ANTRECTOMY AS A RESCUE ANTI-REFLUX PROCEDURE FOLLOWING ROUX-EN-Y GASTRIC BYPASS FOR POST SLEEVE GASTRECTOMY REFLUX

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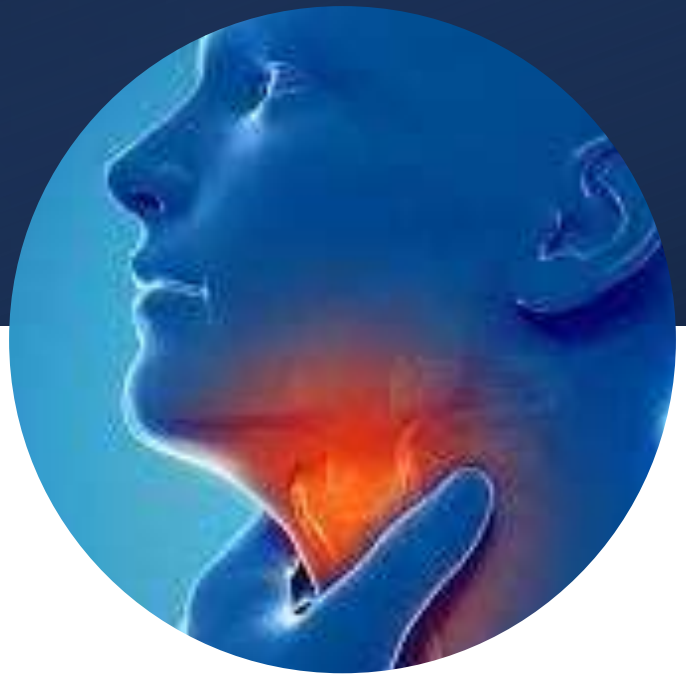


BACKGROUND

Patients with significant reflux post LSG may be offered RYGB for symptom management, but a subset remain symptomatic

Primary RYGB, gastric body remains to produce acid in the gastric remnant, but post-LSG stomach can mimic Retained Antrum Syndrome

This can be confirmed by finding abnormal oesophageal acidification on post-RYGB studies

Performing antrectomy is a simple way to control acid production and manage symptoms

OBJECTIVE

To determine the potential of antrectomy as a surgical treatment for persisting acid-related disease following LSG to RYGB conversion

METHODS

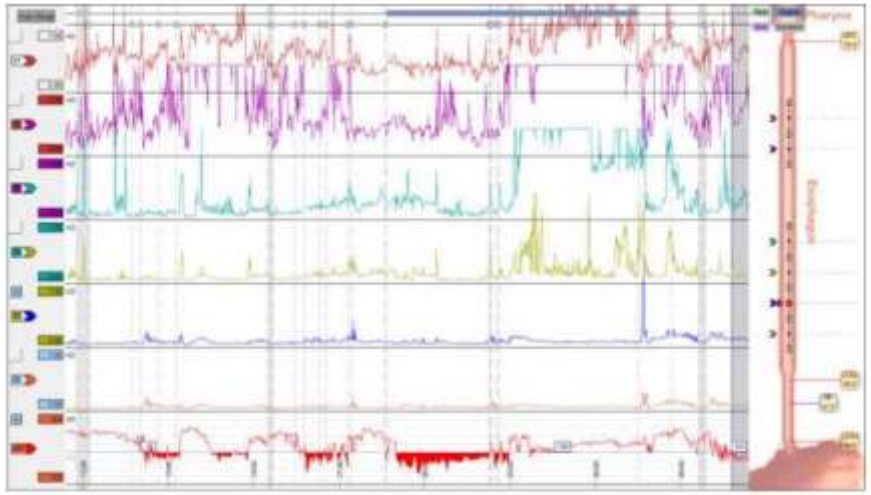
6 patients were identified who underwent antrectomy following LSG to RYGB

1 for recurrent gastro-enterostomy anastomotic ulceration and 5 for persisting reflux symptoms

RESULTS

- Antrectomy procedure at a mean of 2.1 years after the RYGB procedure
- Median post-operative hospital stay was 1 day with no peri-operative complications
- All patients had ceased PPI therapy at between 2- and 12-weeks post-procedure
- One patient agreed to pre- and post-operative oesophageal pH testing with a significant reduction oesophageal acid exposure noted
- 2 patients developed late RYGB functional complications of reactive hypoglycaemia and abdominal pain

