

Revisional Weight-Loss Surgery: When the First One Doesn't Work

With one in five Americans are considered obese, bariatric surgery is increasingly becoming an option for people who have tried unsuccessfully to lose weight. The number of weight-loss operations has increased from 20,000 per year 10 years ago to between 150,000 and 200,000 annually today.

Included in this surge are surgical revisions, which are performed because a patient did not achieve successful weight loss from a previous operation. These revisions involve converting a gastric bypass, laparoscopic adjustable gastric band or vertical banded gastroplasty — procedures that call for the creation of a small stomach pouch to reduce food intake and thereby induce weight loss — to a duodenal switch, which removes two-thirds of the stomach and then bypasses a large portion of the small intestine.

“Even though the results are becoming more standardized and better today, there will always be a certain percentage of patients who fail weight-loss surgery for one reason or another. Even if it is only 10 or 20 percent, which would be quite good, that means that there could be as many as 40,000 people who fail their initial weight-loss operation and would benefit from a surgical revision,” said David Greenbaum, M.D., Medical Director of the Bariatric Surgery Program at Lourdes Medical Center of Burlington County.

Determining a Fix

Revisional weight-loss surgery is more complicated, and potentially more risky, than an initial operation and should be carefully considered.

It involves correcting a previous anatomical problem and then performing a procedure which limits the length of the small intestine, where most of digestion and absorption of nutrients takes place.

“It is not uncommon that people who have a revision to a duodenal switch will lose a large majority of their excess weight, where merely revising the size of their stomach pouch or making the outflow of the pouch smaller gives a much smaller excess weight loss,” said Dr. Greenbaum, who is accredited by the American Society for Metabolic and Bariatric Surgery and the Surgical Review Corporation and has developed a nationwide reputation for performing revisional surgeries.

Talking with a Surgeon

Stephanie Hopper of Murphy, North Carolina was 15 years old and weighed 256 pounds when she had weight-loss surgery. Hopper dropped 86 pounds, but almost immediately afterward, she began throwing up after meals.

“The only food I could keep down were carbs, which are not very good for you,” she said. “I had to have something done. I was miserable. I had ballooned up to 368 pounds.”

Hopper found Dr. Greenbaum on the Internet and contacted him. “Dr. Greenbaum was the only surgeon who picked up the phone and called me personally and answered my questions. I just clicked with him immediately,” she said.

Hopper’s revision occurred in April, and in two months has lost more than 50 pounds.

“Finding the appropriate weight-loss surgeon is very important,” explained Dr. Greenbaum. “But, once you are in the situation where you failed the initial weight-loss operation, you are now in a much more difficult situation and this requires finding someone who is very well versed in revisional surgery or the likelihood of having a less-than-satisfactory result is quite high. The more complex the operation, the more important it is to have the appropriate surgeon.”

David Greenbaum, M.D.

For more information about Dr. Greenbaum or another Lourdes expert, call 1-888-LOURDES or visit the Lourdes Health System Web site at www.lourdesnet.org and click on Physician Referral.