



ENDOSCOPIC BARIATRIC REVISION

FREQUENTLY ASKED QUESTIONS

WHAT IS ENDOSCOPIC BARIATRIC REVISION?

Endoscopic bariatric revision is a non-invasive technique used to restore a gastric bypass to its original, or smaller size. Beginning several years after gastric bypass surgery, the size of the pouch may begin to enlarge. Likewise, the connection between the pouch and small intestine (known as the anastomosis, or “outlet”) may also begin to dilate and enlarge. The result is less restriction or feeling of fullness, and subsequent weight gain. With endoscopic bariatric revision, we can tighten the Outlet or Pouch to restore this restriction, and help you lose the weight that you regained.

WHO IS ELIGIBLE FOR BARIATRIC REVISION?

This procedure is designed for patients who have had a gastric bypass procedure and are now experiencing weight regain and a reduced feeling of fullness after eating.

WHO IS NOT ELIGIBLE FOR BARIATRIC REVISION?

Bariatric revision is only for those who have had prior gastric bypass surgery.

If you have regained weight after prior gastric bypass for reasons other than dilation of your pouch or outlet, you may also not be a candidate.

If you have ulcers or complications from your gastric bypass, you may not be a candidate.

If you are an active smoker, you are not eligible for bariatric revision

HOW DOES THIS DIFFER FROM A SURGICAL REVISION?

Surgical revision is a complex operation, where the gastric pouch is either made smaller, or the bypass is surgically altered. Because of its complexity, surgical revision carries a risk of major complication of up to 30%.

In contrast, endoscopic bariatric revision is performed entirely through the mouth, with a suturing system (Overstitch) mounted to the end of an endoscope. The procedure is brief, and safe, with a risk of complication of 1% or less.

Because endoscopic bariatric revision is performed through the mouth, and without incisions, the recovery is very fast. The procedure is performed same-day, and most patients return to work within 2-3 days.

HOW LONG DOES THE PROCEDURE TAKE?

The procedure is performed in an outpatient setting in less than 30 minutes. You are sedated during the procedure. After the procedure, you will wake up, recover, then you will be discharged home.

WHAT ARE THE RISKS OF THE PROCEDURE?

Most patients will experience a feeling of indigestion, mild nausea, and possibly upper abdominal pressure or pain. The risk of major complication, such as infection, bleeding, or stomach injury, is less than 1%.

HOW MUCH WEIGHT WILL I LOSE?

Most patients will lose an average of 10% of their total body weight, and up to 20% of their total body weight. This is not the same amount of weight that was lost after the original gastric bypass. However, the weight that you lose after Endoscopic Bariatric Revision is typically sustained for many years. This means that further weight gain has been halted. While individual results may vary, adhering to a structured diet and exercise regimen will increase the likelihood of long-term success.

HOW DO I KEEP THE WEIGHT OFF AFTER ENDOSCOPIC BARIATRIC REVISION?

Similar to gastric bypass surgery, patients are urged to adopt healthier eating habits after undergoing endoscopic bariatric revision. Eating slowly and avoiding over-eating are keys to long-term success.

WHAT EVALUATION IS REQUIRED BEFORE THIS PROCEDURE?

We may recommend an upper endoscopy or barium test to evaluate your pouch and outlet, if you have not had a recent evaluation. This is to confirm that it is enlarged, and able to be revised endoscopically. In some cases, the pouch or outlet may not be enlarged, and weight gain may have been the result of other factors.

I GAINED WEIGHT AFTER A SLEEVE GASTRECTOMY. AM I A CANDIDATE FOR ENDOSCOPIC BARIATRIC REVISION?

Yes. While endoscopic revision is most commonly used to fix a Roux-en-Y gastric bypass, we can also correct an enlarged vertical sleeve gastrectomy. The procedure involves endoscopically suturing the sleeve to make it small again. This process is closely related to the Endoscopic Sleeve Gastroplasty procedure. Contact us to learn if you may be a candidate.