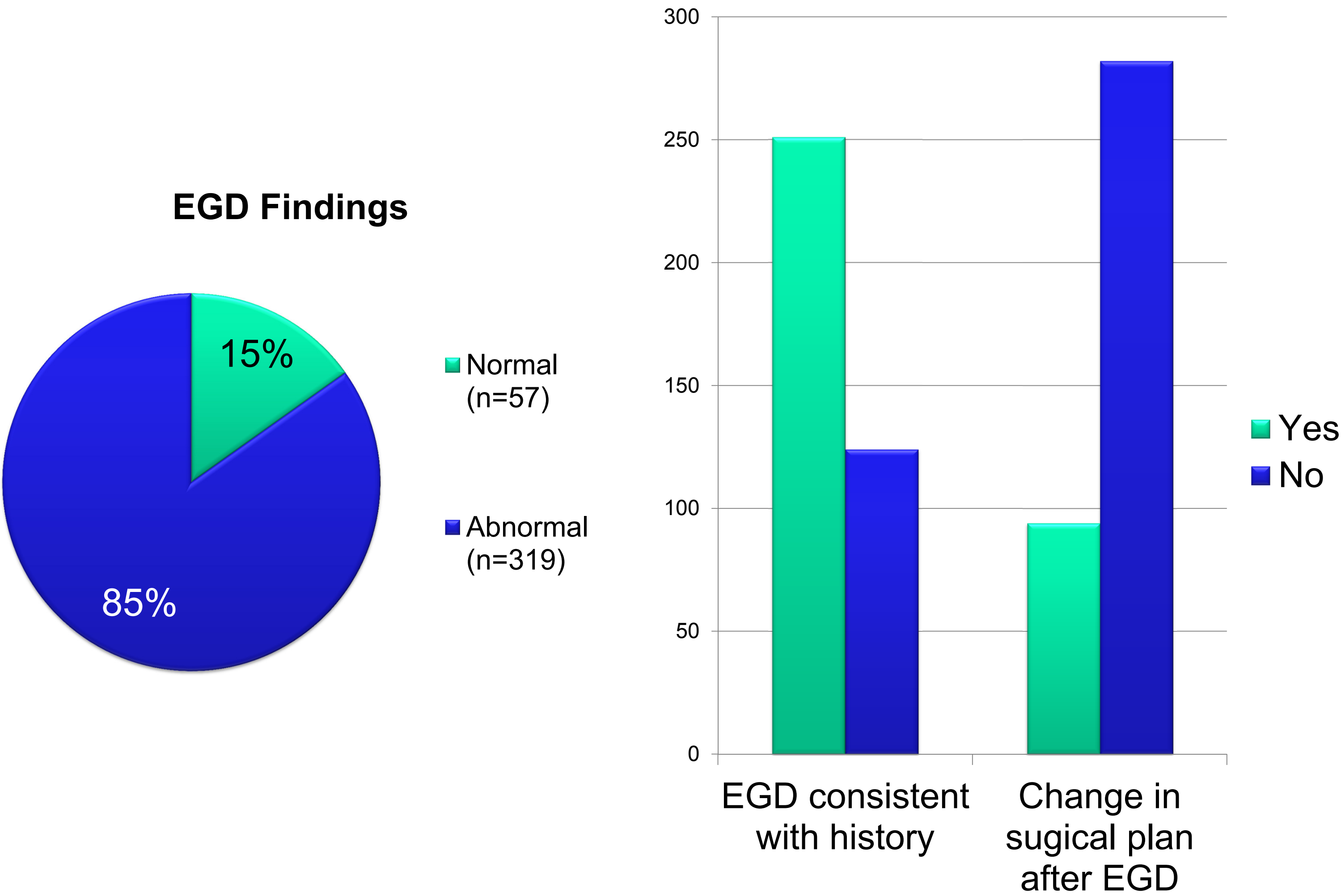


Background

- ◆ Esophagogastroduodenoscopy (EGD) is routinely performed prior to Bariatric surgery.
- ◆ Current literature suggests that preoperative EGD findings rarely change operative decision making.
- ◆ Several recent meta-analyses suggest foregoing preoperative EGD in asymptomatic patients.
- ◆ This study evaluates the diagnostic yield and clinical significance of preoperative EGD at our institution.

Methods

- ◆ Retrospective single surgeon study.
- ◆ Patients underwent routine screening EGD followed by sleeve gastrectomy (LSG) or Roux-En-Y gastric bypass (RYGB) from August 2019 to December 2017.
- ◆ Hiatal hernias (HH) detected intraoperatively were repaired.
- ◆ Patients undergoing primary Bariatric surgery were included; patients undergoing revisional surgery were excluded.
- ◆ Endoscopy findings were correlated to patient symptoms, affect on surgical planning, and intraoperative findings.



n	376
Age (yrs), mean ± SD	45.8 ± 11.7
Gender, n (%)	
Male	77 (20.5)
Female	299 (79.5)
BMI (kg/m²), mean ± SD	44.6 ± 6.0
Procedure, n (%)	
RYGB	65 (17.3)
RYGB + HH	59 (15.7)
LSG	171 (45.5)
LSG + HH	81 (21.5)

Results

- ◆ 376 patients met inclusion criteria
- ◆ Mean age 45.8 yrs, mean BMI 44.6 kg/m²
- ◆ Preoperative EGD was abnormal in 84.6% of patients; EGD findings correlated with patient symptoms in 66.4% of cases; patients with abnormal endoscopies were asymptomatic in 47.8% of cases.
- ◆ 26 patients (6.9%) were converted from LSG to RNYGB based on EGD findings. Only 7 patients (1.9%) were asymptomatic and converted to RNYGB based on EGD findings alone

Conclusion

- ◆ Routine screening EGD prior to Bariatric surgery infrequently changes operative decision making.
- ◆ A majority of patients converted from LSG to RNYGB had upper GI symptoms corresponding to their EGD findings; only a small subset were converted based on EGD findings alone.
- ◆ Despite the infrequent change in surgical procedure, preoperative EGD is still recommended due to the frequency of abnormalities detected in asymptomatic patients; these findings often resulted in additional diagnostic workup or preoperative changes in medical management