RESULTS

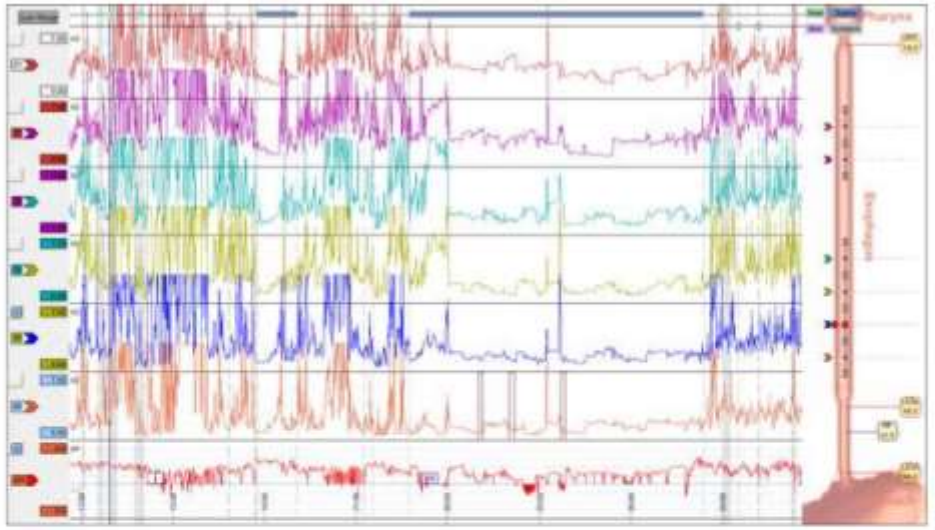


REFLUX MONITORING SUMMARY

[pH]Acid Exposure Summary	Total	Normal	Upright	Normal	Supine	Normal
Acid exposure time (%)	**34.9**	<4.2	**28.5**	<6.3	**44.8**	<1.2
Longest reflux (min)	**100.2**	<9.2	46.1		100.2	
DeMeester Score	**123.8**	<14.7				

[Z]Reflux Episode Activity Summary	Total	Upright	Supine	Post-prandial
All reflux episodes*	16	14	2	0
Proximal episodes*	8	6	2	
Bolus Exposure Time (%)	1.6	2.7	0.0	0.0
Bolus Exposure Time (%)(Normal)	<2.3	<4.2	<1.6	

* not normalized



REFLUX MONITORING SUMMARY

[pH]Acid Exposure Summary	Total	Normal	Upright	Normal	Supine	Normal
Acid exposure time (%)	**7.7**	<4.2	4.8	<6.3	**10.9**	<1.2
Longest reflux (min)	**22.1**	<9.2	3.2		22.1	
DeMeester Score	**37.5**	<14.7				

[Z]Reflux Episode Activity Summary	Total	Upright	Supine	Post-prandial
All reflux episodes*	65	58	7	32
Proximal episodes*	19	17	2	
Bolus Exposure Time (%)	**3.3**	**5.9**	0.5	5.3
Bolus Exposure Time (%)(Normal)	<2.3	<4.2	<1.6	

* not normalized

REFLUX MONITORING SUMMARY

[pH]Acid Exposure Summary	Total	Normal	Upright	Normal	Supine	Norm
Acid exposure time (%)	**8.1**	<4.2	2.6	<6.3	**15.7**	<1.2
Longest reflux (min)	**43.9**	<9.2	6.1		43.9	
DeMeester Score	**41.1**	<14.7				

[Z]Reflux Episode Activity Summary	Total	Upright	Supine	Post-prandial
All reflux episodes*	113	108	5	102
Proximal episodes*	33	31	2	
Bolus Exposure Time (%)	**6.2**	**10.2**	0.6	18.2
Bolus Exposure Time (%)(Normal)	<2.3	<4.2	<1.6	

* not normalized

Conclusion

Remnant gastrectomy appears successful for management of persisting severe reflux and acid related disease after LSG to RYGB conversion

Patients with severe reflux after LSG appear to be at risk from post-RYGP side effects, we would not recommend this as a routine step during LSG to RYGB conversion, as it confers irreversibility


QUESTIONS?