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Distalization of Standard Roux-en-Y Gastric Bypass: Indications, Technique, and Long-Term Results
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Abstract

Introduction: Weight loss failure or weight regain after primary Roux-en-Y gastric bypass (RYGB) is a challenge for bariatric surgeons. Failure to achieve a body mass index (BMI) ≤ 35 kg/m² after RYGB occurs in up to 40.0%. The aim of this study was to evaluate long-term results of a novel technique for distalization of Roux-en-Y gastric bypass (DRYGB) as a revisional procedure. **Methods:** Retrospective data were reviewed for 22 patients who had undergone RYGB and failed to achieve an excess weight loss (EWL) $\geq 50\%$ or BMI ≤ 35 kg/m² and underwent limb distalization between 2013 and 2022. For this DRYGB procedure, the length of the common channel was 100 cm, and the lengths of the biliopancreatic limb and the alimentary limb were 1/3 and 2/3 of the remaining bowel, respectively. **Results:** The mean BMI values before and after DRYGB were 43.7 kg/m² and 33.5 kg/m², respectively. Five years after DRYGB, mean % EWL was 74.3% and mean % total weight loss (TWL) was 28.8%. Mean % EWL and mean % TWL of the two procedures (RYGB and DRYGB) after 5 years were 80.9% and 44.7%, respectively. Three patients experienced protein calorie malnutrition. One was reproximalized and the others were treated with parenteral nutrition with no recurrence. There was a significant decrease in the incidence of diabetes type 2 and dyslipidemia after DRYGB. **Conclusion:** The DRYGB procedure results in substantial and sustained long-term weight loss. Due to the risk of malnutrition, patients must be strictly followed for life after the procedure. **Graphical Abstract:** [Figure not available: see fulltext.] © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.

Author Keywords

Failed weight loss; Limb distalization; Revisional gastric bypass surgery

Index Keywords

anticoagulant agent, vitamin D, zinc; adult, aged, Article, biliopancreatic bypass, body mass, body weight loss, clinical article, clinical effectiveness, clinical outcome, cohort analysis, comorbidity, conservative treatment, demographics, distal Roux-en Y gastric bypass, dyslipidemia, female, follow up, hospitalization, human, incidence, incisional hernia, laparoscopy, lung embolism, male, malnutrition, non insulin dependent diabetes mellitus, nutritional value, obesity, observational study, operation duration, parenteral nutrition, patient safety, pneumonia, postoperative complication, postoperative hemorrhage, protein calorie malnutrition, remission, retrospective study, Roux-en-Y gastric bypass, small intestine obstruction, surgical infection, surgical technique, thrombosis, treatment indication, vitamin D deficiency, zinc deficiency, gastric bypass surgery, laparoscopy, morbid obesity, procedures, reoperation; Body Mass Index, Gastric Bypass, Humans, Laparoscopy, Obesity, Morbid, Reoperation, Retrospective Studies, Weight Loss

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