



GERD Questionnaire Post SG With Gastropexy and Omentopexy Vs Without

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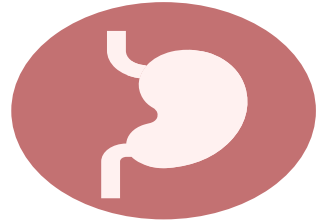
King Abdullah Medical City – Makkah



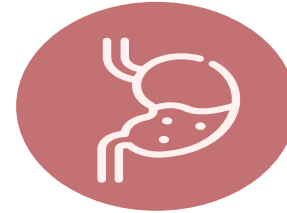
Conflicts of interest

- Nothing to disclose

Introduction



LSG account
for > 50% of
bariatric
procedures



GERD is
reported in 35%
post LSG



Aim of study

- To study the effect of adding gastropexy and omentopexy to LSG on GERD symptoms
- Compare short term complications, %EWL and need for LSG revision with gastropexy and omentopexy Vs without



Methodology

Prospective double-blinded quantitative interview as well as retrospective cohort analysis of prospectively collected data.



All patients who underwent LSG at KAMC between February 2019 and February 2021



Excluded patients with significant hiatal hernia that required intra-operative repair.



Group A → LSG + gastropexy & omentopexy.

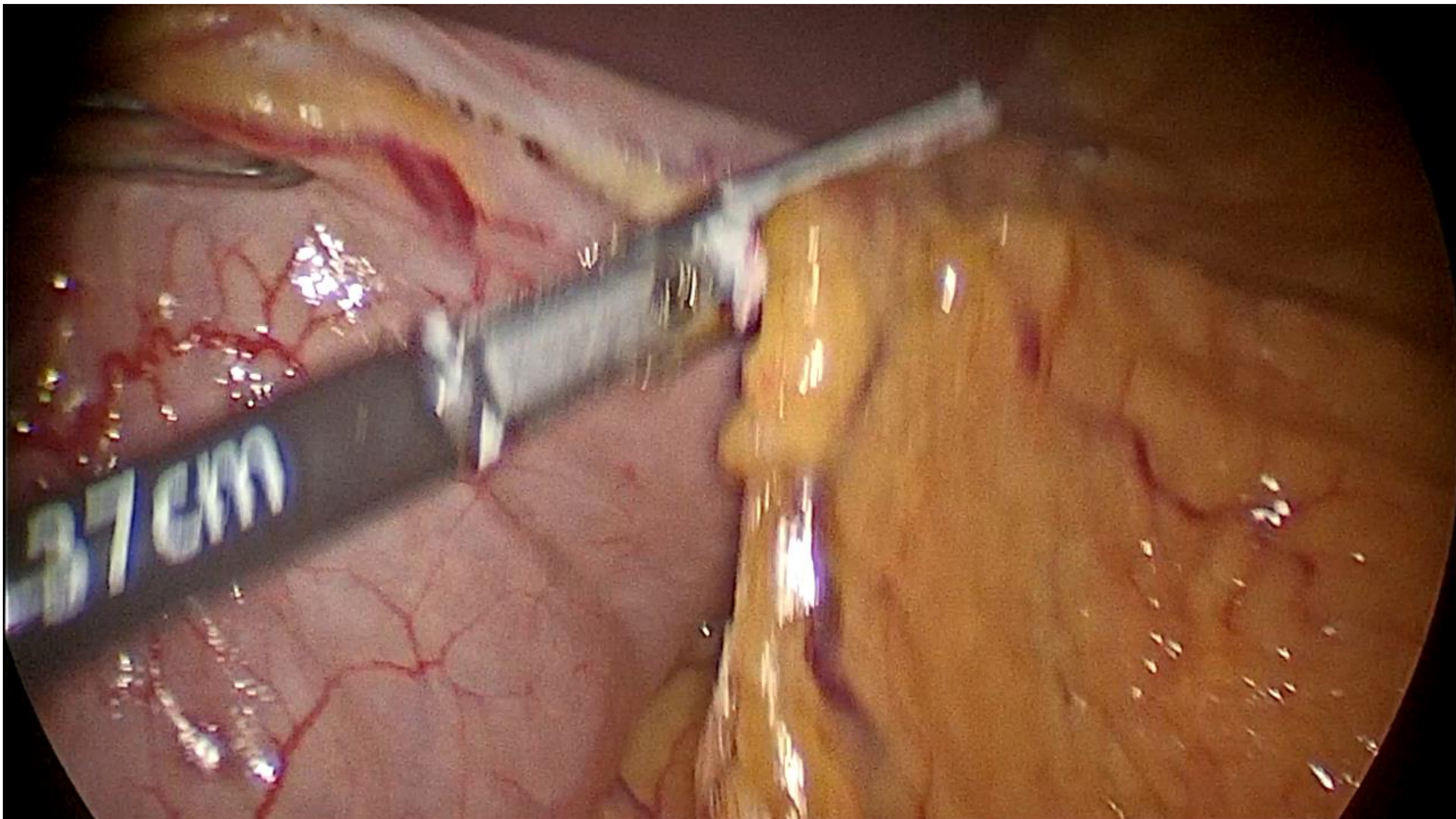
Group B → LSG alone



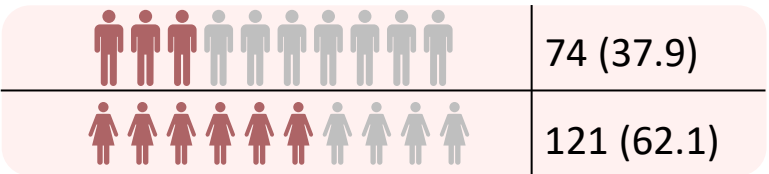
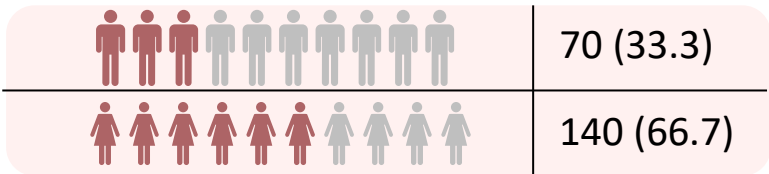
Conducted a phone interview using GERD-Q questionnaire.

