Trinity Health Mid-Atlantic

Marginal Ulcer Rates in Primary Roux-en-Y Gastric Bypass vs Conversion from Sleeve Gastrectomy to Roux-en-Y Gastric Bypass

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Background

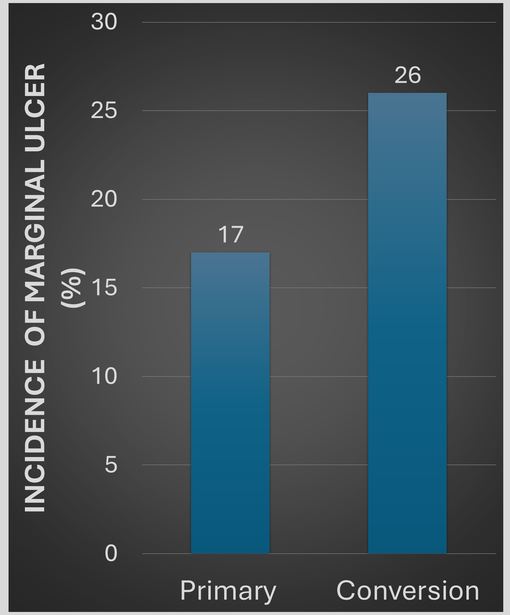
Sleeve gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB) are well-established surgical interventions for morbid obesity which offer excellent weight loss and can eradicate obesity-related comorbidities. Some patients who initially undergo SG later elect for conversion to RYGB due to inadequate weight loss. Marginal ulceration (MU) is a known complication following RYGB, with a mean prevalence of 4.6%, however MU rates in conversion-RYGB are not well understood. This study sought to compare the incidence of MU in patients who underwent primary RYGB compared to those who underwent conversion-RYGB, at a single bariatric institution.

Methods

- Single-center retrospective cohort study between 2015-2023
- Used electronic medical record and MBSAQIP databases
- Identified all patients who underwent primary or conversion-RYGB
- Recorded incidence of gastrojejunal anastomotic ulcers, identified by endoscopy or CT scan
- Analyzed demographics and perioperative factors
- Compared binary variables using Fisher's exact test
- $p < 0.05$ marked statistical significance

Results

A total of 103 patients were included, with N=46 in the primary RYGB group, (69.6% female) and N=57 in the SG to RYGB group (61% female). Mean age was 45.3 years and 44.7 years for the primary and conversion groups, respectively. MU was observed in 17% of patients in the primary group compared to 26% in the conversion group (p=0.47). Statistical analysis did not reveal a significantly higher incidence of MU in the conversion group. Among those who developed MU, there was no significant difference in smoking status or NSAID use.



Conclusion

In this single-institutional retrospective cohort, patients who underwent conversion from SG to RYGB experienced a similar incidence of MU to those with primary RYGB. This incidence was not associated with smoking or use of NSAIDs. Compared to recent studies, our study did not find an increased rate of MU with conversion RYGB. We hypothesize that even with the anatomical changes after sleeve gastrectomy, the perfusion of the gastric pouch is not impacted significantly enough to cause a higher rate of marginal ulceration. Additional research at our institution is being conducted to evaluate MU rates in patients undergoing conversion of SG to biliopancreatic diversion with duodenal switch. These findings represent an important consideration in the revisional bariatric population.