

# Chronic abdominal pain after RYGB

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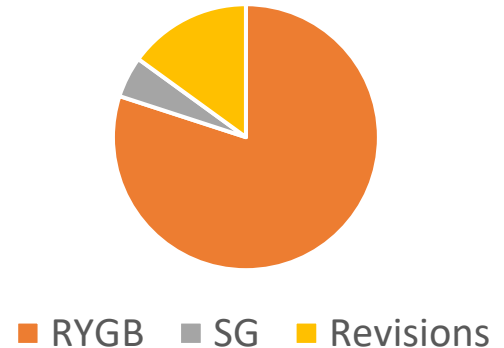
# Disclosures

Advisory board- *Johnson & Johnson, NovoNordisk*

Education activities- *Johnson & Johnson, NovoNordisk, Sandoz*

## Reimbursement to my academic institution

Case mix



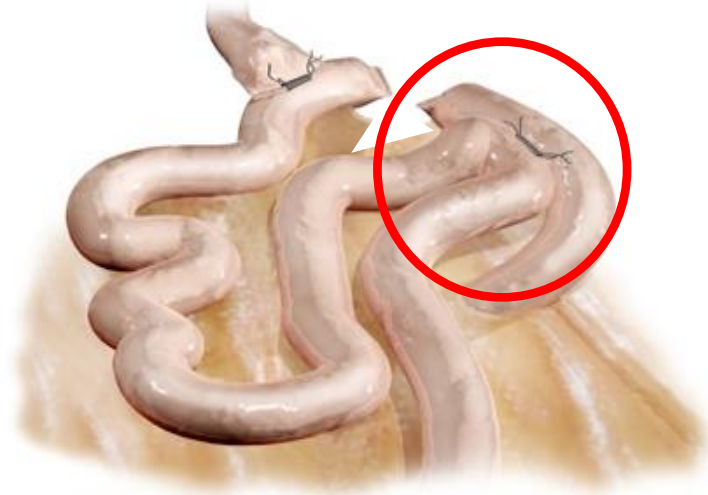
# The unfortunate history of laparoscopic RYGB

- The first widespread laparoscopic bariatric procedure
- Massive surgical learning curves
- Accumulation of patients with internal hernia (20%)
- Learning curves when closing mesenteric defects
- Today > lap RYGB 2.0 in a mature MDT context

# Important clinical information

- The pain: postprandial? continuous?
- Since primary surgery or debuting later?
- Gradual or sudden onset?
- Vomiting/retching?
- Abdominal pain before bariatric surgery?

Abdominal pain and/or vomiting are  
**NOT** normal after RYGB!

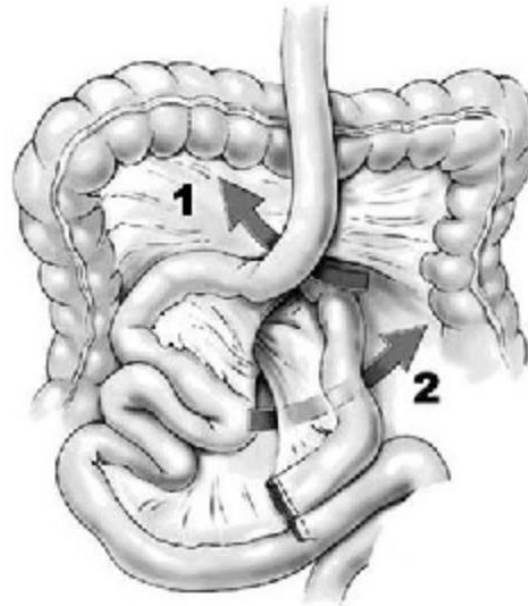


# Dumping

- Part of the mechanism of action
- **NOT** all the time
- Too fast, too much, too much sugar or fat
- Not a “complication”, patients appreciate

Early dumping syndrome is not a complication but a desirable feature of Roux-en-Y gastric bypass surgery.  
Laurenus A, Engström M. *Clin Obes.* 2016 Oct.

