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Biography

Enas Al Alawi is a laparoscopic & bariatric surgeon currently working in Dubai, United Arab Emirates. Graduated from the National University of Ireland and fellowship from the royal college of surgeons in Ireland. Completed surgical training in Ireland, UK and USA. Alawi has a special interest in minimal invasive laparoscopic and bariatric surgery as well as clinical research and academic surgery.

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FEASIBILITY, SAFETY AND OPERATIVE OUTCOMES OF LAPAROSCOPIC REVERSAL OF OMEGA LOOP BYPASS SURGERY – A SINGLE CENTRE RETROSPECTIVE STUDY FROM DUBAI, UAE

Laparoscopic omega-loop bypass (OLB) is a well-accepted bariatric procedure to combat severe obesity and its related co morbidities. Reversal of OLB (ROLB) to normal anatomy is a potential treatment of rare but severe post OLB complications. This first laparoscopic ROLB experience from UAE strengthens the available literature on indications, technique and outcomes.

Methods: Retrospective chart review of all patients who underwent laparoscopic ROLB from January 2014 to June 2017 at the Algarhoud private hospital Dubai, UAE was done. Age, gender, weight, body mass index (BMI), biochemical parameters, indications for reversal, and post ROLB complications were reviewed.

Results: A total of 16 patients underwent laparoscopic ROLB to normal anatomy. 62.5% of patients were females, age was 34.38 ± 7.55 years (range, 23–56), and pre-reversal BMI was 24.63 ± 3.74 kg/m² (range 18–34). The indications for reversal were debilitating nausea & early satiety (n=11), severe and frequent steatorrhea (n=3), anastomotic ulcer (n=2) and Bile reflux & cosmetic reason for excessive weight loss (n=1). The mean period of follow-up post ROLB was 21.75 ± 5.31 months (range 4 to 27). The mean BMI recorded at last follow up was 29.89 ± 2.83 kg/m² (range, 23.34–34.04) which represented an average cumulative weight gain of 13.81 ± 4.79 kg's from their reversal baseline (63.43 ± 11.09 kg's; p=0.000), while weight loss of 30.69 ± 13.03 kg's from their index OLB baseline (107.94 ± 15.28 kg's; p=0.000). Mean length of hospital stay following reversal was 2.0 days (range, 1–3). Of 16 patients, only one patient had persistent nausea post reversal which recovered completely after psychological counseling.

Conclusion: Laparoscopic ROLB to normal anatomy is feasible and safe therapeutic option for patients with intractable complications post OLB.



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