Effect of Gastrojejunal Stenosis on Weight Loss in Roux-en-Y Gastric Bypass Patients

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BACKGROUND

Gastrojejunal (GJ) stenosis remains a relatively prevalent complication after Roux-en-Y gastric bypass (RYGB), with an incidence of 5-7%. While several interventions can treat GJ stenosis, its effect on weight loss outcomes is unknown. We aim to compare the weight loss in RYGB patients with and without gastrojejunal stenosis.

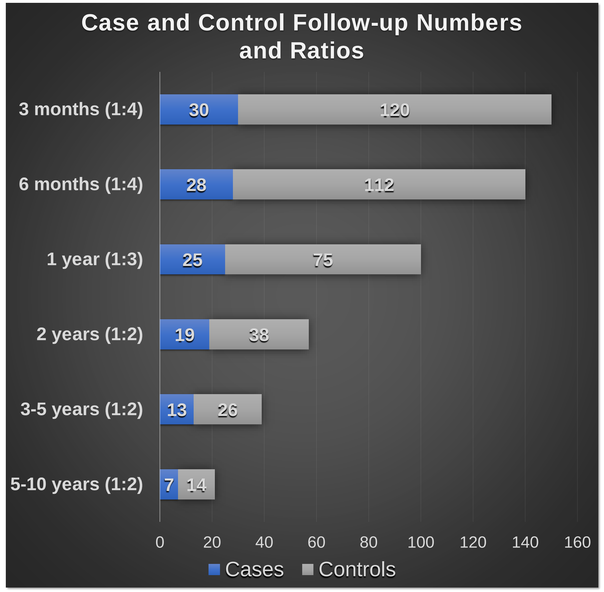
METHODS

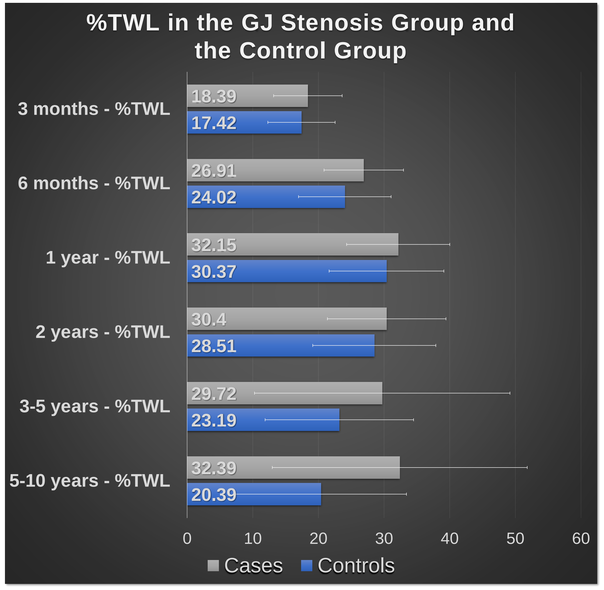
We analyzed patients who underwent RYGB between 2008 and 2020 and developed GJ stenosis in this retrospective study. We implemented a 1:4 case-match analysis for the following variables: age, gender, BMI, and diabetes (DM II) status. Percent total body weight loss (%TWL) was measured at 3 months, 6 months, 1 year, 2 years, 3-5 years, and 5-10 years. Data were analyzed using a hierarchical linear model.

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Table 1: Gastrojejunal Stricture Characteristic and Interventions

FACTOR	OVERALL
N	**30**
Mean anastomotic stricture size (SD)	9.13mm (±2.32)
Stricture sizes	
Mild	7 (23.3%)
Moderate	14 (46.6%)
Severe	9 (30.0%)
Number of Endoscopic Intervention	
1	30 (100%)
2	9 (30.0%)
3	1 (3.3%)
Therapeutic used	
Dilation with anastomotic balloon	22 (73.3%)
Dilation and metallic stent placement	4 (13.3%)
Dilation with only the endoscope	3 (10%)
Revisional surgery	1 (3.3%)





RESULTS

We identified 30 cases and matched 120 controls. There was no statistical significance between age, gender, BMI, and DM II status between both groups. The GJ stenosis characteristics and interventions are summarized in Table 1. The GJ stenosis group lost more weight at each time interval with a significantly higher %TWL of 13.6% ($p < 0.001$ [95% CI 5.70; 21.46]).

CONCLUSIONS

Gastrojejunal stenosis leads to increased short- and long-term weight loss in RYGB patients