

A Simple Technique for Jejunojejunal Revision in Laparoscopic Roux-en-Y Gastric Bypass

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Abstract

Background The lengths of the bypassed segments in the initial laparoscopic roux-en-Y gastric bypass (LRYGB) are usually a matter of the individual surgeon's routine. The literature is inconclusive about the association between the Roux limbs' length and weight-loss or malabsorption (Stefanidis et al. *Obes Surg.* 21(1):119–24, 2011); (Rawlins et al. *Surg Obes Relat Dis.* 7(1):45–9, 2011). However, jejunojejunal anastomosis (JJ) “redo” and Roux limb length revision could be considered for patients with a very short Roux limb and weight loss failure or for short common channel and malabsorption. Complications of JJ may also require revision.

Methods In over 1000 LRYGBs since 2001, eight patients required JJ revision for failure to lose enough weight ($n=6$), malabsorption ($n=1$), and stricture ($n=1$). Instead of completely taking down the JJ, a simple technique was evolved to keep the enteric limb continuity. In a following step, the biliopancreatic limbs have been transected from the JJ and reconnected proximal (for malabsorption) or distal (for weight loss failure).

Results In this video, a step-by-step the laparoscopic technique for JJ revision and relocating the biliopancreatic limb is presented. Procedure takes 40–60 min to perform using four

trocars and the hospital stay was 1–2 nights. No complications occurred during the procedures or postoperative period.

Conclusions Laparoscopic revision of JJ is feasible and safe and should be part of surgeons' options on the long-term management of patients post LRYGB.

Keywords Gastric bypass · Revisional procedure · Jejunojejunostomy · Laparoscopic roux-en-Y gastric bypass

Conflicts of Interest Hadar Spivak has no conflicts of interest or financial ties to disclose.

References

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