

# Oesophagogastric Malignancy Following Metabolic Bariatric Surgery Challenges, Lessons Learnt and Recommendations

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# Background and Methods

Single Tertiary Bariatric Centre

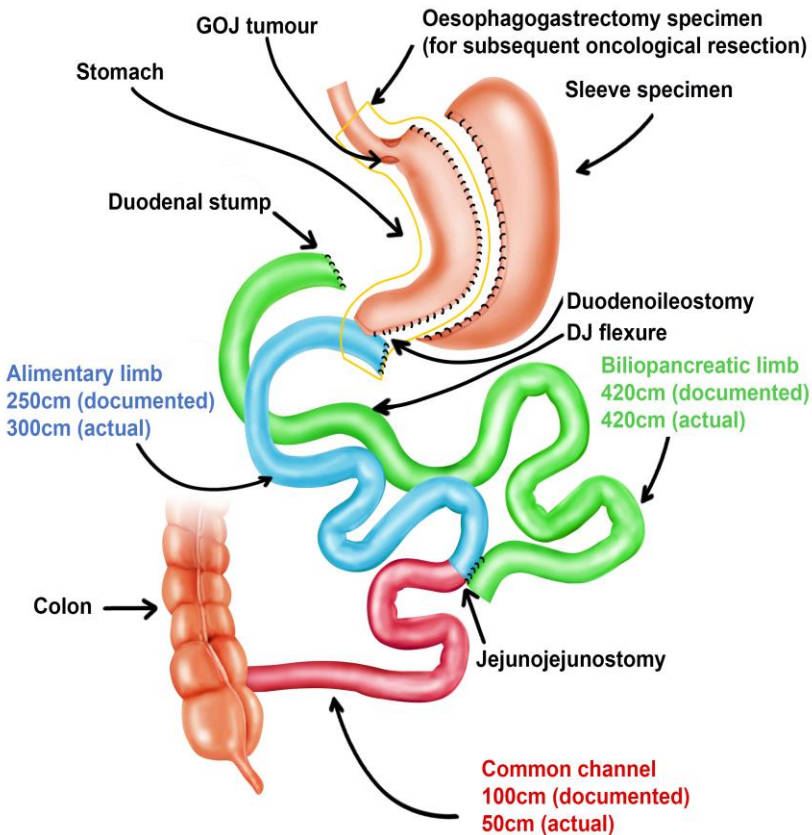
All Cases Over 20 Years

Post-MBS UGI Cancer

Quantitative Case Analysis

# Results

## Pre-oncological Resection



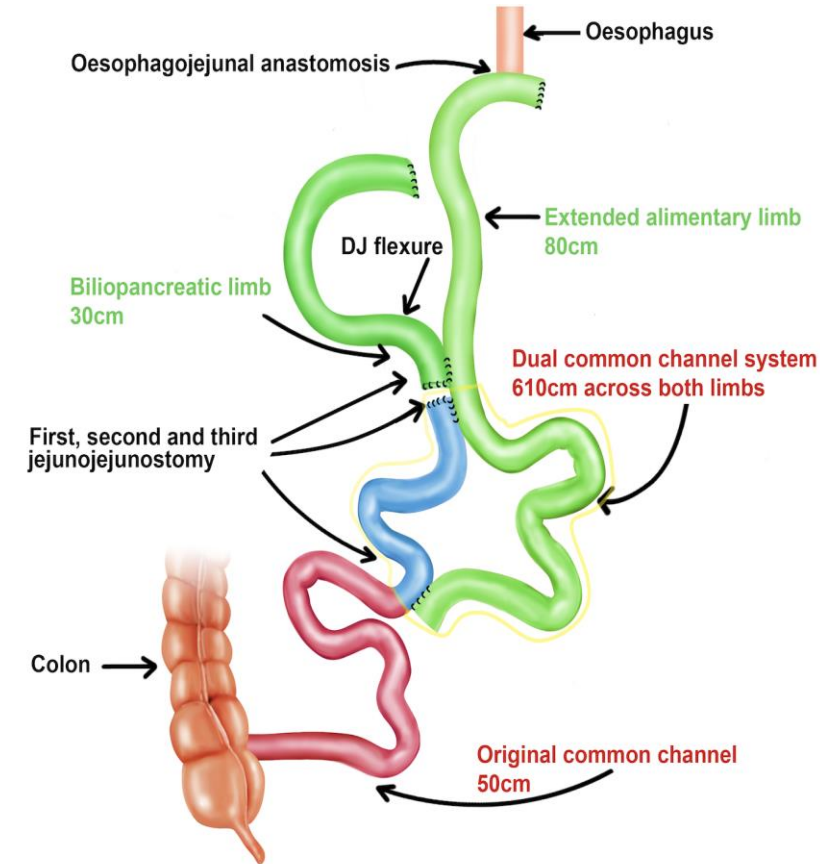
**MBS to Cancer Time**  
2 years

**Symptoms/Presentation**  
Incidental detection - MRCP  
Dysphagia, weight loss

## Management

Perioperative chemotherapy  
Left thoracoabdominal approach  
Oesophagogastric resection  
Double tract Roux-en-Y recon  
Common channel lengthened

## Post-oncological Resection



\*Color shading of the bowel denotes origin in relation to Figure 1

# Challenges and Lessons Learnt

**Presentation and symptom overlap**

**Perioperative nutritional inadequacy leading to morbidity**

**Multiple considerations for surgical approach**

# Recommendations

**High index of suspicion = low threshold to investigate**

**Early optimization of perioperative nutrition**

**Surgical approach considers oncological and nutritional outcomes**