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Gastroesophageal Reflux Before Metabolic Surgery

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Abstract

Background: Obesity has significantly increased in the last decades and metabolic (bariatric) surgery has been extended accordingly. Clinical manifestations of Gastroesophageal reflux disease (GERD) are frequent in the obese population but the presence of GERD premises (i.e. Hiatala hernia) or complications in asymptomatic patients undergoing metabolic surgery is unclear.

Aim: (1) to identify gastroesophageal reflux condition or complications in patients undergoing metabolic surgery. (2) Study the correlations of the clinical symptoms of GERD with the preoperative radiological and endoscopic findings.

Methods: All the consecutive patients (GERD symptomatic or not) undergoing metabolic surgery in a Bariatric Center of Excellence between December, 2015 and May 2016 were included in a prospective study. A multidisciplinary team evaluated all the patients within the bariatric surgery program. Clinical evaluation, radiological and endoscopic investigations were performed to all the included patients. The patients who previously had anti-reflux or bariatric surgery were excluded.

Results: Four-hundred-forty-eight consecutive patients were enrolled into the study. The mean age of patients was 41.04 (±11.15) years, and 29% of them were men. The mean BMI was 39.96 (±8.17) kg/m2. Symptoms of GERD were recorded only in 93 of the patients (20.76%) while endoscopic examination revealed esophagitis in 139 (31,03%) patients (107 Grade A, 28 Grade B, 3 Grade C, 1 Grade D. Barrett esophagus was suspected in 5 patients but histologic confirmation (gastric metaplasia) was recorded only in 2 patients (0.44%). Hiatal hernia was revealed by endoscopy and radiology in 119 (26,56%) and 112 patients (25%). 62% of the patients presenting esophagitis (86/139) had no pre-operative symptom of GERD, meaning that a significant number of the asymptomatic patients undergoing metabolic surgery may present consequences of gastro-esophageal reflux.

Conclusions: The study demonstrates that GERD is more frequent then expected in asymptomatic obese patients undergoing metabolic surgery. The clinical impact of these findings is important for the proper procedure selection and for a correct evaluation of the postoperative evolution.

Key words: gastro-esophageal reflux, preoperative endoscopy, bariatric surgery, Barrett esophagus