Laparoscopic Roux-en-Y Gastric Bypass After Open Vertical Banded Gastroplasty in Patient with Severe GERD

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Abstract This video shows a laparoscopic reintervention after an open, vertical banded gastroplasty in a 39-year-old woman presenting with untreatable GERD.

Keywords Laparoscopic bypass Obesity · GERD

Background

The gastro-esophageal reflux disease (GERD) is an unwanted comorbidity after a vertical banded gastroplasty.

When the conservative treatment fails, the Roux-en-Y gastric bypass should be the procedure of choice.

Materials and Method

GERD was originated due to gastric remnant outlet obstruction, for that reason, we decided to perform a lap-

aroscopic Roux-en-Y bypass. First, very intense adhesions of the greater omentum and the stomach to the parietal peritoneum and the left lobe of the liver are dissected. The gastric remnant is dissected in order to transect it proximal to the stenotic, banded segment. A Roux-en-Y gastric bypass with a 150-cm alimentary limb using the OrVil™ orogastric tube and the DST Series™ EEA™ 25-mm circular stapling device is performed.

Results

After 1 year from the surgery, the patient is asymptomatic.

Conclusions

The laparoscopic Roux-en-Y gastric bypass after an open banded vertical gastroplasty is a safe intervention, but it must be performed by experienced hands and in a hospital with bariatric surgery unit.

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Compliance with Ethical Standards All procedures in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included.

Conflict of Interest The authors declare that they have no conflict of interest.