

“The relevancy of gastroscopy in the diagnostic work-up for marginal ulceration following laparoscopic Roux-en-Y gastric bypass”

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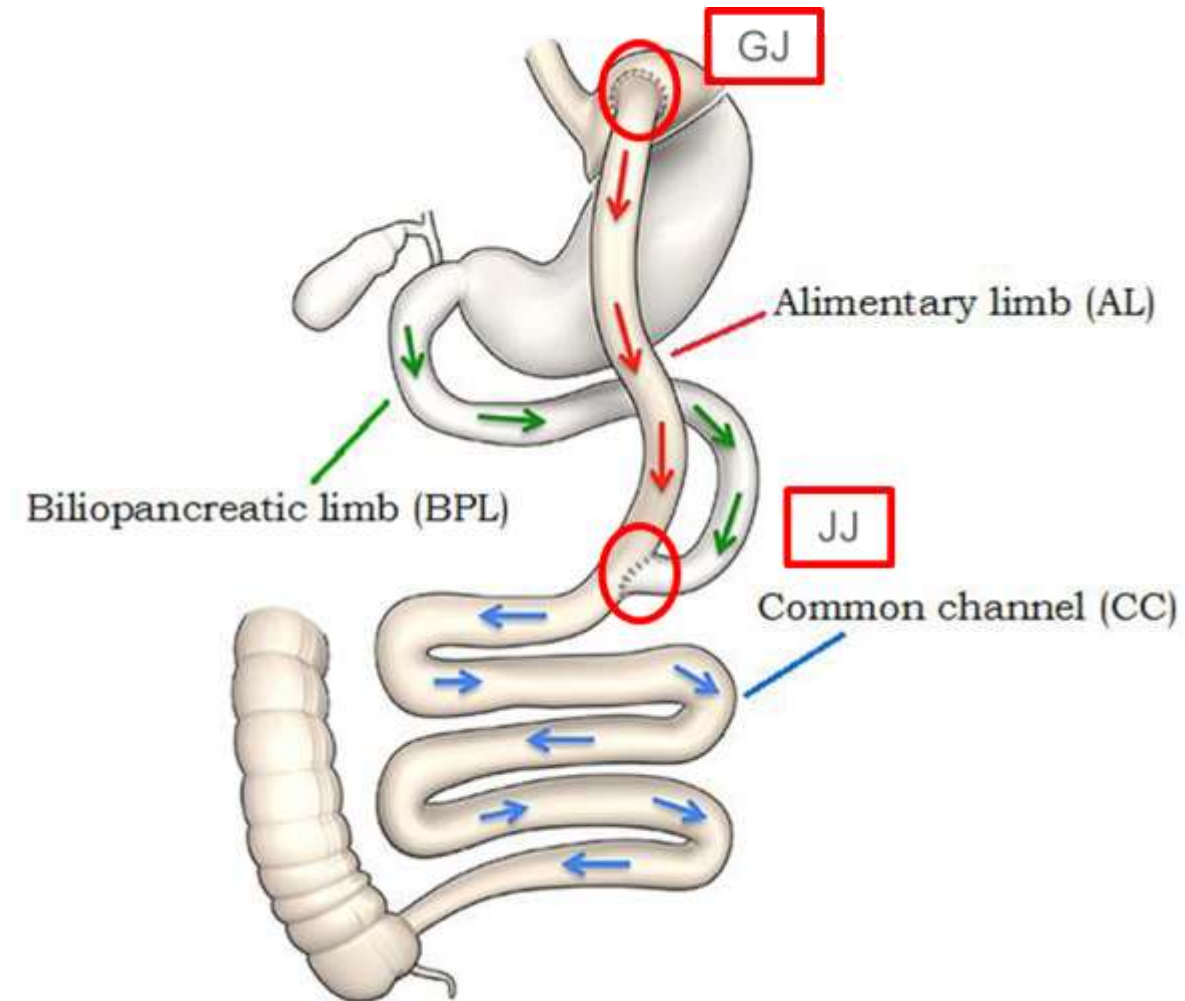
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I have the following potential conflict(s) of interest to report:

