

## **Endoscopic revision for medically refractory dumping syndrome after bariatric surgery: a Canadian single-center case series**

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**Objective:** To describe the initial Canadian experience, and early outcomes of endoscopic revisional therapies—specifically transoral outlet reduction (TORe) and “sleeve-in-sleeve” gastroplasty—for refractory dumping syndrome and post-prandial hypoglycemia failing medical management.

**Methods:** Retrospective case series of four adults (3 women; median age 58 years), Mean BMI 35.6, with severe, refractory post-surgical dumping syndrome with or without hypoglycemia undergoing endoscopic revision with full thickness suturing. Transoral outlet reduction or endoscopic sleeve-in-sleeve was performed depending on anatomy. Documented outcomes included technical success, Sigstad scores, hypoglycemia frequency and weight change.

**Results:** Technical success was achieved in all cases. Interventions included sleeve revision (n=1) outlet reduction for RYGB (n=2) and outlet reduction + SIS for OAGB (n=1). For the bypass patients GJ anastomosis ranged from 3cm–5cm and reduced to 8mm–12mm. Over a median follow-up of 4.5 months (range 2–9 months), mean total body weight loss was 8.1%. Mean preoperative sigstad score was 16 reduced to 2 postoperatively. 3 patients with reactive hypoglycemia were able to discontinue glucose stabilizing medications. One patient experienced symptom recurrence at 4 months due to suture failure. One patient required overnight admission for post-procedural pain and nausea; all remaining patients were same-day discharges with minimal symptoms.

**Conclusions:** This represents the first reported Canadian series of endoscopic revision for dumping syndrome after bariatric surgery. These techniques are feasible and associated with significant clinical improvement and weight loss. While mechanical durability remains an ongoing consideration, these procedures offer a promising minimally invasive solution even in refractory cases.

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