

#1355

RAPID FIRE · IFSO 2026 · TORONTO

GERD post-sleeve gastrectomy

MSA vs hiatal repair vs Roux-en-Y conversion

A three-arm systematic review



MSA

≈135 pts



HHR

937 pts



RYGB

>3,500 pts

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No conflicts of interest

Sleeve gastrectomy has a reflux problem.

23%

DE NOVO GERD after LSG

Yeung 2020 · meta-analysis · 46 studies · 10,718 patients

4% ultimately need conversion for refractory reflux.

THREE SURGICAL OPTIONS



MSA + hiatal repair

Sphincter-preserving. Removable.



Hiatal hernia repair alone

Least invasive. Recurrence risk.



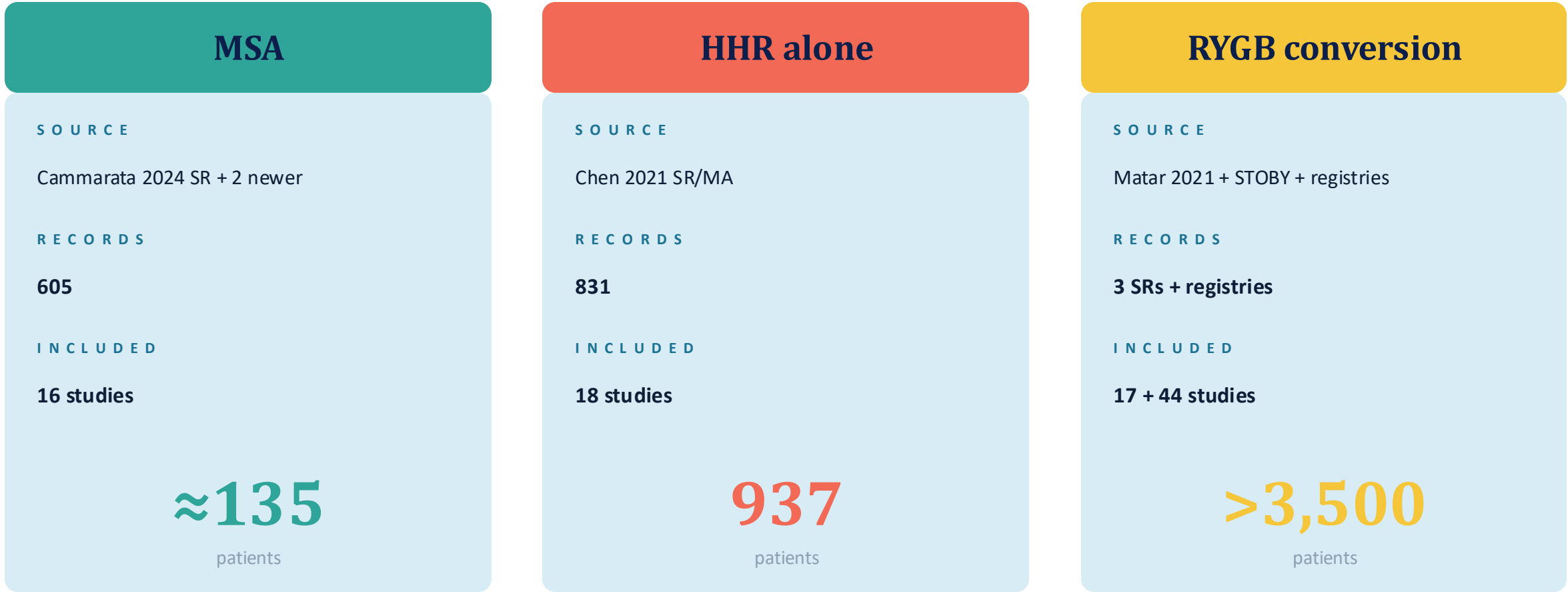
Convert to RYGB

Definitive. Irreversible. Weight loss.

Which one — and for whom?

