

Endoscopic surveillance post bariatric surgery: as assessment of the IFSO recommendations

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Background: IFSO recently published a position statement on the role of oesophago-gastro-duodenal endoscopy (OGD) in bariatric surgery. Their recommendation for post-operative endoscopy involves undertaking an OGD at 1 year and then every 2-3 years following laparoscopic sleeve gastrectomy (LSG) and one-anastomosis gastric bypass (OAGB). Patients undergoing these procedures were identified to have a higher risk of developing Barrett's oesophagus and upper GI malignancies. These recommendations have been based on limited evidence. The existence of a guideline that recommends such intensive endoscopic follow-up raises several medicolegal questions for Bariatric surgeons in Australia.

Materials & Methods: The position statement and supporting references were critiqued.

Results: The IFSO task force undertook a systematic review of the literature to determine the role of endoscopy in bariatric surgery. 11 studies (1798 patients) were identified that included post-operative OGD. A reduction in upper GI pathology was noted following roux-en-y gastric bypass (RYGB) in two studies, and symptomatic post-RYGB complications were identified in three studies. Five studies assessed post-operative changes of LSG, with an increase in grade of oesophagitis in one study and yet an improvement in oesophagitis in another study. Three studies reported incidence of asymptomatic Barrett's oesophagus as 15-18.8%. There are very few case reports of oesophageal adenocarcinoma following LSG in the literature. There are clearly significant limitations to the quality of the available data, including the assessment of upper GI pathology at endoscopy.

Conclusions: These new IFSO recommendations have been limited in their applicability by the strength of the evidence they are based on. The routine OGD follow-up recommended post LSG and OAGB would place a significant burden on both the private and public sector in Australia, subjecting patients to anaesthetic and procedural risks with minimal benefit. There is scope for development of local guidelines, with prospective studies likely to provide the best evidence.