



Presidenti: P. Gentileschi, A. Giovanelli,
M.G. Carbonelli, F. Micanti

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**Redo-Surgery.
Un Problema Emergente**

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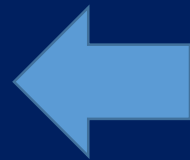
Causes of OR Re-admittance following primary bariatric procedures

- **Surgical complications**

- Leaks
- Occlusion
- Bleeding

- **Long-term complications**

- Weight recidivism
- GERD
- Poor QoL
- Surgical mistakes



Redo-Surgery

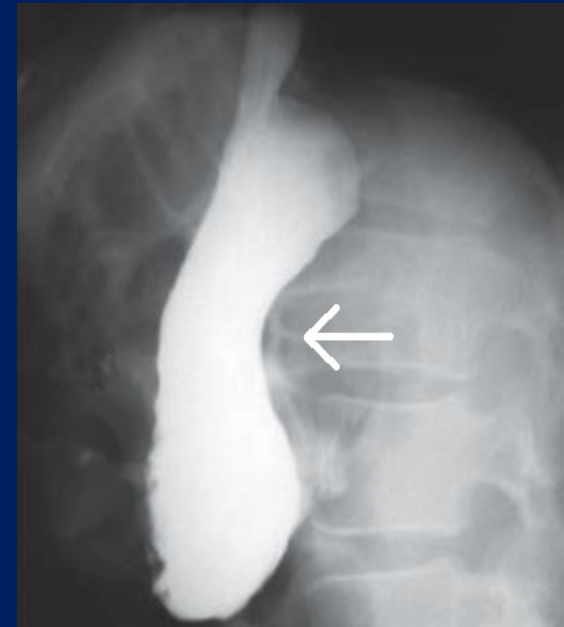
Weight Regain following RYGBP



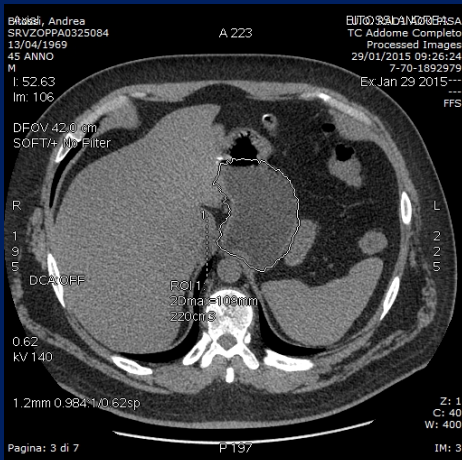