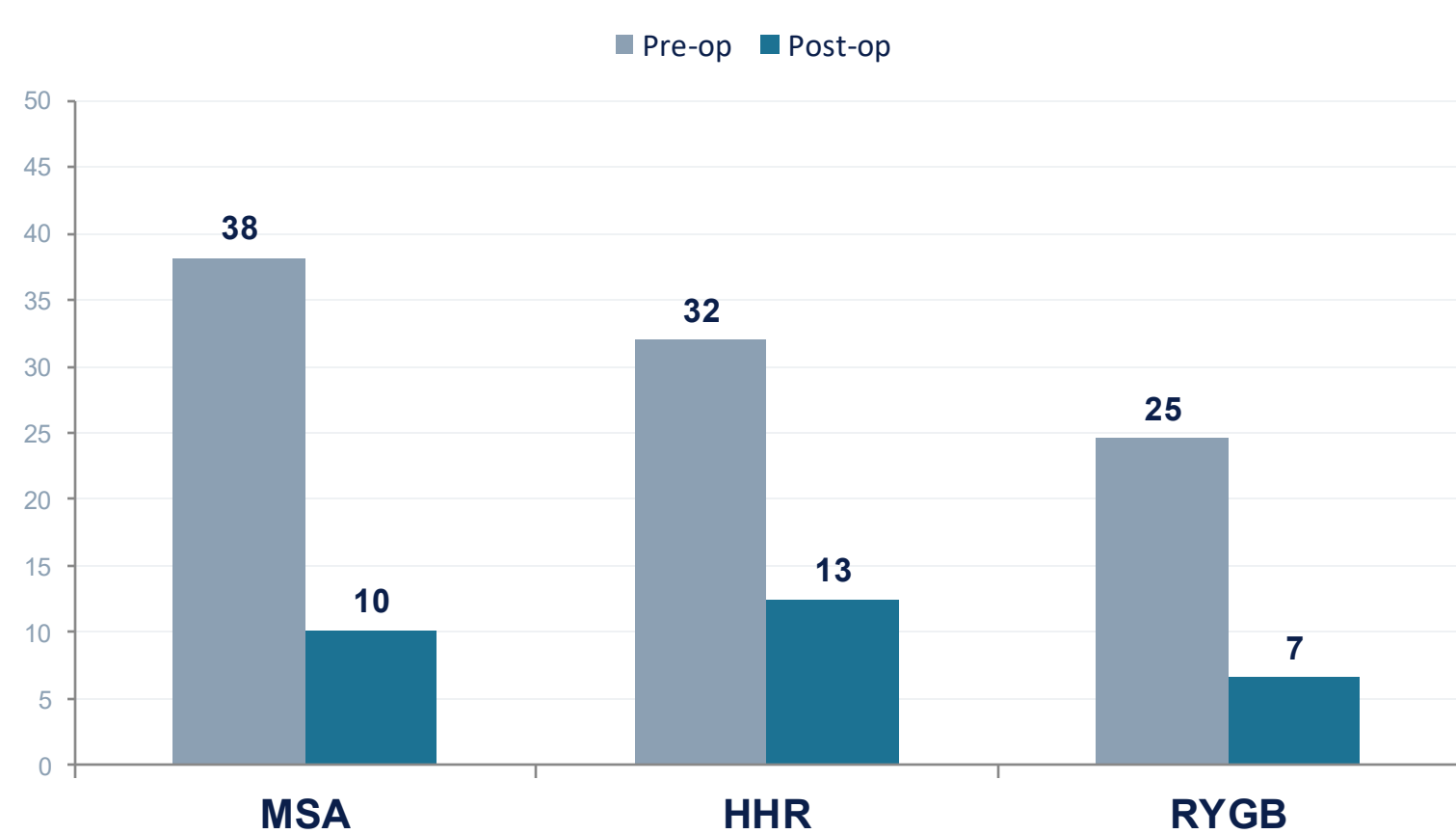
PRISMA 2020 · three parallel syntheses

PubMed · Embase · Scopus · WoS · Cochrane · Google Scholar | 2010 → May 2026 | ROBINS-I + Murad



GERD-HRQL · pre → post

Lower is better · 0–50 scale · MCID ≈ 5 points



MSA
Δ HRQL points
Cammarata 2024 (n=82) p=0.008

–28

HHR
Δ HRQL points
Chen 2021 MA

–19

RYGB
Δ HRQL points
Shen 2024 (n=279) p<0.01

–18

Everything on one page

Outcome	MSA	HHR alone	RYGB
Δ GERD-HRQL	-28	-19	-18
PPI off	60%	68%	76%
GERD remission	~72%	~68%	~81%
30-day morbidity	22% (mostly minor)	~3%	8.2% (some serious)
Weight effect	Neutral	Neutral	+20% TWL
Reversibility	✓ Removable	✓ Native anatomy	X Irreversible
Best-fit patient	BMI <35, good sleeve	Small HH, mild GERD	Weight regain, motility d/o

MSA matches RYGB on reflux control · without the anatomy-altering complications

MSA is a real alternative

for the low-BMI patient with a good sleeve.

01

Comparable reflux control to RYGB — 28-point HRQL drop, 60% off PPIs.

02

Preserves anatomy — reversible, keeps access to the gastric remnant.

03

Lower risk of serious complications than conversion — no leaks, no marginal ulcers.

Patient selection is the intervention · pre-op EGD + HRM + pH-impedance is not optional

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