

Revisional-RYGB examined for GERD and weight-loss failure

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Following sleeve gastrectomy (SG), revisional Roux-Y-gastric-bypass

(RYGB) is beneficial for remission of reflux symptoms and extra weight loss, according to a study published online Aug. 18 in *Obesity Surgery*.

Clément Destan, from Sorbonne Université in Paris, and colleagues conducted a [retrospective study](#) including consecutive [patients](#) undergoing R-RYGB for [weight](#) loss failure (WLF) or [proton pump inhibitor](#) (PPI) refractory gastroesophageal reflux disease (RGERD) after SG in bariatric care centers from 2012 to 2018.

The researchers found that 3.6 percent of the 720 patients underwent R-RYGB (54.4 percent for RGERD; 45.6 percent for WLF) within 44.8 ± 27.5 months post-SG. SG had enabled 27 ± 11.6 percent total weight loss (TWL) and 7.2 ± 12.5 percent TWL in the RGERD and WLF groups. Compared with RGERD-group patients, WLF-group patients had a higher body mass index and higher number of comorbidities at R-RYGB, while there was no difference between the groups in severe morbidity.

At 12 months post-R-RYGB, percentage TWL was still higher in the RGERD group (35.6 ± 10.4 versus 23.8 ± 9.2 percent), but not after 24 months. In 94 and 97 percent of patients, R-RYGB corrected reflux symptoms and reduced PPI use, respectively. A similar prevalence of GERD at R-RYGB and a lower percent TWL at three years post R-RYGB were seen for those with a history of adjustable gastric banding (AGB) before SG.

"This study finds that R-RYGB after SG can efficiently and effectively correct RGERD and improve comorbidities, regardless of indication (i.e., RGERD or WLF)," the authors write. "However, patients should be carefully educated about the risks of revisional surgery, and about the fact that a previous history of AGB would likely limit the expected weight loss outcomes."

More information: Clément Destan et al, Revisional Roux-en-Y Gastric Bypass After Sleeve Gastrectomy for Gastro-esophageal Reflux Disease and or Insufficient Weight-Loss: a Comparative Study, *Obesity Surgery* (2023). DOI: [10.1007/s11695-023-06784-z](https://doi.org/10.1007/s11695-023-06784-z)

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