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# Esophageal Dysfunction after Bariatric Surgery

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# Background

Number of bariatric surgeries worldwide each year: 580K

Patients can develop esophageal dysfunction after bariatric surgery

- Reflux or Dysphagia
- Anatomical and functional changes after surgery
- POSED

## Multiple rapid swallows

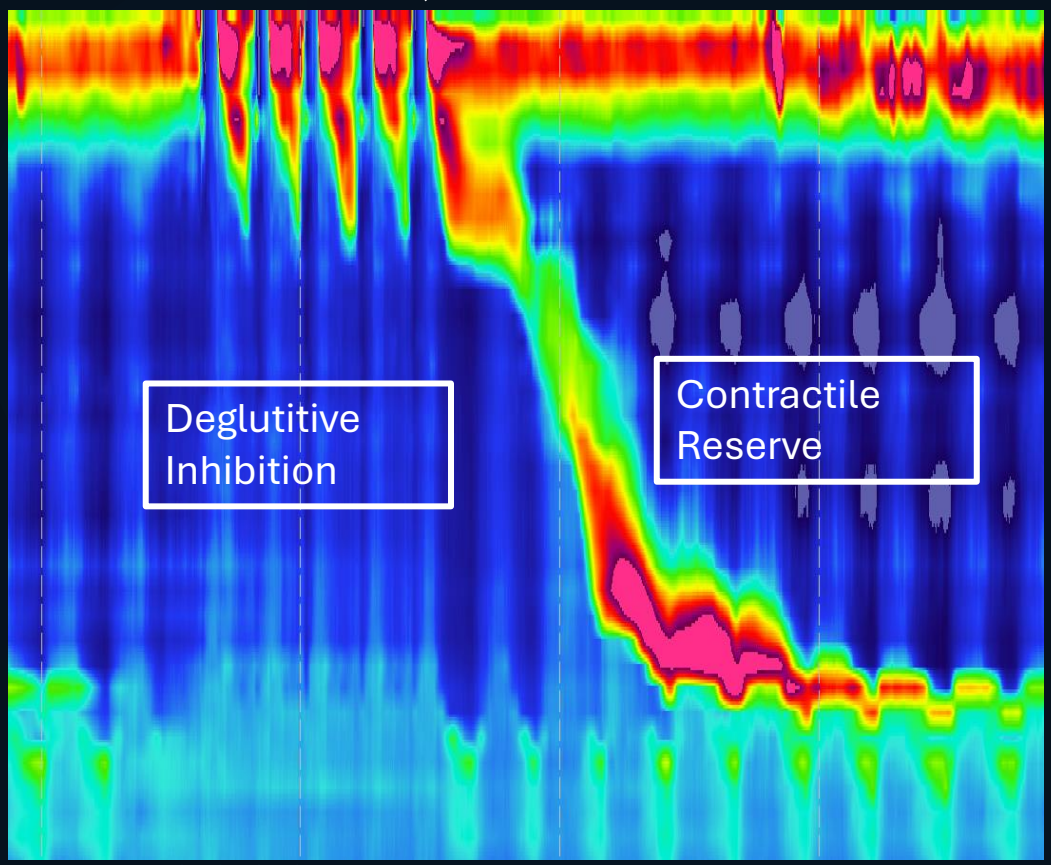
Tests:

- The ability of the esophagus to relax
- The ability of the esophagus to generate an amplified contraction: contractile reserve
- Can be an early predictor of Esophageal Dysfunction

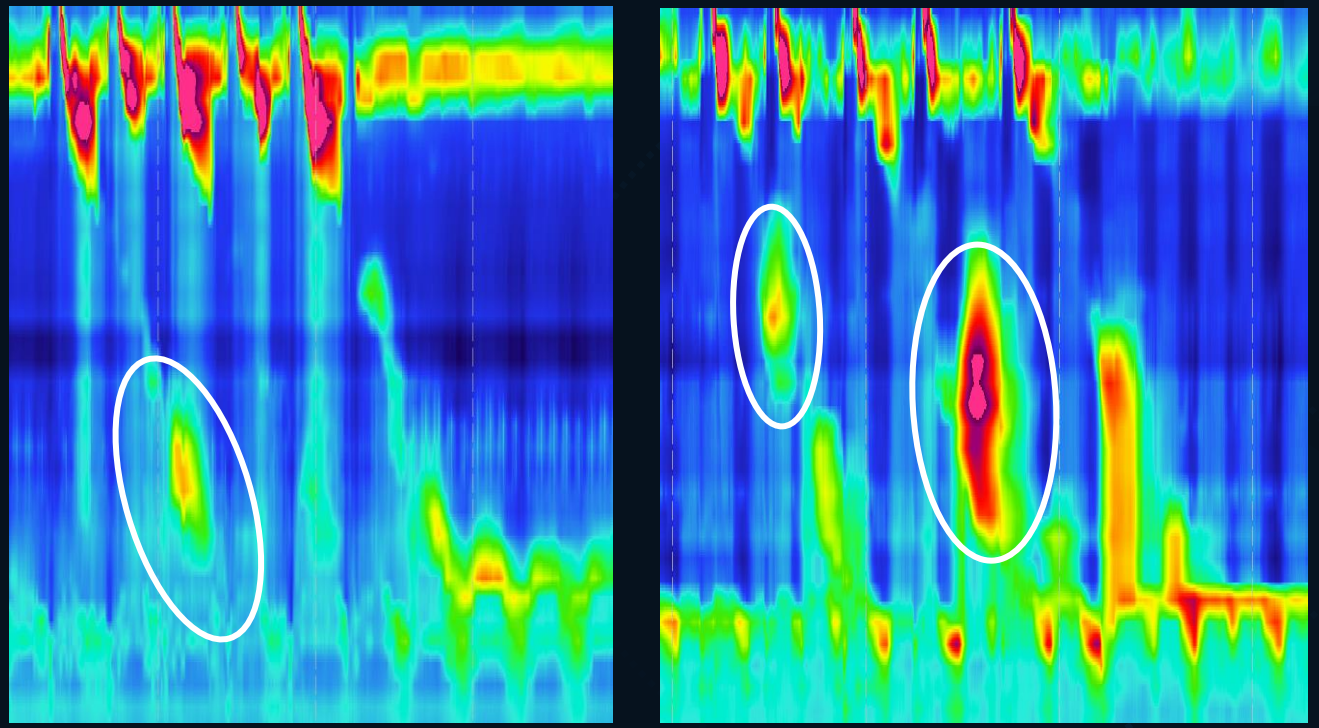
5 rapid two ml swallows of liquid at 2-3 second intervals



