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The Impact of Prophylactic PPI Use and Duration on Marginal Ulcers Following Roux-en-Y Gastric Bypass: Meta-Analysis and Meta-Regression

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The Future of Obesity Management:
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Disclosure Slide

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x	No, nothing to disclose
	Yes, please specify:

Background

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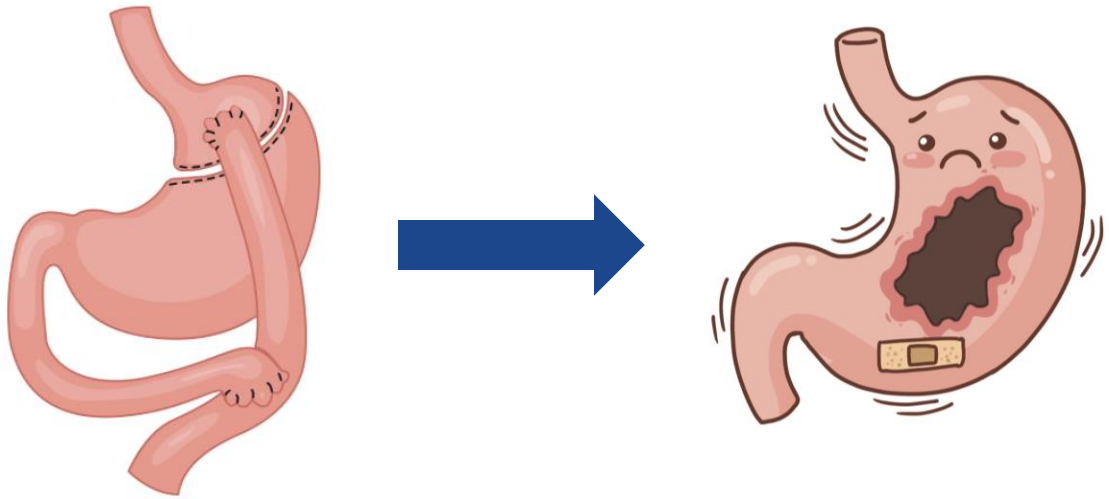

- **Marginal Ulcers (MUs): 0.6 – 16% incidence**
- **MUs development is multifactorial**
- **Increased risk of complications**
- **≈ 9% require surgery**

1. Vosburg R, Surgery for Obesity and Related Diseases, 2024
2. Beran A, Journal of Gastrointestinal Surgery, 2023
3. Pyke O, Surg. Endosc. 2019

Aims and Objectives

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Evaluate the efficacy of postoperative PPI prophylaxis

Quantify the reduction in MU risk compared with no PPI prophylaxis

Investigate the optimal duration of PPI therapy

Place in the literature

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First meta-analysis of full-text comparative studies

First analysis of PPI prophylaxis duration

Provides clinically relevant evidence to guide PPI use

Methods: Screening

- December 2025

Embase 449

Cochrane 18

PubMed 76

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- Included studies

Yes

- Adult patients undergoing RYGB
- Comparative studies of postoperative PPI prophylaxis
- Studies reporting MUs incidence

No

- Studies without a direct comparison between PPI strategies
- Conference abstracts or non-full-text publications
- Studies without extractable MU outcome data

Methods: Outcomes

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- **Main Outcome:** Incidence of MU (endoscopically confirmed)
- **Secondary Outcomes:**
  1. Odds ratio (OR) for MU development
  2. MU management
- **Further analysis:** Meta-regression of PPI duration and MU risk
- **Statistical analysis:**

Results: Study Population

- 5 comparative studies
- 2,695 patients after RYGB

- 927 patients no PPI prophylaxis
- 1659 patients with PPI prophylaxis
  - 1 month: 824 patients
  - 3 months: 402 patients
  - 6 months: 433 patients

- Follow-up: Minimum 6 months (6-38 months)