- L.L. van Hogezaad: indirect financial support Medtronic & Onderzoeksfonds St. Antonius Ziekenhuis
- Other authors: no conflict of interest

- Laparoscopic Roux-en-Y gastric bypass (LRYGB)
 - 2 anastomoses
- 30% abdominal pain
- 0.6-25% incidence marginal ulcer (MU)





Presentation

- Heterogeneous
- Asymptomatic



Presentation

- Heterogeneous
- Asymptomatic



Diagnosis gastroscopy

- Invasive
- High costs
- Yield



Background Marginal Ulcer



Presentation

- Heterogeneous
- Asymptomatic



Diagnosis gastroscopy

- Invasive
- High costs
- Yield



Treatment

- PPI
- Quit smoking
- GJ revision



Aim of study

→ To enlighten the incidence and treatment of marginal ulcers diagnosed with gastroscopy

Customized protocol



Background

Study

Methods

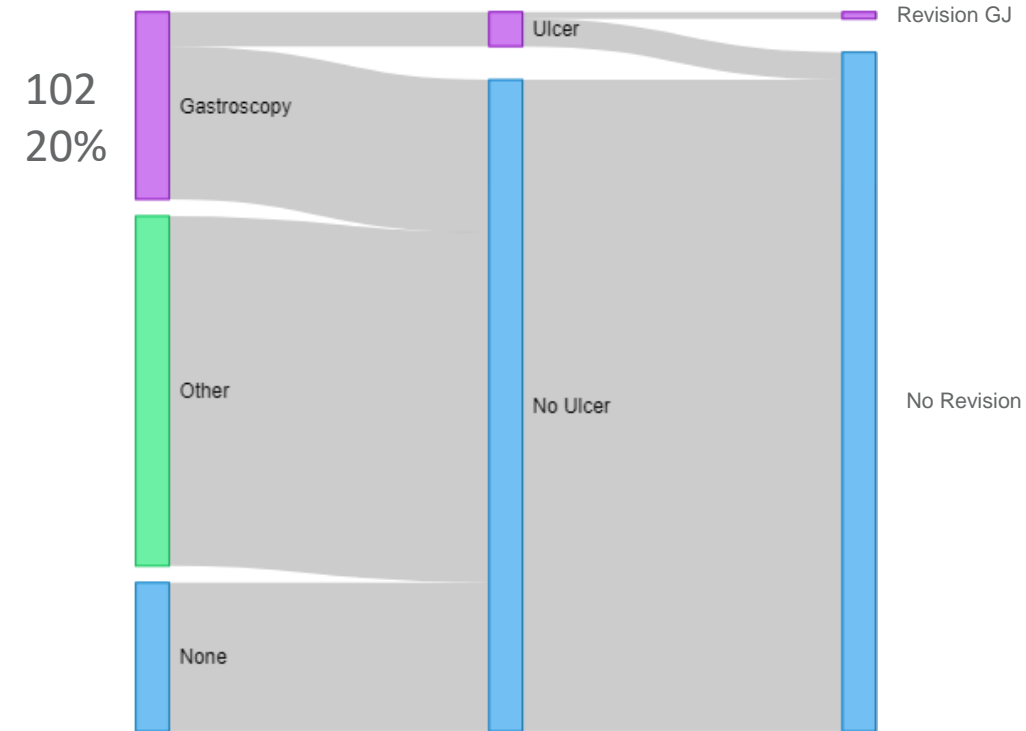
Results

Conclusion

- Screening: patients with LRYGB between 2014-2019
- Inclusion: presentation with abdominal pain >30 days LRYGB
- Variables: demographics, characteristics of LRYGB and presentation of pain, diagnostics, interventions, follow-up

