**Background**
A subset of bariatric surgery patients undergo one or more revision surgeries for inadequate weight loss and/or complications. Despite this, there are few direct comparisons of weight loss and psychological functioning outcomes between primary bariatric surgery and revision bariatric surgery patients. This information may be useful in providing revision bariatric candidates with more accurate expectations for surgical outcomes.

**Method**
Long-term outcome questionnaires were collected from St. Vincent Bariatric Center of Excellence bariatric surgery patients. All patients received his/her most recent bariatric surgery at St. Vincent Carmel’s Bariatric Center of Excellence.

**Measures**

**Presurgical weight**
- Defined as weight at time of revision surgery in the Revision group
- Measured at hospital

**Current weight** (self-report)

**Current psychological well-being**
- Flourishing Scale (Diener et al., 2010)
  - Scores range from 8 (poor well-being) to 56 (high well-being)

**Revision group**
- 36 adults who underwent an initial bariatric surgery that was later revised to RYGB

**Results**

**Groups did not differ significantly on:**
- Time since most recent surgery (7.6±1.7 yrs)
- Preoperative BMI at time of most recent surgery (50.8±8.8 kg/m²)
- Current age (55.8±9.7 yrs)
- % Female (80.4)

**Groups differed significantly or trended toward differing significantly on:**

<table>
<thead>
<tr>
<th>Measure</th>
<th>No Revision Group</th>
<th>Revision Group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Weight Loss</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>postsurgical weight loss</td>
<td>35%</td>
<td>33%</td>
</tr>
<tr>
<td>% difference from presurgical weight loss</td>
<td>1%</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Satisfaction with Surgery</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>overall satisfaction</td>
<td>9 (low satisfaction)</td>
<td>10 (high satisfaction)</td>
</tr>
</tbody>
</table>

**Discussion**
Among RYGB bariatric surgery candidates, previous history of bariatric surgery appears to predict poorer weight loss and satisfaction with surgery. The conclusion regarding poorer weight loss is supported by the findings that the groups in the present study did not significantly differ on key variables linked to postsurgical weight loss, including age, time since most recent surgery, and preoperative BMI at time of most recent surgery.

Although those who received revisional surgery to RYGB demonstrated outcomes less favorable than primary patients, they did nonetheless achieve significant benefit and were relatively satisfied overall. Results support the importance of optimizing outcomes after primary bariatric surgery and providing realistic expectations about revision surgery outcomes to revisional surgery candidates.

The present study defined presurgical weight as the weight at the time of revision surgery. Therefore, it is not clear how weight loss outcomes between these two groups would have compared had presurgical weight been defined as weight at time of first surgery. Future research should address this question, as it may be relevant to both primary and revisional bariatric surgery candidates.