Dilated Gastric pouch



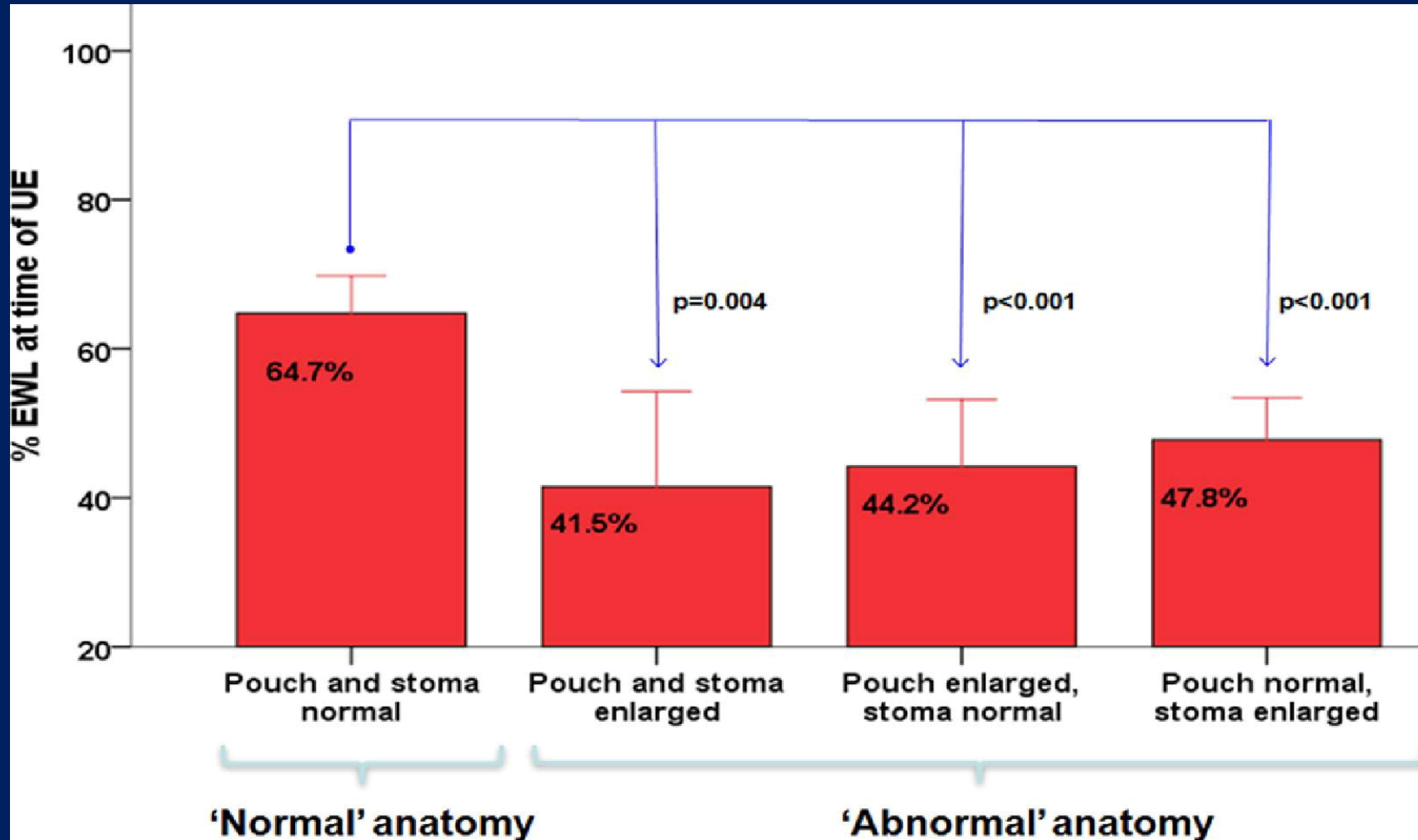
G-J diameter enlargement




G-J stoma and bowel enlargement



Weight Regain following RYGBP




Endoscopic Stoma suturing

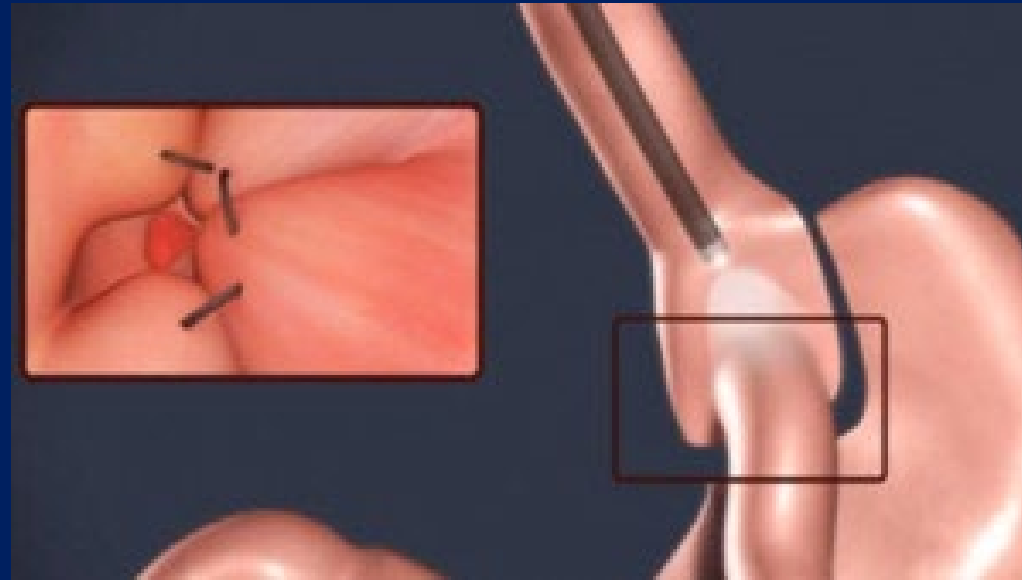
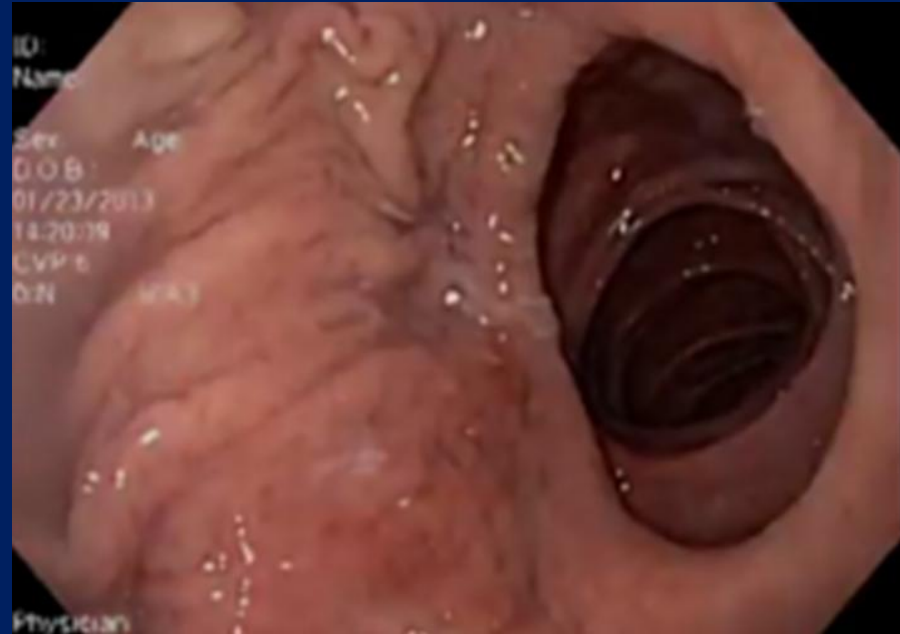


OverStitch™ Endoscopic Suturing System:

