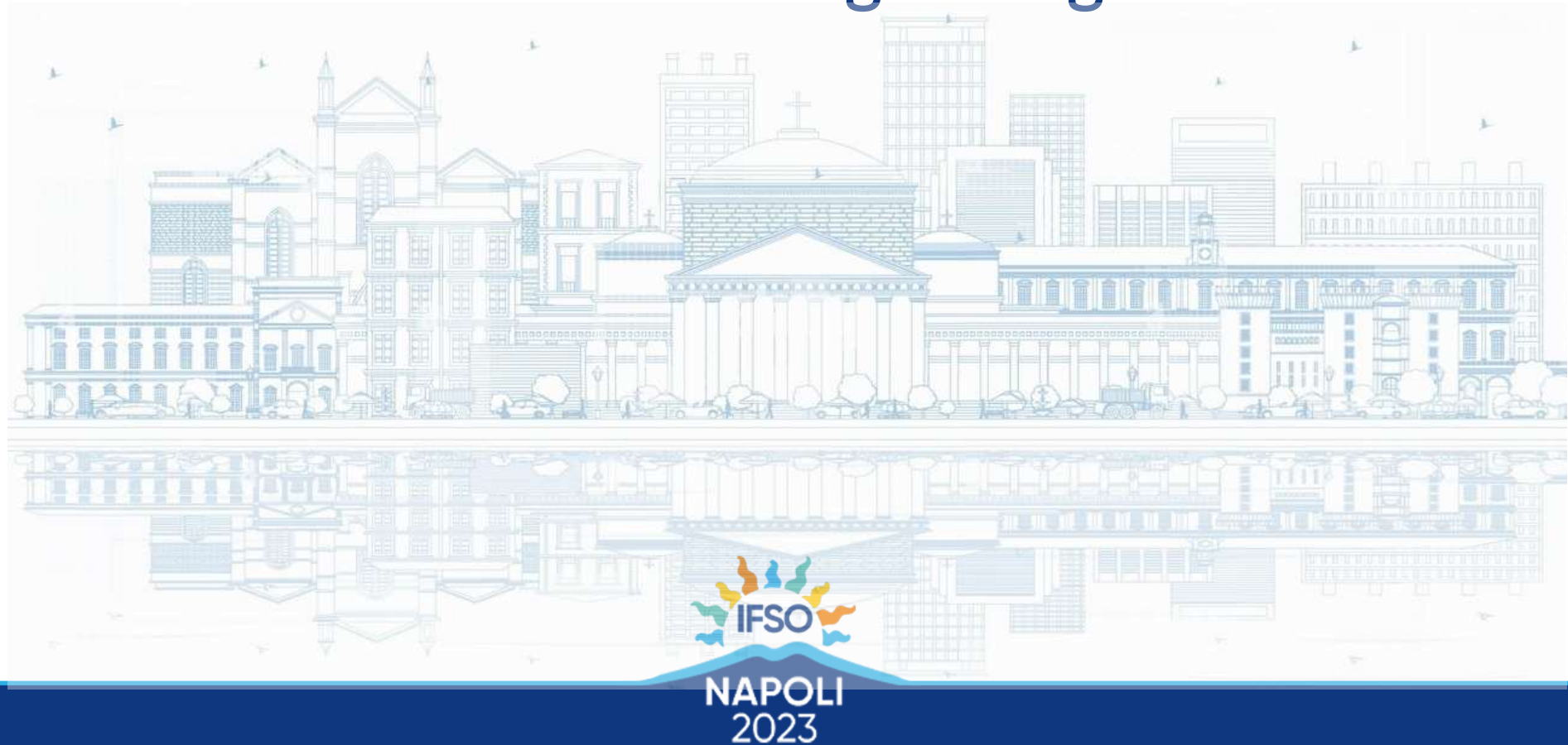


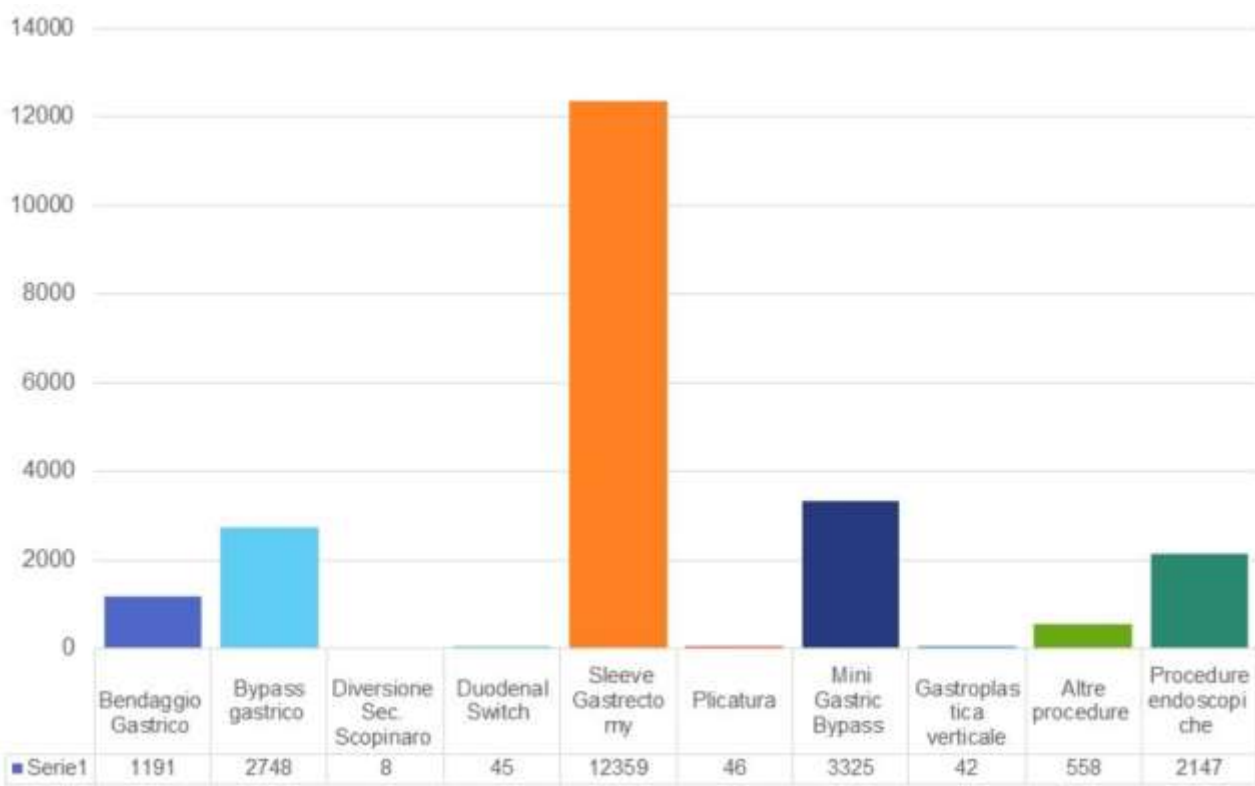
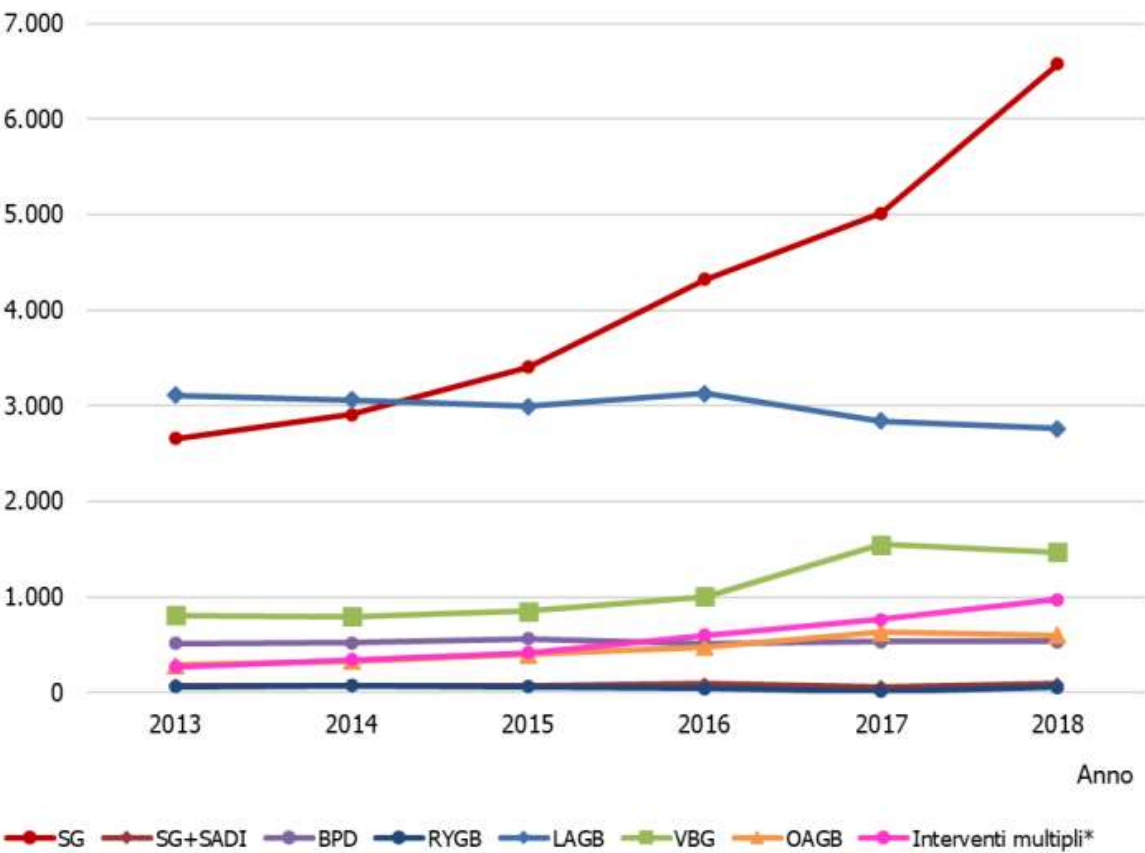
Conversion Roux Y Gastric Bypass After Sleeve Gastrectomy or One-Anastomosis Gastric Bypass for Gastroesophageal Reflux and Weight Re-gain



