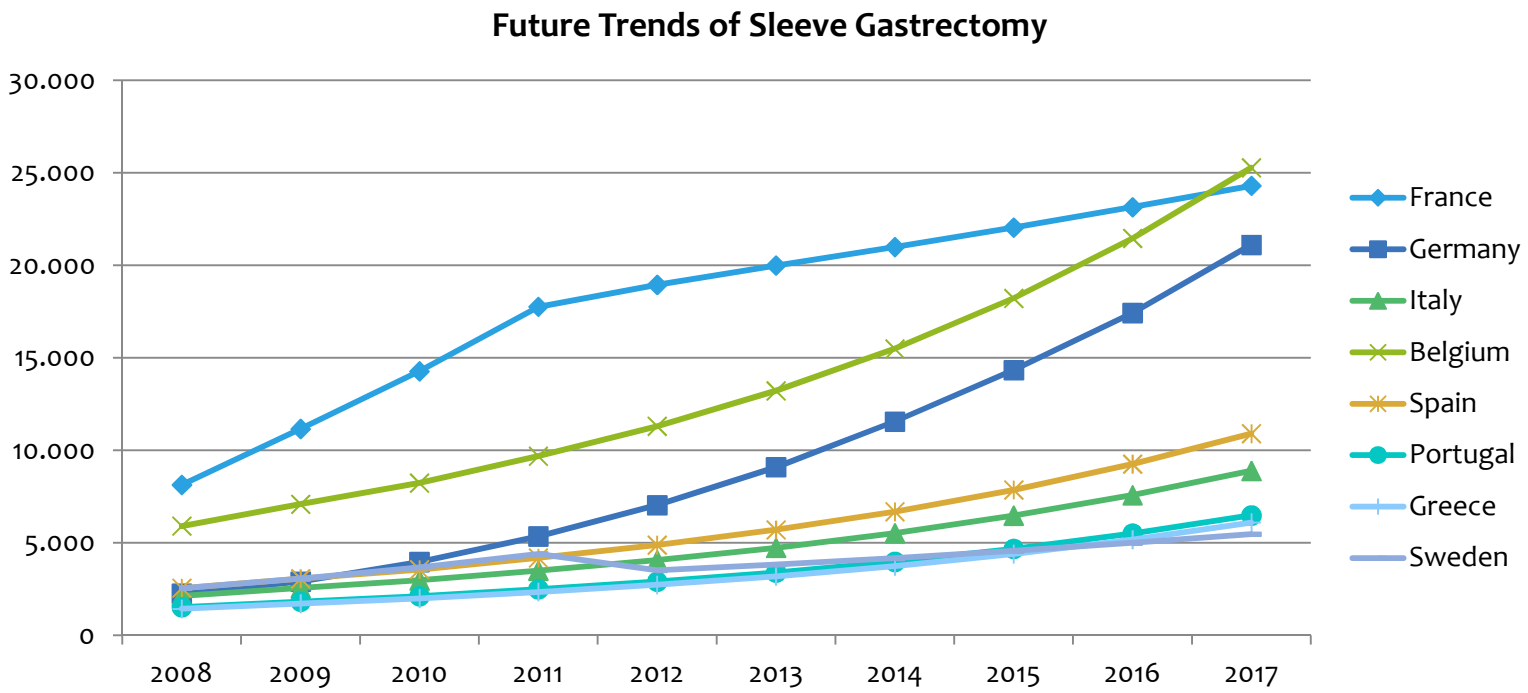
	Number (Percentage) 2003	Operations (Percentage) 2008	Change (Percentage)
Total	33,771	66,769	+97.7
RYGB	3,744 (11.1)	26,023 (39.0)	+595.1
AGB	21,496 (63.7)	28,843 (43.2)	+34.2
BPD/DS	2,061 (6.1)	3,270 (4.9)	+58.7
SG	0 (0.0)	4,677 (7.0)	



Metabolic/Bariatric Surgery Worldwide 2008

Henry Buchwald · Danette M. Oien

Trends in Bariatric Surgery



European Medicines Agency

Long Term Results of Sleeve Gastrectomy

* Up to 47%-64% fail in weight loss
* Complications
  * Vomiting 18% - 21%
  * GE Reflux 23 - 26%

TABLE 2. Objective Success After 3 yr, Intention-to-Treat After Stand-Alone Sleeve Gastrectomy

	Success	Failure
Evaluated patients; n = 41	n = 28; LSG: >50% EWL	n = 13; *LSG: <50% EWL: n = 2; *LSG + DS: n = 11
No evaluation possible; n = 12		n = 12; *Lost for follow-up: n = 4; *Refused cooperation: n = 8
Total: 53	28/53: 53%	25/53: 47%

LSG indicates laparoscopic sleeve gastrectomy; EWL, excessive weight loss; DS, duodenal switch.