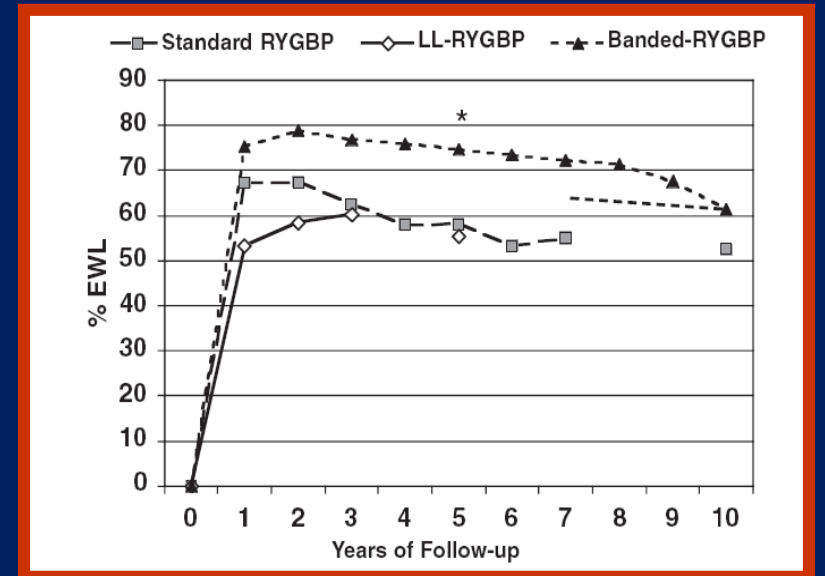
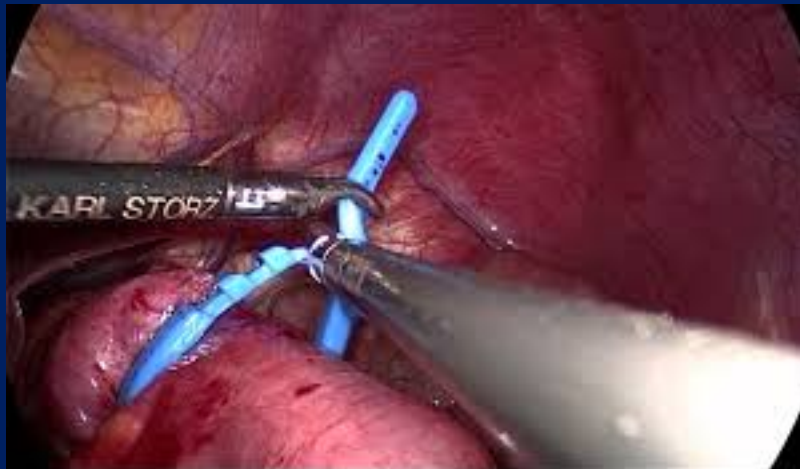
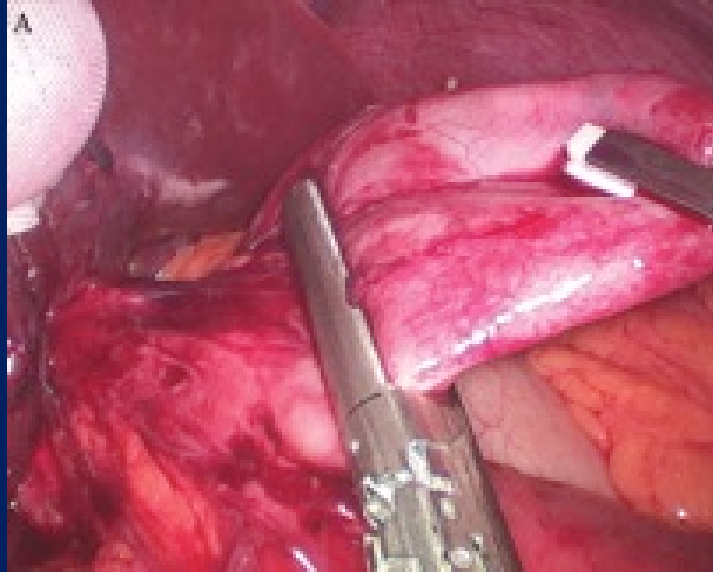
We've Taken a "Hands-On" Approach to Endoscopic Suturing...



Mimicking the Way Physicians Suture by Hand

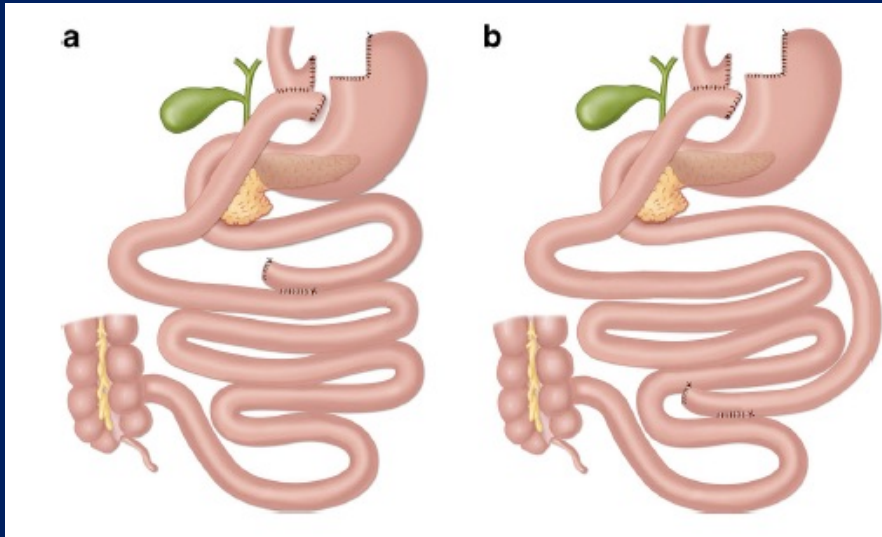


Laparoscopic pouch re-sizing + ring



Alimentary Limb Elongation / from Proximal to Distal Gastric By-pass

Sugerman HJ¹, Kellum JM, DeMaria EJ. J Gastrointest Surg. 1997 Nov-Dec;1(6):517-24;



