Chirurgia (Bucur). 2021;116(5):609-619
http://dx.doi.org/10.21614/chirurgia.116.5.609

An Unexpected High Rate of Internal Hernia in Our OAGB Experience as Revisional Surgery for Morbid Obesity

Francesco Di Capua, Matteo Uccelli, Giovanni Carlo Cesana, Alberto Oldani, Stefano Olmi
General and Oncologic Surgery Department, Centre of Bariatric Surgery, San Marco Hospital GSD, Zingonia (BG), Italy

Abstract

Introduction: Internal hernia (IH) is a well-known complication of laparoscopic roux-en-y gastric bypass (LRYGB) with a reported incidence that ranges from 0% to 5%. In one anastomosis gastric bypass (OAGB), internal herniation is reported to be absent due to the lack of a jejuno-jejunostomy, which is present in LRYGB. Several papers reported large case series of patients undergoing OAGB with no IH through Petersen mesenteric defect. Consequently, there is no recommendation for routine closure of the mesenteric defects in OAGB. However, starting from 2015, some authors started reporting this complication in OAGB procedures.

Material and Methods: The outcomes of 98 cases of revisional OAGB performed at our institution from 2014 were retrospectively collected. OAGB was secondary surgery following laparoscopic Sleeve Gastrectomy (LSG) in 96% of patients. The indications for secondary surgery were weight regain and/or severe Gastro-esophageal Reflux Disease (GERD). Outcomes of all OAGB procedures were collected at baseline and at 1, 3, 6, 12 and 24 months.

Results: The rate of complications (>30 days after discharge) requiring new surgery was 21.4% (21/98). The main causes of reintervention were the persistence of severe GERD/Biliary Reflux (14/21) and bowel obstruction due to Internal Hernia (4/21). IH was found in 4% of patients.

Conclusion: Internal Hernia could be more common than reported in literature. The closure of mesenteric defects in OAGB should always be performed during revisional surgery for complicated IH.

Key words: bariatric surgery, obesity, OAGB, revisional bariatric surgery, Petersen hernia, internal hernia