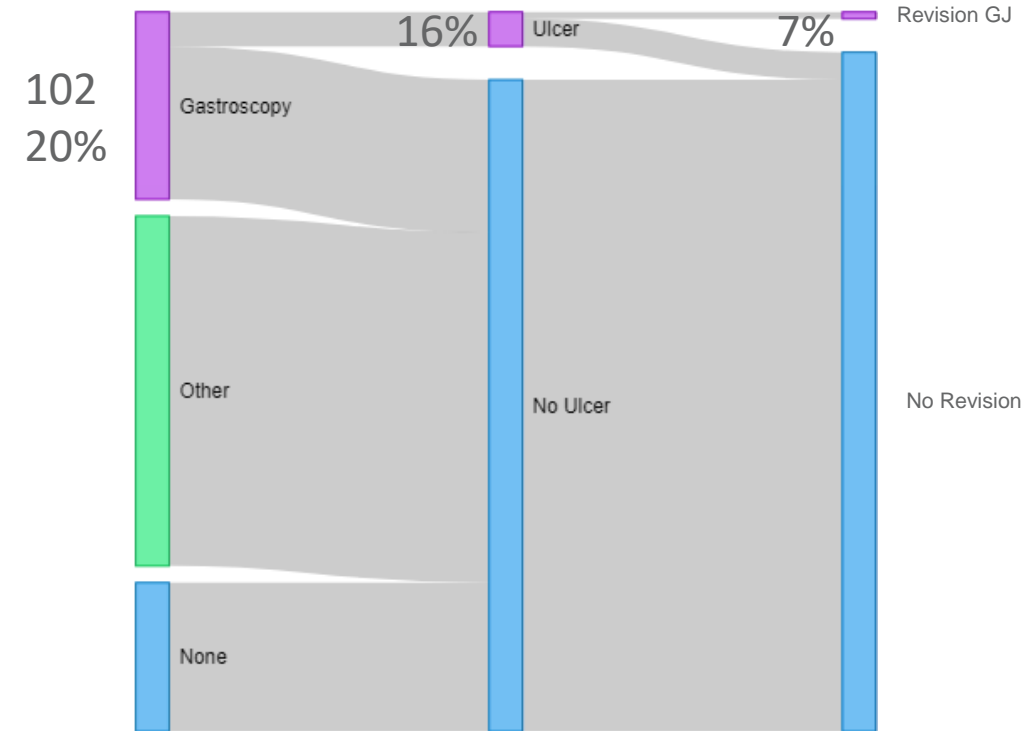
Results

- 2773 patients screened
- 498 patients (18%) abdominal pain post-LRYGB



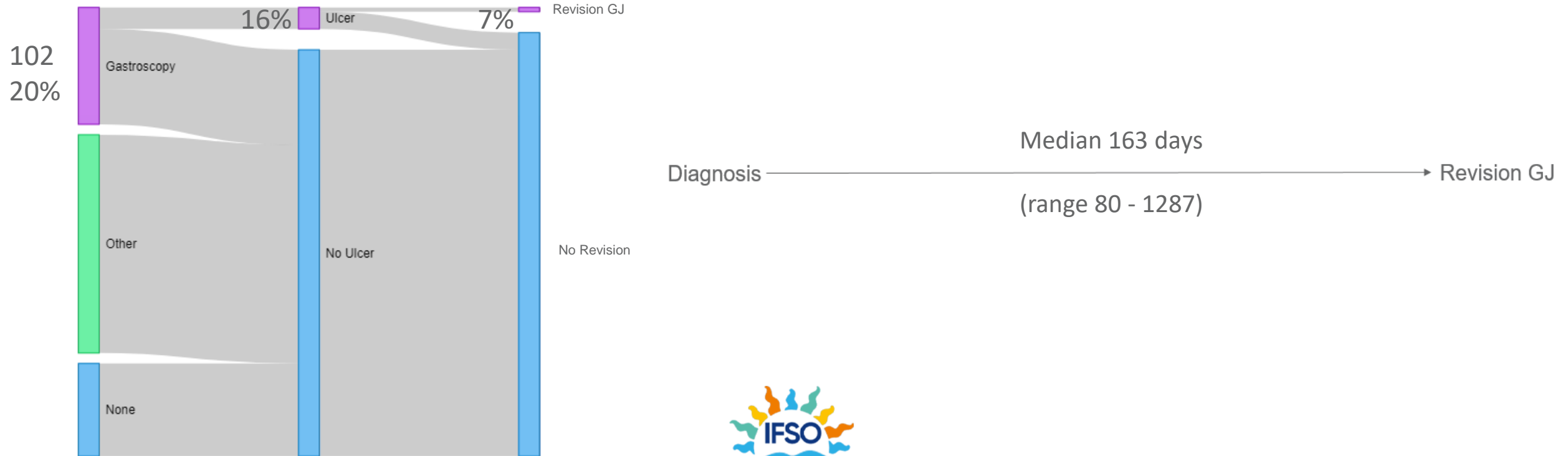
