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LETTER TO THE EDITOR

Robotic Reversal of One-Anastomosis Gastric Bypass into Sleeve Gastrectomy for Severe Malnutrition: Interest of the Manual Gastro-Gastric Anastomosis?

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Malnutrition after one-anastomosis gastric bypass (OAGB) is not uncommon (0.2–10.8%) [1–4]. A 34-year-old man had a conversion of sleeve gastrectomy (SG) into OAGB in 2017 for weight regain; the preoperative weight was 160 kg and the body mass index (BMI) was 44 kg/m^2. One year after OAGB, the weight loss was 40% (− 64 kg, BMI = 26 kg/m^2), accompanied by severe diarrhea (> 10 per day) and hypoalbuminemia (23 g/L). After enteral re-nutrition and treatment of nutritional deficiencies, a robotic reversal of OAGB into SG was performed (DaVinci Xi™ system, Intuitive Surgical Inc.®, Sunnyvale, CA) to treat the malnutrition.

The OAGB setup was entirely dissected (Fig. 1a, b); the intestine was separated from the gastric tube using a horizontal stapling just below the gastro-jejunal anastomosis (GJA) with no resulting stenosis (Fig. 1c). The GJA was removed. The gastric tube was re-axed and anastomosed to the antrum by performing a manual gastro-gastric anastomosis made of two resorbable running sutures and calibrated on a 36fr tube (Fig. 2).

The postoperative period was uneventful. One month after surgery, the patient gained 8 kg. He had no diarrhea and the albumin level was 36 g/L.

This technique is a new alternative [5, 6] for reversing OAGB into SG using a robotic approach and a manual, "robust," and reproducible anastomosis.

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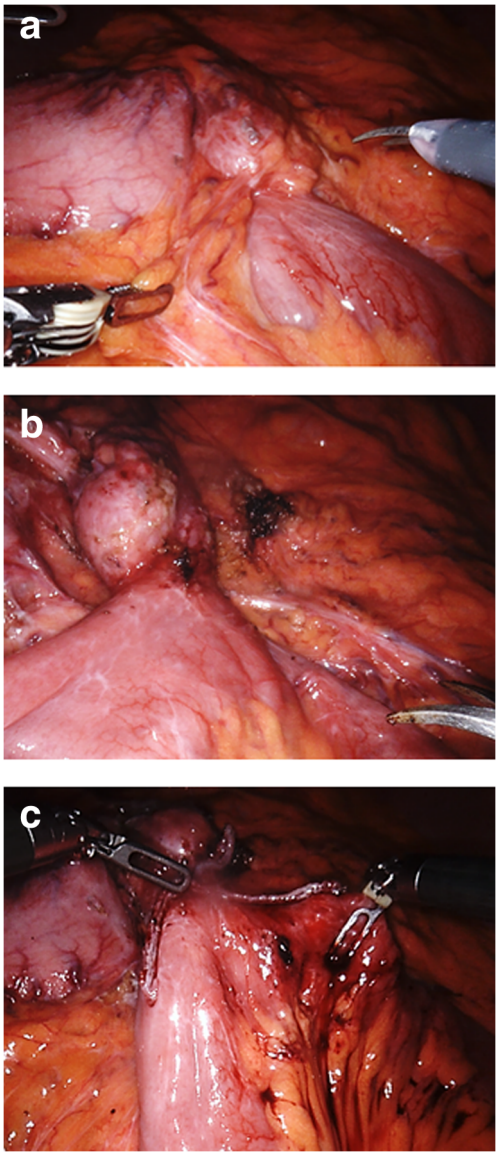

Fig. 1 **a** OAGB montage. **b** Dissection of the OAGB. **c** Horizontal stapling just below the GJA to separate the intestine. Surgeons must verify the absence of intestinal stenosis; then, a second stapling is fired just above the GJA to remove it. OAGB: one-anastomosis gastric bypass; GJA: gastro-jejunal anastomosis

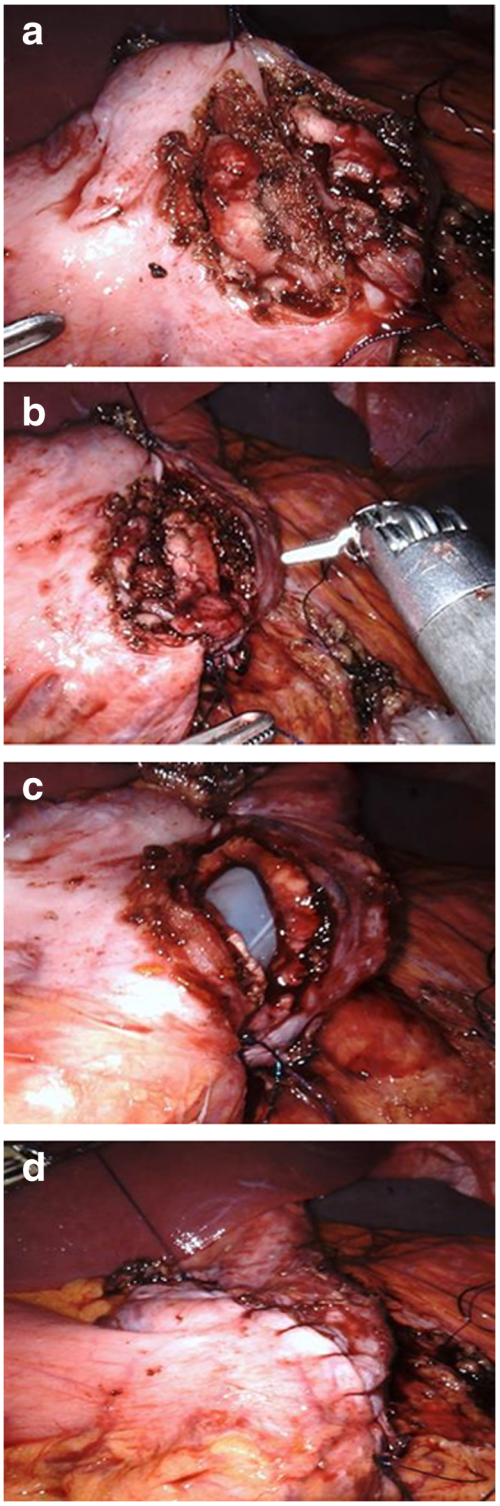

Fig. 2 **a** Preparation of the manual gastro-gastrostomy. **b** Running suture of the posterior wall. **c** Calibration. **d** Running suture of the anterior wall

Compliance with Ethical Standards

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

Ethical Considerations All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained.

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