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XXXII CONGRESSO
NAZIONALE SICOB

23 - 25 MAGGIO 2024
GIARDINI
NAXOS



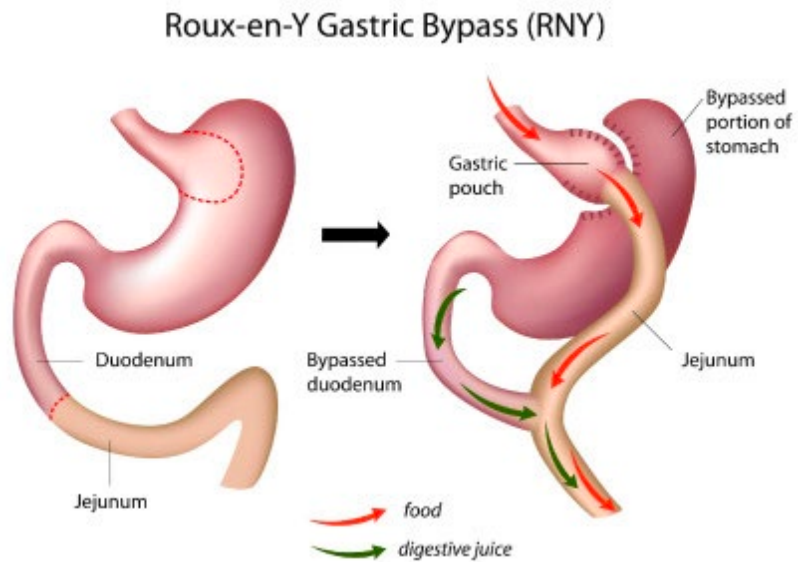
GERD dopo RYGB

DR. ANGELO SALERNO

*IRCCS OSPEDALE GALEAZZI-SANT'AMBROGIO
(MILANO)*



GERD dopo RYBG



- 17 % di tutte le procedure bariatriche (ASMBS 2018)
- Prima scelta in pazienti con GERD

- NON INFALLIBILE!

GERD dopo RYBG

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Gastroesophageal Reflux Disease After Roux-en-Y Gastric Bypass: Pathophysiology and Management

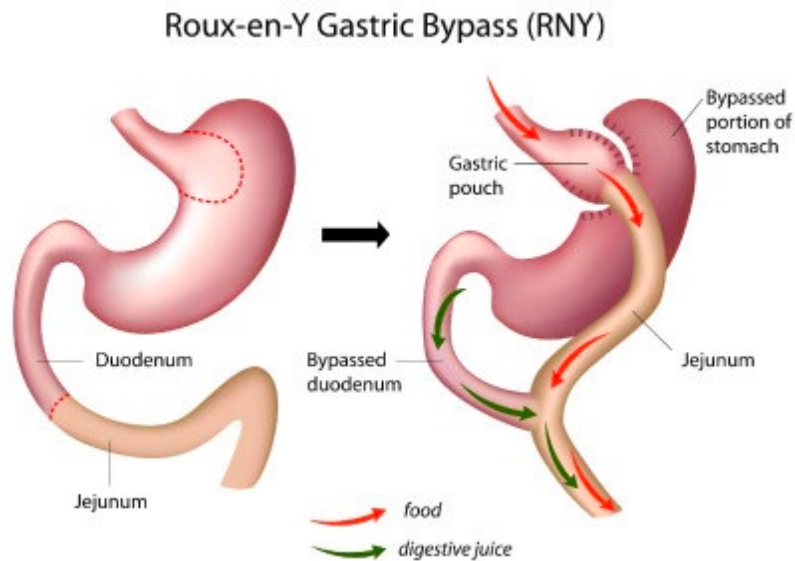
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TABLE 1. SUMMARY OF CURRENT EVIDENCE REGARDING GASTROESOPHAGEAL REFLUX DISEASE BEFORE AND AFTER ROUX-EN-Y GASTRIC BYPASS