TABLE 3. Objective Success After 6 yr, Intention-to-Treat After Stand-Alone Sleeve Gastrectomy

	Success	Failure
Evaluated Patients; n = 41	n = 19; LSG: >50% EWL	n = 22; *LSG: <50% EWL: n = 11; *LSG + DS: n = 11
No evaluation possible; n = 12		n = 12; *Lost for follow-up: n = 4; *Refused cooperation: n = 8
Total: 53	19/53: 36%	32/53: 64%

LSG indicates laparoscopic sleeve gastrectomy; EWL, excessive weight loss; DS, duodenal switch.

Himpens et al, Ann Surg 2010

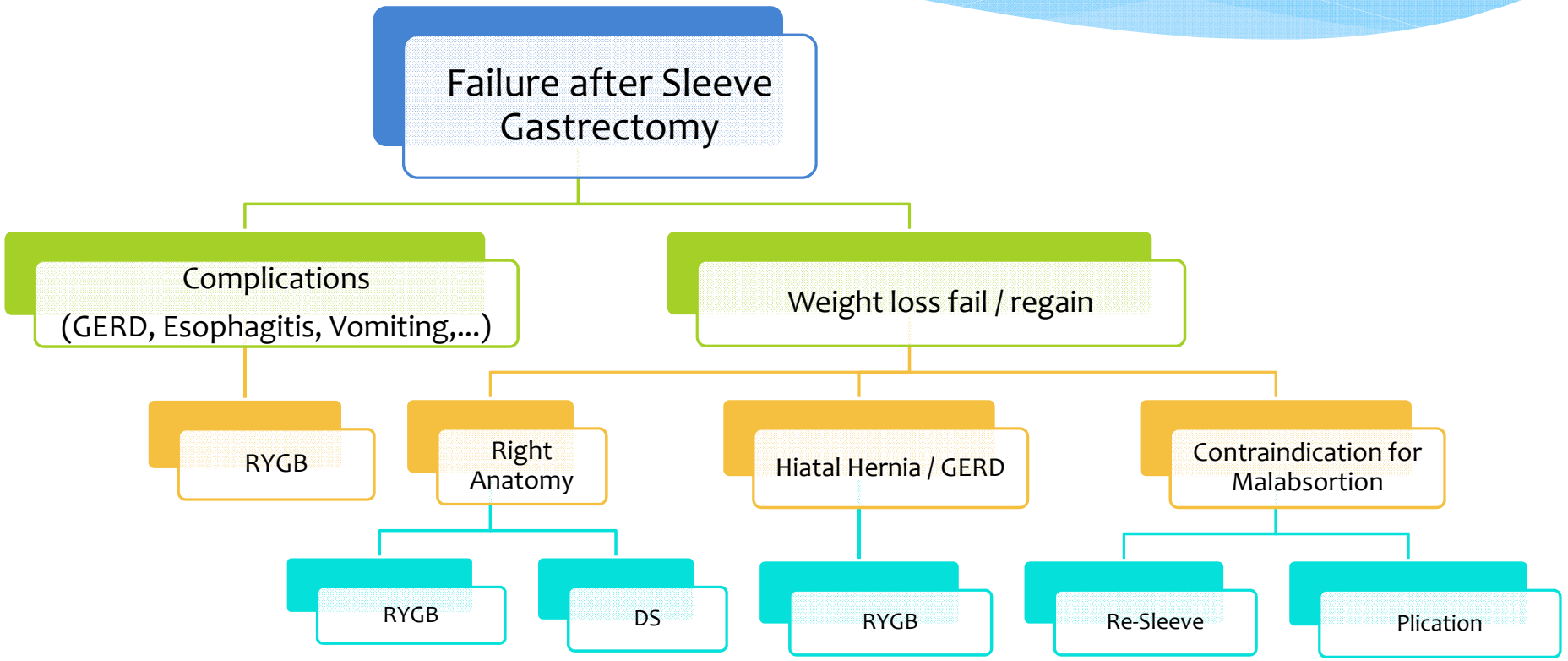
Why does SG Fail?

