



Fondazione IRCCS  
**Policlinico San Matteo**

Chirurgia Generale 2

Prof. A. Pietrabissa



## SICOB SPRING MEETING

BARI, 18-19 MAGGIO 2023

Presidente del congresso  
Dott. Antonio Braun

*Bari*



Indicazioni alla RE DO chirurgica sui restrittivi chirurgici

*Andrea Peri*

*Responsabile SS Chirurgia Bariatrica ed Esofago-Gastrica*

[www.andreaperi.com](http://www.andreaperi.com)

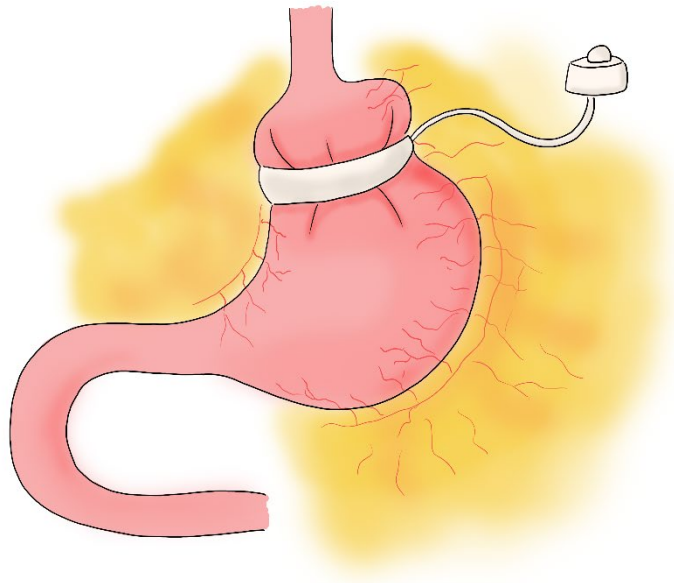


**S.I.C.OB.** Centro di Eccellenza 2019  
Società Italiana di Chirurgia  
dell'Obesità  
e delle malattie metaboliche

FONDAZIONE I.R.C.C.S.  
POLICLINICO SAN MATTEO  
PAVIA

Coordinato dal Dr. Andrea Peri

# AGB



Sleeve gastrectomy (maybe better 2 step)



RYGBP (++) in case of GERD and/or need for hiatal exploration, in expert hands also 1 step procedure)



OAGB (better for high BMI and diabetic patients, also 1 step procedure)