50-150 cm Common channel

Revision of a failed P-GBP to a **150 cm** common tract D-GBP corrects failed weight loss and severe obesity comorbidity but requires nutritional support to prevent protein-calorie malnutrition, iron and fat-soluble vitamin deficiencies, and further revision in some patients to correct malnutrition. A 50 cm common tract has an **unacceptable morbidity and mortality**

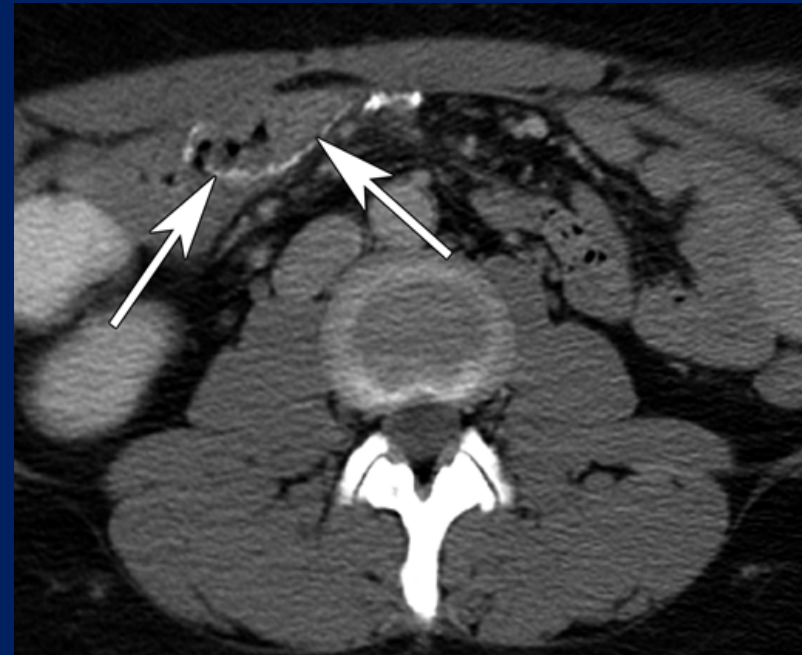
Poor QoL following RYGBP

Chronic abdominal pain

- A jejunojejunostomy displaced to the right side of the midline which suggests torsion of the mesenteric root.

(In the normal situation the jejunojejunostomy should be located on the left side of the abdomen).

Displacement of JJ to right side

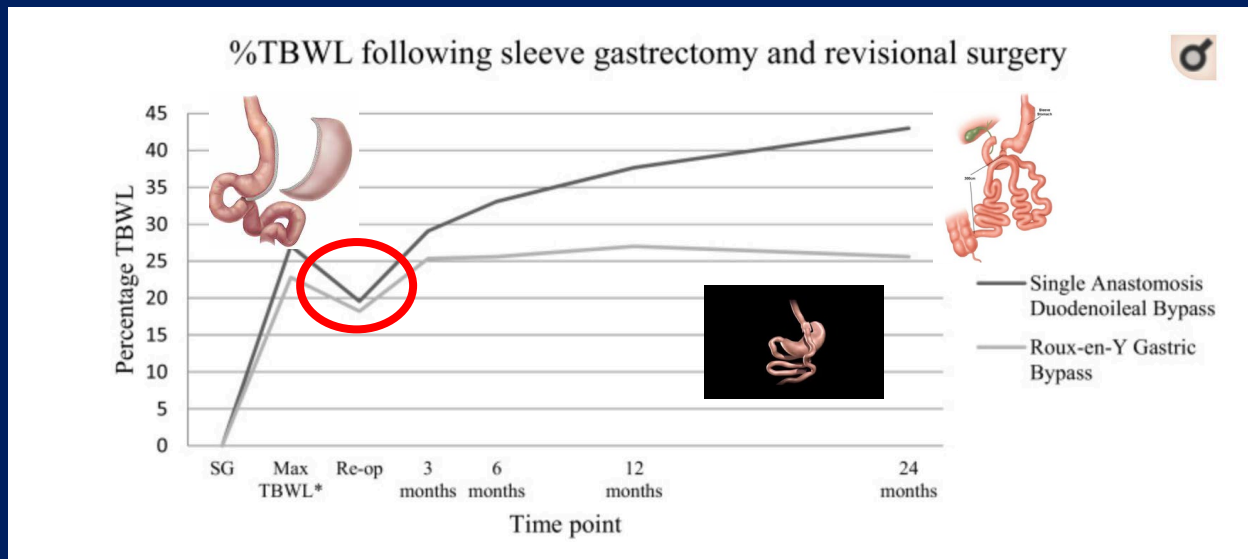
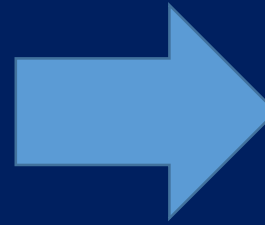