Conversion Roux Y Gastric Bypass After Sleeve Gastrectomy Or One-Anastomosis Gastric Bypass For Gastroesophageal Reflux And Weight Regain

Germana G. Perrone, Eleonora Rapanotti, Ingrid E. Cordova H., Massimo Chiaretti, Pietro Ursi, Silvia Quaresima, Alessandro M. Paganini – Sapienza University of Rome

BACKGROUND



Fonte: Elaborazioni AGENAS su SDO 2013/2018 – NSIS

Dati ufficiali SICOB – aggiornati al 1 febbraio 2022



BACKGROUND

Hiatal hernia (HH) and Gastro-Esophageal Reflux Disease (GERD) are often concomitant conditions and are more frequent in obese patients than in non-obese patients ¹

The HH rate in obese patient ranges from 5 to 50% ²

GERD, with or without HH, is present in 50-70% of obese patients candidates for bariatric surgery ³

Laparoscopic sleeve gastrectomy (LSG) is the most commonly performed procedure for morbid obesity treatment , but its results in patients with GERD are still controversial ⁴

1 Soricelli E et al. Sleeve gastrectomy and crural repair in obese patients with gastroesophageal reflux disease and/or hiatal hernia. Surg Obes Relat Dis. 2013

2 Reynoso JF et al. Primary and revisional laparoscopic adjustable gastric band placement in patients with hiatal hernia. Surg Obes Relat Dis. 2011

3 Che F et al. Prevalence of hiatal hernia in the morbidly obese. Surg Obes Relat Dis. 2013

4 Chiu S et al. Effect of sleeve gastrectomy on gastroesophageal reflux disease: a systematic review. Surg Obes Relat Dis. 2011

META-ANALYSIS

Does Sleeve Gastrectomy Expose the Distal Esophagus to Severe Reflux?

A Systematic Review and Meta-analysis

Kai Tai Derek Yeung, BMBS, MRCS, Nicholas Penney, MBBS, MRCS, Leanne Ashrafian, PhD, MRCS, Ara Darzi, MD, FRCS, FACS, FMedSci, FRS, and Hutan Ashrafian, PhD, MRCS, MBA

Objective: The aim of this study was to appraise the prevalence of gastro-esophageal reflux disease (GERD), esophagitis, and Barrett's esophagus (BE) after sleeve gastrectomy (SG) through a systematic review and meta-analysis.

Background: The precise prevalence of new-onset or worsening GERD after SG is controversial. Subsequent esophagitis and BE can be a serious unintended sequelae. Their postoperative prevalence remains unclear.

