

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

Title:

Similar One Year Weight Loss After Conversion Of Sleeve Gastrectomy To Gastric Bypass Or Duodenal Switch

Author(s) and Affiliations:

Alexandria Krauss, MD¹; Edmund Lee, MD, MHPE¹; Amy Rosenbluth, MD¹; Konstantinos Spaniolas, MD, MBA¹; 1Stony Brook University Hospital

Faculty Mentor(s):

Edmund Lee, MD, MHPE, Konstantinos Spaniolas, MD, MBA

Background:

Patients with previous sleeve gastrectomy (SG) with suboptimal initial response, often undergo conversion to gastric bypass (RYGB) or duodenoileostomy procedures. The comparative effect of these revisional options remains unclear. We compared weight loss outcomes following SG conversions.

Methods:

We identified 51 patients who underwent conversion of SG to RYGB or - double or single anastomosis - duodenal switch (DS) between 2015 and 2024 with at least one year of follow-up. Demographic and clinical variables were collected preoperatively and at one year. Optimal weight loss was defined as $\geq 20\%$ total weight loss (%TWL). Univariate analyses and multivariable logistic regression were performed to identify predictors of optimal weight loss.

Results (or Preliminary Results):

32 patients (63%) underwent conversion to RYGB and 19 (37%) DS with at least 1 year follow up. Both groups were similar in age, sex, and diabetes prevalence, though mean preoperative body mass index was higher in the DS group (47.3 vs 42.1 kg/m², $p < 0.001$). 26 patients (51%) achieved optimal weight loss. There was no significant difference in one year %TWL between RYGB and DS (19.2% vs 23.0%, $p=0.148$). Additionally, multivariate analysis did not identify any independent variables of achieving optimal weight loss; procedure type was also not associated with optimal weight loss ($p=0.80$).

Conclusions (or Preliminary Conclusions):

Patients undergoing RYGB or DS following previous SG appear to achieve similar weight loss at 1 year after conversion.