A Tailored Approach for Reflux Management After Sleeve Gastrectomy: Dispelling the Notion that All Need Conversion to a Gastric Bypass

BACKGROUND

Reflux occurs in 20-35% after sleeve gastrectomy (SG)

The most common treatment is conversion to Roux-en-Y gastric bypass (RYGB)

There are very few studies comparing alternative treatment options or strategies

There are no studies assessing the long-term efficacy of an algorithmic management approach in this population

STUDY POPULATION

Patients with persistent GERD ≥1 year after SG (n=64)



DIAGNOSTIC WORK UP

Lifestyle Optimization
Esophagram/Upper GI Series
Upper Endoscopy
High Resolution Manometry
BRAVO pH/Impedance Testing

TAILORED ALGORITHM

INTERVENTION

BMI ≥35 or Abnormal sleeve morphology



RYGB ± HHR (n=41; 64.1%)

BMI <35 or LESP ≤18 mmHg



MSA ± HHR (n=19; 29.6%)

HH present and LESP >25 mmHg or Esophageal dysmotility



HHR alone (n=3; 4.7%)

HH absent and LESP ≥18 mmHg



RFA (n=1; 1.6%)

RESULTS

Mean time for follow up → 5.8 years

	Pre-Op		Post-Op
GERD-HRQL Score	38.9	⋯▸	9.3
Daily PPI Use	95%	⋯▸	64%

Based on procedure performed, at follow up:

No difference in GERD-HRQL Score (p=0.455)
No difference in PPI use (p=0.817)
Higher BMI in those converted to RYGB (36.0 vs. 28.5)

At long-term follow up >5 years using this algorithm, conversion to RYGB is effective, but so are other approaches

36% of patients with GERD after SG were spared from conversion to RYGB

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Research in Surgical Outcomes and Effectiveness