gutflix
GI learning, personalised

Summary

ESOPHAGEAL MOTILITY AND GASTROESOPHAGEAL REFLUX DISEASE IN PATIENTS WITH TYPE 2 DIABETES OPERATED WITH GASTRIC BYPASS OR SLEEVE GASTRECTOMY, 5-YEAR RESULTS FROM THE OSEBERG STUDY

Jøran Hjelmesæth

UEG Week Berlin 2025 | Presentation

Neurogastroenterology & Motility | Oesophagus

October 6, 2025

The Oseberg trial found that at 5 years after bariatric surgery in patients with type 2 diabetes and severe obesity, sleeve gastrectomy resulted in seven times higher prevalence of pathological acid reflux (59% vs 8%, p<0.0001) compared with gastric bypass, despite most patients being asymptomatic and similar rates of erosive esophagitis.

KEY POINTS

- Pathological acid exposure (pH<4 for >6% of time) occurred in 59% after sleeve gastrectomy versus 8% after gastric bypass (p<0.0001)
- GERD symptoms (GerdQ ≥8) were uncommon in both groups: 14% after sleeve gastrectomy and 2% after gastric bypass
- Erosive esophagitis prevalence was similar between groups (38% sleeve vs 41% gastric bypass), all Los Angeles grades A or B, but one patient in each group developed new Barrett's esophagus
- Esophageal dysmotility was diagnosed in 61% after sleeve gastrectomy and 73% after gastric bypass, predominantly hypertensive or hypotensive lower esophageal sphincter, with no patients reporting swallowing difficulties or chest pain
- The authors recommend objective GERD assessment in long-term follow-up after sleeve gastrectomy to detect and prevent Barrett's esophagus, dysplasia, and adenocarcinoma, given the high rate of asymptomatic pathological reflux

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/62a378d8-a813-11f0-ad03-0242ac140006

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.