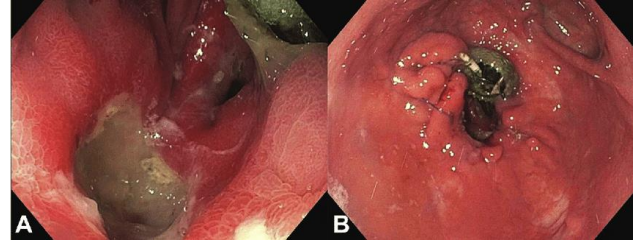
# Internal herniation



ANTECOLIC

# Stomal/marginal ulceration

- Smoking or NSAIDs?
- PPI+ Misoprosol



- Too large pouch?
- Reflux from dysfunctional JJ?
- Chronic ischemia?

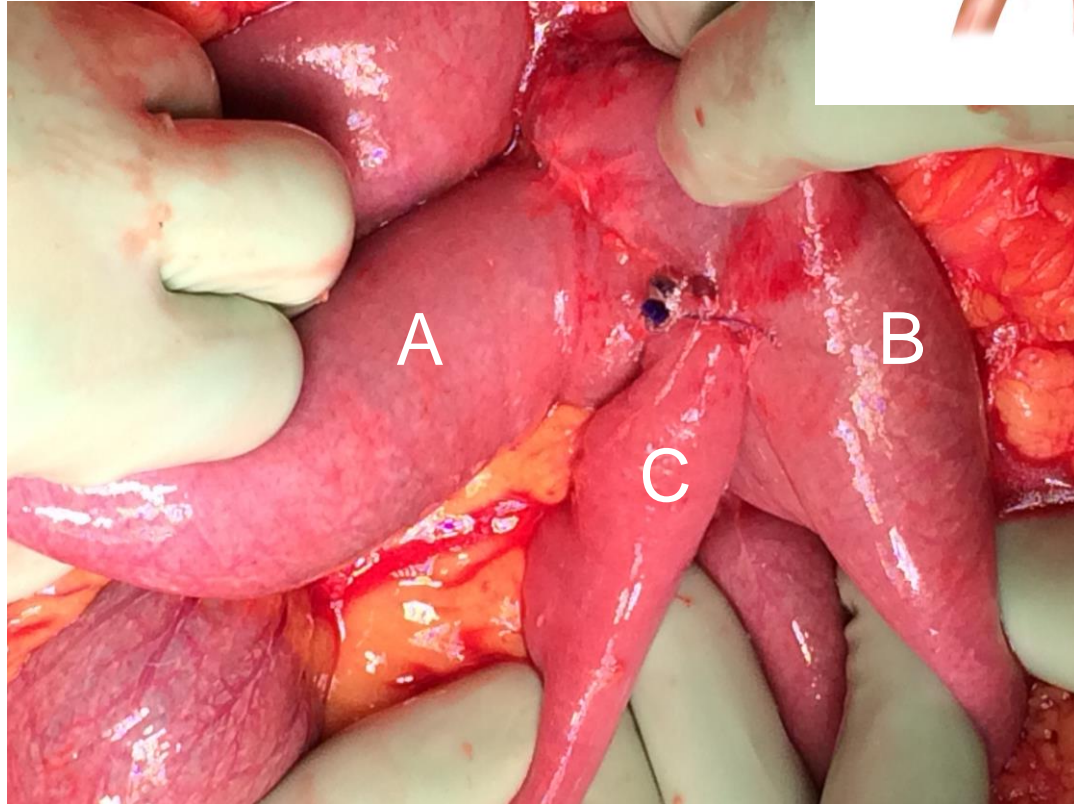
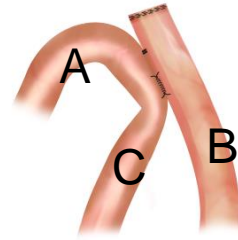


