

A Simple Technique of Gastric Pouch Resizing for Inadequate Weight Loss After Roux-en-Y Gastric Bypass

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Abstract

Introduction Weight regain after Roux-en-Y gastric bypass (RYGB) is increasingly reported in the literature Debs et al. *Surg Obes Relat Dis* (2016). Laparoscopic resizing of the gastric pouch and the gastrojejunal anastomosis is an accepted surgical option Nguyen et al. (*Obes Surg* 25:928–34, 2015); Iannelli et al. (*Surg Obes Relat Dis* 9:260–7, 2013); Al-Bader et al. (*Obes Surg* 25:1103–8, 2015). The aim of this video is to present a simple technique of en bloc resection.

Methods We present the case of a 42-year-old woman with a BMI of 44 kg/m² who underwent laparoscopic RYGB in 2007. In 2015, she regained weight till reaching a BMI of 38 kg/m². 3D CT volumetry was performed that showed a pouch volume of 220 cm³ and a gastrojejunal anastomosis diameter of 20 mm.

Results There are often a lot of adhesences between the gastric pouch and the residual stomach, which makes the dissection difficult and tedious, with the possibility to devascularize the residual stomach and lead to a gastric fistula from this residual stomach. We present in this video

a simple technique of gastric pouch resizing that consists of en bloc resection of the gastric pouch, the residual stomach, and ± the gastrojejunal anastomosis. We recommend this technique in case of severe adhesences and inability to identify a cleavage plane between the excess gastric pouch and the resected stomach.

Conclusion Insufficient weight loss or weight regain after RYGBP is becoming more frequently encountered. As a result, revisional surgery will be more frequently performed.

This simple technique allows an easier dissection across healthier tissues and is easier to perform in the presence of severe adhesences between the gastric pouch and the residual stomach.

Keywords Surgical technique · Roux-en-Y gastric bypass · Failure of weight loss · Gastric pouch resizing

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

Statement of Informed Consent Informed consent was obtained from all individual participants included in the study.

Statement of Human and Animal Rights Informed consent was obtained from all individual participants included in the study.

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References

1. Debs T, Petrucciani N, Kassir R, et al. Trends of bariatric surgery in France during the last 10 years: analysis of 267,466 procedures from 2005–2014. *Surg Obes Relat Dis*. 2016;S1550-7289(16):30094-6. doi:10.1016/j.soard.2016.05.010.
2. Nguyen D, Dip F, Huaco JA, et al. Outcomes of revisional treatment modalities in non-complicated Roux-en-Y gastric bypass patients with weight regain. *Obes Surg*. 2015;25:928–34.

3. Iannelli A, Schneck AS, Hébuterne X, et al. Gastric pouch resizing for Roux-en-Y gastric bypass failure in patients with a dilated pouch. *Surg Obes Relat Dis.* 2013;9:260–7.
4. Al-Bader I, Khoursheed M, Al Sharaf K, et al. Revisional laparoscopic gastric pouch resizing for inadequate weight loss after Roux-en-Y gastric bypass. *Obes Surg.* 2015;25:1103–8.