Università degli Studi della Campania *Luigi Vanvitelli*

ITALIAN BARIATRIC GERD CONSESUS. PRONTI PER PARTIRE?

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Delegato SICOB Regione Campania

UOC Chirurgia Generale, Mininvasiva, Oncologica e dell'Obesità (Dir. Prof L. Docimo)

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Giardini Naxos 24 Maggio 2024

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Consensus Statement Proposal

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GERD DEFINITION AND ASSESSMENT IN OBESE

GERD is a spectrum disease. In the obese it seems different from lean controls. However, data are lacking, so Montreal and Lyon 2.0 definition should still be used.

GERD diagnosis in the obese should be done according Lyon 2.0, in absence of data specific for the obese.

Prior Bariatric Surgery Proposed Statements - 1

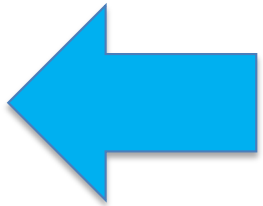
Systematic pre-operative Upper Endoscopy – See SICOB guidelines

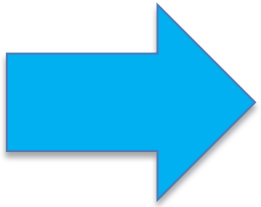
Systematic pre-operative HRM is not recommended prior to bariatric surgery

Pre-operative HRM should be performed in presence of esophageal symptoms

Prior Bariatric Surgery Proposed Statements - 2

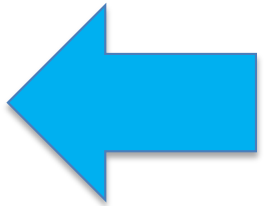
Pre-operative HRM can be used to define the EGJ-morphology and measure LES relaxation and resting pressure prior to bariatric surgery.





Pre-operative esophageal HRM findings can be used as additional parameters to refine GERD or motility disorder diagnosis, but not to predict post-operative GERD or dysphagia.

pH/pH-impedance monitoring is the gold standard for GERD diagnosis, but systematic use is not reccomended



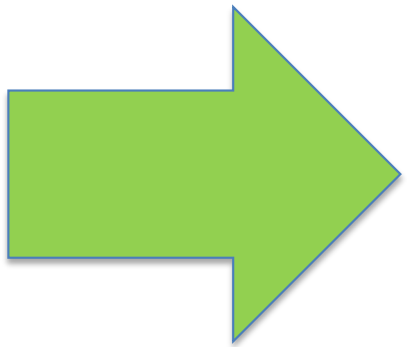
Prior Bariatric Surgery Proposed Statements - 3

HH should be diagnosed pre-operatively with X-ray or UE or HRM. UE should use standardized reports

The recommended protocol in CC v4.0 would be best suited for the bariatric population for pre-operative assessment when indicated.

Following Bariatric Surgery Proposed Statements - 1

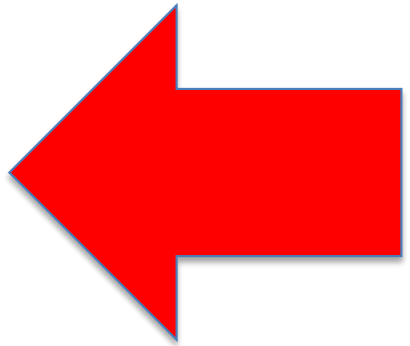
Following bariatric surgery HRM should be proposed only in symptomatic patients (suffering from dysphagia, vomiting, regurgitation, heartburn and chest pain) without any evidence of obstruction (i.e. normal endoscopy/barium transit) regardless of type of bariatric surgery.

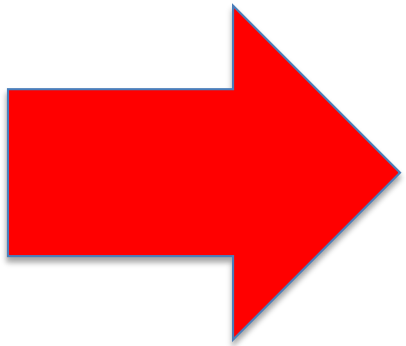


pH/pH-impedance monitoring should be utilized to diagnose post-bariatric GERD. Currently, there are no normative data after BS, so Lyon 2.0 should be used.

Following Bariatric Surgery Proposed Statements - 2

After bariatric surgery in patients without objective GERD, OCCURRENCE OF DE NOVO GERD is uncommon, when anatomical complications are not present.

