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LETTER TO THE EDITOR

# Letter to the Editor Concerning: Clinical Outcomes of Sleeve Gastrectomy Versus Roux-En-Y Gastric Bypass After Failed Adjustable Gastric Banding

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We read with great interest the article by Wu et al. [1] comparing the clinical outcomes following either sleeve gastrectomy (SG) or Roux-en-Y gastric bypass (RYGB) after failed laparoscopic adjustable gastric banding (LAGB). Given the significance of the presented evidence, we would like to further stress certain points in conjunction with the data reported in our previous meta-analysis [2].

First of all, historically the LAGB was one of the most commonly performed bariatric operations. Nonetheless, its popularity has gradually been declining because it was associated with increased rates of postoperative complications requiring revision [2–5]. According to findings demonstrated in our previous meta-analysis and additional articles [2, 6], the insufficient weight loss has been the most frequent indication for revisional surgery (67.88 and 63.93% for LRYGB and LSG, respectively). In fact, this trend was in accordance with the reported high pre-conversion mean BMI (>40 in all included studies in our meta-analysis [2]). It would be of real interest to know whether this trend continues in 2019. So, we would appreciate if the authors could inform us of their extracted data, regarding this point. Furthermore, other common reasons for revisional surgery after LAGB included problems related to the band, like slippage and erosion, gastric pouch dilation, along with persistent dysphagia [2]. It would be of real benefit to know which revisional procedure was selected in case of insufficient weight loss and which in case of slippage/erosion, according to the latest evidence provided in the present meta-analysis.

Since the most frequent reason for the revision is insufficient weight loss, it has been debatable whether performing SG, which is mainly a restrictive procedure, instead of RYGB after a failed restrictive procedure would be the approach of choice. The current meta-analysis [1] incorporates data with the longest follow-up (36 months). According to its findings, both procedures demonstrate similar % excess weight loss (%EWL) at 36 months postoperatively. This is reflective of the additional hormonal effects, except for the restrictive principles, of SG [7]. In addition, these outcomes are in accordance with previous evidence comparing both procedures as primary operations [8]. Furthermore, it is demonstrated that RYGB after LAGB was associated with increased %EWL at 12 and 24 months postoperatively, but at the expense of higher reinterventions, readmissions possibly due to a greater rate of bowel obstruction [1]. In fact, bowel obstruction due to the presence of postoperative internal hernia is a relatively frequent and serious complication after RYGB. According to the latest evidence, the closure of the mesenteric defects beneath the jejunostomy and at Petersen's space contributes to a lower incidence of postoperative bowel obstruction at the long term [9, 10]. However, a recent multicenter randomized trial [9] demonstrated that the closure of mesenteric defects is also associated with a higher risk of early small bowel obstruction due to kinking of the jejunojejunostomy. So, we would like to ask regarding the rate of mesenteric closure in the included studies.

It remains debatable whether the option of one-stage or two-stage revisional procedure is preferable. According to a recent meta-analysis [11], both options have similar rates of complications, morbidity, and mortality. The majority of the patients incorporated in our previous meta-analysis [2] underwent the one-stage approach. It would be interesting to have an insight regarding the current trend.

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We would appreciate some comments or thoughts from the authors, as this would help to further assess the findings of this significant study.

## Compliance with Ethical Standards

**Conflict of Interest** The authors declare that they have no conflicts of interest.

**Ethical Approval** Does not apply.

**Informed Consent** Does not apply.

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