Section VIII

Revisional Bariatric Surgery

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Unlike conditions that have one definitive surgical operation, bariatric patients have a variety of procedures available to them. The techniques involved in such procedures also differ considerably from center to center and surgeon to surgeon. Ill-defined criteria for procedure selection, lack of standardization of the procedure and the inherent learning curve of the surgeons invariably culminate in a cohort of patients with unsatisfactory weight loss, and to a lesser extent, metabolic recidivism and chronic complications that would require rectification. All the chapters in this section emphasized the importance of careful reevaluation of these patients, with investigations targeted at the respective procedure and involvement of the multi-disciplinary team before revisional surgery is considered.

Suter gave a comprehensive account in Chap. 39 on how to manage individuals who had the historical procedure of Vertical Banded Gastroplasty (VBG), presenting with weight issues or complications. He detailed the options available including reversal or conversion, paying particular attention to the technical aspects on how to avoid pitfalls during revision of the already stapled stomach. Although Laparoscopic Adjustable Gastric Band (LAGB) became one of the most popular bariatric procedures in the past decade, failure with the device is not uncommon. In Chap. 42, Angrisani et al. described how to manage nonemergent complications, whether to stage the conversion and detailed rationale behind the choice of procedures for conversion of the LAGB in failures. For many, Laparoscopic Roux-en-Y Gastric bypass (LRYGB) is the gold standard bariatric operation with a proven track record with weight loss and its metabolic effects. However, like many 'bypasses', there are drawbacks associated with the LRYGB construct. Higa outlined in Chap. 40 how to tailor the revisional procedure to the needs of the individual and punctuated the importance of surgeons using a variety of arsenal to resolve anatomical and metabolic flaws, and address weight issues. As Laparoscopic Sleeve Gastrectomy (LSG) gathers momentum in becoming one of the favorite bariatric procedures, more complications are emerging as results on longer term outcomes become available. The pendulum may have swung to using LSG as a primary solution for the morbidly obese and the super-obese, its historic companion, the Duodenal Switch (DS) is always lurking in the background awaiting the failed sleeve for conversion. In Chap. 41, Himpens and Wan gave a balanced overview on the options available for weight regain following LSG and dealing with 'reflux disease', with also interesting proposals to tackling strictures in sleeved stomachs.

"Who would have thought it?" A statement made on the effect of bariatric surgery on diabetes may seem premature at the time, but as bariatric surgery continues to thrive, its momentum is unlikely to be hindered. As other bariatric operations are also being performed more frequently, complications and failures with these are also inevitable. Further thoughts need be put in place on the criteria for revisional surgery, balancing improvement in quality of life against achieving satisfactory weight loss, otherwise in the forthcoming decade, the question that needs to be answered would be none other than, "When do we stop?"