

Bariatric surgery

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Presentation

Endoscopy

Radiology & Imaging

Small Intestine & Nutrition

Stomach & H. Pylori

Surgery

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The speaker discussed common mistakes in bariatric surgery management including underestimating preoperative GERD, inadequate patient optimization, failing to recognize postoperative leaks and internal hernias, and missing long-term nutritional deficiencies.

KEY POINTS

- Preoperative endoscopic workup is essential because Roux-en-Y gastric bypass improves GERD while sleeve gastrectomy and one anastomosis gastric bypass frequently cause significant deterioration of reflux symptoms, as stated in the SMBUS trial and French randomised studies.
- The first signs of postoperative leak are typically extra-abdominal such as tachycardia, tachypnoea, and oliguria despite adequate volume filling, with abdominal symptoms appearing very late, and CT scan is the gold standard for diagnosis rather than upper GI series.
- Internal hernia after Roux-en-Y gastric bypass presents with abdominal pain and variable distension that can be absent, plain x-ray is unreliable because the excluded biliopancreatic limb contains no air, and CT scan should be performed promptly.
- Early nutritional deficiency signs include diplopia and ophthalmoplegia after vomiting indicating B1 deficiency that can lead to Wernicke syndrome, while long-term protein deficiencies cause hair loss, fatigue, and lower limb oedema especially after malabsorptive operations.
- The speaker's 30-year follow-up study published in British Journal of Surgery showed that surgical complications decrease over time while nutritional complications increase, with revisions continuing to present many years after biliopancreatic diversion.

- The speaker recommended in discussion that patients with liver fibrosis may benefit from Roux-en-Y gastric bypass as studies show fibrosis regression, but expressed the opinion that gastric cancer after bypass is a non-issue because observed incidence is lower than calculated risk.

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