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INCISIONLESS Surgery Simplifies GASTRIC BYPASS REVISION

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Gastric bypass surgery offers the most dramatic results available in the fight against obesity—on average, 60 percent of a patient's excess weight can be lost over a 12 to 18 month period. More than 177,000 Americans underwent the procedure in 2006 and its popularity continues to grow, along with the increasing numbers of people struggling with obesity. For a small percentage of patients however, success begins to reverse when the smaller, reconstructed stomach pouch stretches, precipitating weight regain.

Until now the only solution had been a second, more complicated and risky procedure called gastric bypass revision surgery to reduce the enlarged pouch. Bariatric surgeons at Beth Israel Medical Center, under the leadership of John Holup, DO, associate director of bariatric surgery, are now performing natural orifice endoscopic surgery, a variation of Natural Orifice Translumenal Endoscopic Surgery or NOTES, the emerging surgical technique that allows surgical access to the abdominal cavity through one of the body's natural orifices.

This incisionless approach, done under general anesthesia, employs a StomaPhyx, a flexible, single-use, sterile fastening device, introduced through the mouth with an endoscope. The surgeon is able to visualize the instrument's descent through the gastrointestinal tract to the pouch, where adjustments are made.

In addition to pouch enlargement and weight gain, another indication for StomaPhyx revision is repeated bouts of dumping syndrome in which the patient experiences nausea, vomiting, diarrhea, abdominal cramping, weakness and faintness. This may be due to an enlarged anastomosis, the outlet created in the original surgery to facilitate the rerouting of food to circumvent the distal stomach and parts of the small intestine. Over time the anastomotic outlet may also stretch, causing solid food to pass into the intestines too quickly. The StomaPhyx procedure can reverse this syndrome as well.

Once the StomaPhyx is threaded through the intestinal tract and positioned near the anastomosis, the surgeon suctions a small section of the pouch wall into the device and fastens it with a suture-like staple to create a fold or plication. A series of as many as 18 to 24 plications can be made to downsize the pouch. **Because the procedure is completed in less than an hour, exposure to anesthesia is minimal** in comparison to the requirements posed by traditional revision surgery. Without internal or external incisions, the risk of infection is reduced, as is incisional herniation, adhesions and scarring, and other problems associated with the open technique. Length of stay and recovery time are subsequently decreased. **With this transoral approach, most patients can return to work the next day** and need only restrict activity for one week.

In contrast, open revision surgery involves incision into a previously dissected area, which poses significant risks and increased complications. Producing modest weight loss of 40 to 60 pounds, revision surgery has until now been viewed as having a high risk/benefit ratio, which meant it was not performed often. **With the advent of NOTES and the StomaPhyx device, the risk/benefit ratio is much lower and intervention can now occur earlier.**

For more information on StomaPhyx and NOTES or to refer a patient, please call (212)844-8840. A consultation can be scheduled with Dr. Holup or one of his credentialed colleagues.