Methods: A systematic literature search was performed to identify studies evaluating postoperative outcomes in primary SG for morbid obesity. The primary outcome was prevalence of GERD, esophagitis, and BE after SG. Meta-analysis was performed to calculate combined prevalence.

Results: A total of 46 studies totaling 10,718 patients were included. Meta-analysis found that the increase of postoperative GERD after sleeve (POGAS) was 19% and de novo reflux was 23%. The long-term prevalence of esophagitis was 28% and BE was 8%. Four percent of all patients required conversion to RYGB for severe reflux.

Conclusions: The postoperative prevalence of GERD, esophagitis, and BE following SG is significant. Symptoms do not always correlate with the presence of pathology. As the surgical uptake of SG continues to increase, there is a need to ensure that surgical decision-making and the consent process for this procedure consider these long-term complications while also ensuring their postoperative surveillance through endoscopic and physiological approaches. The long-term outcomes of this commonly performed bariatric procedure should be considered alongside its weight loss and metabolic effects.

Keywords: bariatric surgery, Barrett's esophagus, esophagitis, gastro-esophageal reflux, sleeve gastrectomy

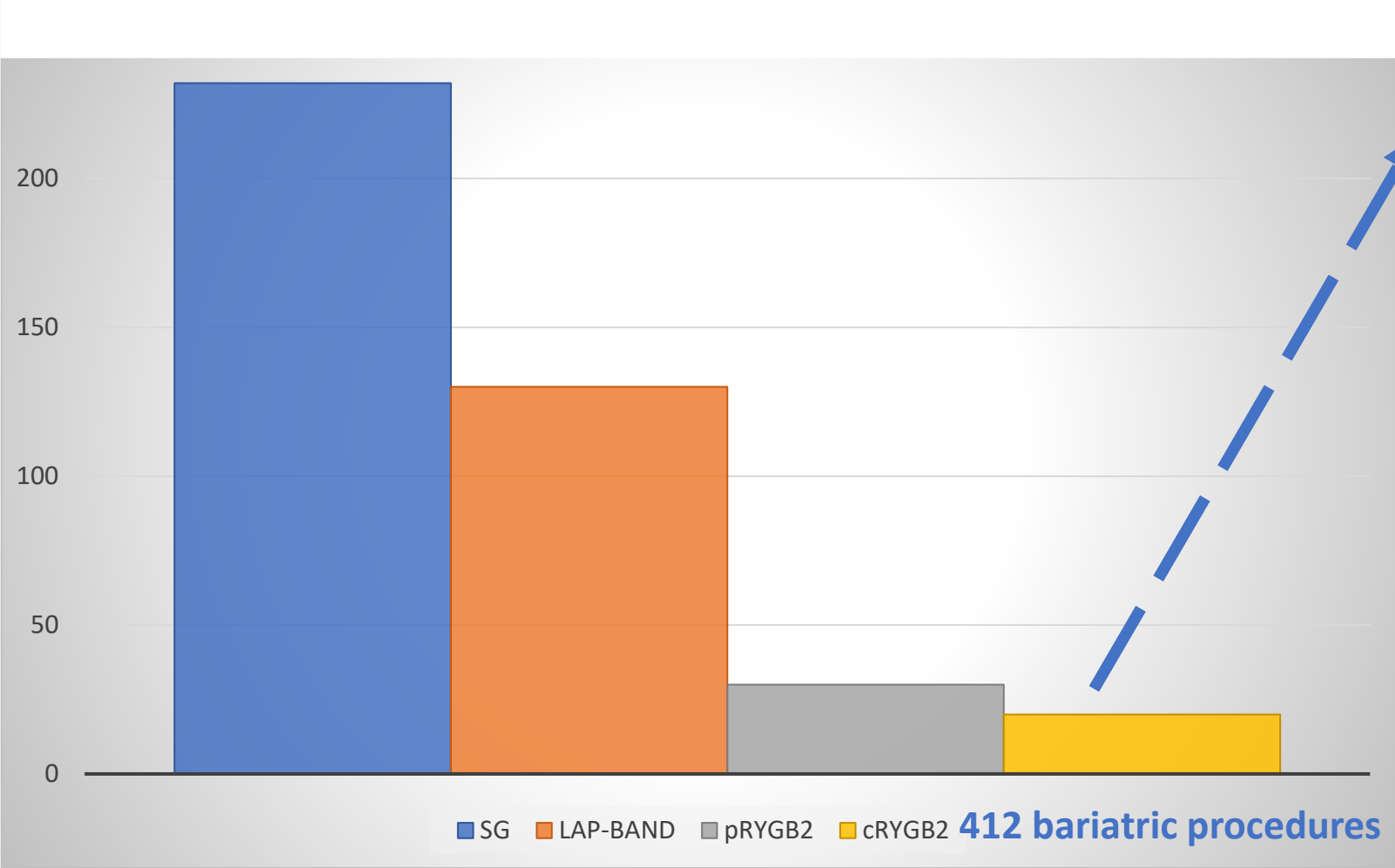
(*Ann Surg* 2019;xx:xxx–xxx)



