

Bile or Acid Reflux in OAGB

Gastric Remnant Fundoplication (GRF)

- Primary OABG
- Revisional OAGB

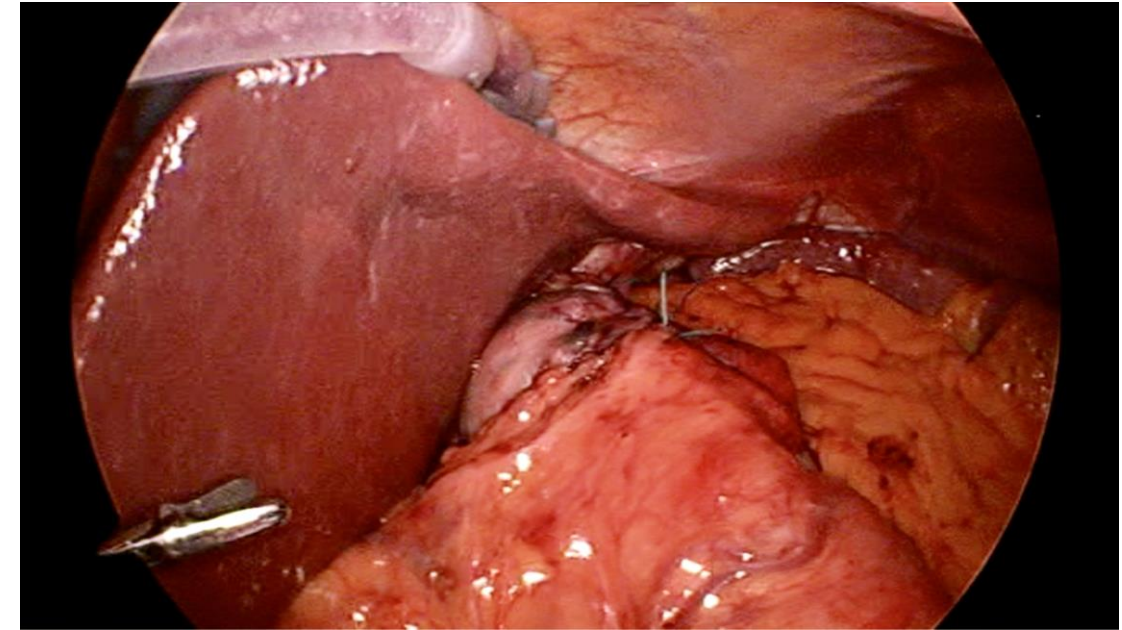
Reflux - management challenge post OAGB

GRF – emerging potential solution

Manage both acid & bile reflux ✓

No revision of the pouch ✓

No anastomosis (RNY) ✓



BACKGROUND

PHILIP GAN, PHILIPPA GAN, ST JOHN OF GOD WARRNAMBOOL

Retrospective
analysis of single
surgeon's
database

Study Design

Primary OAGB +/- hiatus hernia

Revisional OAGB (LAGB or VBG → OAGB)

(Sleeve excluded – no remnant fundus)

Patient Cohorts

Primary:
Secondary:

Need for further anti-reflux surgery
Length of Stay
Return to theatre
30-day readmissions

Outcome Measures

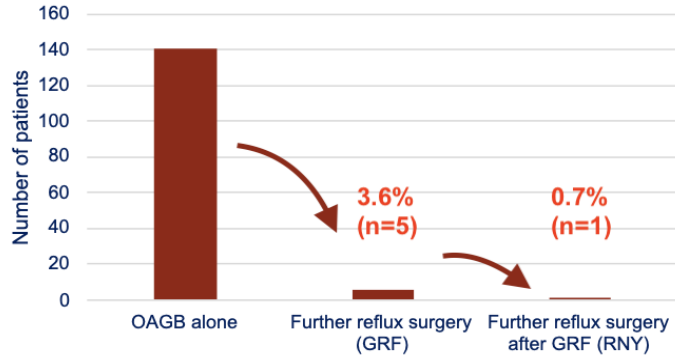
Technique

RESULTS

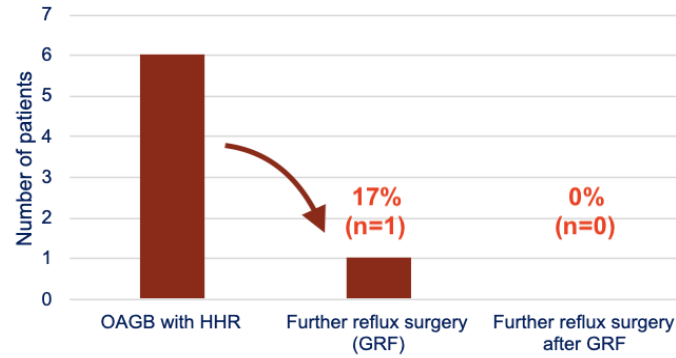
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PRIMARY OAGB

