Y. Borbély, P. Nett, D. Kröll, P. Moreno, , R. Tutuian, J. Lenglinger
Clinic for Visceral Surgery and Medicine, University Hospital Bern, Inselspital, Bern, Switzerland

Introduction

Roux-en-Y gastric Bypass (RYGB):
- gold standard in treatment of morbid obesity and Gastroesophageal Reflux Disease (GERD)
- resolution of GERD-Symptoms around 85-90%
- data on evaluation for persistent GERD after RYGB scarce

Methods

- patients with a history of RYGB evaluated for persistent GERD between 01/12 and 12/15
- assessment with questionnaires, endoscopy, 24h-pH-impedance-manometry and barium swallows
- values are medians with range (min-max)

Conclusion

- evaluation for persistent GERD after RYGB revealed:
  - high percentage of hiatal herniae, hypotensive LES and severe esophageal motility disorders
  - findings might have an influence on:
    - hiatal hernia closure concomitant to RYGB
    - role of pH-manometry in the preoperative bariatric assessment

Demographic data

- 47 patients, 27 female (57.4%), age 36.5y (19.1-67.2)
- time after RYGB 3.8y (0.6-12.6)
- BMI 30.3 kg/m² (20.3-47.2), total weight loss 34.4% (14.2-56.7), excessive BMI loss 74.6% (27.4-123.8)
- S/p AGB 15 (32%), sleeve gastrectomy 2 (4.3%)