

Antrectomy as a rescue anti-reflux procedure following Roux-en-y gastric bypass for post-sleeve gastrectomy reflux

Background

Many patients with significant reflux after laparoscopic sleeve gastrectomy (LSG) will be offered Roux-en-Y gastric bypass (RYGB) to help manage their symptoms, however, studies show that persisting reflux symptoms exist in many and that this can frequently be confirmed by finding abnormal oesophageal acidification on post-RYGB studies.

Unlike primary RYGB whereby the gastric body remains to produce acid in the gastric remnant, the post-LSG stomach can mimic features of the Retained Antrum Syndrome. This occurs as G cells in the retained antral tissue are not exposed to intraluminal acid, resulting in a continuous secretion of gastrin and intense stimulation of parietal cell acid production in the proximal small stomach. Performing antrectomy is a simple way to control acid production and help manage symptoms in those patients where stomal ulceration or reflux symptoms are an issue following LSG to RYGB conversion.

Objective

To determine the potential of antrectomy as a surgical treatment for persisting acid-related disease following LSG to RYGB conversion.

Methods

6 patients were identified who underwent antrectomy following LSG to RYGB, 1 for recurrent gastro-enterostomy anastomotic ulceration and 5 for persisting reflux symptoms.



Results

Patients underwent the antrectomy procedure at a mean of 2.1 years after the RYGB procedure. No peri-operative complications were noted, and the median post-operative hospital stay was 1 day. All patients had ceased PPI therapy at 2- and 12 weeks post procedure. One patient agreed to pre- and post-operative oesophageal pH testing with a significant reduction oesophageal acid exposure noted. 2 patients developed late RYGB functional complications of reactive hypoglycaemia and abdominal pain.

Conclusion

Remnant gastrectomy appears successful for management of persisting severe reflux and acid related disease after LSG to RYGB conversion. As patients with severe reflux after LSG appear to be at risk from post-RYGP side effects, we would not recommend this as a routine step during LSG to RYGB conversion, as it confers irreversibility.