# Effect of a banded extended pouch in aRoux-en-Y gastric bypass

Published: 19-12-2017 Last updated: 07-12-2024

To investigate the effect of a banded-extended RYGB on weightloss and weigtregain on the long term.

Ethical review	Approved WMO
Status	Completed
Health condition type	Other condition
Study type	Interventional

# Summary

## ID

NL-OMON55482

**Source** ToetsingOnline

Brief title The UPGRADE study

## Condition

- Other condition
- Gastrointestinal therapeutic procedures

**Synonym** Morbid obesity, overweight

#### **Health condition**

Morbide obesitas

#### **Research involving**

Human

## **Sponsors and support**

**Primary sponsor:** Rijnstate Ziekenhuis **Source(s) of monetary or material Support:** Eigen financiering

## Intervention

Keyword: Banding, Extending, Morbid obesity, Roux-en-Y gastric bypass

### **Outcome measures**

#### **Primary outcome**

Weightregain after three years

Total body Weight Loss (%TBWL)

#### Secondary outcome

- Weight reduction; percentage Excess Weight Loss (%EWL) en Excess Body Mass

Index Loss (%EBMIL)

- Complications and reoperations; eg bleeding, wound infections,

intra-abdominal abcess, anastomotic leakage, vitamin deficiencies

- Reduction of comorbidities; type 2 diabetes, hypertension,

hypercholesterolemia, artrosis, Obstructive Sleep Apnoea Syndrome (OSAS)

- Quality of life; BAROS and SF-36, food tolerance
- Length common channel
- Defecation pattern
- Reflux

# **Study description**

#### **Background summary**

The Roux-en-Y gastric bypass (RYGB) has proven to be an effective treatment for

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morbid obesity by reducing weight and comorbidities. Extending the pouch may improve weightloss without the increase of complications. Some patients regain weight after initiale good weightloss after RYGB. Placing a minimizer around the pouch may prevent this weighregain.

#### **Study objective**

To investigate the effect of a banded-extended RYGB on weightloss and weigtregain on the long term.

## Study design

A prospective, single center, randomized controlled study

#### Intervention

The standard RYGB versus extended pouch RYGB vs banded-extended RYGB.

## Study burden and risks

Possible disadvantages of the Banded-extended-RYGB compared to the S-RYGB

- Sometimes removal of the band can be nessecary due to erosion or displacement.
- Reflux
- Dysphagia

# Contacts

**Public** Rijnstate Ziekenhuis

Wagnerlaan 55 Arnhem 6815AD NL **Scientific** Rijnstate Ziekenhuis

Wagnerlaan 55 Arnhem 6815AD NL

# **Trial sites**

## **Listed location countries**

Netherlands

# **Eligibility criteria**

Age Adults (18-64 years)

## **Inclusion criteria**

- Age between 18 and 60 years
- BMI >40 kg/m2 without comorbidities

- BMI >35 and <40 kg/m2 with comorbidities of which expect to improve after surgery

- Medical history of overweight for atleast 5 years

- Proven failed attempts to lose weight in a conservative way, or initial goed result with relapse

- The intention to fully follow the postoperative program

# **Exclusion criteria**

- Mental disorder, psychotic disorders, severe depression and personality disorders

- Never had professional medical guidance with weight loss

- Not able to participate in long-term medical checks
- Alcohol or drug abuse

- Diseases that form a threat on life expectancy on the short term of perioperative

- Patients who can not take care for themselfs, or pateint who do not have any social network to take this responsibility

- Pregnacy

- Bariatric surgery in the medical history

- Patients with a language barrier which can have affect on medical follow up and treatment

- Patients with a disease not related to morbid obesity , eg Cushing or medication related

- Chronic bowel diseases; eg M. Crohn or Colitis Collitis

- Renal impairment (  $\rm MDRD < 30$  ) or hepatic dysfunction (  $\rm ASAT$  /  $\rm ALAT$  twice the normal values)

- Patients with therapy-resistant reflux symptoms. Defined as persistent symptoms despite the use of maxiaml dosage proton-pump-inhibitors (PPI) (

# Study design

# Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active
Primary purpose:	Treatment

## Recruitment

NL	
Recruitment status:	Completed
Start date (anticipated):	10-03-2021
Enrollment:	381
Туре:	Actual

# **Ethics review**

Approved WMO	
Date:	19-12-2017
Application type:	First submission
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	07-06-2018
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	03-11-2020
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO	
Date:	19-05-2021
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	22-11-2021
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO Date:	01-07-2024
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)

# **Study registrations**

## Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

**Register** CCMO ID NL62168.091.17