* Inadequate procedure selection
* Defects in original technique
* Poor patient behavior

How to evaluate it

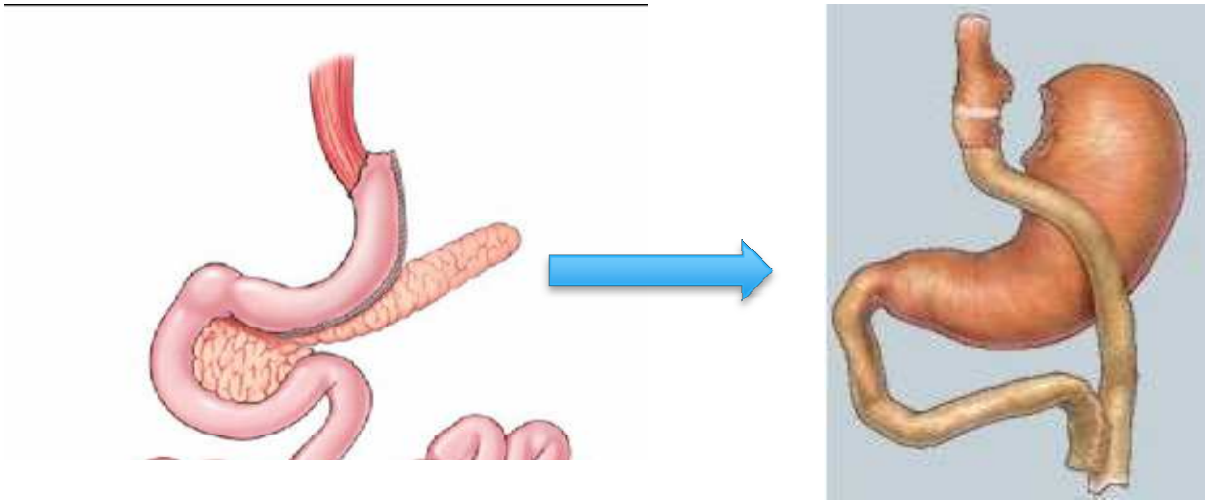
1. Clinical examination
    1. Nutritionist
    2. Psychologist
2. GE Swallow
    1. Form and size of the gastric sleeve
    2. Anatomy of the GE junction
3. Upper GI Endoscopy
    1. Screening for esophagitis
    2. Screening for stenosis of the gastric sleeve
4. Functional tests of the Esophagus
    1. pHmetry
    2. Manometry

What do may find?



Scenario #1
Hiatal Hernia / GERD / Esophagitis

* Why do we go for a RYGB?
  * Improves gastric emptying
  * High resistance to a Low resistance system
  * Anatomic repair of the hiatal hernia
  * Adds some restriction → Weight loss



Scenario #1
Hiatal Hernia / GERD / Esophagitis

* Some technical Pitfalls
  * Intensive examination of the GE junction
    * Complete Disection of the Esophagus
    * Hiatal hernia repair
    * Cruroplasty

Scenario #1
Hiatal Hernia / GERD / Esophagitis

* Published previous Experiences
  * Good results improving GERD and Esophagitis
  * Improvement in weight loss
  * Low morbidity and mortality

OBES SURG (2010) 20:835–840
DOI 10.1007/s11695-010-0125-z

CLINICAL RESEARCH

Conversion from Sleeve Gastrectomy to Roux-en-Y Gastric Bypass—Indications and Outcome

Felix B. Langer · Arthur Bohdjalian · Soheila Shakeri-Leidenmühler · Sebastian F. Schoppmann · Johannes Zacherl · Gerhard Prager

OBES SURG (2013) 23:212–215
DOI 10.1007/s11695-012-0782-1

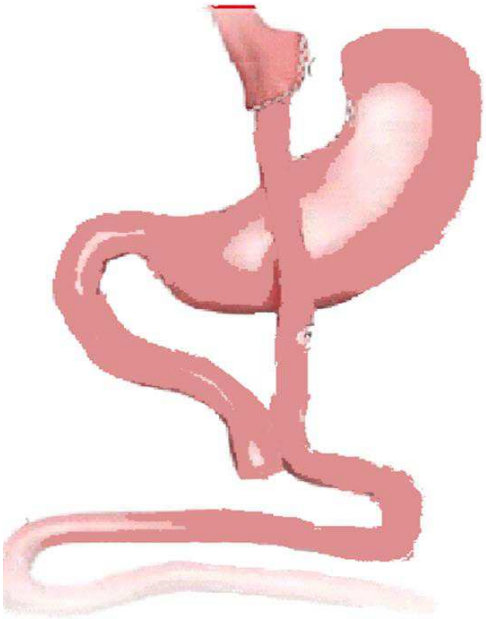
CLINICAL REPORT

Indications and Mid-Term Results of Conversion from Sleeve Gastrectomy to Roux-en-Y Gastric Bypass

