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Euro Surgery 2018: Feasibility, safety and operative outcomes of laparoscopic reversal of omega loop bypass surgery – A single centre retrospective study from Dubai, UAE-Enas Al Alawi, Algarhoud Private Hospital

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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 34.38Â±7.55 years (range, 23â€ “ 56), and pre-reversal BMI was 24.63Â±3.74 kg/m2 (range 18â€ “ 34). The indications for reversal were debilitating nausea & early satiety (n=11), severe and frequent steatorrhoea (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 21.75Â±5.31 months (range 4 to 27). The mean BMI recorded at last follow up was 29.89Â±2.83 kg/m2 (range, 23.34â€ “ 34.04) which represented an average cumulative weight gain of 13.81Â±4.79 kgâ€ ™s from their reversal baseline (63.43Â±11.09 kgâ€ ™s; p=0.000), while weight loss of 30.69Â±13.03 kgâ€ ™s from their index OLB baseline (107.94Â±15.28 kgâ€ ™s; p=0.000). Mean length of hospital stay following reversal was 2.0 days (range, 1â€ “ 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.

Background:
In the mid 1990's, around 16,000 bariatric procedure were played out each year in the United States. By 2008, that number had extended to 220,000. The most broadly perceived technique performed is laparoscopic gastric alternate route clinical strategy (GBS). In numerous patients, GBS prompts a productive outcome with an acceptable terribleness. With the impact in bariatric clinical technique, regardless, characteristically comes a development in the amount of complexities. A couple of patients make outrageous absence of sound food or food intolerance that can in a general sense impact individual fulfillment. These patients are best compensated by reversal of gastric temporary re-route to the principal gastrointestinal life structures (RGBS). Reversal is an erratic movement which has usually been continued as open clinical technique. Reversal is furthermore associated with weight recuperate and return of comorbidities. The development of sleeve gastrectomy to laparoscopic RGBS may help with hindering weight recover. We portray our experience and signs.

Materials and Cautious Technique:
An adaptable low weight "Medsil" gastric band was introduced in the waist and pulled back through the retrogastric tunnel. The front mass of the stomach underneath the band was ousted the upward path through the ring band, growing the size of the premier piece of the stomach pocket so a gastroenteroanastomosis could be made at this point. Gastro-gastric fastens were set to make a gastro-gastric plication around the band and hold it in position. The band tubing was exteriorized and connected with a remarkable port, which was ensured going to the stomach divider belt. A jejunal circle was made around 200 cm from the ligament of Treitz and anastomosed to the gastric pocket by hand using Vicryl 2/0 fastens.

Methodologies:
An audit review of a probably kept up database was performed. Cases were from a single network, with exercises being performed by four masters. Between November 2004 and August 2012, 1284 patients had bariatric clinical technique and 991 of these were gastric temporary re-route clinical method. Six patients experienced all out laparoscopic RGBS to one of a kind life frameworks. The finishes paperwork for reversal were nonhealing minor ulcer with redundant symptoms, genuine food partiality with over the top weight decrease, short entrail condition following minimal inside resection in light of internal hernia, and tireless torment. Two patients had absolute reversal with the extension of sleeve gastrectomy to direct weight recover.

The strategy included devastating of the gastrojejunostomy and the jejunojejunostomy, anastomosis of gastric pocket to the gastric extra, and anastomosis between the roux limb and the biliopancreatic extremity. The extension of a sleeve gastrectomy in the last two patients was performed after reanastomosis of the gastric pocket to the gastric extra.

The data of 1520 patients who experienced OLGB from November 2009 to December 2015 at our inside were investigated. Mean age was 37.15 years, mean preoperative

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BMI was 46.8 ± 6.6 kg/m2, mean preoperative weight was 127.4 ± 25.3 kg, and 62.7% were women. Diabetes mellitus (DM) affected 683 (44.9%) of the 1520 patients, however 773 of the 1520 patients (50.9%) gave hypertension. The mean employable time was 35 min

Results:

There were six patients full scale, four females and two male, developed 29 to 52 years. The RGBS was performed some place in the scope of two and 53 months after the first GBP. Usable events went from 218 to 337 minutes. There were no intraoperative complexities. The length of stay in the crisis facility went from two to 18 days. The underlying four patients were followed from five to 30 months postoperatively. The last two patients were discharged starting late and have not been found being developed at this point. There were three postoperative complexities. One anastomotic gap was seen at the anastomosis of gastric pocket to gastric extra. This was managed moderately with gut rest, no additional interventions were required. The patient was dealt with in a difficult situation and discharged home after 18 days. Two patients made conceded gastric debilitating. One didn't require any intervention, the other required endoscopy with dilatation of the pyloric channel and botox implantation.

Conclusion:

Laparoscopic reversal of gastric temporary re-route is conceivable and safe and can realize standard level of convenience and objectives of appearances. The development of a sleeve gastrectomy is in like manner conceivable, and can serve to thwart weight recoup after reversal.

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