GASTROESOPHAGEAL REFLUX DISEASE AND BARRETT'S ESOPHAGUS MAY NOT BE A CONTRAINDICATION FOR SLEEVE GASTRECTOMY

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BACKGROUND

- GERD can cause Barrett's esophagus and esophageal cancer.
- Standard of care is to offer Roux-en-Y gastric bypass for obese patients with GERD or Barrett's esophagus.

AIM

We aim to review the long-term incidence of new-onset GERD, GERD resolution, de novo Barrett's esophagus at our institution.

METHODS

Retrospective study all laparoscopic sleeve gastrectomy (LSG), laparoscopic adjustable gastric band (LAGB), Roux-en-Y gastric bypass (RYGB) from 2007 to 2019 by a single surgeon

Total 381 LAGB, 856 LSG, 270 RYGB

De novo Barrett's esophagus: 0.464%

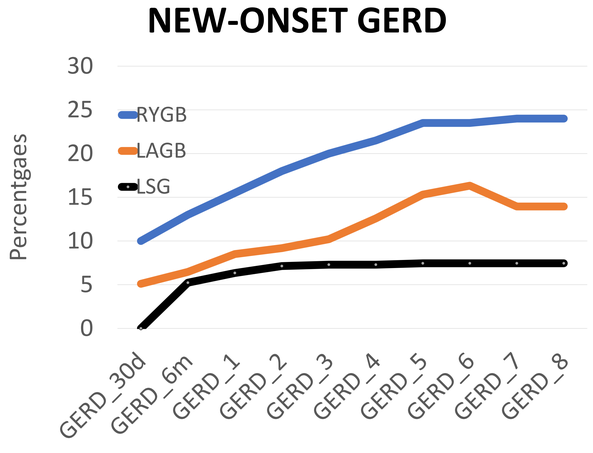
- LAGB (0.787%), RYGB (0.370%), LSG (0.350%).

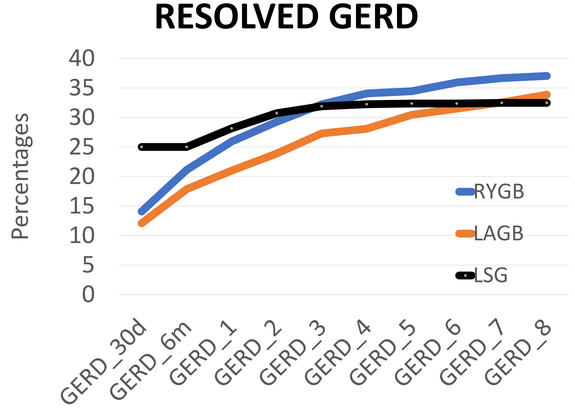
4 preoperative Barrett's esophagus with no dysplasia

- 3 underwent LSG, 1 underwent LAGB
- Post-operative GERD improvement.
- 1 LSG showed Barrett's esophagus regression to normal at 2nd year EGD

No progression to severe dysplasia or esophageal cancer.

RESULTS





SUMMARY

- LSG had the lowest incidence for both new onset GERD and de novo Barrett's esophagus.
- No histologic progression in patients with preoperative Barrett's esophagus undergoing LSG.

CONCLUSION

Preoperative diagnosis of GERD and Barrett's esophagus alone may not be an absolute contraindication for sleeve gastrectomy.

REFERENCES

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