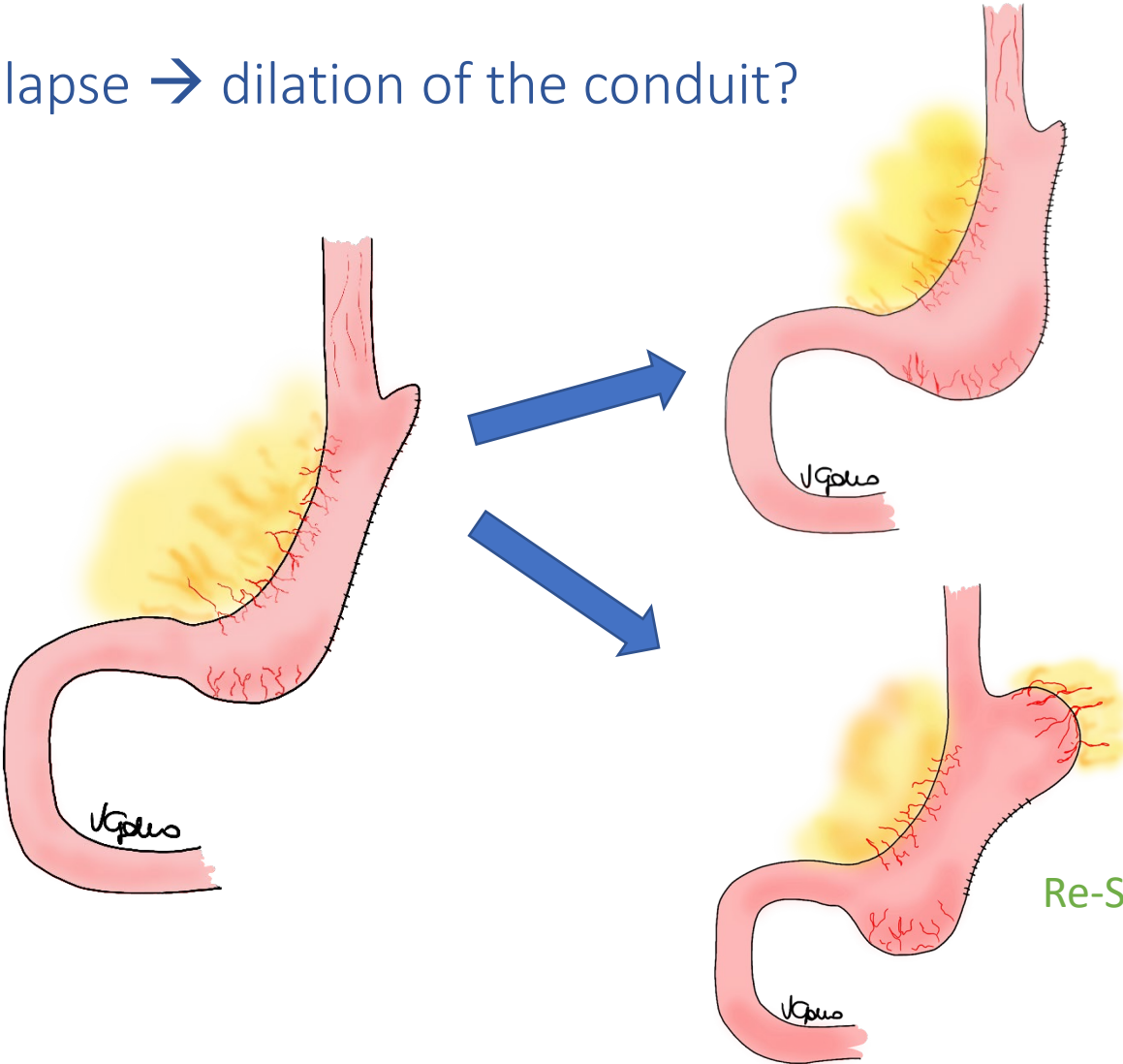


OTHER technique  
No space for endoscopic procedures

Tailored approach regarding patient and surgeon experience

# Sleeve Gastrectomy-main causes for revision

- Relapse → dilation of the conduit?

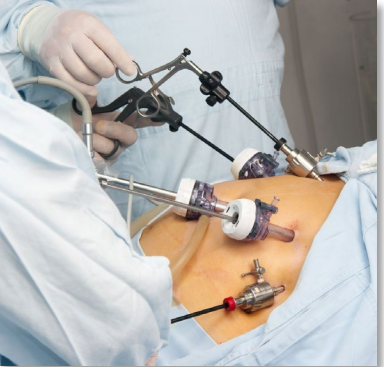
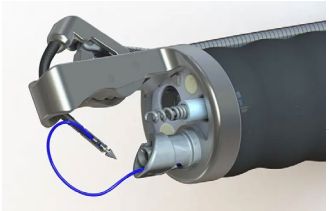
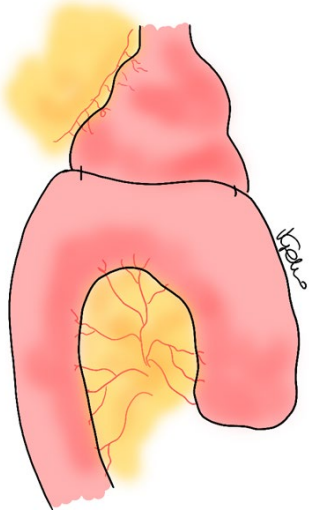
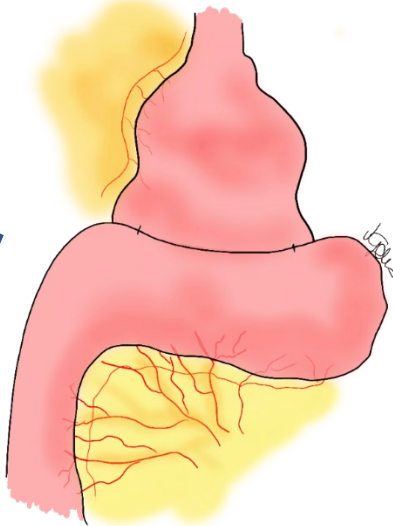
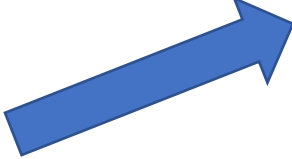
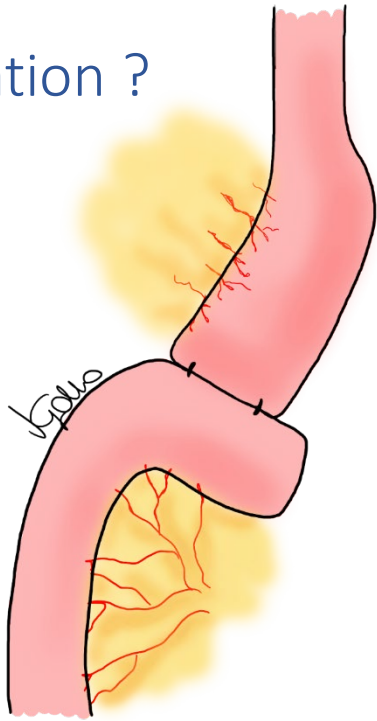


- OAGB (higher BMI; +/- gastric resizing)
- RYGBP (reflux and lower BMI ++)
- SADI'S, SAGIS, duodenal switch (for higher BMI, binge eaters, not controlled diabetes type 2)
- OTHER technique  
No space for endoscopic procedures

# RYGBP – main causes for revision

Gastrojejunal complex dilation ?  
Too wide anastomosis ?

With/without candy cane?



# Conclusions – Take Home Messages -

- Bariatric Surgery is the best option for our patients
- Despite our Multidisciplinary hard job, a variable percentage of patients (10-50%) will need a revisional procedure in the long term
- The key is multidisciplinary evaluation and tailored treatment
- Surgery is required in the majority of cases
- *Endoscopic treatments can be a good option, especially after RYGBP*