

# INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

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## Moderating the enthusiasm of sleeve gastrectomy: Up to fifty percent of reflux symptoms after ten years in a consecutive series of one hundred laparoscopic sleeve gastrectomies

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**Objectives:** Laparoscopic sleeve gastrectomy (LSG) has become a popular one-stage bariatric procedure with a proven efficacy on weight loss. However, the relationship between LSG and gastroesophageal reflux disease (GERD) remains a subject of debate. The objective is to determine the long-term effect of LSG on weight loss and reflux disease.

**Methods:** A retrospective analysis of 100 consecutive patients who underwent a LSG between January 2005 and March 2009 was performed. The effect of LSG on weight evolution and the relationship between pre-operative and post-operative GERD symptoms and PPI dependency was analysed.

**Results:** A mean follow-up of 8.48 years (range 6.1-10.3) was achieved. We observed a long-term % excess weight loss (%EWL) of 60%. A significant increase in reflux symptoms and use of PPIs was seen. Seventeen percent suffered from reflux disease preoperatively, versus 50% at the end of the postoperative follow-up (RR=2.5882, 95% CI [1.6161-4.1452], p-value=0.0001). The chance of developing *de novo* reflux after LSG was 47.8% (32/67). Reflux disease was present in 7 of the 26 patients who underwent a secondary Roux-en-Y gastric bypass (RYGB). In 4 of these 7

patients, reflux disease disappeared completely after the secondary RYGB (57.1%).

**Conclusions:** A satisfactory long-term effect on weight loss was achieved. However, a significant increase in GERD and PPI dependency after LSG was noted. New onset GERD was seen in more than 40% of the study population. Conversion to RYGB is a good option in patients with refractory reflux disease after LSG.

### Speaker Biography

Bart Smet has completed his graduation as General Surgeon with special interest in Bariatric Surgery in 1998 from Leuven University. Currently, he is working in a regional hospital in Roeselare, Belgium as Consultant. The department is performing about 450 bariatric procedures, covering the full spectrum from bypass over sleeve to malabsorptive procedures and redo surgery. He has presented bariatric topics on several national and international meetings and was faculty member of multiple bariatric masterclasses and expert meetings. Clinical immersion, live surgery by tele mentoring and proctoring abroad are regularly organized within his department.

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