# Multiple Rapid Swallows



# Breakthrough Contraction



Neural inhibition leads to esophageal smooth muscle relaxation followed by a robust contraction in the esophageal body

# Study methods/findings

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High-resolution esophageal manometry studies(HREM) with multiple rapid swallow sequence

23 patients met inclusion criteria:

- Adult patients
- Roux-en-Y gastric bypass (RYGB) or sleeve gastrectomy (SG).
- Post operative HREM and ambulatory pH monitoring.

No difference between patients with and without contractile reserve and reflux

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7/10 normal studies had breakthrough contraction

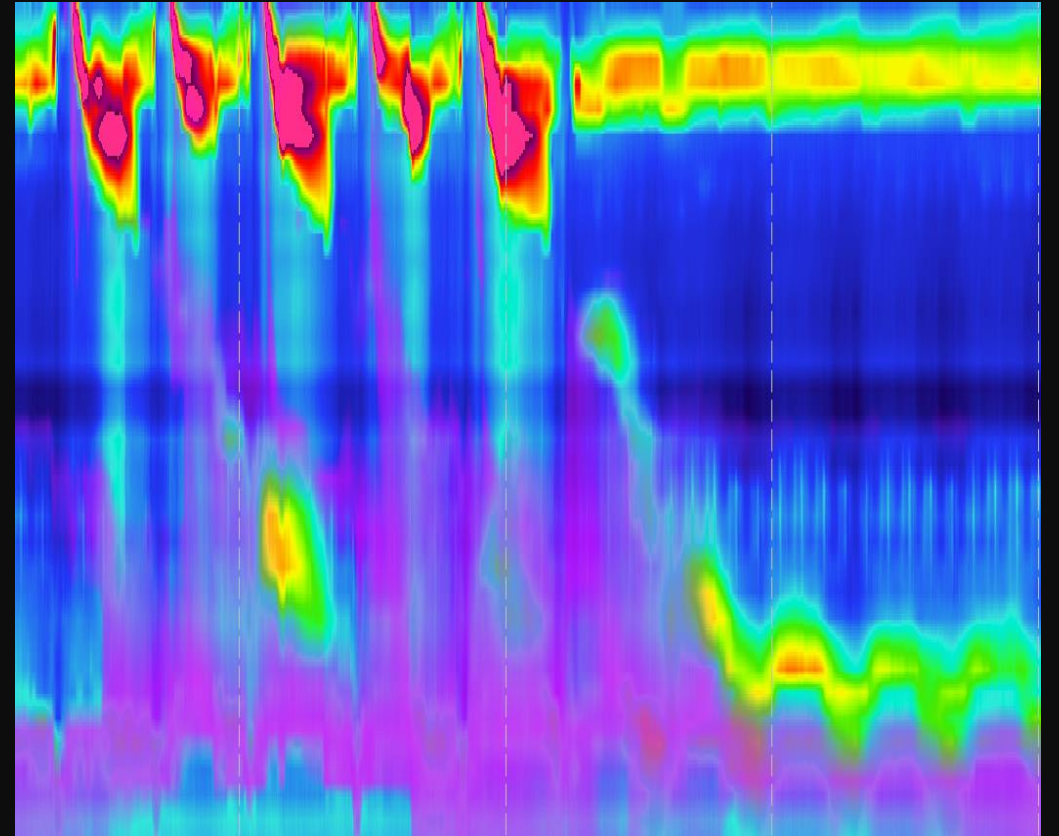
HREM Data w/ MRS post BA	N=23
RYGB	14 (61%)
SG	9 (39%)
Median Age	52.5 years
Female	17 (74%)
HREM Findings (Chicago 3.0)	
Normal	10 (43%)
Ineffective Esophageal Motility	4 (17%)
Absent Peristalsis	1 (4%)
Distal Esophageal Spasm	2 (9%)
Hypercontractile Esophagus	1 (4%)
Esophagogastric Junction Outflow Obstruction	5 (22%)
Contractile Reserve	13 (57%)
Breakthrough Contraction	12 (52%)

# Study implications

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At least half of patient (52%) had breakthrough contraction after Bariatric Surgery

- Abnormal deglutitive inhibition
- May be a predictor for the development of future esophageal dysfunction
- Correlate with other tests of esophageal function: reflux test, esophagram/ repeat future manometry testing.



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# Questions?

Thank you!

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