



Should Surveillance Endoscopy Be Routine After One Anastomosis Gastric Bypass to Detect Marginal Ulcers: Initial Outcomes in a Tertiary Referral Centre

Aditya Baksi¹ · Devanish N. H. Kamtam¹ · Sandeep Aggarwal¹  · Vineet Ahuja² · Lokesh Kashyap³ · Dilip R. Shende³

Received: 18 March 2020 / Revised: 11 July 2020 / Accepted: 17 July 2020
© Springer Science+Business Media, LLC, part of Springer Nature 2020

Abstract

Purpose Encouraged by the excellent outcomes of one anastomosis gastric bypass (OAGB) reported by many authors, we added this procedure to our bariatric armamentarium in 2015. Here we present our initial experience of 68 cases and findings from routine upper gastrointestinal endoscopy at 1 year.

Materials and Methods This is a retrospective analysis of a prospectively maintained database of a single surgical unit in a tertiary referral centre. Patients undergoing OAGB from January 2015 to May 2019 were included. A fixed biliopancreatic (BP) limb length of 200 cm was used in all patients. Surveillance endoscopy was done at 1-year follow-up.

Results Sixty-eight patients, of whom 67.6% were females, were analysed. Mean age was 40.8 ± 1 years. Mean preoperative weight and body mass index (BMI) were 131 ± 24.7 kg and 51 ± 7 kg/m², respectively. Median follow-up was 23 months (range 9–55 months), with 88% follow-up at 6 months and 1 year. At 1 year, mean total weight loss (TWL) and excess weight loss (EWL) were 35% and 71%, respectively. Endoscopy at 1 year revealed a 9.5% rate of marginal ulcers, majority of which healed with conservative treatment. Eighty-eight percent patients had complete remission of diabetes, and 94% had complete remission of hypertension. There was no 30-day mortality.

Conclusion OAGB is a safe and effective bariatric procedure with excellent short-term outcomes in terms of weight loss, resolution of obesity-related co-morbidities and complications. Routine surveillance endoscopy at 1 year may detect asymptomatic marginal ulcers and, thus, prevent ulcer-related complications.

Keywords One anastomosis gastric bypass · OAGB · Mini-gastric bypass · MGB · Surveillance endoscopy · Marginal ulcer

Introduction

Over the last 5 years, there has been an exponential growth in the number of one anastomosis gastric bypass (OAGB) procedures performed worldwide [1–3]. There have been

concerns for an increased risk of marginal ulcers after OAGB; incidence of up to 5% has been reported in the English literature, similar to that of Roux-en-Y gastric bypass (RYGB) [4, 5]. The incidence of marginal ulcers in RYGB has been found to increase with increasing size of the gastric

✉ Sandeep Aggarwal
sandeep_aiims@yahoo.co.in

Aditya Baksi
aditya.baksi@gmail.com

Devanish N. H. Kamtam
devanish31@gmail.com

Vineet Ahuja
vins_ahuja@hotmail.com

Lokesh Kashyap
lokeshkashyap@yahoo.com

Dilip R. Shende
dilipshende@yahoo.com

¹ Bariatric and Metabolic Surgery, Department of Surgical Disciplines, All India Institute of Medical Sciences, New Delhi 110029, India

² Department of Gastroenterology and Human Nutrition, All India Institute of Medical Sciences, New Delhi, India

³ Department of Anaesthesiology, Pain Medicine and Critical Care, All India Institute of Medical Sciences, New Delhi 110029, India