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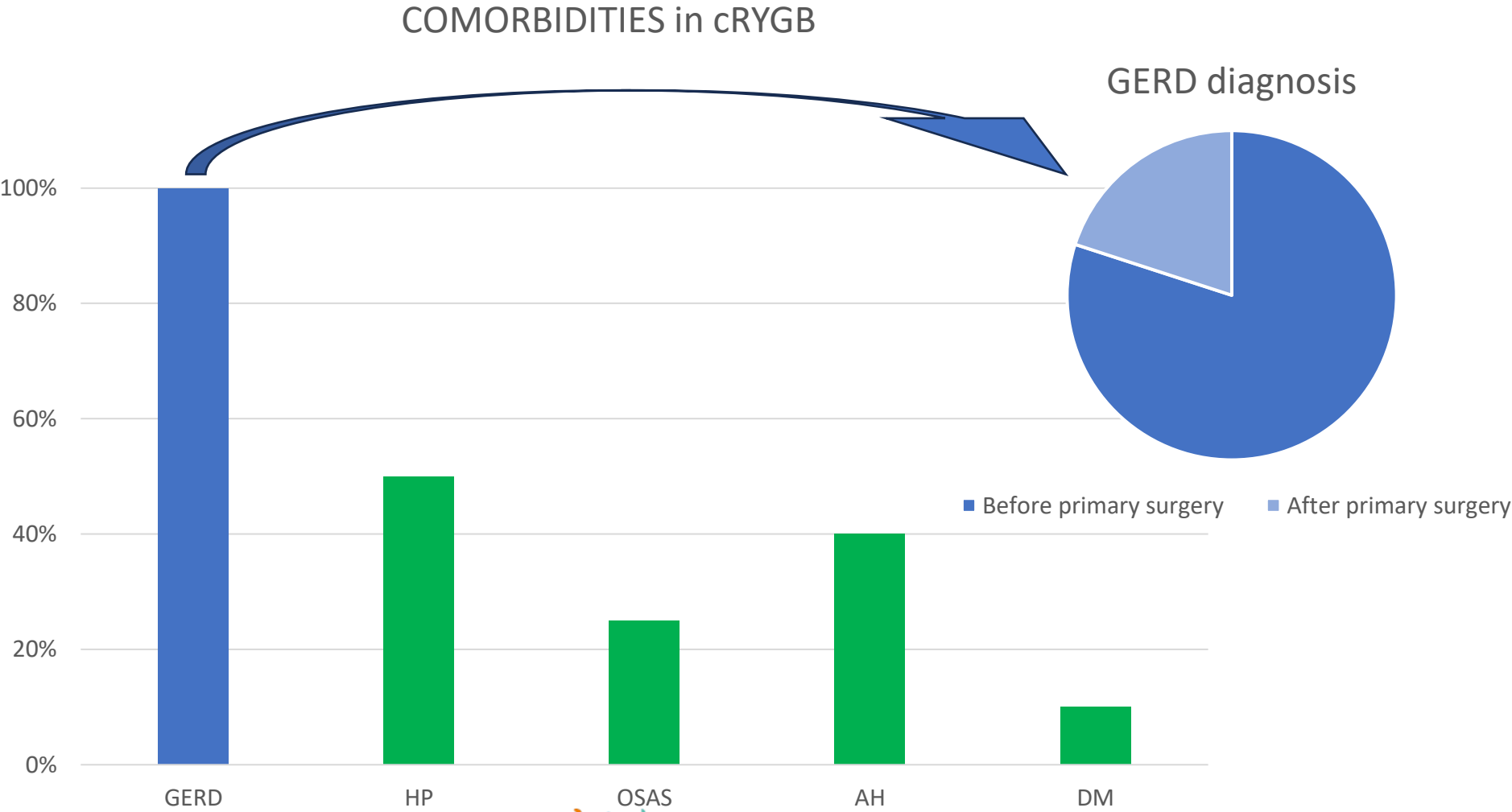
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AGE	± 48.5 Y
WEIGHT	± 95.5 Kg
BMI	± 34.11 Kg/m²
15 % ♂	85 % ♀

