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The Impact of GERD on Esophageal Motility in Patients Undergoing LSG

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The Future of Obesity Management:
From Weight Loss to Health Gain

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	No, nothing to disclose
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Obesity Surgery
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The Impact of Gastroesophageal Reflux Disease on Esophageal Motility in Patients Undergoing Laparoscopic Sleeve Gastrectomy: a Retrospective Record-Based Study

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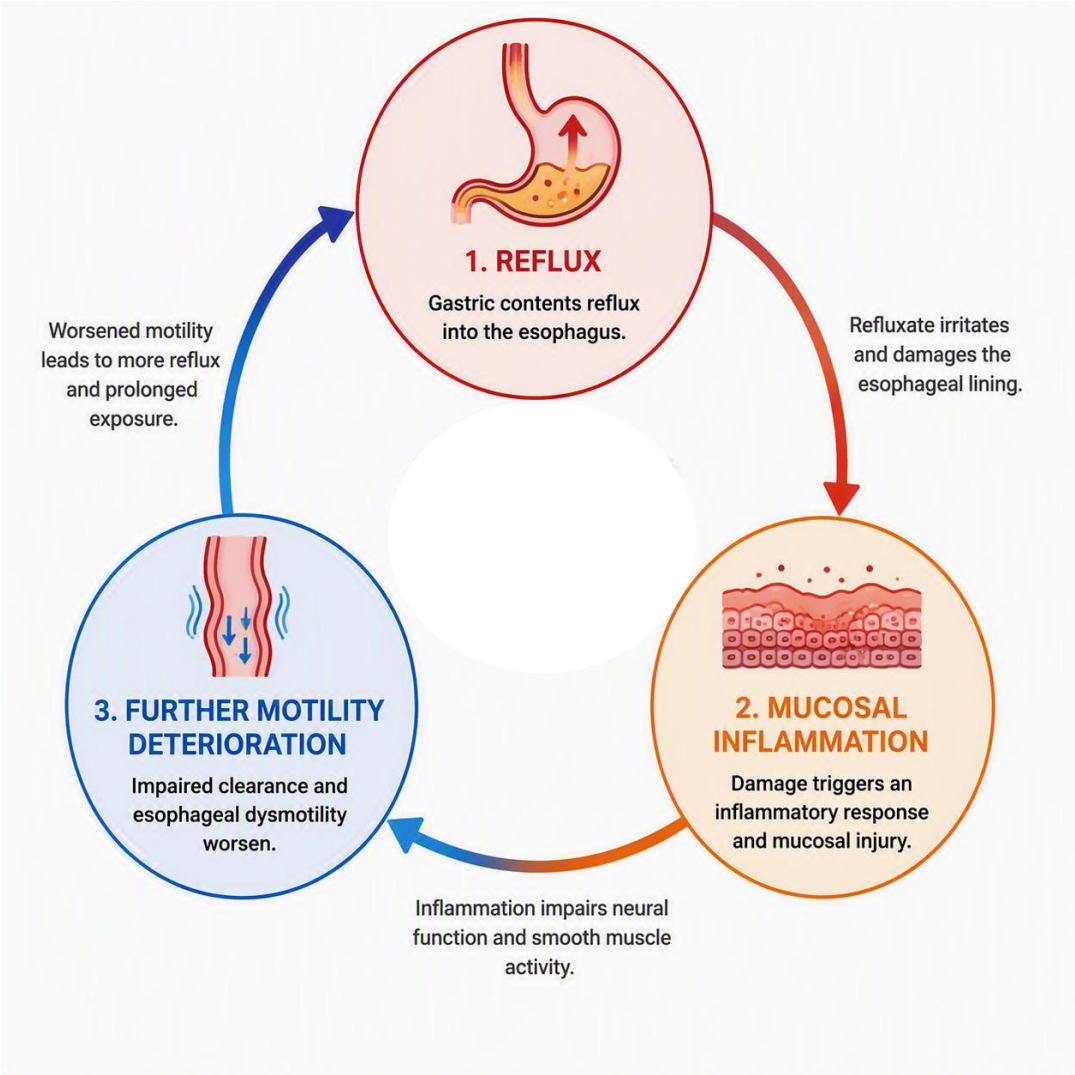
Why This Matters

- GERD increasingly recognized complication after LSG
- Relationship between esophagitis and dysmotility is an area of active investigation
- The esophageal body and LES maintain the anti-reflux barrier
- Any dysfunction in their coordination or tone cause retrograde flow of gastric contents

Clinical Problem & Hypothesis

- Altered sleeve anatomy
- Disrupted EGJ + angle of His
- LES pressure reduction
- Chronic acid reflux → neuromuscular damage
- Impaired clearance → more reflux
- **GERD ↔ Motility dysfunction cycle**

Clinical Problem & Hypothesis



Study Design

- Retrospective cohort
- 600 patients who had LSG over 1 y screened
- → 120 pts with GERD symptoms (20%) & complete workup analyzed
- Endoscopy + HRM + pH-confirmed GERD
- Multivariate regression analysis

Population Snapshot

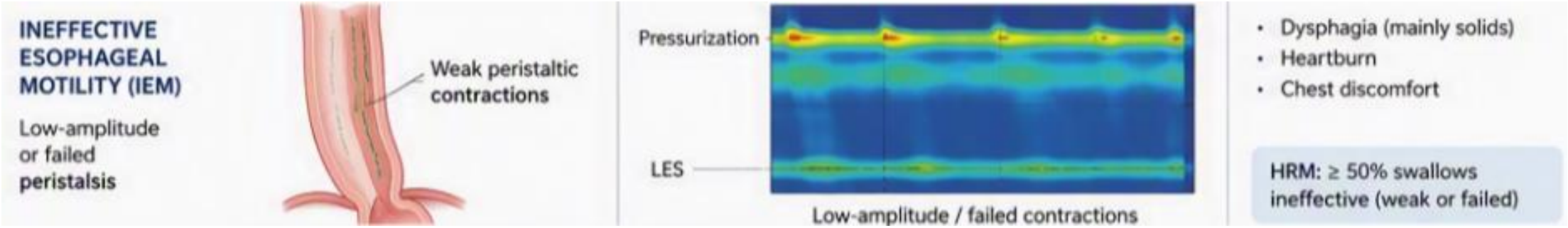
- Mean adult cohort (18–65 yrs)
- ~76% female
- ~20% preop GERD
- ~28% smokers

Key GERD Findings

- High postoperative GERD prevalence > 20%
- Commonest symptom: heartburn 70.8%
- Highest in younger patients
- 100% in smokers subgroup
- No significant link: gender/comorbidities

Motility Results

- ~17% ineffective peristalsis
- Supporting reflux–dysmotility cycle



Independent Predictors of Motility Disorders

- Preop GERD = OR 3.2
- <25% BMI weight loss = OR 2.6
- Weight regain = OR 4.7

Clinical Implications & Take-Home Messages

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- GERD is a key driver of dysmotility after LSG
- Screen high-risk patients preop by HRM + pH monitoring
- Use tailored patient selection and avoid LSG if preop GERD
- Optimize weight loss as weight outcomes strongly influence risk
- Long term surveillance & monitor GERD complications

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