Results: Primary Outcome

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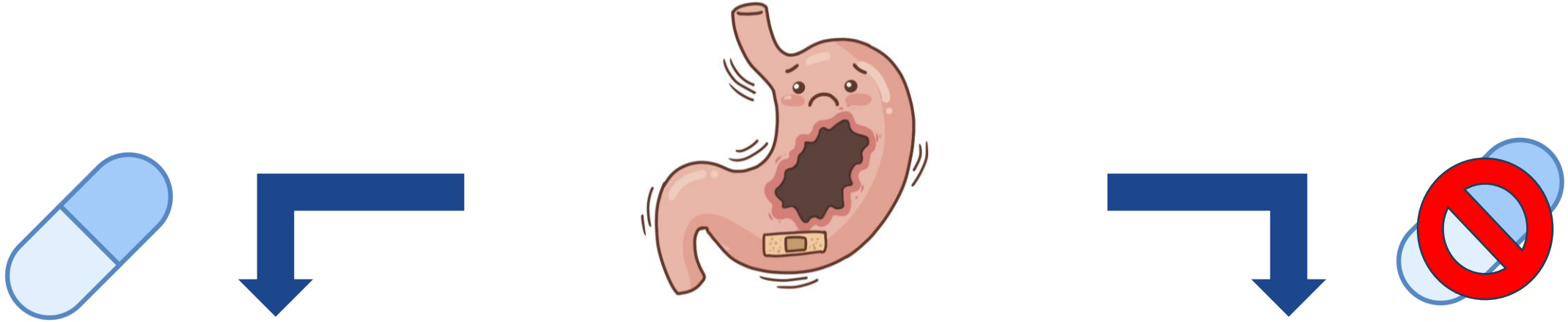

3.91%
(95%CI 1.60-9.25%)

8.07%
(95%CI 5.48-11.7%)

Results: OR for MUs development

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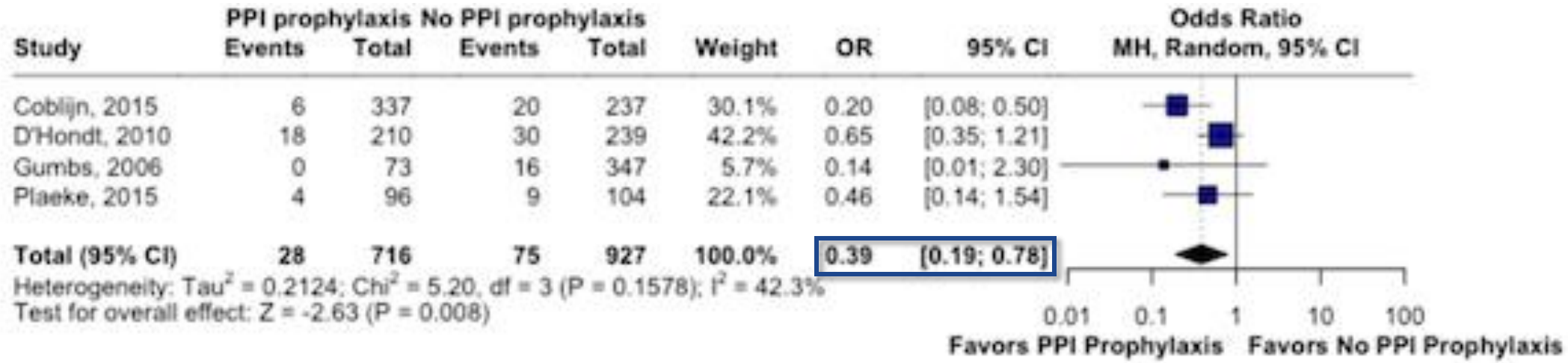
Figure 1. Prophylactic PPI Administration Versus NO PPI Post-RYGB



OR 0.39

95%CI 0.19-0.78; p=0.008; I2=42.3%

Results: MUs Management

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Medical therapy was most common