Author	Year	N	Pre RYGB	Post RYGB	Comments
Pallati et al. ¹³	2014	31,642	(RYGB 61.6%). 32% had preoperative GERD: GERD score 2.80 ± 0.56	Rate of persistence/ <i>de novo</i> GERD: 24%. Postoperative GERD score 1.33 ± 1.41 (<i>P</i> < .0001). Mean follow-up 6 months	GERD score improvement was best in RYGB patients (56.5%; 7955 of 14,078)
Santonicola et al. ¹⁴	2022	45	51.1% had preoperative GERD	30.4% had persistence and 18.2% developed <i>de novo</i> GERD. Mean follow-up 99.9 ± 22.9 months	RYGB provides satisfactory weight loss and a high percentage of GERD symptoms resolution. However, ~24.4% of patients complained of GERD symptoms at medium-term follow-up
Frezza et al. ¹⁸	2002	435	64% had evidence of preoperative GERD, 87% manifested as heartburn. 44% had daily use of PPIs	Heartburn decreased to 22% and use of PPI to 9%. Mean follow-up 36 months	GERD was present in more than half of patients and >90% achieved significant improvement or resolution of their symptoms after RYGB
Madalosso et al. ¹⁹	2016	53	64% had evidence of preoperative GERD, manifested as reflux esophagitis in 45%. Mean DeMeester score was 28.6	Persistence/ <i>de novo</i> GERD was 23%, and DeMeester score decreased to 1.2 (<i>P</i> < .001). Mean follow-up was 39 ± 7 months	RYGB reduces GERD symptoms, improves reflux esophagitis, and decreases esophageal acid exposure for longer than 3 years
Perry et al. ²⁰	2004	57	100% had evidence of preoperative GERD, 54.4% had daily use of PPIs	Postoperative use of PPI decreased to 5.3%. Mean follow-up 18 months	At a mean follow-up of 18 months (range, 3–30), all patients report improvement or no symptoms of GERD
Holmberg et al. ^{21F}	2019	2454	NA	48.8% had persistence or <i>de novo</i> GERD. Mean follow-up 54 months	Risk factors for postoperative reflux were high preoperative dose of anti-reflux medication (IRR 1.77; 95% CI, 1.60–1.96 compared with low dose), older age (IRR 1.12; 95% CI 1.02–1.24 comparing age >50 with <40 years), female sex (IRR 1.28; 95% CI, 1.16–1.42) and comorbidity (IRR 1.26; 95% CI, 1.14–1.39 comparing Charlson Comorbidity Index ≥2 with 0)
Varban et al. ²²	2015	6410	40.6% had daily use of PPI	Use of PPI decreased to 29.2% (<i>P</i> < .0001). Mean follow-up 12 months	
Gorodner et al. ²⁴	2021	95	100% had evidence of preoperative GERD. Mean DeMeester score was 35.7	31% had evidence of persistence/ <i>de novo</i> GERD. Mean postoperative DeMeester score was 11 (<i>P</i> < .001). Mean follow-up was 12 months	LES pressure remained the same and DeMeester score decreased, while 69% of patients resolved their GERD

CI, confidence interval; GERD, gastroesophageal reflux disease; LES, lower esophageal sphincter; PO, postoperative; PPI, proton pump inhibitors; RYGB, Roux-en-Y gastric bypass.

GERD dopo RYBG



PERCHE' PUO' INSORGERE
GERD DOPO RYGB?

- Ernia iatale
- Pouch gastrica voluminosa
- Canale alimentare < 100 cm
- Dismotilità del canale alimentare
- Weakly acid reflux
- Candy cane syndrome
- Fistola gastro-gastrica
- Dismotilità esofagea
- Ipotensione LES
- Ostruzioni meccaniche

GERD dopo RYBG

COME FARE DIAGNOSI?



CLINICA +



WORKUP DIAGNOSTICO:

- EGDS + ISTOLOGIA
- PH-IMPEDENZIOMETRIA 24 H
- MANOMETRIA
- TUBO DIGERENTE

GERD dopo RYBG

COSA FARE?



- PPI

- RIPARAZIONE ERNIA IATALE
- REVISIONE DI POUCH/GEA/CUL DI SACCO
- ALLUNGAMENTO CANALE ALIMENTARE
- LINX

- TORE
- STRETTA
- MUSE
- ESOPHYX

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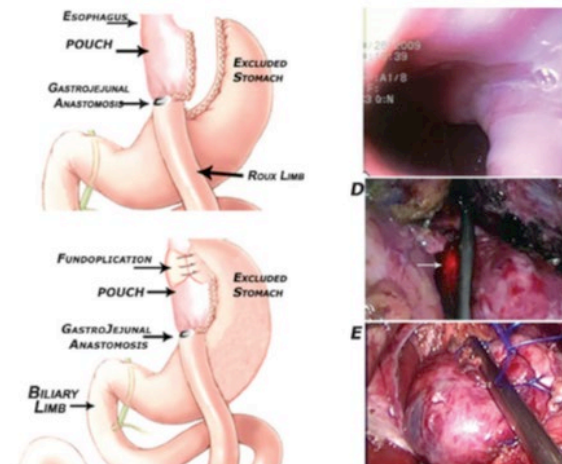
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Fundoplication after RYGB for obesity
Kawahara NT et al.