- Data were analyzed using Chi-test according to categorical variables.
- Mann-Whitney test and T-test for continuous variables

Symptoms	Presence by days			
	0	1	2 – 3	4 -7
Qusetion	0	1	2 – 3	4 -7
How often did you have a burning feeling behind your breastbone?	0	1	2	3
How often did you have stomach contents moving upwards to your throat or mouth?	0	1	2	3
How often did you have pain in the center of the upper stomach?	3	2	1	0
How often did you have nausea?	3	2	1	0
How often did you have difficulty getting a good nights sleep because of your heartburn and/or regurgitation?	0	1	2	3
How often did you take additional medications for your heartburn and/or regurgitation other than what your physician told you to take?	0	1	2	3



Baseline Characteristics

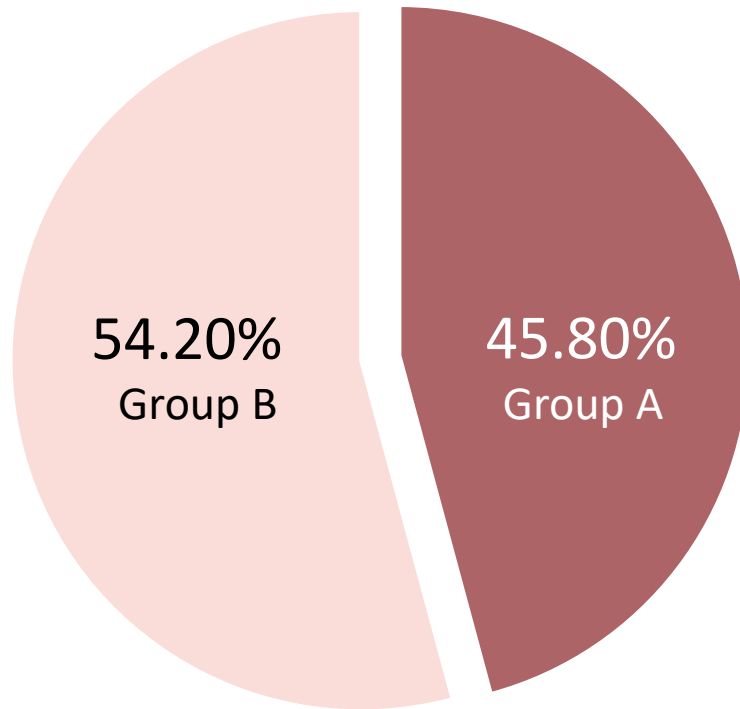
	Gastropexy & Omentopexy	Non-Gastropexy & Omentopexy	P-Value
Number of patients	Total of 195.	Total of 210.	
Age, Mean \pm SD	39.51 \pm 11.04.	38.12 \pm 10.04.	0.187
Gender			0.33
Initial weight, Mean \pm SD	131.61 \pm 23.3.	126.53 \pm 24.22.	0.033
Initial BMI, Mean \pm SD	49.56 \pm 7.35.	48.56 \pm 10.37.	0.034