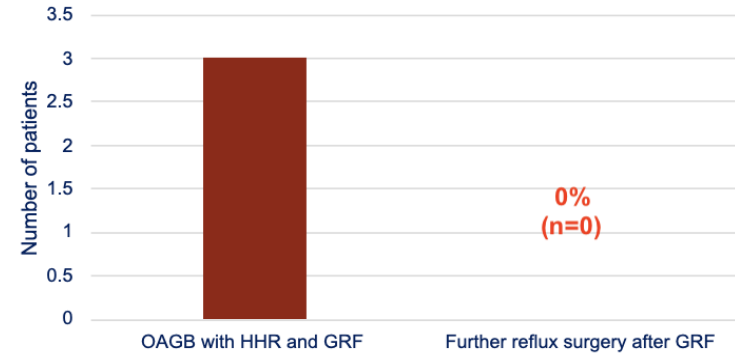
Further reflux surgery in primary OAGB patients



Further reflux surgery in primary OAGB and HHR patients



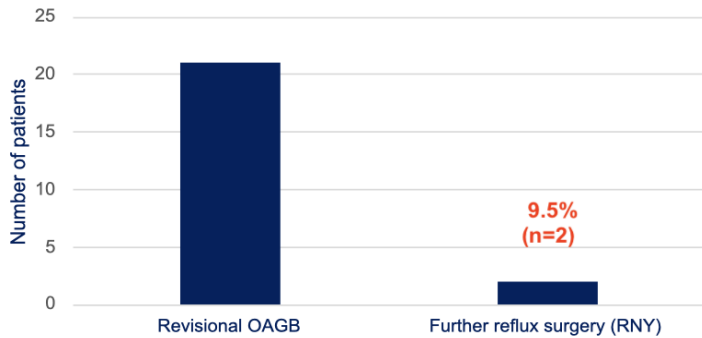
Further reflux surgery in primary OAGB with HHR and GRF patients



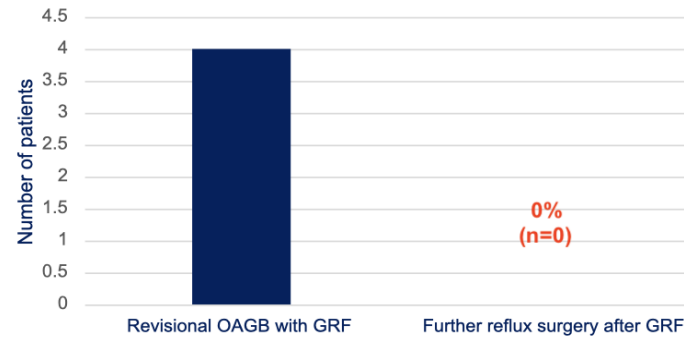
1/9 GRF patients in primary OAGB needed further surgery for reflux (11%).

REVISIONAL OAGB

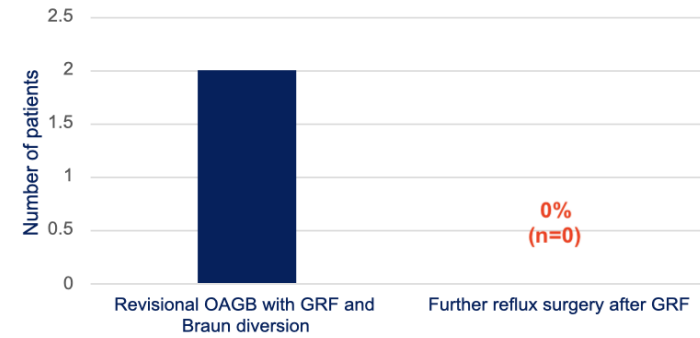
Further reflux surgery in revisional OAGB patients



Further reflux surgery in revisional OAGB with GRF patients



Further reflux surgery in revisional OAGB with GRF and Braun diversion patients



0/6 GRF patients in revisional OAGB needed further surgery for reflux (0%).

CONCLUSIONS

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Average Length of Stay: OAGB + GRF	2 nights
Average Length of Stay: GRF after OAGB	0.83 nights
Return to theatre	0
30-day Readmissions	0

Secondary Outcomes

GRF in primary and revisional OAGB patients has a low incidence of requiring further anti-reflux surgery: Only 1 out of 15 Gastric Remnant Fundoplication patients required conversion to RNY.

GRF should be considered as an option for managing reflux in OAGB patients.

Conclusions