Pancreatic Exocrine Insufficiency

Prevalence, screening and treatment in a private bariatric practice

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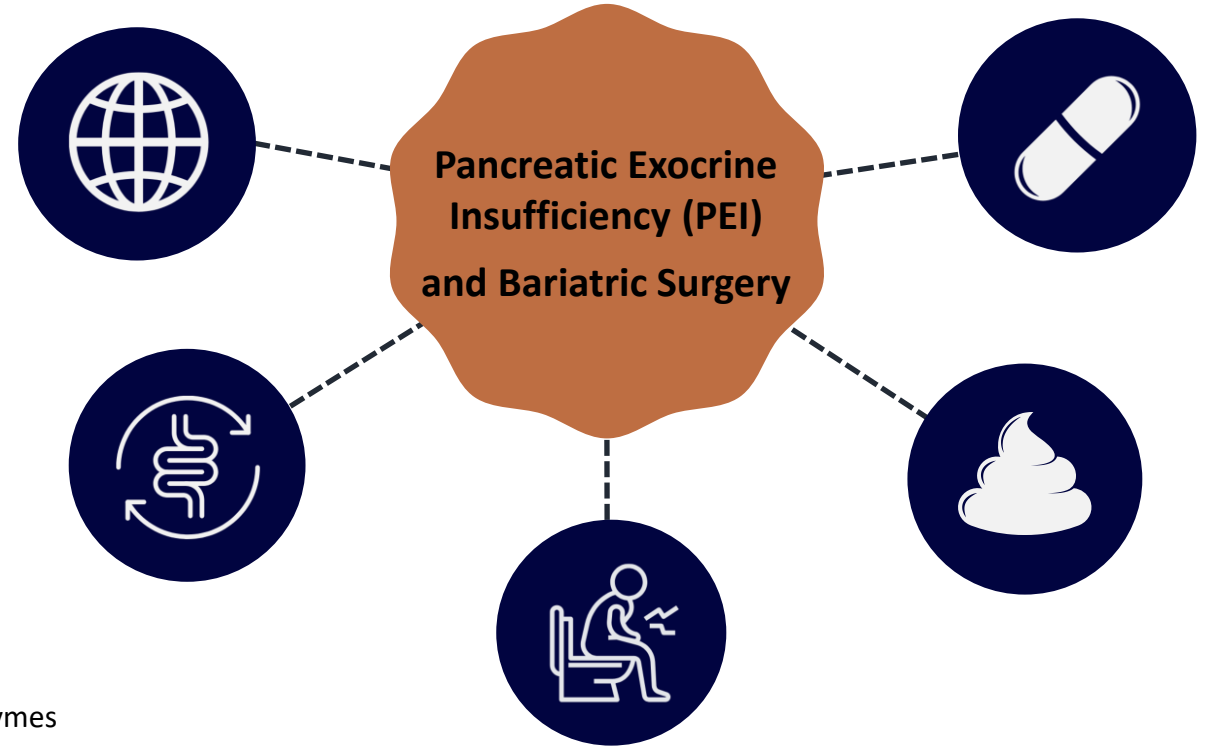
Background



Prevalence

9.1% - 47.9% after gastric bypass (1, 2, 3, 4)

4.2% - 17.4% after sleeve gastrectomy (3, 4)

Treatment

Pancreatic Enzyme Replacement Therapy (PERT)

Causes

Asynchrony

Faster transit

Less stimulation of enzymes

Reduced absorption

Screening

Limited practical, non-invasive and sensitive options

Symptoms

Similar to other GI conditions.

Can cause weight loss, reduced QOL, nutritional deficiencies

1. *Vujasinovic. M, et al. 2016*
2. *Borbely. Y, et al. 2016*
3. *Kwon. J, et al. 2022*
4. *Moore. H, et al. 2022*

Study Aims

What is the response rate to PERT?

What is the incidence of suspected PEI following RYGB, OAGB and SG?

Is there a correlation between suspected PEI and biliopancreatic (BP) limb length in RYGB and OAGB?

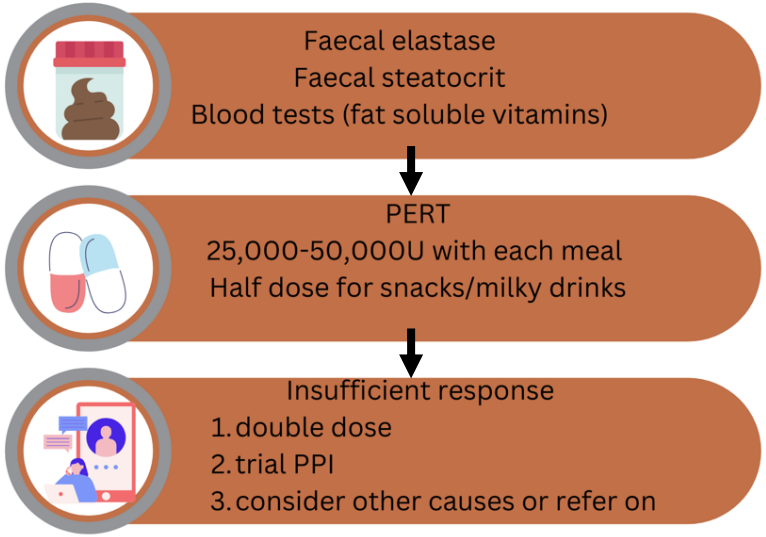
Study Methods

284 patients had surgery in 2021

MDT followed a local protocol for screening and treating PEI

2 years follow up.
Retrospective analysis of prevalence and outcomes following treatment.

145	**Roux en Y Gastric Bypass** Short BP limb ≤ 60cm Long BP limb 100cm
38	**One Anastomosis Gastric Bypass** Short BP limb <160cm Long BP limb ≥160cm
101	**Sleeve Gastrectomy**



Results

38 with symptoms of PEI

20% of RYGB (29/145)

21.1% of OAGB (8/38)

1% of SG (1/101)

27 trialed PERT

71.1% of those with symptoms trialed PERT
- 22 RYGB
- 5 OAGB

18/27 had abnormal stool test results

9/27 started an empiric trial

21 responded to PERT

77.8% of those who trialed PERT had improvement in symptoms

16/22 of RYGB
- 10 short BP limb ≤ 60cm
- 6 long BP limb = 100cm
- 6 lost to follow up, non-adherent or developed adverse symptoms

5/5 of OAGB
- all long BP limb ≥160cm

Conclusion and Summary

- PEI is common in bypass patients, but not sleeve patients
- PEI occurred in bypass patients regardless of BP limb length
- Reliance on abnormal stool results for screening may lead to underdiagnosis of PEI
- PERT is an effective and safe treatment and should be considered for patients with potential PEI in the clinical setting, regardless of diagnostic tests

"How long do I need to take PERT for?"

"Will the gut adapt?"

Prospective studies with longer follow up are needed