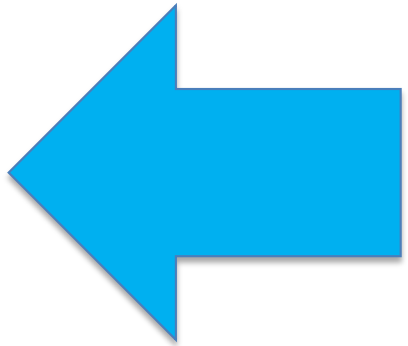


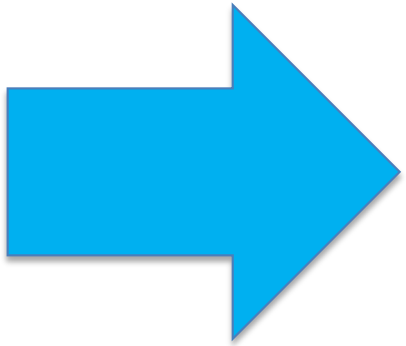


Following laparoscopic adjustable gastric band placement, there might be a significant increase in LES resting pressure with reduction of LES relaxation and/or an increase in high - pressure zone length at the esophagogastric junction which may be related to a misplaced band (too proximal).

Following Bariatric Surgery Proposed Statements - 3

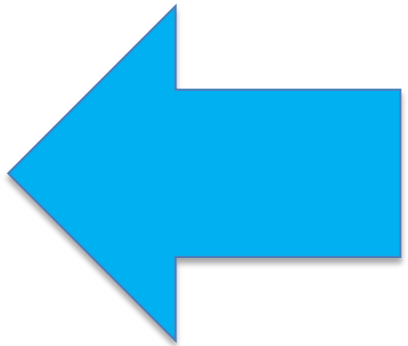
Following laparoscopic sleeve gastrectomy there is an increased intragastric pressure related to fundus removal which may lead to de novo or worsening GERD.





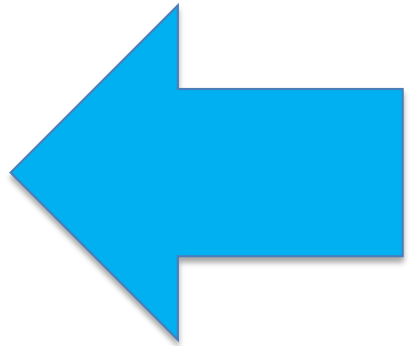
Some motility and pH studies are available in asymptomatic patients following sleeve gastrectomy, but to date, more data is required, and no normative values can be used as a reference for post-bariatric patients.

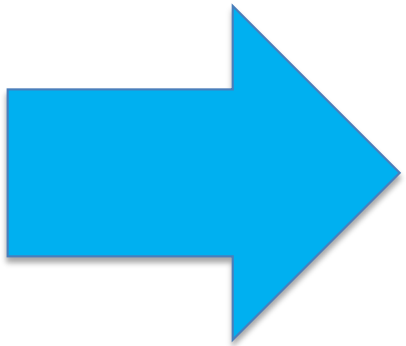
Bile reflux should be assessed by symptoms presence associated to bilious presence in gastric pouch and/or a positive HIDA scan



Selecting a particular Bariatric Surgery Proposed Statements - 1

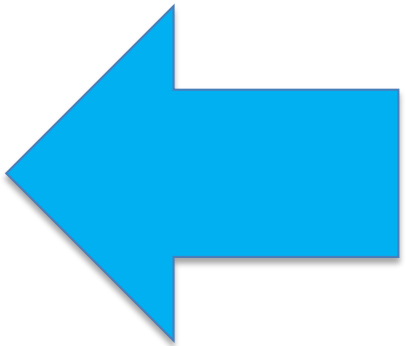
RYGB in GERD obese patient is still the treatment of choice. Combining fundoplication to sleeve is not contraindicated but long term results are needed





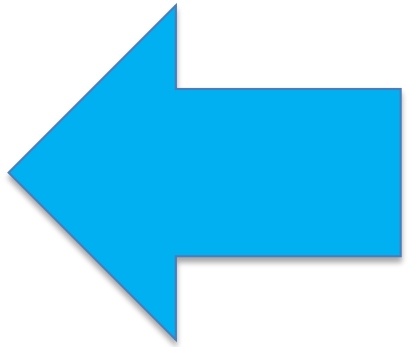
In case of post-operative GERD, dietary and drug therapy (PPI and mucosal agents) represent the first line of therapy

In case of post-operative GERD non responder, anatomical evaluation and then functional testing are needed



Selecting a particular Bariatric Surgery Proposed Statements - 2

RYGB is the treatment of choice for conversion for non responder GERD. Other treatments (MSA, endoscopic) can be used but their efficacy is under investigation



CONCLUSIONS

- Evidences are lacking
- Need to a unique language
- Need of normative data in obese population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Grazie