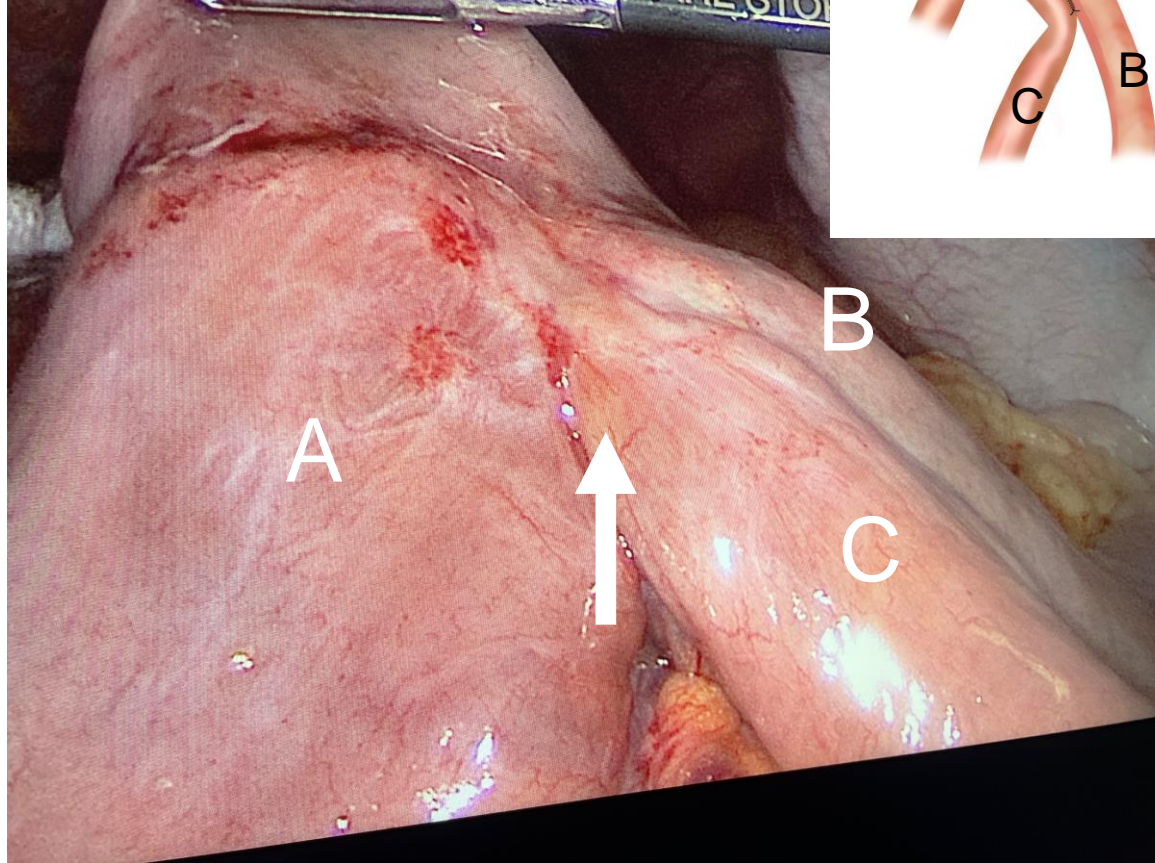
# **Dysfunctional entero-anastomosis**

not uncommon..

## Symptoms when problem at EA (=JJ)

- Abdominal pain-  
(5-10 min after meal, gradually subsiding, upper left quadrant)
- Postprandial nausea/retching
- Sometimes complex hypoglycaemia





