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)

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

Introduction

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/m^2 (20.3-47.2), total weight loss 34.4% (14.2-123.8)
- S/p AGB 15 (32%), sleeve gastrectomy 2 (4.3%)

Endoscopic evaluation

<table>
<thead>
<tr>
<th>Esophagitis</th>
<th>ia grade</th>
<th>evolution</th>
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<tr>
<td>≤ B</td>
<td>19 (40%)</td>
<td>improved</td>
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<td>≥ C</td>
<td>5 (11%)</td>
<td>constant</td>
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<tr>
<td>Barrett</td>
<td>7 (15%)</td>
<td>worsened</td>
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Functional evaluation

- abnormal acid exposure (>4% pH<4) 27 (61%)
- >60 reflux episodes in 24h 30 (68%)
- hypotensive LES 26 (58%)
- absent contractility 8 (18%)
- ineffective motility/fragmented 9 (20%)

Radiological evaluation

- pouch-gastric fistula 2 (4%)
- Pouch width >6cm 5 (11%)

Symptoms

- de novo persistent

Radiologic, Endoscopic and Functional Patterns in Patients with Symptomatic Gastroesophageal Reflux Disease after Roux-en-Y Gastric Bypass

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