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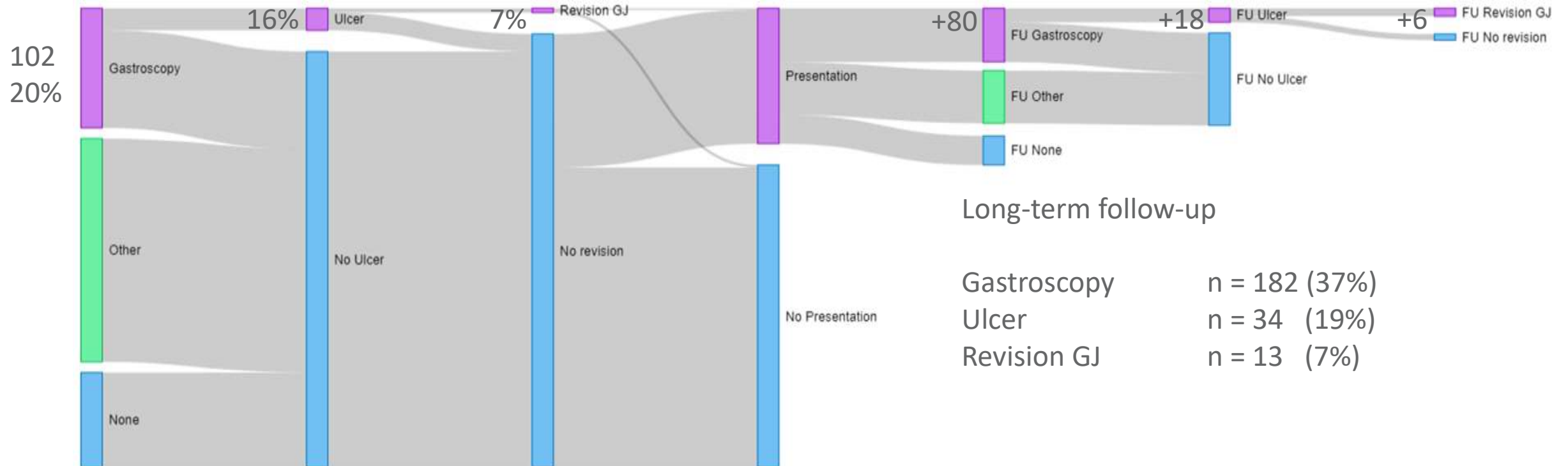
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Results