CLINICS 2012;67(5):531-533



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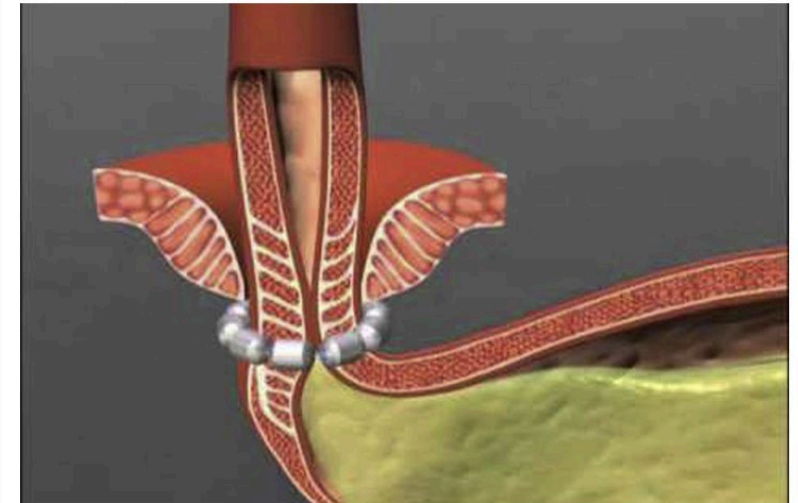
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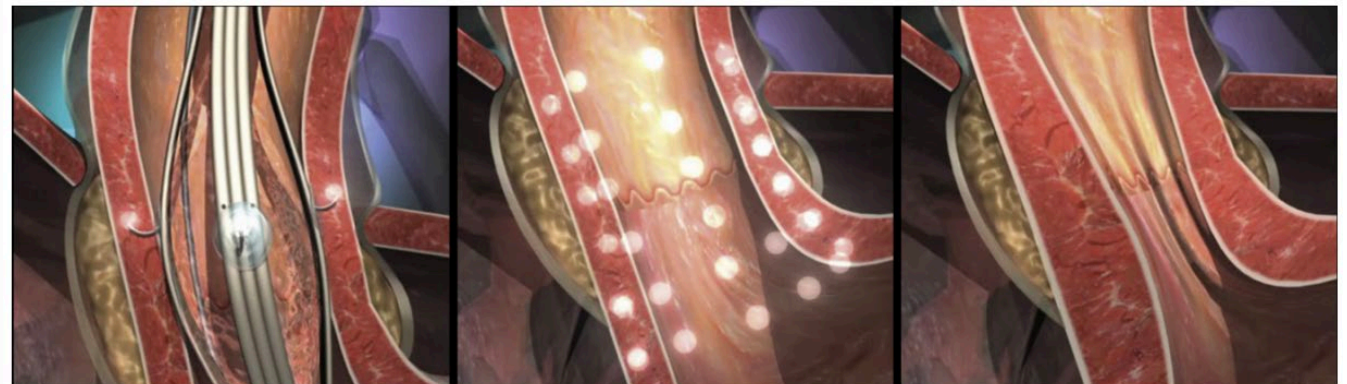
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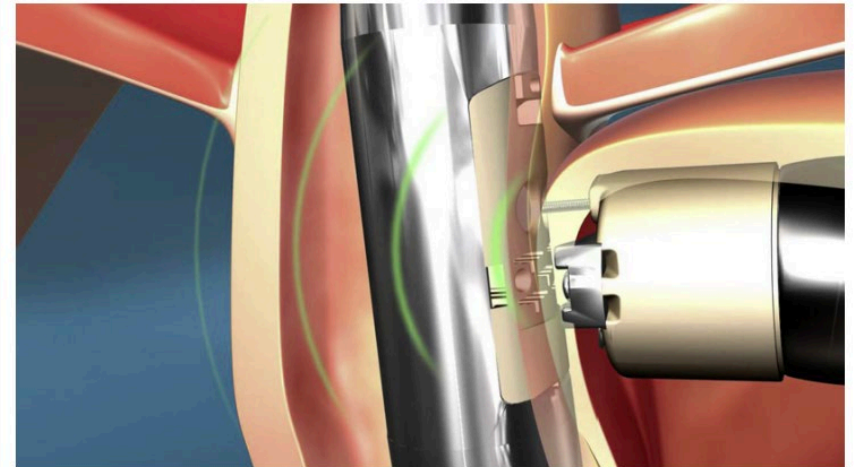
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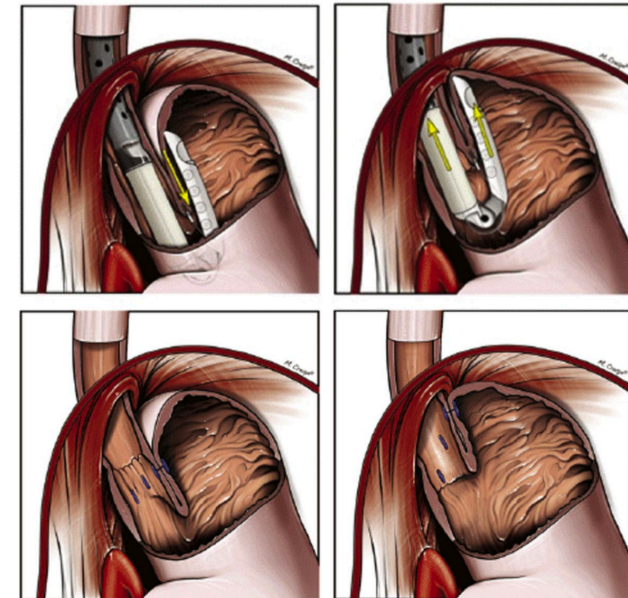
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TAKE HOME:

- RYGB come prima scelta in caso di GERD
- Inquadramento preoperatorio completo
- Long-term follow-up
- Skills chirurgiche



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