

Department of Surgery
2026 Research Day
6th May 2026 (Wednesday) | 7 am – Noon | MART Auditorium

Title:

Weight Loss, Comorbidity Resolution, and Nutritional Outcomes After Distalization of RYGB

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Background:

RYGB is an effective bariatric operation, but some patients experience insufficient weight loss or weight regain, leading to revisional surgery. Distalization is suggested as an effective revisional option that can enhance weight loss, though it carries an increased risk of nutritional deficiencies. This study evaluated weight loss, comorbidities, and nutritional outcomes following distalization of Roux-en-Y gastric bypass (RYGB).

Methods:

We performed a review of patients who underwent distalization of RYGB between 2015 and 2025. Preoperative and postoperative data were collected from the electronic medical record. Outcomes assessed included percent total body weight loss (%TBWL), body mass index (BMI) trends, comorbidity status, nutritional markers, 30-day postoperative events, and 2-year reoperation rates.

Results (or Preliminary Results):

Seventeen patients were analyzed. Following revision, the mean common channel length was 279.4 ± 60.4 cm and the mean total alimentary limb length was 376 ± 43.8 cm. Mean BMI decreased from 44.03 ± 8.10 kg/m² preoperatively to 35.69 ± 5.51 kg/m² at 6 months ($p = 0.002$), 35.26 ± 6.29 kg/m² at 1 year ($p = 0.008$), and 32.8 ± 4.77 kg/m² at 2 years ($p = 0.003$), corresponding to 15.1%, 21.9%, and 19.3% TBWL, respectively. The prevalence of diabetes, sleep apnea, and reflux in one year had a decreasing trend that was not statistically significant. Laboratory analysis showed declines in albumin and hemoglobin ($p < 0.05$). Other micronutrients did not significantly change postoperatively. Within 30 days of surgery, three patients presented to the ED without an associated hospital admission; one patient developed a urinary tract infection, and two required readmissions. Within two years of distalization, one patient required reoperation for small bowel obstruction. No patient required in-hospital care or revisional surgery for malnutrition.

Conclusions (or Preliminary Conclusions):

Distalization of RYGB provided meaningful and sustained weight loss without severe nutritional complications. Continued follow up is of paramount importance to understand the long-term outcomes of this revisional approach.