Obesity Surgery

<https://doi.org/10.1007/s11695-021-05686-2>



ORIGINAL CONTRIBUTIONS



## The Jejunojejunostomy: an Achilles Heel of the Roux-en-Y Gastric Bypass Construction

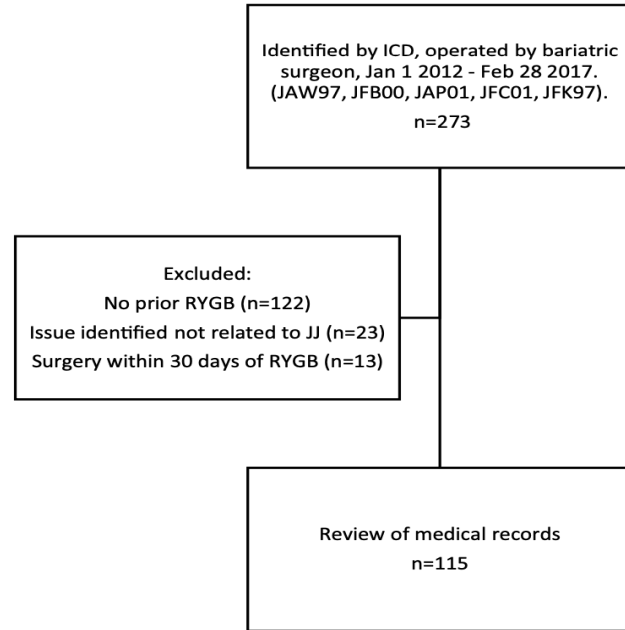
Suzanne Hedberg<sup>1,2</sup>  · Yao Xiao<sup>1</sup> · Adam Klasson<sup>1</sup> · Almantas Maleckas<sup>1,3</sup> · Mikael Wirén<sup>4,5</sup> · Anders Thorell<sup>4,5</sup> · Anna Laurenus<sup>1</sup> · My Engström<sup>2,6</sup> · Torsten Olbers<sup>1,7</sup>



Dr Suzanne Hedberg,  
MD, PhD

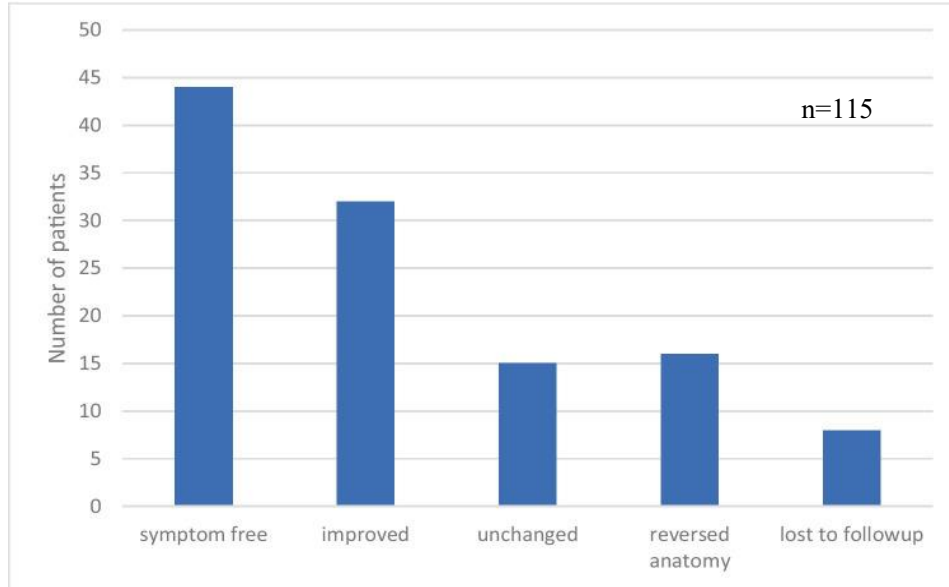
# Problem at the EA?

