DE NOVO GASTROESOPHAGEAL REFLUX DISEASE AFTER SLEEVE GASTRECTOMY: ROLE OF PREOPERATIVE SILENT REFLUX

Borbély, Schaffner, Moser, Lenglinger, Plitzko, Kröll, Nett

INTRODUCTION

Laparoscopic sleeve Gastrectomy (LSG) has become the most frequently performed bariatric procedure to date. However, LSG is known to worsen preoperative and result in de novo GERD. Preoperative evaluation reveals a high percentage of silent GERD of so far unknown influence on postoperative GERD.

METHODS AND PROCEDURES

Prospective data of patients undergoing primary LSG between 01/2012 and 12/2015 were evaluated. Preoperative GERD-specific evaluation consisted of validated questionnaires (GERD-HRQL), upper endoscopy, 24h-pH-manometry, and esophagograms. Patients were followed-up with questionnaires every 6 months and gastroscopies after 1 year. Silent GERD was defined as esophagitis grade >B and/or abnormal esophageal acid exposure in absence of symptoms. LSG was performed over a 32F bougie, hiatal hernias >1cm were addressed with posterior hiatoplasty. Excluded were patients with hiatal hernias >4cm, patients with incorrect anatomy (stenosis, fundus too large) and conversion to RYGB for early leaks.

RESULTS

222 patients were included. Overall mean follow-up was 32±16 months, 3 patients (1%) were lost to follow-up.

124 patients (56%) presented with postoperative GERD symptoms, of which 85 (69%) had de novo symptoms. Of those, 48 (of 85, 56%) had no preoperative GERD and 37 (of 85, 44%) silent GERD (p=0.2). 61 patients (27%) had neither pre- nor postoperative GERD, 17 (8%) had silent preoperative and no postop GERD, and in 18 patients (8%) GERD was cured with LSG. 31 patients (14%) stayed symptomatic. Of 54 patients (24%) with preoperative silent GERD, 37 (of 54, 69%) became symptomatic.

Postoperative GERD-symptoms were typical in 116 (of 124, 94%), respiratory in 12 (10%), obstructive in 19 (15%), and pain in 21 patients (17%).

CONCLUSION

LSG leads to a considerable rate of postoperative GERD. De novo GERD consist of around half of preoperative silent GERD and completely de novo GERD. Most patients with preoperative silent GERD became symptomatic. These data justify a comprehensive preoperative evaluation.