Abstract

Introduction: Obesity is now an epidemic in industrialized countries with high prevalence (U.S. with 67%, Europa from 40% to 50%). This had led to the development of many bariatric procedures. Nevertheless, the primary surgery could fail due to several conditions. There is no standard re-operative procedure of revision for primary bariatric failure. Re-operate in the place of the primary surgery imply high rate of risks. We have developed a new procedure for revision surgery working only on not previously operated tissue. Methods: We measure the common channel from gastro-jejunal anastomosis until the ileocecal valve. Depending on the measure, we decide the length of intestine to be excluded (biliopancreatic limb and common channel). We interrupt the afferent loop before gastro-jejunostomy and the efferent loop 20 cm below the gastro-jejunostomy. For restoring the gastrointestinal transit, we anastomose the upper part of the afferent and efferent loop side-to-side and the efferent loop segment to the upper part of the new common channel. Discussion: There is no standard procedure for revision surgery working only on not previously operated intestine. We have developed a new procedure for revision surgery with anti-reflux mechanism: a new surgical procedure using only not previously operated intestine. Conclusions: A few number of patients with tailored BAGUA for morbid obesity will require a surgical rescue procedure due to excess or insufficient weight loss or weight regain. This new procedure has been proven to be easy and safe, avoiding the surgical difficulties of the classical revision through the scar tissue.

Keywords

One Anastomosis Gastric Bypass, Total length small intestinal. Revision surgery, Insufficient weight loss and Weight regain.