

De Novo Gastric Reflux in LSG



Melbourne Gastro Surgery
A BRAND OF BODY GENESIS INSTITUTE

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No potential conflicts of interest to disclose



**ST VINCENT'S
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A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

Northern Health

Why did we do the study?

- LSG works
- What about reflux post LSG?
 - 11-34%, 9– 83.33% (Oor JE - 2016, Pavone G - 2022)
 - Heterogeneity in opinion and technique ie. omentopexy (Mahawar 2020)
 - Rates of BE 18% (Sebastianelli 2019)

So what do we tell our patients?



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AIMS



Single centre

Perioperative protocols



Technique

bougie, hiatal dissection,
omentopexy



Single surgeon

Selection, perioperative
assessment + care

De Novo Gastric Reflux in LSG

Hein Maung, Gary Foo, Krinal Mori, Arun Dhir

Inclusion	Exclusion
<ol style="list-style-type: none">1. No pre-operative symptoms (not de novo reflux)2. Able to attend follow up at 24 months	<ol style="list-style-type: none">1. PPIs2. Preoperative symptoms of GORD on clinical history3. Medium size (>4 cms) or larger hiatal hernias4. Undergoing revision from lap band to LSG.5. Subsequent revision to RNY gastric bypass due to surgical complications of leak or stricture formation

METHODS



Primary end points:

De novo reflux disease.

- +ve EGD and/or Histo



Secondary end points:

Asymptomatic reflux

- <8 on the RDQ prior EGD with +ve EGD/histo/both.
- BE on histo

Eligible participants at pre-gastroscopy interview

- ie. post op weight, height, smoking, RDQ

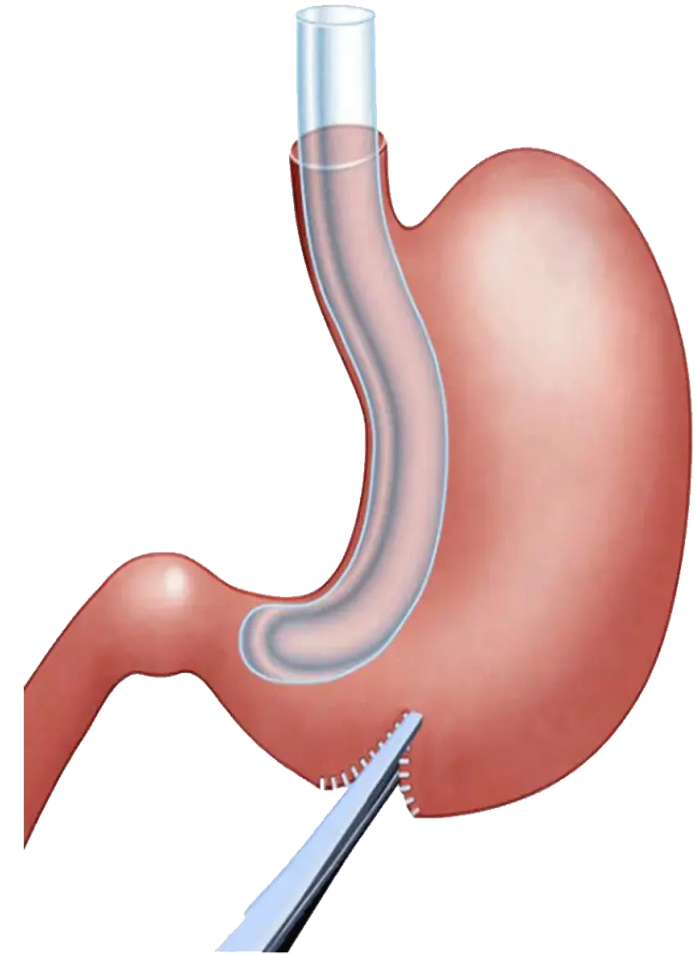
Endoscopic findings:

LA classification, Prague classification for BE,
Macroscopic evidence of GERD or BE

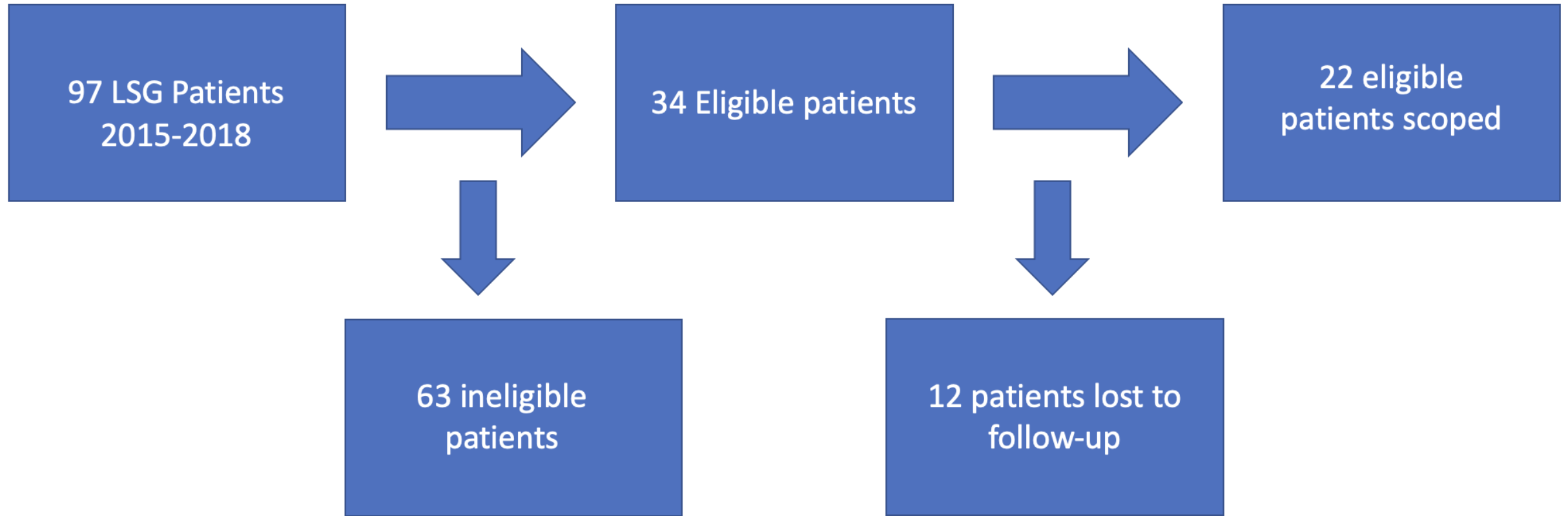
Histological evidence of GERD or BE determined by
pathologist