**Retrospective study:**  
medical charts,  
complementary telephone  
interviews.

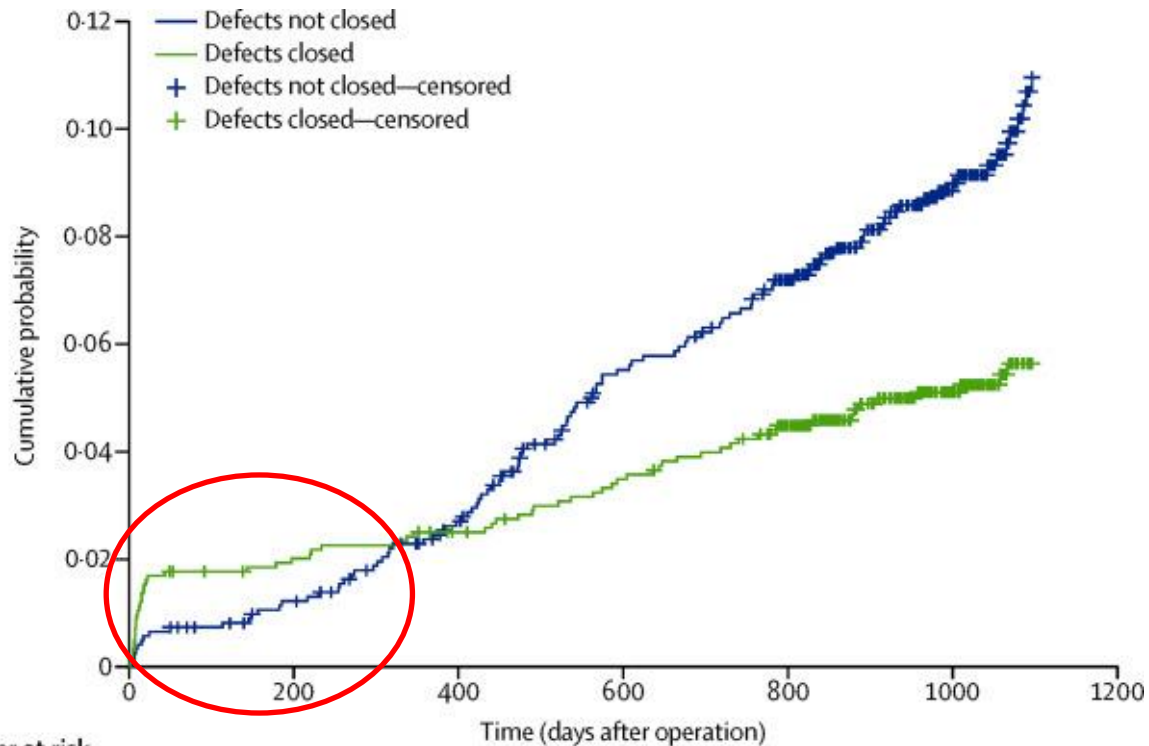


**Fig. 1** Flowchart of the inclusion of patients with a prior Roux-en-Y gastric bypass (RYGB) who underwent revisional surgery due to suspected dysfunction of the jejunojejunostomy (JJ)

# After surgical revision of the EA



Median time to follow-up 33 (12-75) months.



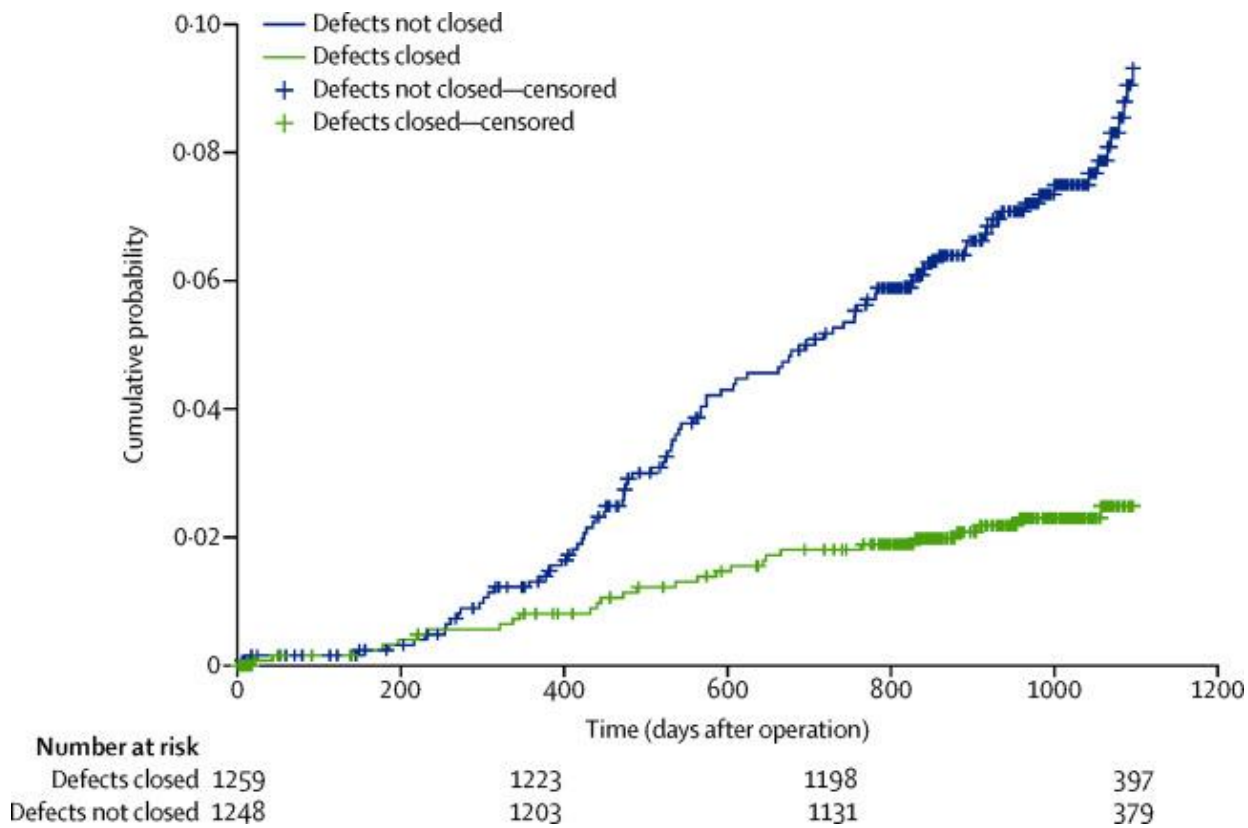
Number at risk	
Defects closed	1259
Defects not closed	1248

