

ALRYGB

a LRYGB that treats all Reflux and improves
Weight Loss

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Disclosure: No Conflict of Interest

GORD in obesity

- Always associated with a hiatal hernia

GORD comprises two different presentations with two different treatments:

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SIMPLE ACID REFLUX

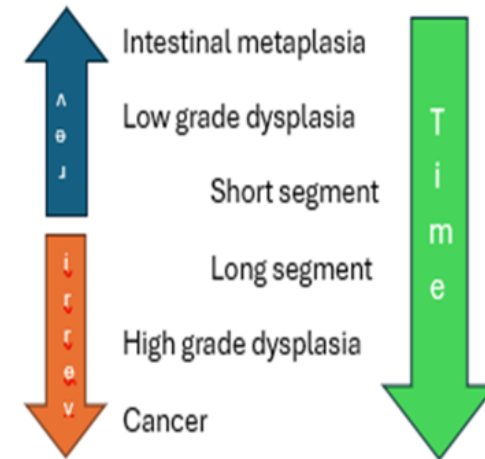
Oesophagitis +/- ulceration

Never evolution to Barrett's

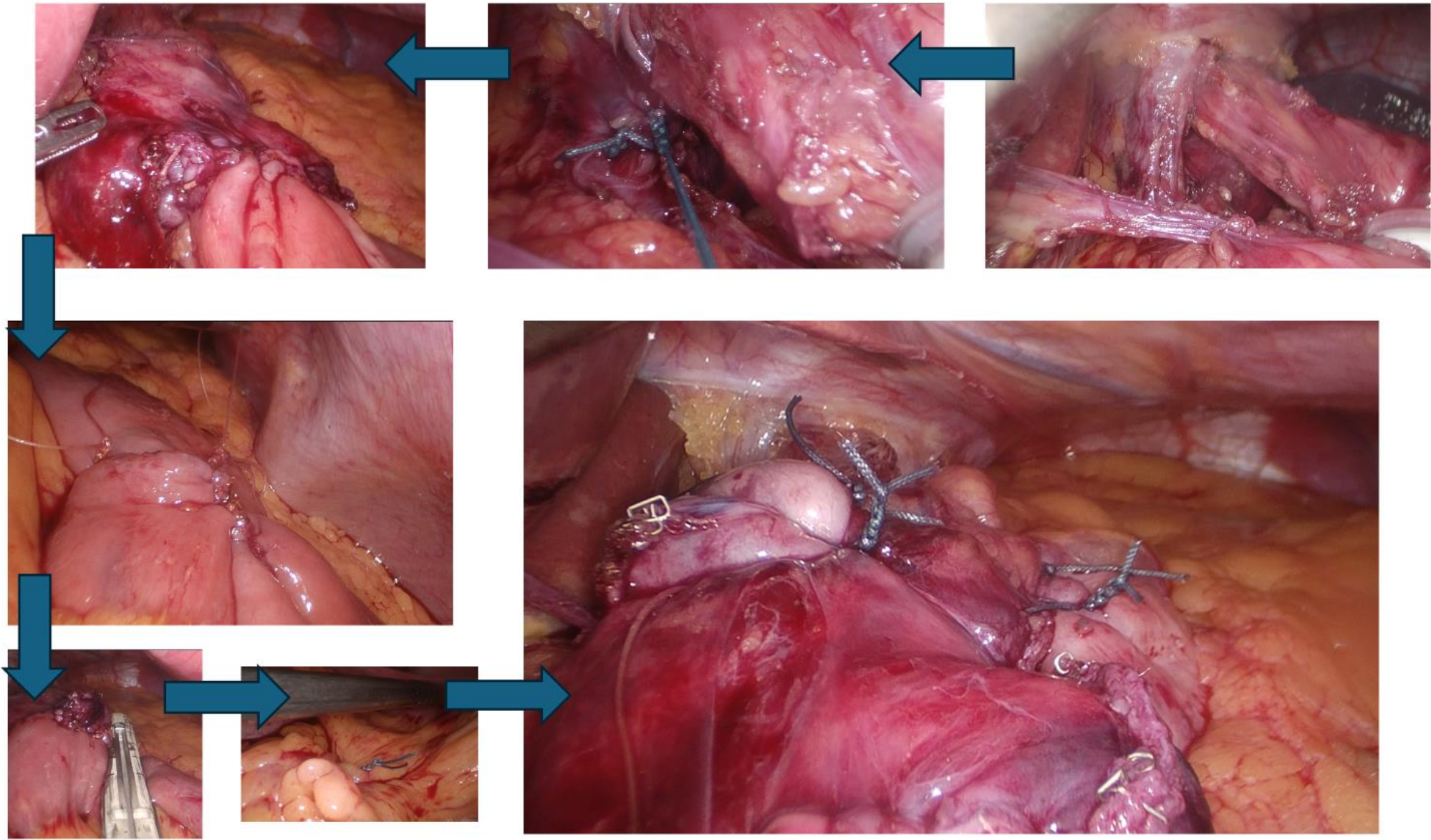
ACID + BILIOPANCREATIC REFLUX

Oesophagitis +/- ulceration

Evolution to Barrett's:

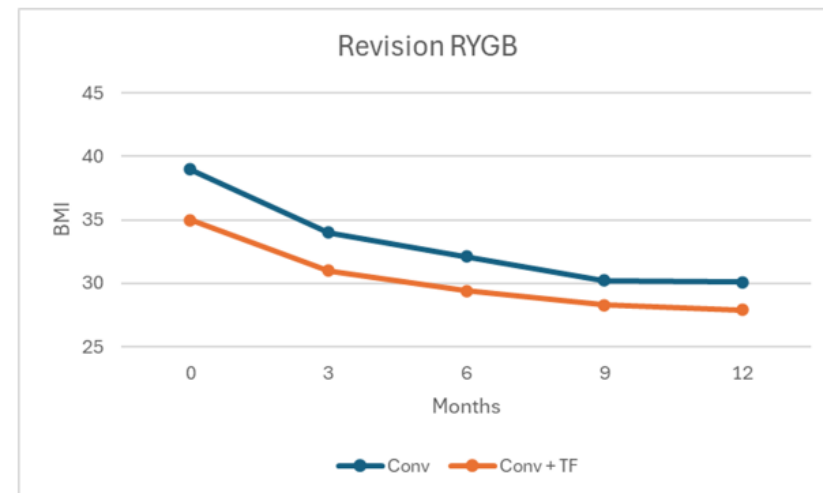
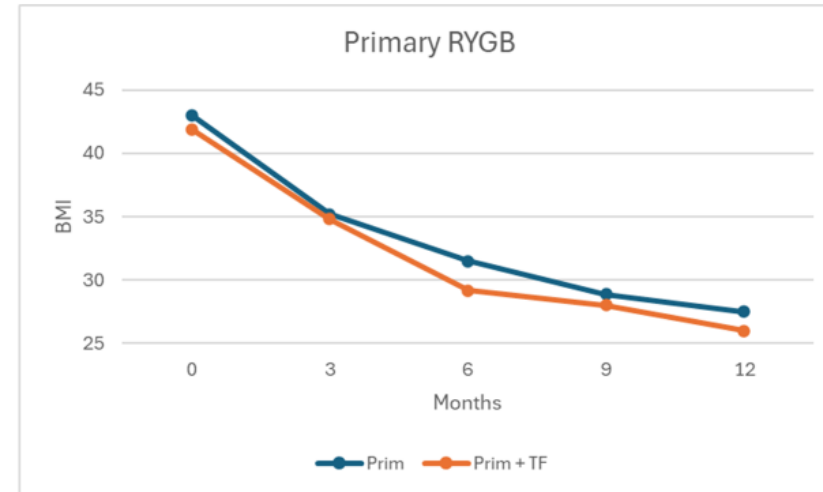


- Always perform a **PRE-OPERATIVE GASTROSCOPY** + biopsy
- RYGB only prevents reflux of biliopancreatic juices
- Add fundoplication to prevent acid reflux on recurrent hiatal hernia



2021-2023

- 152 RYGB
 - 53.9% Primary
 - 46.1% Conversion
- 48% posterior 180° Toupet fundoplication : ALRYGB
- = Antireflux Laparoscopic Roux-Y Gastric Bypass
- Additional OT: \bar{x} = 25 min
- Retrospective cohort study:



ALRYGB

Results

- No morbidity (dysphagia) nor mortality associated with the fundoplication
- All patients free from GORD after 1 year
- Significant additional weight loss after 1 year: 1.5 to 2 kg/m²

Conclusion

- **Safe and feasible**
- **Prevents acid reflux**
- **Improves weight loss**
- **Larger and longer studies needed**
- **Quid prospective randomised study?**