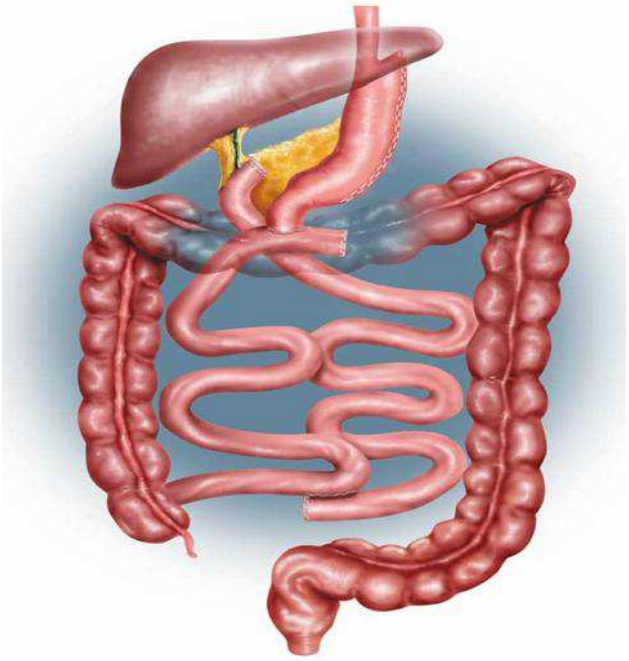
Thomas Gautier · Thomas Sarcher · Nicolas Contival · Yannick Le Roux · Arnaud Alves

Scenario #2
Weight Loss Failure with Normal Anatomy

* Technical Options



vs



Scenario #2
Weight Loss Failure with Normal Anatomy

Weight Loss

Duodenal Switch	RYGB
* Up to 80% Excess We… long term	…60% Excess Weight Loss …g term
* Less than 10% of w…	* 25% of weight loss failure

DS wins!

Status Report

The Biliopancreatic Diversion with the Duodenal Switch: Results Beyond 10 Years

Douglas S. Hess, MD; Douglas W. Hess, MD; Richard S. Oakley, MD

Christou NV, Weight Gain After Short- and Long-Limb Gastric Bypass in Patients Followed for Longer Than 10 Years. Ann Surg 244:734-40, 2006

Scenario #2
Weight Loss Failure with Normal Anatomy

Complications and Sequelae

Duodenal Switch

* Technically complex pr
* Requires long term follow
* Risk of protein malnutrition
* Risk of metabolic complications
  * Anaemia
  * Hypocalcemia
  * Osteoporosis
  * Hypovitaminosis A, D and K

RYGB wins!

RYGB

* own and standarized
  edure
* Low risk of malnutrition
* Risk of metabolic complications
  * Anaemia
  * Hypocalcemia

Why do rather prefer the DS?

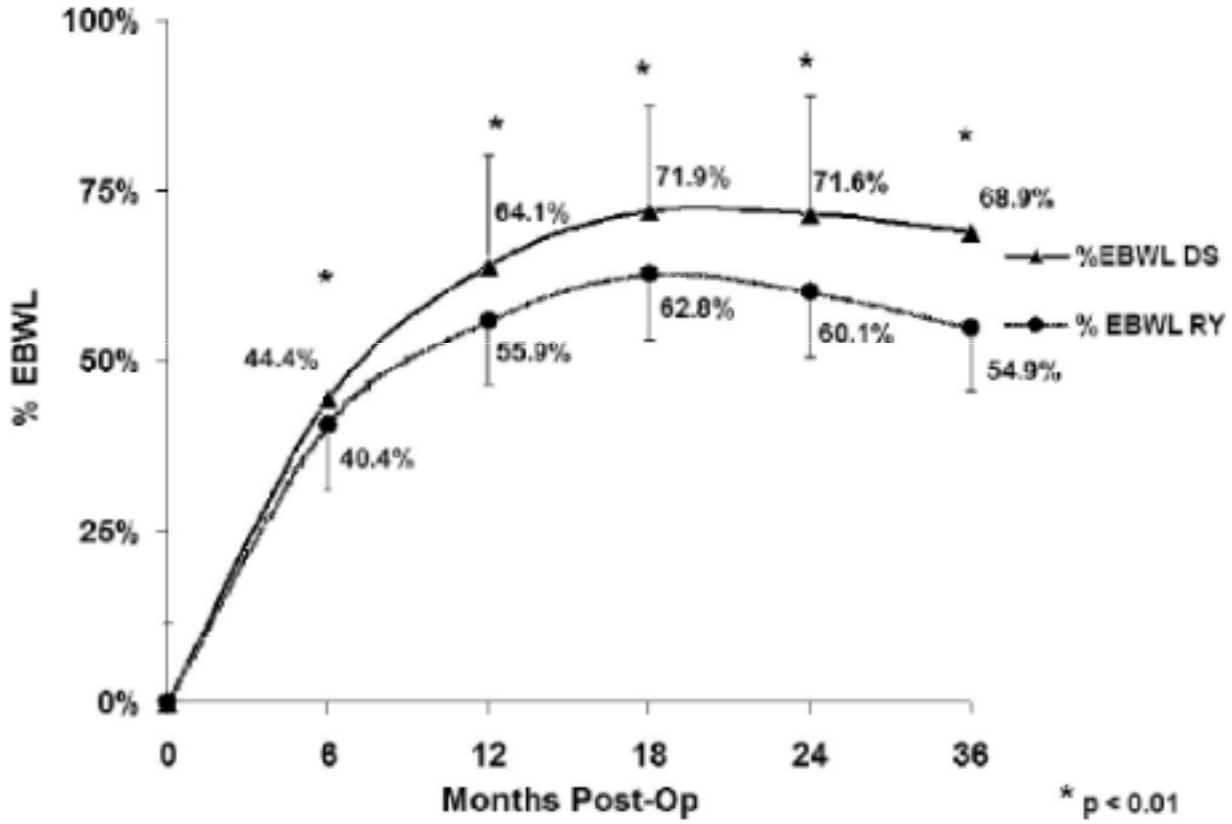
* Better long term weight loss
* Low risk of weight regain
* Low morbidity and mortality in selected teams
* Better results in comparative trials
* Better results in some cases
  * BMI>50kg/m^2
  * Age>50 years