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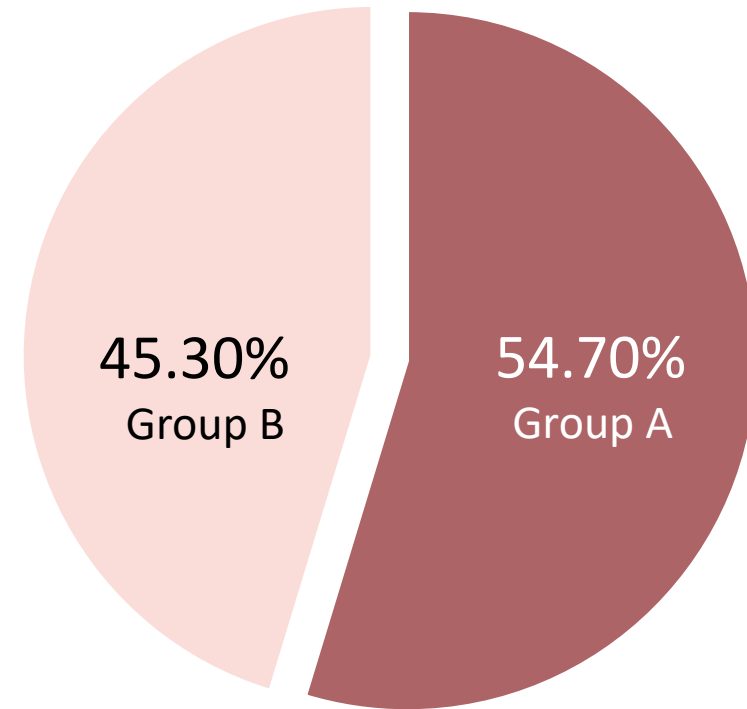
Potential confounder

Smoking (P=0.49)



■ Gastropexy → 60 out of 195.
■ Non-Gastropexy → 71 out of 210.

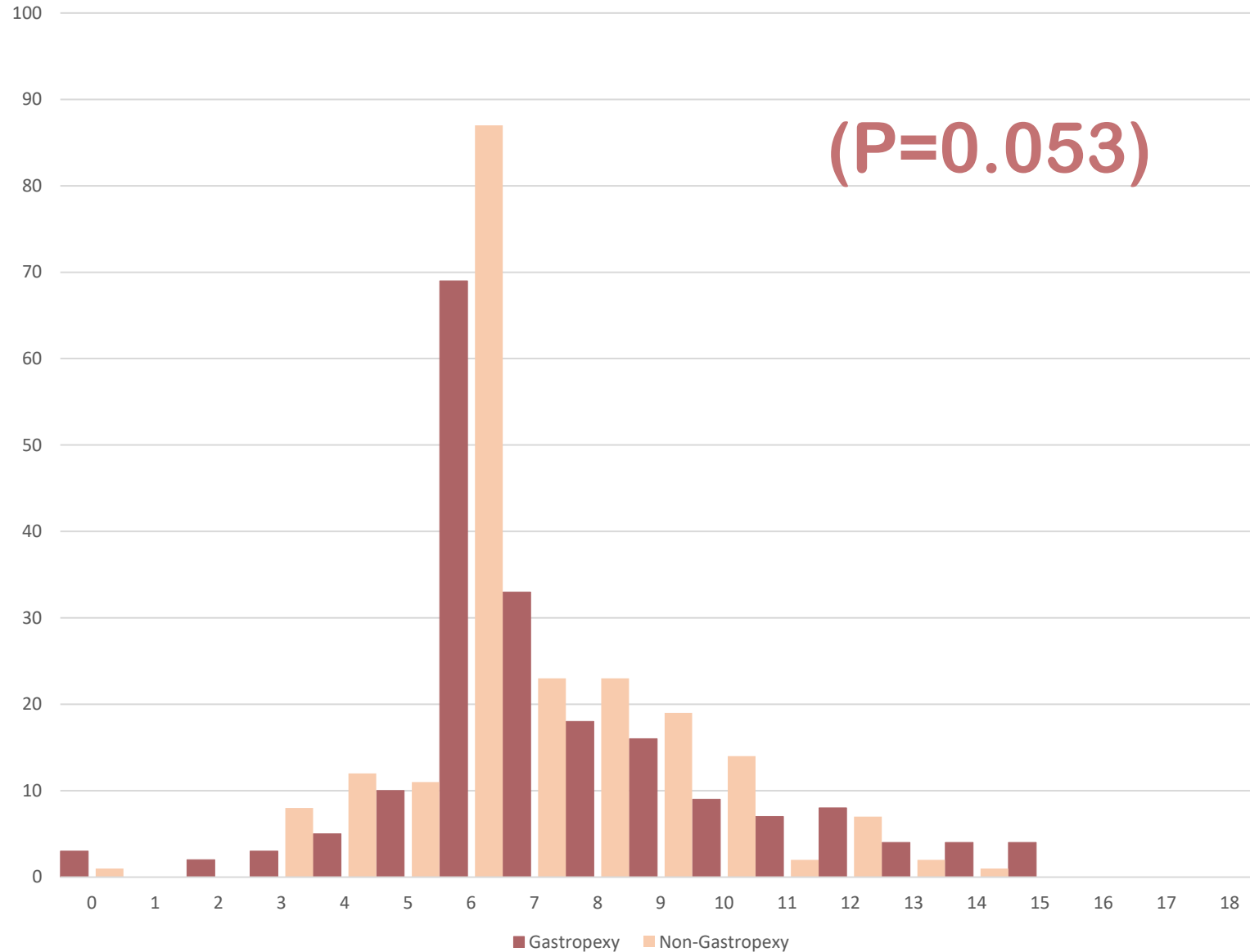
Acid lowering medication (P=0.098)



