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2nd case: female, 45 years old, with symptoms of abdominal pain and vomiting. CT showed intestinal obstruction due to phyto bezoar.
3rd case: female, 32 years old, 08 months after laparoscopic gastric bypass, presented with intestinal obstruction. CT confirmed the diagnosis. The laparoscopic surgical treatment showed internal hernia in mesenteric space.
4th case: female, 26 years old, 01 year after laparoscopic gastric bypass, chronic abdominal pain. CT scan showed no conclusive results. Patient underwent to a laparoscopic exploration which showed internal hernia in Petersen space.
5th case: female, 45 years old, abdominal pain and vomiting. CT showed intestinal obstruction. Laparoscopic approach showed some adhesions causing bowel obstruction.

**Conclusion:** Bowel obstruction after laparoscopic gastric bypass is common and requires an early diagnosis and surgical exploration in suspected cases, which is the key to successful outcomes. In select patients the laparoscopic approach is a flexible method in the management of bowel obstruction when performed by an experience laparoscopic surgeon.

**OP.062**
**GASTRIC BYPASS REVISION IN REGAIN WEIGHT**

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**Introduction:** The regain weight is a common problem after gastric bypass in long term. A standard gastric bypass, defined as small gastric reservoir of 15cc and a short Roux limb (45cm), is successful in up to 85% of patients. The main causes of regain weight are binge eating, enlargement of the stomach pouch and dilatation of the jejunal loop just after the gastro-jejunal anastomosis. With the regained weight, comorbidities may return and other deleterious problems for the treatment.

**Methods:** Show the feasibility of laparoscopic approach restoring the stomach pouch to its original reduced size in patients previously submitted to an open gastric bypass ring with construction of a new pouch to increase weight loss.

**Results:** Female patient, 35 years old, previously submitted to an open gastric bypass ring 5 years ago, BMI of 42. The patient showed erosion of the ring which was removed by endoscopy. One year late, the ring was replaced at another position. Even so, the patient regained weight, staying with BMI at 42. Endoscopy and X-ray showed a large pouch. The patient then underwent a laparoscopic surgery to pull out the ring, reduce the pouch sizeand resect the initial alimentary limb and gastroentero anastomosis using an endoscopic linear stapler. The patient had no postoperative complications. Six months after surgery evolved with BMI of 34.

**Conclusion:** The laparoscopic approach to restore reduced gastric size is a safe and feasible surgery in patients previously submitted to open gastric bypass with ring. It has low risks and good results in weight loss.