Patients well informed and compromised

Scenario #2
Weight Loss Failure with Normal Anatomy

* Bellvitge University Hospital Experience

Scenario #2
Weight Loss Failure with Normal Anatomy

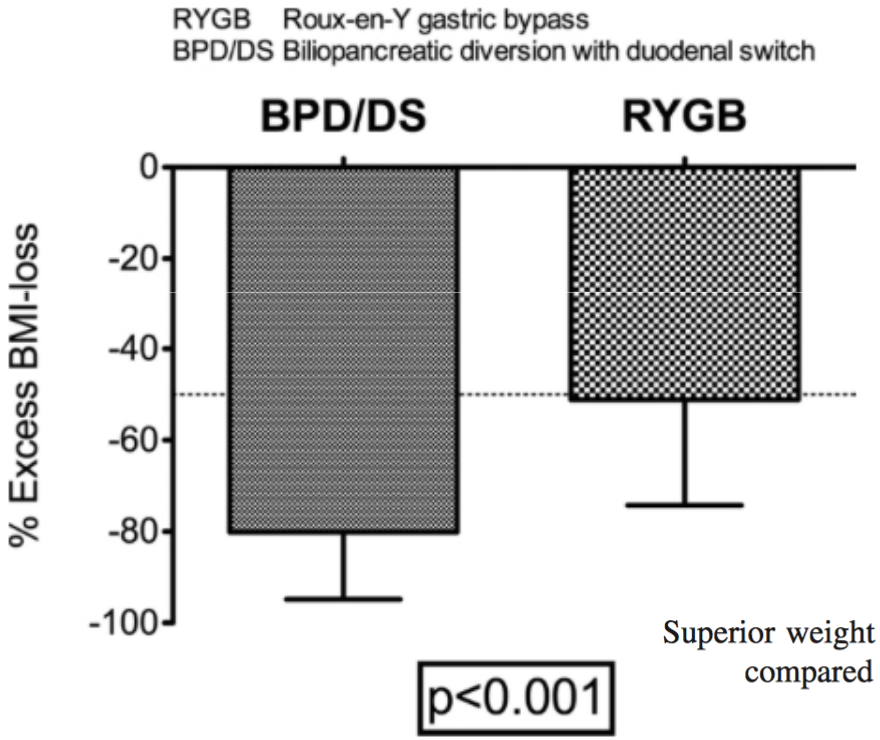


Duodenal Switch Provides Superior Weight Loss in the Super-Obese (BMI ≥50kg/m^2) Compared With Gastric Bypass

Vivek N. Prachand, MD, Roy T. DaVee, BS, and John C. Alverdy, MD

ANNALS OF SURGERY
A Monthly Review of Surgical Science Since 1885

Scenario #2
Weight Loss Failure with Normal Anatomy



Original article

Superior weight loss and lower HbA1c 3 years after duodenal switch compared with Roux-en-Y gastric bypass—a randomized controlled trial