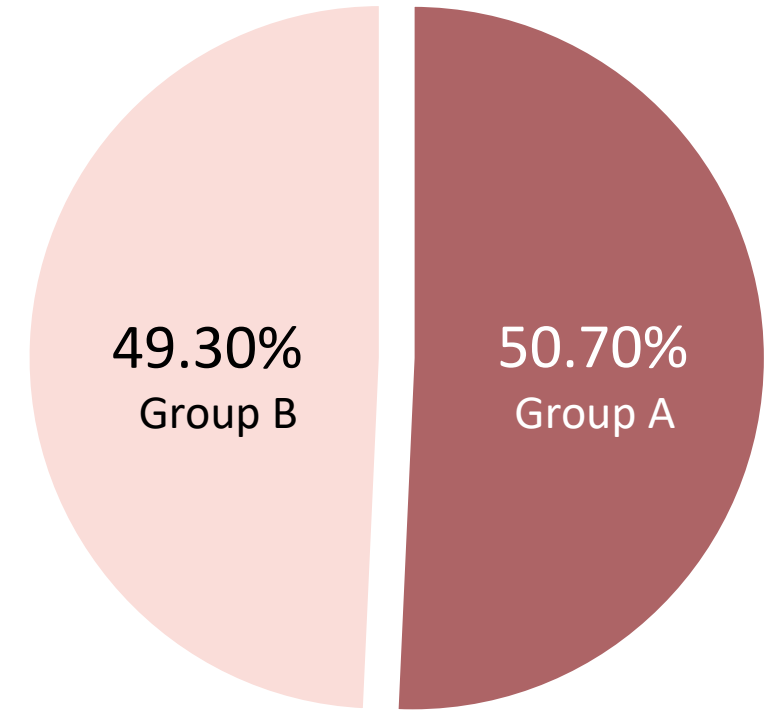
■ Gastropexy → 64 out of 195.
■ Non-Gastropexy → 53 out of 210.

Results

Total GERD-Q scores



Cutoff 8:



■ Gastropexy → 70 out of 195.