9 Patients had Complicated MUs requiring surgery

NSAIDs & poor PPI compliance

Results: Meta-Regression

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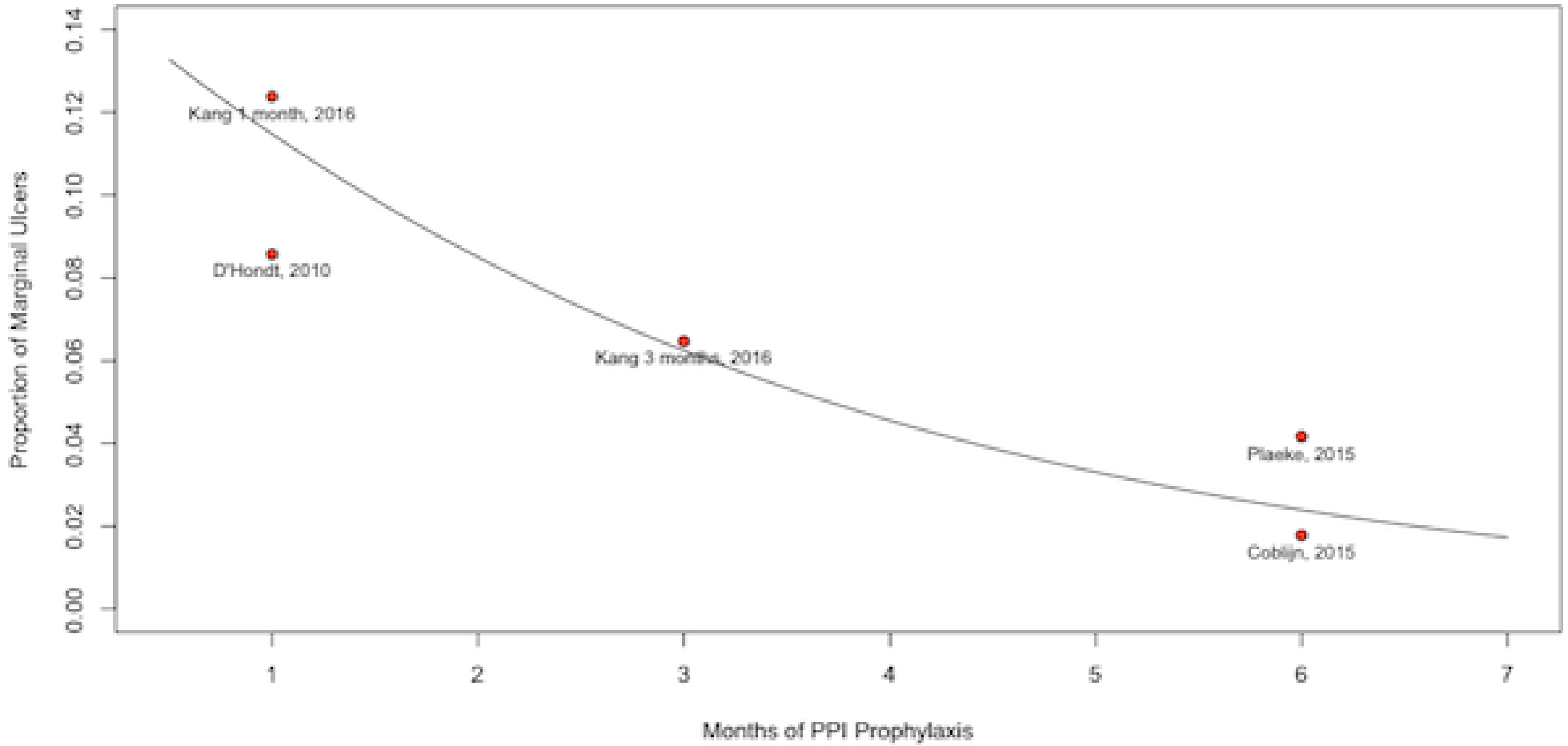

β=-0.33 per month, 95% CI -0.45 to -0.21; p<0.001

Conclusion

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PPI prophylaxis reduces MU risk after RYGB

Longer PPI duration may provide greater protection

Prospective studies are needed to define the optimal duration

Thank you for your attention!

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