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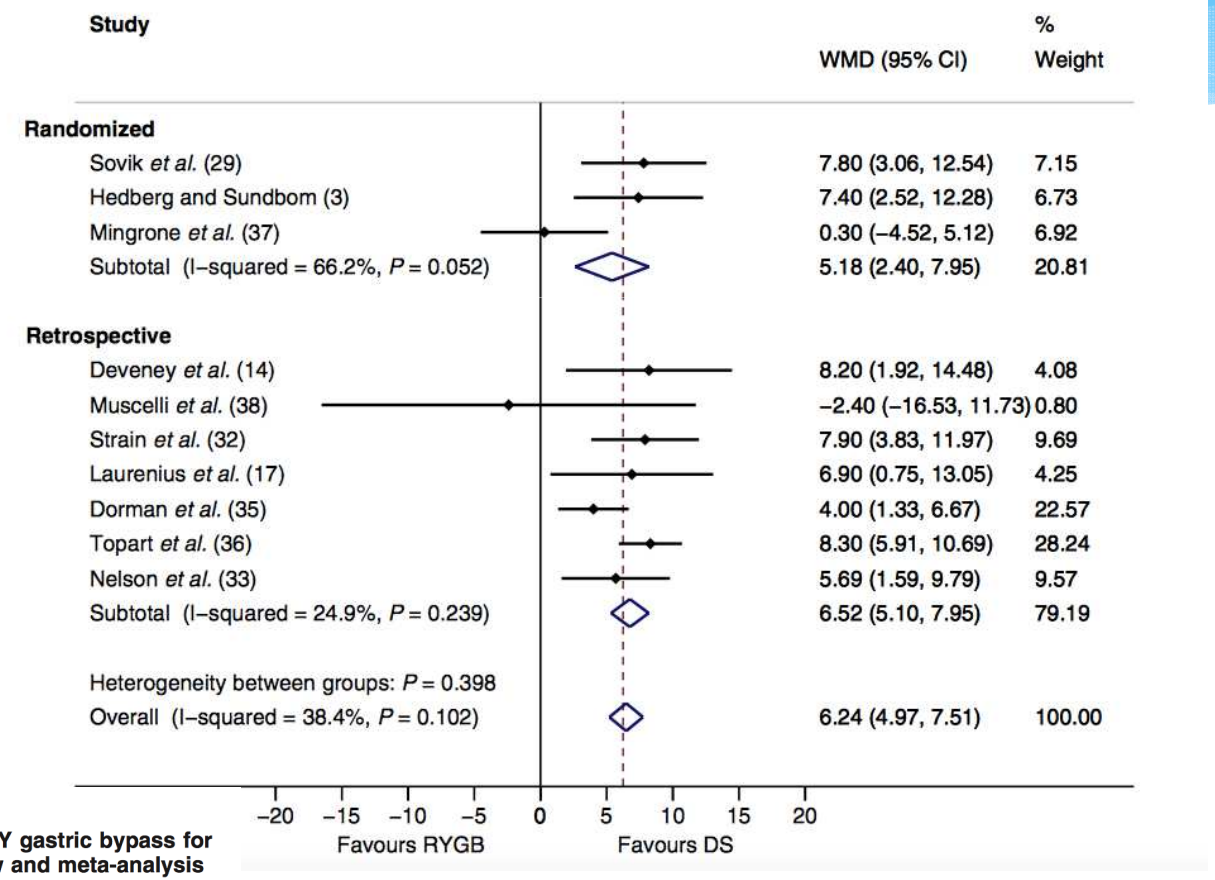
Department of Surgical Sciences, Uppsala University, Uppsala, Sweden
Received September 13, 2011; accepted January 26, 2012

SURGERY FOR OBESITY AND RELATED DISEASES
OFFICIAL JOURNAL OF THE AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY

Scenario #2
Weight Loss Failure with Normal Anatomy



Obesity Treatment/Bariatric Surgery

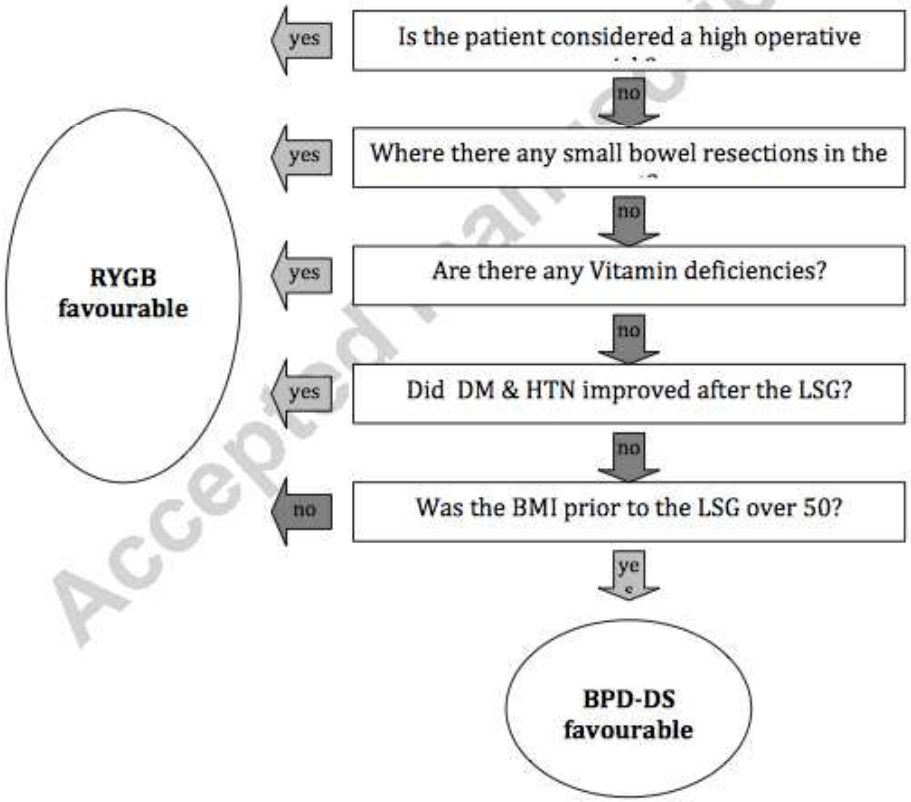
Duodenal switch versus Roux-en-Y gastric bypass for morbid obesity: systematic review and meta-analysis of weight results, diabetes resolution and early complications in single-centre comparisons

