

# REVISIONAL SURGERY AFTER VERTICAL SLEEVE GASTRECTOMY

## THE UNIVERSITY BARIATRICS PROGRAM NEWSLETTER



**Welcome** to our Summer 2023 newsletter. The main motif for this issue is the need for revisional surgery after gastric sleeve for weight recidivism or refractory reflux. The second topic is the negative effects of cannabis use in the peri-operative period. You will also find some healthy Summer recipe suggestions from our allied health partners. And finally, you will find a link to the results of our annual survey sent to past patients. We hope you'll share this newsletter with others whom are either embarking on a surgical weight loss journey or are on the fence about it. Your feedback is always welcome.

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**Revisional** bariatric surgery, typically applies to planned re-operations for either inadequate weight loss, weight recidivism, or for problems inherent to the original surgery which did not manifest early on. The possibility of having another operation to address something related to an original bariatric procedure is probably not high on any patient's expectations list when they first embark on weight loss surgery journey. But it should be somewhere there regardless. In fact, we do discuss this at our bariatric seminar: not to discourage patients but to provide them with a full discourse of the road ahead and to allow them to make a very informed decision early on.

The vertical sleeve gastrectomy (VSG) is currently the most popular bariatric surgical procedure in the world. It offers many of the benefits of the more established operations *sans* many of their short and long term side-effects. But it is not perfect and over time, some specific issues have been seen that might require a revision. Albeit still relatively uncommon, two of the more notable long term observations have been heartburn/GERD and weight regain.

The full discussion of GERD post-VSG is beyond the scope of this newsletter. Suffice that the majority resolve with medications and dietary changes. However, a more aggressive workup or even surgical intervention might be needed in some. Patients who are more than a year out from VSG and are having GERD symptoms are encouraged to contact their surgeon or our office to discuss their medical and surgical options.

As we openly discuss in our online seminar, some weight regain after ANY bariatric surgery is given. But similar to a bouncing ball, how far it comes up is fully dependent on the patients. The surgeries don't expire but rather patients' compliance diminishes over time and complacency settles in. Morbid obesity, furthermore, is NOT a mental/social condition but rather a chronic disease, highly regulated by our genes. Bariatric surgery is a very powerful tool in the fight against morbid obesity, but requires long-term maintenance and without the other adjuncts, will be insufficient in the long run.

In our annual survey of former patients (see page 2), the average weight regain has been around 15%, but ranged from 0-80%. The higher percentages were mostly seen in VSG patients and invariably, none had utilized their readily available followup resources such as dietitians and support meetings. Where as in most cases, early complacency leads to discouragement and shame/reluctance to plug back with the bariatric surgery program, it should not. Just as obesity is a multifactorial disease, so is weight recidivism. Multiple options exist including behavioral, pharmaceutical, and surgical. Even though it is best managed or "hit on the head" earlier in the course, we encourage all patients who have regained a significant amount of their weight to plug back with their surgeon or our office to discuss their medical and surgical options. Battle against chronic obesity is a marathon and not a race. For more information, please visit our website: [www.universitybariatrics.com](http://www.universitybariatrics.com).

## **CANNABIS USE & SURGERY**

"Hey Doc: Can I do pot with my surgery"?? is not an uncommon question that we are asked. Recreational or medical cannabis use around the time of surgery has been the subject of multiple studies and discussions in the surgical & anesthesia fields, probably more so after its legalization. A recent study published in JAMA Surgery showed that cannabis use increased peri-operative complications & mortality among adult patients after elective inpatient operations. In the most recent issue of Surgical Endoscopy, effects of cannabis use in bariatric surgical patients specifically was studied in a large group of patients. The authors concluded that although pre-surgical cannabis use may not predict weight loss outcomes, post-surgical cannabis use was associated with poorer weight loss, with frequent weekly use being especially problematic. In our experience, cannabis use has been associated with developing marginal ulcers after gastric bypass. If untreated, these will lead to perforation and emergency surgery, similar to tobacco & NSAID use. So in RYGB patients, we recommend total abstinence. For VSG patients, significant curtailment of its use and definitely not "Cheech & Chong" style.....

## **ALCOHOL USE AFTER BARIATRIC SURGERY**

"Is drinking alcohol OK after bariatric surgery" is another common question that we are asked about. We cover this topic in some detail at our online bariatric seminar as well as in clinic. Generally, alcohol intake after bariatric surgery is OK in extreme moderation. "Cheap date and quick DUI" is how we describe it in our seminar. It does absorb very quickly after bariatric surgery and impairment occurs in much lower volumes vs the preoperative phase. Alcoholic drinks are considered 'empty calories' and are the fastest way to regain all the weight back. RYGB patients can develop dumping syndrome as a form of punishment. Addiction replacement is another pitfall of alcohol use after surgery, mostly in those whom have had issues with it prior to surgery. Sparing social use is ok and per dietitian recommendations, spirits mixed with zero calorie mixers, and not on empty stomachs. Enjoy responsibly.....

## **FRESH & FUN SUMMER RECIPES FROM OUR RDS**

### **Baked Pesto Chicken** (Yasmin Firouzman, RD, [www.nutrinoook.com](http://www.nutrinoook.com))

#### **INGREDIENTS:**

- 3 chicken cutlets (each one should be 4 oz when raw. Once cooked it will be 3 oz)
- ¼ cup basil pesto sauce of choice
- 1 medium sliced plum tomato
- ½ cup shredded low fat mozzarella cheese
- ¼ cup thinly sliced fresh basil

#### **Directions:**

1. Assemble chicken breast in a single layer on baking dish
2. Spread pesto sauce on chicken.
3. Top chicken with tomato slices and then cheese.
4. Bake 20-22 minutes on 425 degrees or until chicken is cooked through. Adjust bake time as needed. The thicker the chicken the longer the bake time.
5. Top with fresh basil when ready

### **High Protein Coleslaw** (Alona Geller, RD, [www.nutrition-heals.com](http://www.nutrition-heals.com))

#### **INGREDIENTS:**

- 14 ounce coleslaw mix with red cabbage and carrots\*
- ¾ cup nonfat plain Greek yogurt
- 2 tablespoons monk fruit sweetener
- 1 1/2 tablespoons lemon juice
- 1 tablespoon white vinegar
- 1/8 teaspoon salt
- 1/2 teaspoon coarse ground black pepper

#### **INSTRUCTIONS**

- Add the Greek yogurt, monk fruit, lemon juice, white vinegar, salt, and pepper to a large mixing bowl and whisk together until fully combined.
- Add in the coleslaw mix and stir well to combine.
- Refrigerate for at least 2 hours before serving.

## **2023 ANNUAL BARIATRIC PATIENT SURVEY RESULTS**

Here is the link to the survey: <https://youtu.be/dTXXPPKx4ow>

### **Your feedback is always appreciated:**

<https://www.healthgrades.com/review/XLCJK?CID=18psIMMP0001>

### **Interested in attending online bariatric support meetings?**

Contact us via our website to be plugged with the bariatric surgery support meetings organized by Dignity Health Oxnard Bariatric Program. ZOOM/InPerson.

### **Know someone who is suffering from their LAP BAND?**

Revisal surgery after bands is just a matter of time. Share this link with them so they'd know their options: <https://youtu.be/XkNZggZ1As>