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Usefulness of Upper Gastrointestinal to Prescribe Gastrosocopy in Obese Pa Surgery. A Prospective Study

Marilia Carabotti¹ • Marcello Avallone² • Fabrizio Cereatti² • Al Francesco Greco⁴ • Annunziata Scirocco¹ • Carola Severi¹ • Gia

Gastroesophageal Reflux Disease – Health-Related Quality of Life Questionnaire: prospective development and validation in Italian

Balla, Andrea^a; Leone, Giuseppe^b; Ribichini, Emanuela^c; Sacchi, Maria Carlotta^c; Genco, Alfredo^d; Pronio, Annamaria^e; Paganini, Alessandro M.^a; Badiali, Danilo^c

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Abstract

Objective

To date, two questionnaires investigating the symptoms of gastroesophageal reflux disease (GERD) (Quality of Life Reflux and Dyspepsia and Reflux Disease Questionnaire) are validated in Italian, but neither of the two questionnaires was correlated with an instrumental examination. The aim of the present study is to improve the GERD-Health Related Quality of Life (HRQL) questionnaire, to evaluate the reliability and validity of its Italian translation, and its sensitivity and specificity.

Methods

A modified Italian GERD-HRQL (MI-GERD-HRQL) questionnaire was developed adding six questions investigating on regurgitation, for a total of 15 questions. The forward-backward translation process was employed to obtain a definitive from-English-to-Italian version. Data obtained from the questionnaire were compared to upper gastrointestinal endoscopy findings.

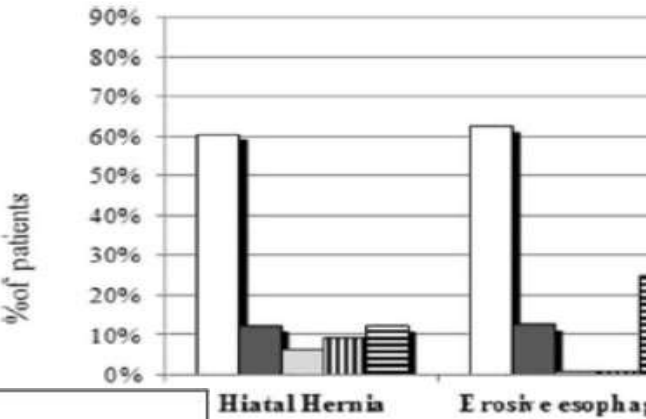
Results

The questionnaire was administered twice to 130 Italian-speaking patients by two different and independent raters. Cronbach's α of the first and second questionnaire was 0.944 and 0.942, respectively. Spearman correlation and inter-rater reliability were 0.923 and 0.929, respectively. Sensitivity and specificity were 73.3 and 64%, and 69.5 and 64%, respectively, for the first and second

Obes Surg. 2016 May;26(5):1075-80. doi: 10.1007/s11695-015-1861-x.
Conclusion

The MI-GERD-HRQL questionnaire proved good consistency, reliability, sensitivity and specificity in the evaluation of typical GERD symptoms.

Fig. 1 Clinical presentation for each endoscopic finding. *White columns* absence of symptoms. *Dark gray columns* gastroesophageal reflux disease (GERD). *Light gray columns* dyspepsia. *Columns with vertical pattern* gastroesophageal reflux disease (GERD) and dyspepsia. *Columns with horizontal pattern* other symptoms



Conclusion as a valuable endoscopic related.

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Type	Description
A	One (or more) mucosal break 5 mm or less that does not extend between the tops of two mucosal folds
B	One (or more) mucosal break more than 5 mm-long that does not extend between the tops of two mucosal folds
C	One (or more) mucosal break that is continuous between the tops of two or more mucosal folds but that involves less than 75% of the circumference
D	One (or more) mucosal break that involves at least 75% of the esophageal circumference

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Thank you all for your attention



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