J. Hedberg[1], J. Sundström[2] and M. Sundbom[1]

obesity reviews

Scenario #2
Weight Loss Failure with Normal Anatomy

The decision-making process after failure of a SG. Flowchart 1



Article in Press

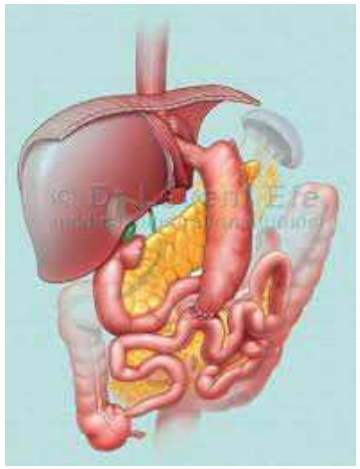
Laparoscopic conversion of sleeve gastrectomy to a biliopancreatic diversion with duodenal switch or a Roux-en-Y gastric bypass due to weight loss failure: our algorithmm☆☆☆★

Idan Carmeli, MD, Inbal Golomb, BSC, Eran Sadot, MD, Hanoch Kashtan, Andrei Keidar, MD

SURGERY FOR OBESITY AND RELATED DISEASES
OFFICIAL JOURNAL OF THE AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY

Scenario #2
Weight Loss Failure with Normal Anatomy

* Some other published options
  * Mini Gastric Bypass
  * SADI-S



Scenario #3
Contraindication for Malabsortion

* Recovery of the restriction
  * Re-Sleeve
  * Gastric Plication

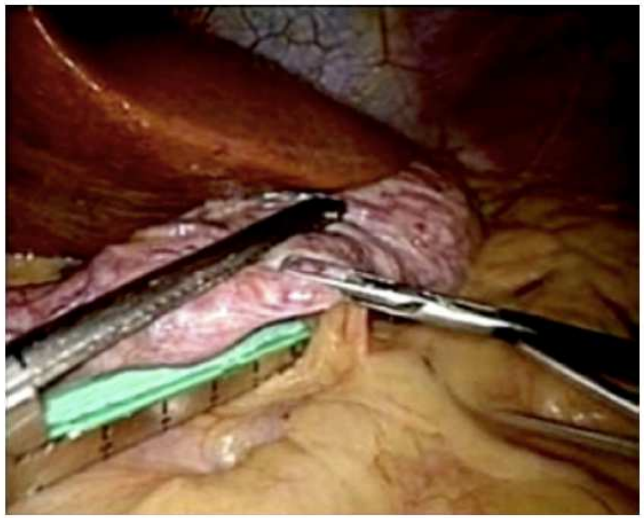
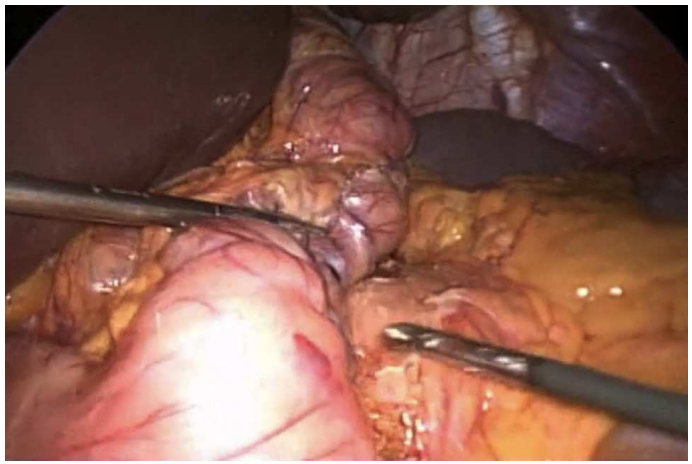


Fig. 1. Re-SG, firing of linear stapler (green load) along 34F orogastric bougie.



