Cleveland Clinic

BARIATRIC AND METABOLIC INSTITUTE

Revisional Procedures Overview

Bariatric surgery is considered successful if 50 percent of excess weight is lost and maintained for at least five years, resulting in improvement of obesity-related conditions and quality of life. Failure to obtain these results does not necessary mean a patient is simply overeating. Testing may be needed to find out why a previously-performed operation was not successful and whether surgical revision is appropriate. Revisions often involve converting a failed procedure of some other type to Roux-en-Y (RNY) gastric bypass, but patients who have received the RNY sometimes require revision of the procedure to clear up complications or to achieve further weight loss.

Vertical Banded Gastroplasty became very popular in the early 1980s. Directly following this operation, most patients achieved excellent weight loss with very few complications. This surgery, however, has of time. Weight gain and greater than expected appetite were common, usually due to a disruption of the staple line. Other patients complained of excessive weight loss, frequently accompanied by nausea, vomiting, heart burn and stomach discomfort or pain. Obstruction of the stapled stomach by scar tissue or erosion of a plastic band used for this surgery may cause these problems. In some cases the operation resulted in bleeding from the stomach. X-ray studies or endoscopy may reveal the source of the problems. Sometimes endoscopic (non-invasive) dilatation of the constricted stomach provides temporary relief until a more definitive procedure is done. This usually involves surgery to convert the failed procedure to the RNY, as simply removing the band or re-stapling the stomach results in poor outcomes.

Jejunoileal bypass is another weight loss procedure that was previously very popular. It is no longer recommended due to its serious consequences, including liver and kidney damage, electrolyte abnormalities, severe diarrhea and various gastrointestinal problems. The majority of patients who have had this procedure require a reversal. Following a revision to the RNY, most problems improve.

The currently performed Roux-en-Y gastric bypass evolved from an operation called “loop gastric bypass,” which often predisposed patients to bile reflux and inflammation of the stomach with poor weight loss and various pulmonary problems. Some of these patients also need their surgery revised to the RNY.

Gastric banding was more popular among patients and surgeons recently however, some patients fail to achieve satisfactory weight loss due to poor toleration of food. Others have various immediate and long-term complications, including erosion or slippage of the band. Operative intervention involves the removal of the band and the conversion of the operation to RNY or sleeve gastrectomy.

Although the RNY is very successful for the majority of patients, approximately 10 percent of patients are not satisfied with their weight loss following the operation and others may experience complications.

Patients who smoke or use non-steroidal anti-inflammatory medications for pain relief—such as Motrin, Advil or aspirin—may develop ulceration of the gastrointestinal anastomosis (the connection between the gastric pouch and the small intestine created during surgery). This may be accompanied by bleeding or restriction of the anastomosis. Solutions involve stopping ulcerative drugs and taking antacid medications. Some patients, however, will need endoscopic treatment of bleeding ulcers, dilatations of the constrictions or major surgeries if endoscopic therapy is not effective. An enlarged pouch is a common reason for unsatisfactory weight loss or weight regain after the RNY. Also, a stomach pouch that is too large can cause ulceration. In rare cases, the excluded stomach can reconnect with the stomach pouch, leading to increased appetite and weight gain. Surgical revision consists of downsizing a large pouch or re-stapling it to correct the complication. Patients not satisfied with their weight loss following the RNY may also benefit from surgical elongation of the Roux limb, which will further decrease food absorption. Persistent diarrhea and protein and fat malabsorption after the RNY can be experienced by patients whose Roux limb is too long. Here, surgical treatment is necessary to lengthen the common channel and shorten the Roux limb.