Demographics

	Total N = 102	No ulcer N = 86	Ulcer N = 16	p-value
Sex (%)				
Male	15 (15)	9 (11)	6 (38)	0.013
Female	87 (85)	77 (89)	10 (62)	
ASA (%)				0.797
1	7 (7)	6 (7)	1 (6)	
2	72 (70)	61 (71)	18 (69)	
3	23 (23)	19 (22)	4 (25)	
Smoking (%)	20 (20)	11 (13)	9 (56)	<0.000
Age at bypass (years)	41 (9)	41 (9)	42 (11)	0.763
Weight at bypass (kg)	116 (105-130)	115 (105-129)	125 (112-132)	0.179
BMI at bypass (kg/m ²)	41.8 (39.2-44.2)	41.6 (39.1-43.7)	42.4 (40.5-46.8)	0.282
LRYGB after other bariatric surgery (%)	13 (13)	12 (14)	1 (6)	0.686
Hiatal hernia repair during bypass (%)	2 (2)	2 (2)	0 (0)	1.000
Presentation location (%)				0.745
Emergency department	42 (41)	36 (42)	6 (37.5)	
Outpatient clinic	60 (59)	50 (58)	10 (62.5)	
Time until presentation (days)	337 (120-734)	281 (102-694)	422 (219-822)	0.258
Weight at presentation (kg)	81 (70-97)	83 (70-98)	76 (71-88)	0.298
Weight loss between RYGB and presentation (kg)	33 (15)	32 (14)	43 (16)	0.008
BMI at presentation (kg/m ²)	29.9 (5.9)	30.3 (5.9)	27.7 (5.6)	0.107
Change BMI (kg/m ²)	12.5 (8.4-15.5)	12.2 (7.9-15.4)	13.4 (11.4-19.7)	0.034
Excess Weight Loss (%)	59 (28)	57 (29)	73 (25)	0.033



Characteristics presentation

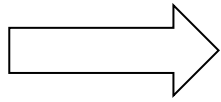
No difference in location pain

No difference in character pain or presence other symptoms

Conclusion



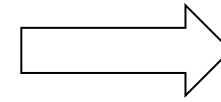
498 patients



37% gastroscopy

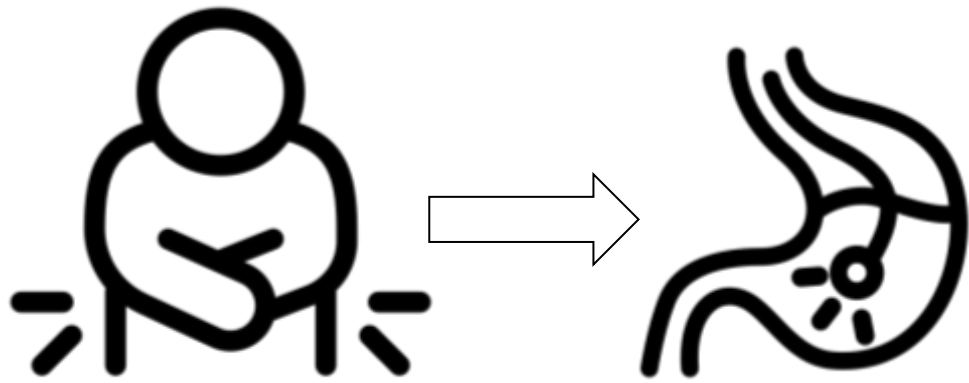


19% ulcer



62% therapy successful

Conclusion

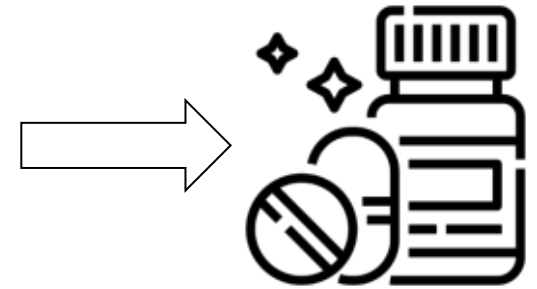


498 patients

37% gastroscopy



19% ulcer



62% therapy successful



Revision:

7% of all gastroscopy



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Conclusion



Proposal: suspicion of MU start pragmatic treatment with PPI optimization and urgent advice to quit smoking. If symptoms are persistent: gastroscopy and if necessary GJ revision

Retrospective → Prospective

Thank you!

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