

Laparoscopic pouch resizing, new gastro-jejunal anastomosis and strictly cardial adjustable band placement for failed Gastric Bypass

¹General, Obesity, Endocrine and Oncologic Unit Centre Hospitalier de Dinant, Dinant , Belgium

Jean-Philippe M. m. K. Magma¹, Virgil_A Dimbezel¹, Isabelle_M Kellner¹, Gael G Jacquemin¹, Jean-P Boeur¹

Bariatric surgery has developed and provides a great quantity of different procedures, some more innovative and still undergoing careful evaluation. We now face a growing number of long-term "failed" patients. For the RYGBP, literature usually rates from 20 to 35 %. Proximal pouch dilatation is a well known cause. We here describe a new approach: Laparoscopic pouch resizing, new gastro-jejunal anastomosis and strictly cardial adjustable band placement. To our knowledge this procedure has not been reported in literature yet. A 58 years woman who underwent a LRYGBP surgery 3.5 years priorly, with primarily good weight loss and resolution of type 2 diabetes, regained weight and thus underwent this procedure. The surgical technique, documented with patient's data, XR pictures and per-operative shootings, is described. No early complications were reported. The patient is doing very well at 4 weeks follow-up. We tend to gather more patients on more long term follow-up to assess scientific conclusions for what could be an interesting "second chance" new procedure for those failed cases.