34-year-old woman with internal hernia. Enhanced transverse CT scan at level of small bowel shows suture line of distal jejunojejunal anastomosis to right of midline. Right-sided location is suggestive of internal hernia.

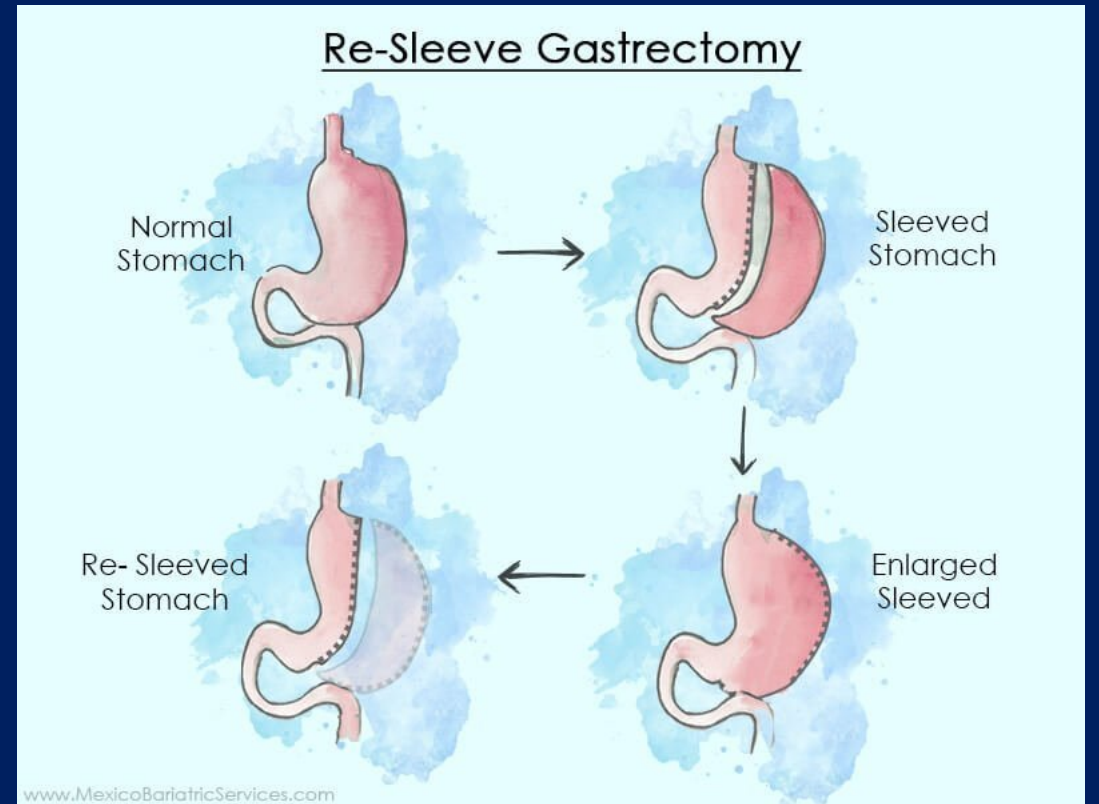
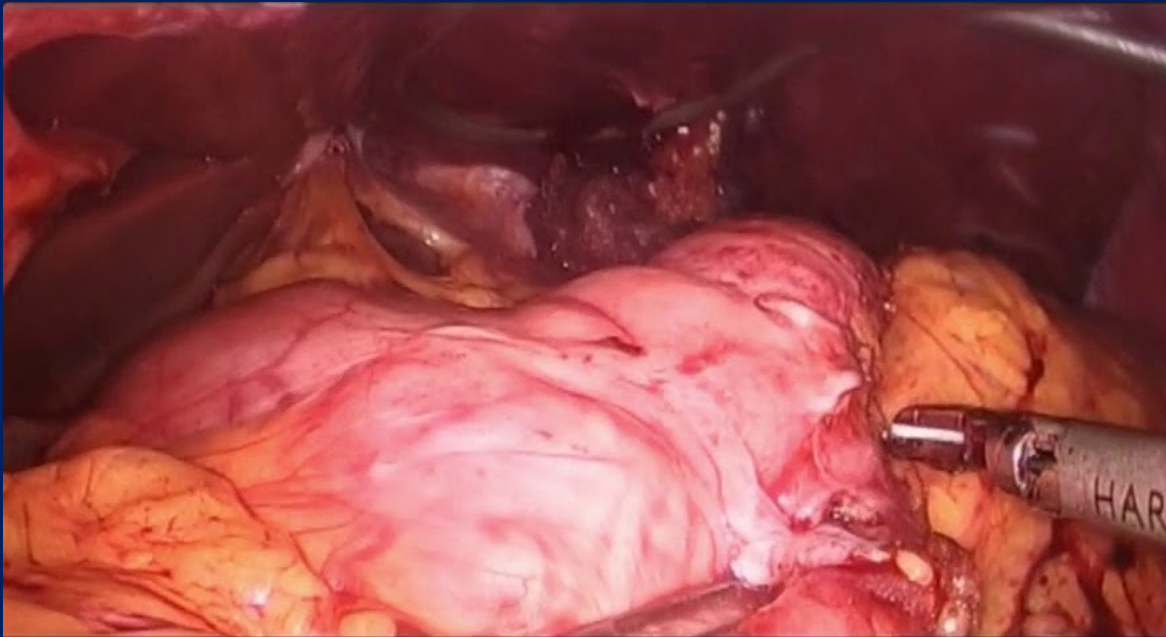
**Superior mesenteric venous thrombosis related
to torsion of the mesenteric root**