SURGICAL TECHNIQUE

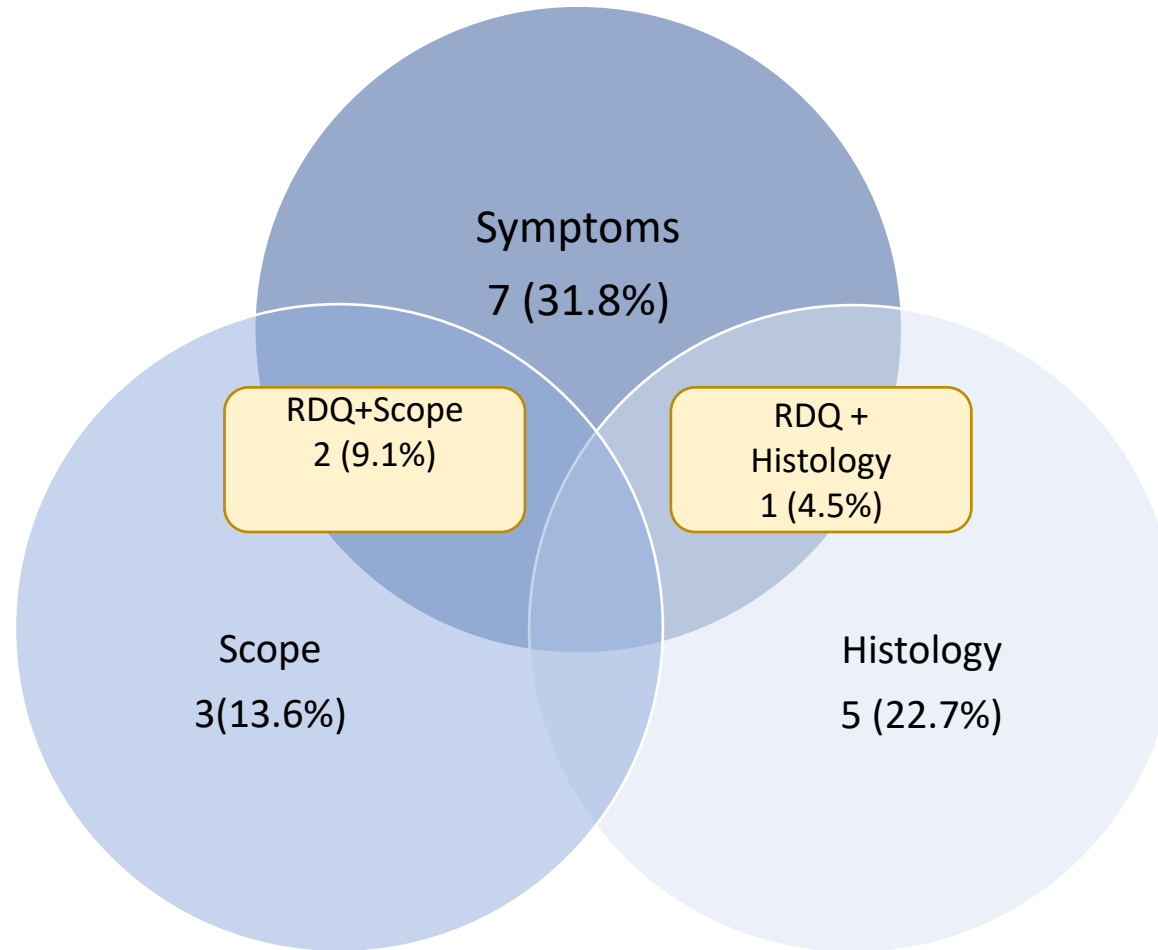
1. Placement of Bougie – 36Fr
2. Gastrectomy 4-5cm from pylorus
3. Full exposure L crus
4. Preserve pleural peritoneal membrane if no HH
5. Cruraplasty only if dimple present
6. Omentopexy using V-Loc absorbable



RESULTS



RESULTS



RESULTS

- Average follow up: 62.2 months
- Reflux on EGD: 13.6%
- GERD on histology: 21.7%
- Criteria was either scope or histology therefore **TOTAL: 36.4%**
 - No BE on scope

RESULTS: Group Analysis

De novo reflux

- 8 patients
- Av. Age: 49
- Duration FU: 55.5 months
- Post op BMI: 37.91 (p=0.1)
- 50% regular alcohol (RR1.75, p=0.31, OR 2.5 p=0.32)
- Diabetic: 25%

No de novo reflux

- 14 patients
- Av. Age: 46
- Duration FU: 61.5 months
- Post op BMI: 33.96 (p=0.1)
- 0% regular alcohol
- Diabetic 21%

Mean weight loss: 21.6kg in both groups



What did we learn?

- Incidence of De Novo reflux
- Higher total BMI more likely to develop De Novo reflux
- Challenges of doing clinical research during lockdown in COVID