	1223	1198	397
	1203	1131	379

Stenberg et al, Lancet 2016





Stenberg et al, Lancet 2016

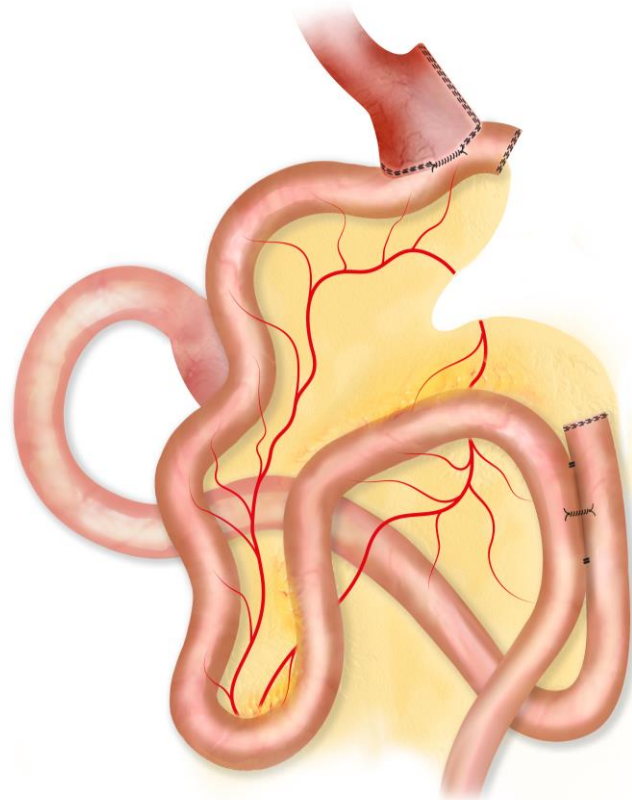
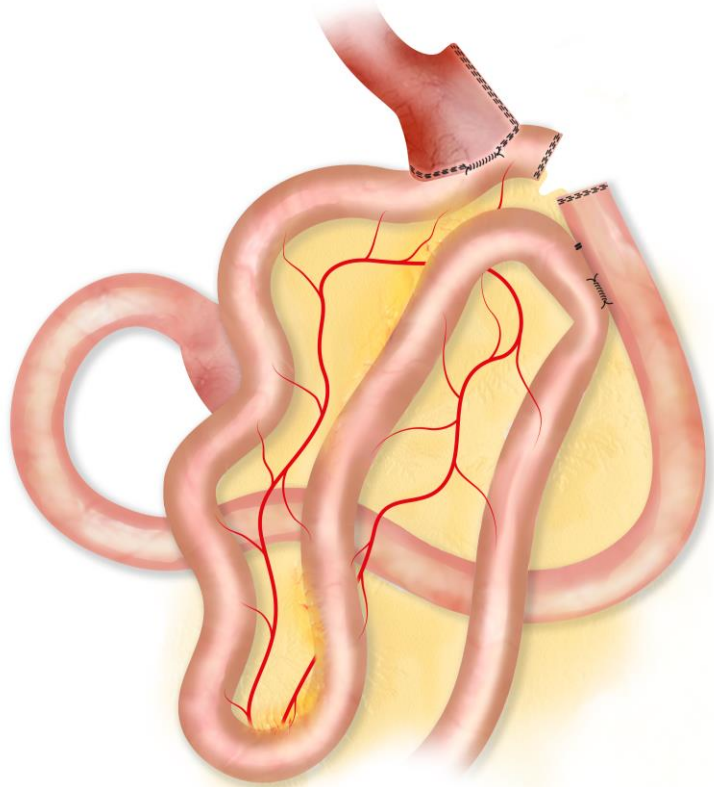
# SURGERY FOR OBESITY AND RELATED DISEASES