Weight Regain following SG

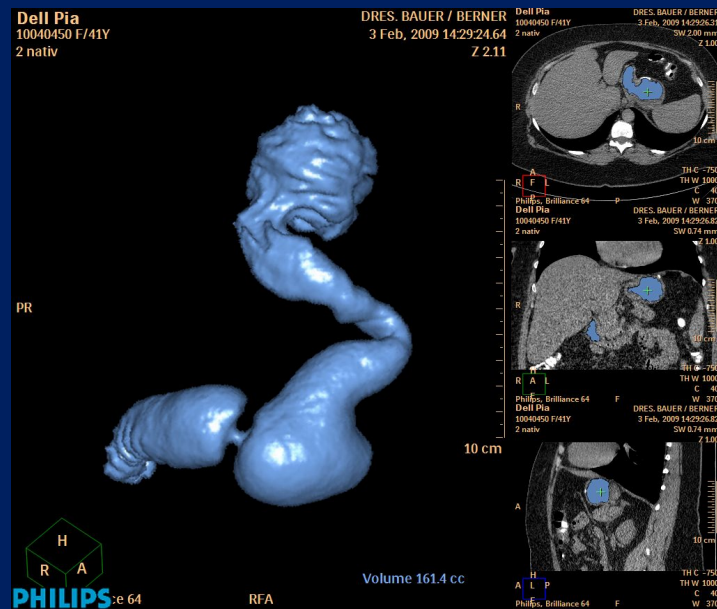
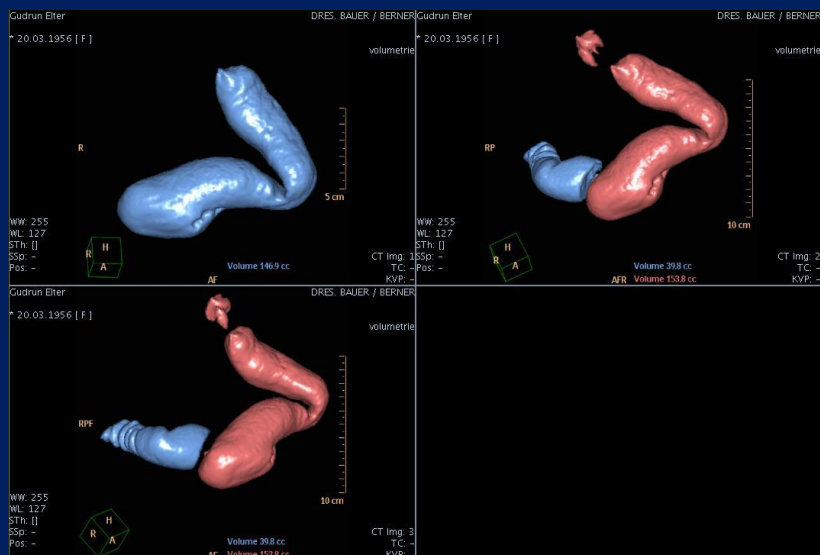


