

IS ENDOSCOPIC PLACEMENT OF CAPSULE ENDOSCOPY MANDATORY IN PATIENTS WITH PREVIOUS GASTROINTESTINAL SURGERIES?

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UEG Week Copenhagen 2023

Poster

Oesophagus

October 15, 2023

A retrospective cohort study of 642 patients found that capsule endoscopy completion rates and diagnostic yield in patients with prior gastrointestinal surgery were comparable to those without surgery, and endoscopic placement using the AdvanCE device did not improve outcomes.

KEY POINTS

- Among 642 patients undergoing capsule endoscopy, 17 (2.6%) had previous gastrointestinal surgery including gastric bypass, Y-de-Roux, Bilroth procedures, and sleeve gastrectomy.
- In patients without endoscopic placement, complete examination rates were similar between surgery and non-surgery groups (86.7% vs 85.3%, $p=1.000$), as were adequate bowel preparation (73.3% vs 78.1%, $p=0.751$) and diagnostic yield (40% vs 38%, $p=0.875$).
- Endoscopic placement of the capsule using the AdvanCE device was 13.3 times more likely in patients with previous surgery (11.8% vs 1.0%, $p=0.017$) but did not improve complete examination rates (50.0% with placement vs 86.7% without, $p=0.331$).
- Complete examination, bowel preparation quality, and diagnostic yield did not differ significantly among different surgery types (gastric bypass, Y-de-Roux, Bilroth II).
- This material is relevant for gastroenterologists performing capsule endoscopy in patients with altered gastrointestinal anatomy.

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