Marginal Ulcer after Gastric Bypass

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Disclosure

- Speaker/Consultant/Funded research Covidien (Tyco/Autosuture)
  W. L. Gore & Associates
  Ethicon Endosurgery
- Teaching Grant Covidien

NO RELATIONSHIP TO THIS TALK
Complications of Obesity Surgery

( What we watch out for: )

- Respiratory
- Bleeding (early, late)
- Thrombosis/PE
- Enteric leaks
- Ulcers/Obstruction

An ounce of prevention…..
Surgery for Obesity

We do different operations! Some have unique complications

- Gastric bypass
- Lap band
- Duodenal Switch
- Sleeve gastrectomy
Bleeding

- Dissection
- Staple lines
  - over sew, buttress
- Verify anastomosis
- Therapeutic endoscopy for acute post-op bleeding should be performed in the OR (under general anesthesia?)
Abdominal Pain: Bleeding

- Acute, severe, hemorrhage is rare
- Anatomical landmarks are altered
  - liver anterior, excluded stomach is posterior
- NSAID use should be complemented by PPI
Marginal Ulceration/Bleeding
Bleeding-Epinephrine Injection
Treatment of Ulcers/Strictures

Prevention
  tobacco; NSAIDS
  pouch size, absorbable sutures
Gastro-gastric fistula
Medical
  PPI
  Sucralfate
Endoscopy
Surgical
Small Bowel Obstruction & Internal Hernias

Postop Complications: Stricture

- Stricture is the single most common complication of gastric bypass!
- Vomiting with onset at 3-8 weeks postop is stricture until proven otherwise!
- Variable incidence: 1-20%\(^1,2\)
- Sites:
  - Gastrojejunostomy (most common)
  - Mesocolic tunnel (rarer, only in retrocolic Roux)
- Diagnosis & treatment: upper endoscopy

\(^1\)Fobi MAL et al. Gastric bypass operation for obesity. World J Surg 1090;22:925-935
Complications of Laparoscopic Gastric Bypass

Anastomotic Stricture

- Upper GI series (barium swallow) may miss stricture!
- Upper endoscopy will diagnose 100% and allow treatment with dilating balloon
- Multiple dilatations frequently necessary