Dealing with weight regain after Roux-en-Y gastric bypass: endoluminal approach -

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Disclosures

- Allergan: consulting agreement and grant support
- Covidien: consulting agreement
- Gore: grant support
Weight Regain after RYGB

- Estimated 10 - 30% of patients will regain weight at 5 and 10 years postoperatively

- Wide consensus that weight regain (20% of weight gain above nadir weight) warrants surgical anatomy evaluation:
  - EGD
  - Upper GI contrast study
Surgical Causes of Weight Regain after RYGB

- Large pouch at time of surgery
- Gastro-gastric fistula
- Dilated gastric pouch
- Dilated gastro-jejunostomy
Dilated Gastro-Jejunostomy

- Gastrojejunostomy dilation is relatively common (40-45%) in patients with EWL <50% and actively regaining weight.
Available Procedures for Endolumenal Revision of Dilated Gastro-Jejunostomy

- Sclerotheraphy
- Endoscopic Suturing:
  G-Prox USGI
  Apollo Overstitch
Sclerotherapy

- 28 patients cohort
- 8-20 cc sodium morrhuate injected to achieve a diameter of 12 mm or less over 2.3 average injection sessions
- 18/28 (64%) achieved success
- Mean weight loss 22.3 (+ 9.2 kg) at 18 m

PRE                     POST

Catalano et al MF, Gastrointes Endoscopy. 2007
Endoluminal Stoma Reduction with Bard EndoCinch®

- Randomized Evaluation of Endoscopic Suturing Transorally for Anastomotic Outlet Reduction (RESTORe): Phase III multi-center trial
- Dr. Chris Thompson: leading PI
- Target Enrollment: 220 patients
TransPort™ EndoSurgical Operating Platform

g-Prox® Tissue Grasper/Approximation Device
ROSE Procedure
Restorative Obesity Surgery, Endoluminal
ESS Description

- The disposable system includes:
  - Endoscopic suturing device (ESD)
  - Needle/suture packs
  - Endoscopic knotting element device
First Human Trial with ESS

★ Objectives

– Demonstrate feasibility and durability (up to 6 months) of ESS for plication of a dilated G-J anastomosis after RYGB

Torquati et al.
Results 1.

- 10 subjects enrolled and 9 were treated (one subject’s pouch was too small for deploying the suture device)
- 9 completed the 6-month follow up
- Average Operative time: 22 minutes (1-3 sutures)
- Peri-operative and Post-operative morbidity: 0%
- Stoma diameter reduced 19±2.5 to 14.5±3.2 mm in longest diameter
## Results 2.

<table>
<thead>
<tr>
<th></th>
<th>1-month (n=9)</th>
<th>3-month (n=9)</th>
<th>6-month (n=9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of weight loss</td>
<td>2.8</td>
<td>3.7</td>
<td>4.9</td>
</tr>
<tr>
<td>N. of patients with</td>
<td>2/9</td>
<td>2/9</td>
<td>3/9</td>
</tr>
<tr>
<td>no weight loss</td>
<td></td>
<td></td>
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<tr>
<td>N. of patients with</td>
<td>8/9</td>
<td>8/9</td>
<td>7/9</td>
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<tr>
<td>visible implants</td>
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</tbody>
</table>
Discussion

The results to date suggest:

- The endoscopic stoma size reduction is feasible
- The procedures are durable at short term follow up
- There are no major safety issues identified
- Clinical significance of weight loss observed post-procedure is questionable
Obesity prevention is a journey, not a destination

Obesity warning on London buses