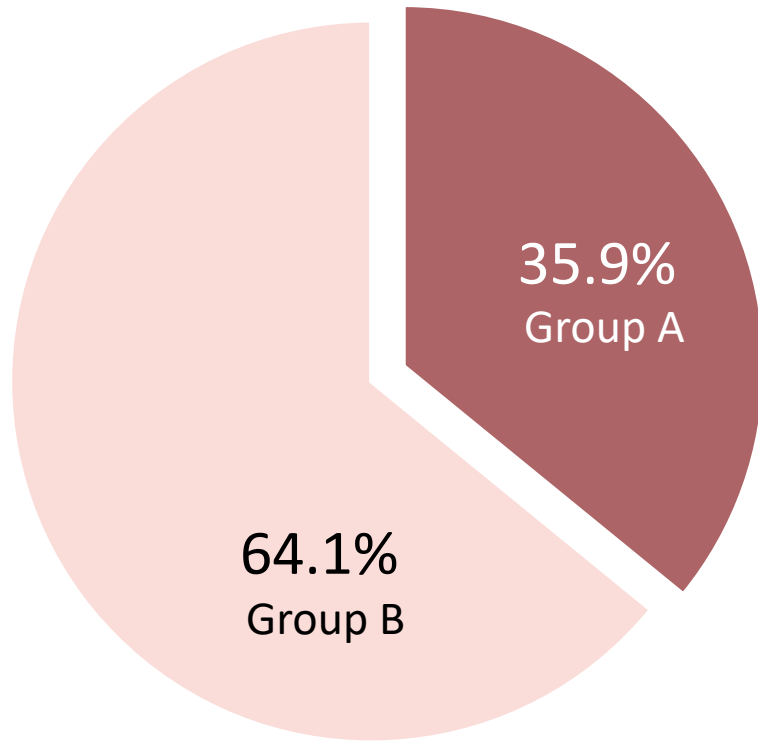
■ Non-Gastropexy → 68 out of 210.

P = 0.45



Results

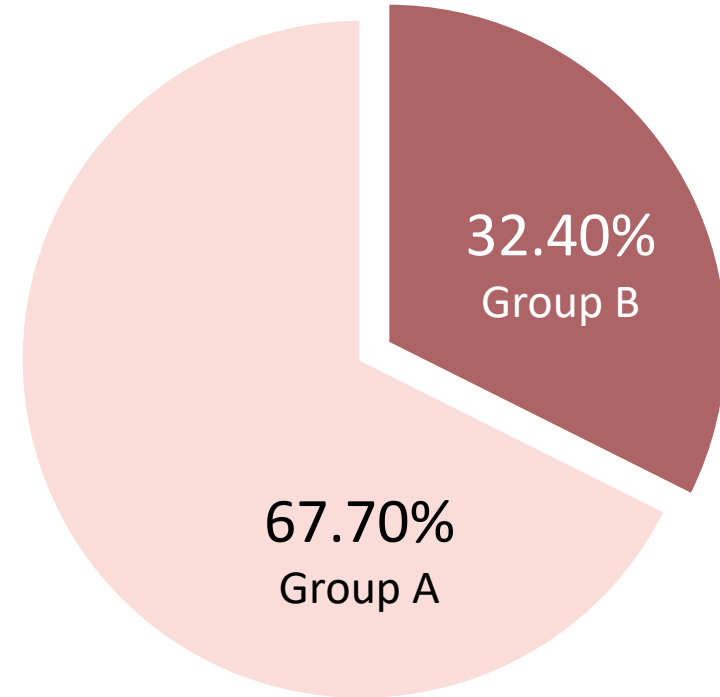
Gastropexy:



■ 8 and above → 70 out of 195.
■ Below 8 → 125 out of 195.

(P=0.45)

Non-Gastropexy:



■ 8 and above → 68 out of 210.
■ Below 8 → 142 out of 210.

(P=0.45)



Secondary objectives

	Gastropexy	Non-Gastropexy	P-Value
Revision	5 (2.6).	2 (1.0).	0.241
Weight at last f/u Mean \pm SD	82.75 \pm 15.68.	85.31 \pm 15.9.	0.20
BMI at last f/u Mean \pm SD	31.22 \pm 16.29.	31.62 \pm 16.7.	0.31
% EWL at last f/u Mean \pm SD	62.12 \pm 62.1.	58.75 \pm 80.3.	0.46

Limitations & Conclusions

- Study was neither prospective nor randomized
- GERD symptoms occurrence in both groups were equal (30%) and comparable to the literature
- Adding gastropexy and omentopexy to LSG did not affect incidence of GERD symptoms

Recommendations

- To perform RCT to compare incidence of GERD in both techniques
- Add more objective means to measure GERD post LSG such as upper endoscopy, pH meter, manometry, as well upper GI imaging study.



THANK YOU