ORIGINAL ARTICLE | ARTICLES IN PRESS

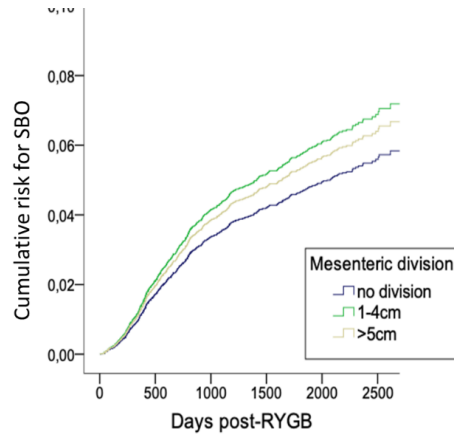
## Surgical technique in constructing the jejunojejunostomy and the risk of small bowel obstruction after Roux-en-Y gastric bypass

[Suzanne Hedberg, M.D.](#)   • [Anders Thorell, M.D., Ph.D.](#) • [My Engström, R.N., Ph.D.](#) •  
[Erik Stenberg, M.D., Ph.D.](#) • [Torsten Olbers, M.D., Ph.D.](#)

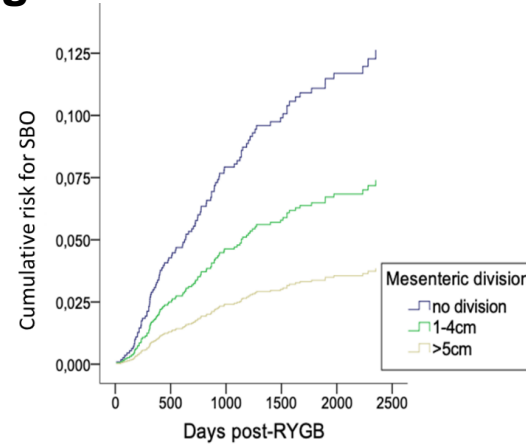
Open Access • Published: May 22, 2022 • DOI: <https://doi.org/10.1016/j.soard.2022.05.020>



## Unidirectional stapling



## Bidirectional stapling




“Original” vs. most modified JJ:

- adjusted **OR** for SBO **0.24**, 95% CI 0.12–0.50,  $p < 0.001$ )

# Overall summary

- Surgical technique for constructing the JJ affects the risk of SBO
- Consider revision of the JJ in patients with post-prandial problems

# Considerations in RYGB patient with problems

- Vomiting
  - Complex hypoglycaemia
  - Nutritional problems
- 
- surgical problem?
- Alcohol
  - Problems previously being being hidden by obesity?

# Conclusions/ reflections..

- Chronic problems after bariatric surgery need to be addressed in a multidisciplinary team
- If vomiting and postprandial problems- high likelihood there is a surgically correctable problem
- Complex surgical problems can happen in patients with complex psychological problems..
- A small group should be considered for reversal to restore normal anatomy. Not tolerating the RYGB??



# 13<sup>th</sup> Congress of the International Federation for the Surgery of Obesity (IFSO) European Chapter

15-17 May 2025 | Venice, Italy



[IFSO-EC2025.COM](https://www.ifso-ec2025.com)