Courtesy of Almino Ramos and Manoel Galvao. Sao Paulo. Brazil

Scenario #3
Contraindication for Malabsortion

ELSEVIER

Surgery for Obesity and Related Diseases 7 (2011) 38–44

SURGERY FOR OBESITY AND RELATED DISEASES

Original article

Laparoscopic repeat sleeve gastrectomy versus duodenal switch after isolated sleeve gastrectomy for obesity

Giovanni Dapri, M.D., F.A.C.S.*, Guy Bernard Cadière, M.D., Ph.D., Jacques Himpens, M.D.

* ReSleeve
  * High risk of leak
  * Not such good weigth loss results

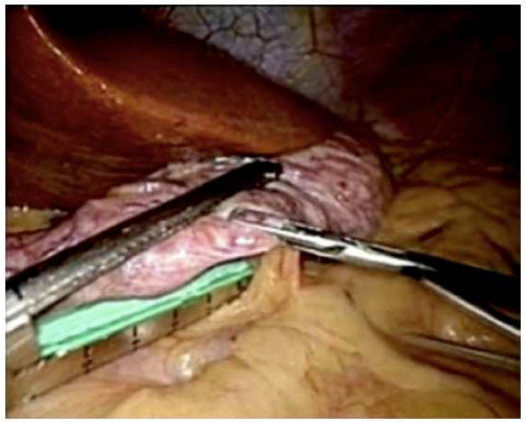
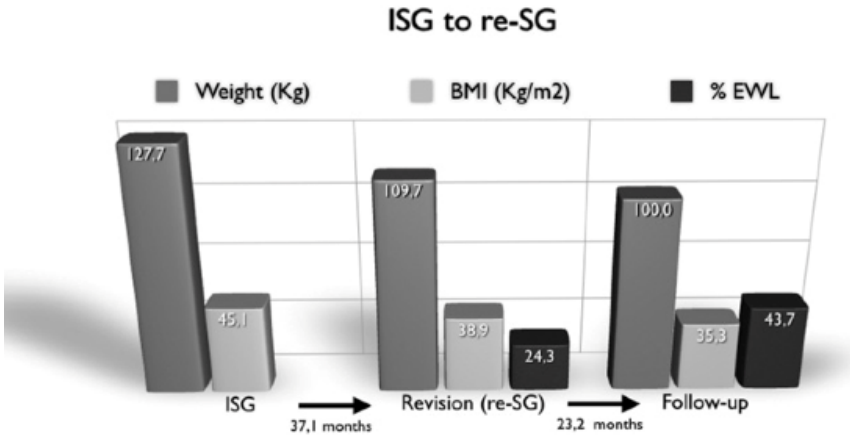
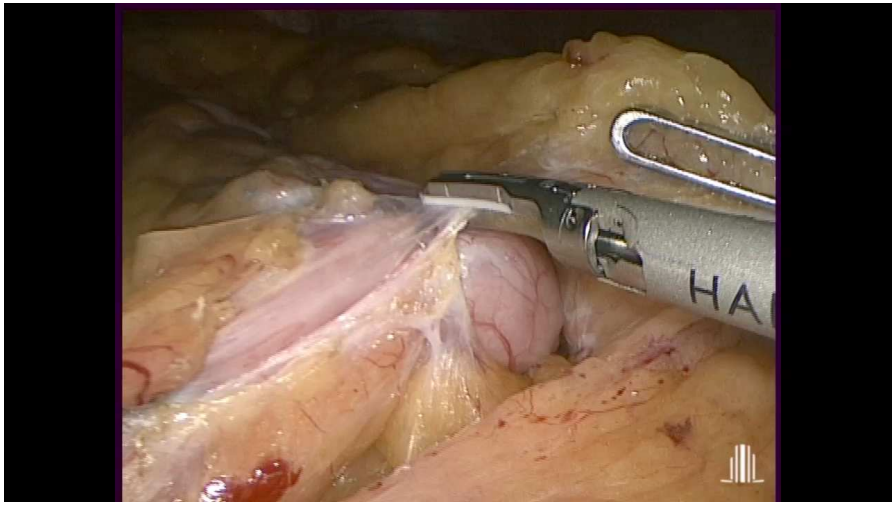


Fig. 1. Re-SG, firing of linear stapler (green load) along 34F orogastric bougie.



Scenario #3
Contraindication for Malabsortion

* Gastric Plication of the Dilated Sleeve
  * Technically demandant surgical procedure
  * Low risk of leak
  * Low experience worldwide



Summary

* Weight loss failure after Sleeve Gastrectomy requieres accurate examination
* RYGB seems to be the election procedure in case of complications like Esophagitis / GERD / Hiatal Hernia
* DS has better long term results in cases of normal anatomy
* In case of contraindication for malabsortion the safest option is the plication of the sleeve