Weight Regain following SG

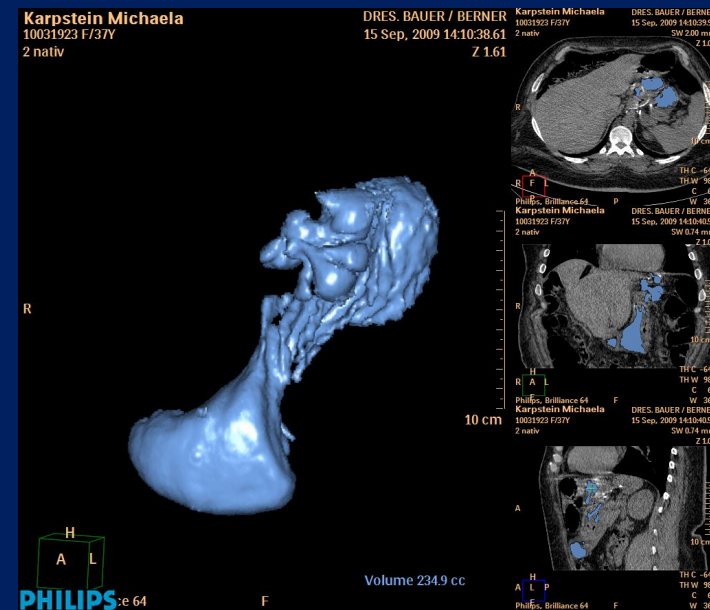


Surgical Mistakes and Poor QoL

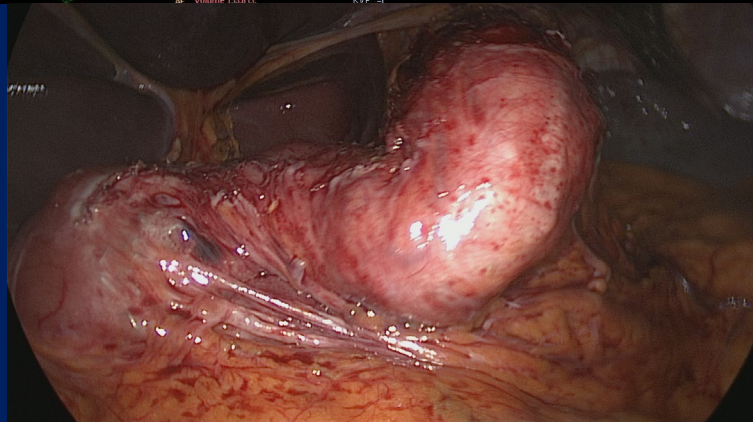
Chronic Vomiting following SG



Kinking



Twisting



Stricture

Redo-Surgery. An Emerging Problem

.....sometiemes a real hard fighting



Redo-Surgery. An Emerging Problem

Take Home messages

- Define problem (Upper GI series/CT scan/3D reconstruction/Endoscopy)
- Define goal (re-induce weight loss, solve GER, solve abdominal pain, etc)
- Balance between symptoms severity and anatomical findings
- Surgical strategy (conversion, additional manouvres, laparotomy, etc)
- Radiologic and endoscopic expertise (Third refer centers, expert surgeons)

REDO-SURGERY IS NOT FOR EVERYONE

