Roboti-assisted Revisional Procedures

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complications

chronic non-healing strictures
chronic non-healing ulcers
gastro-gastric fistula
leaks
perforation: acute vs contained subacute
failure of weight loss
Failure of weight loss

What is failure/ how do we define this?

- Natural course
- Failure of surgery
- Patient poor compliance

Our intervention may not leave another option or may do more harm
Reasons and Outcomes of Reoperative Bariatric Surgery for Failed and Complicated Procedures (Excluding Adjustable Gastric Banding).

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Abstract

BACKGROUND: The rise of bariatric surgery has led to an increasing number of reoperations for failed bariatric procedures. The reasons and types of these operations are varied in nature and remain to be defined.

METHODS: A retrospective review of a prospectively collected database was conducted to identify patients who underwent laparoscopic revisional surgery for non-gastric banding-related bariatric procedures between 2001 and 2008.

RESULTS: Of 384 secondary bariatric operations, 151 reoperative procedures were performed. Twenty-six vertical banded gastroplasties (17.2%), 2 mini-gastric bypasses (1.3%), 2 non-divided bypasses (1.3%), 1 distal Roux-en-Y gastric bypass (RYGBP; 0.7%), and 2 sleeve gastrectomies (1.3%) were converted to RYGBP. Three RYGBP (2%) and four jejunoileal bypass procedures (2.6%) were reversed secondary to malnutrition. One jejunoileal bypass (0.7%) and one biliopancreatic diversion (0.7%) underwent sleeve gastrectomies. Three pre-anastomotic rings were removed due to erosion (2%). Eleven pouch trimmings (7.3%), 16 redo gastrojejunostomies (10.6%), 5 redo jejunojejunostomies (3.3%), 36 remnant gastrectomies (23.8%), and 2 gastrogastric fistula takedowns (1.3%) were performed for pouch enlargements, strictures, and gastrogastric fistulas. Thirty-six patients (23.8%) underwent a combination of these procedures. The major morbidity (13.2%) was related to leaks. Other complications included wound infection, intra-abdominal abscess formation, and trocar site hernias. The mortality rate was 2%.

CONCLUSIONS: Reoperative bariatric surgery is a complex and growing field in bariatric surgery. The indications for surgical reoperation can vary depending on the procedure and reason for intervention. Laparoscopy appears to be a feasible approach. Though safe, morbidity and mortality are significantly higher than in primary bariatric procedures.

151 revisions between 2001 and 2008
13.2% leak rate
2% mortality rate
failure of weight loss
band to bypass
band to sleeve revision
band to sleeve to bypass
gastro-gastric fistulas
simple small gastro-gastric fistula
small, simple fistula
complicated gastro-gastric fistula
large, complicated gastro-gastric fistula
large, complicated fistula
leaks and perforations
acute
chronic
gastric leak following sleeve
dissection
reconstruction
disaster patient
outcomes

69 robotic revisions
mortality 0
leaks 1 (1.4%)
reoperations 1 (same pt as leak)
transfusions 2
Summary

- be clear on what is broken and what you are trying to accomplish
- be aware that revisional surgery has much higher complications
- be aware that your revision may not leave another option
although there is little published data to support this, the robotic platform makes revisional surgery safer because of the superior ability to dissect and reconstruct
thank you