



Gastroesophageal Reflux Disease and Laparoscopic Sleeve Gastrectomy Incidence and Solutions

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Abstract

Background: Gastroesophageal reflux Disease (GERD) is frequently encountered in obese patients. Laparoscopic sleeve gastrectomy (LSG) is a valid operation to overcome obesity, unfortunately associated with significant percent of GERD and De novo GERD.

Objectives: The aim of this descriptive study is to assess the incidence of GERD in obese patients in relation to Laparoscopic Sleeve gastrectomy. Aid to identify the suitable antireflux procedure.

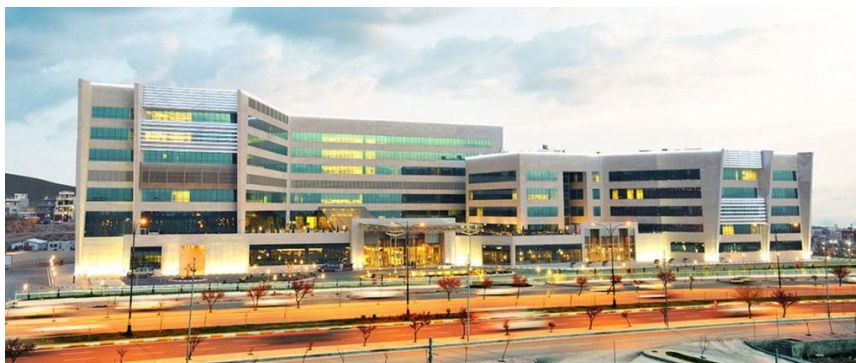
Methods: This is a descriptive study, tracing (2210) obese patients from 2008-2018 in high volume single government and 4 private hospitals scheduled for LSG in relation to GERD. Records and investigations for GERD symptoms analyzed. GERD patients preoperatively are subjected to 3 varieties of antireflux procedures combined with LSG. De novo GERD patients are subjected to RYGB usually and different other options discussed from literature review.

Results: The number of obese patients subjected to LSG was (2210), and followed up 3 months to 10 years, the mean period is 46.5 months. GERD patients were 520 (23.5%), De novo GERD 118 (5.33%). Cruroplasty with LSG was the standard procedure for GERD and/or hiatal hernia, 4 (7.6%) cases subjected to Nissen and Rossetti fundoplication with LSG. RYGB is offered for 9 (20%) patients with De novo GERD with excellent outcome.

Conclusion: Gastroesophageal reflux disease GERD is inevitable in Obese patients and encountered often post sleeve gastrectomy. The best procedure to avoid GERD is RYGB. If LSG is mandatory it's preferable to be done for patients without reflux symptoms, and if symptoms present combined LSG with Nissen or Rossetti fundoplication is preferable.

Biography

Nezar Al-Mahfooz is a Board Certified General Surgeon from the Council of Arab Board Surgery (CABS) 1992. He is Senior Consultant General, GIT, Bariatric and Metabolic Surgeon at Faruk Medical City, Sulaymania, Leader & Director MIS surgery of Almowasat private hospital, Basrah (Iraq). He has pioneered the advanced laparoscopic and bariatric surgery in Iraq for the last 14 years. He has to his credit many international and regional memberships: Member Society of American Gastrointestinal and Endoscopic Surgeons (SAGES), Fellow of American College of Surgeons (FACS), Fellow of American Society for Metabolic and Bariatric Surgery (ASMBS); Member of the International Federation of Obesity Surgery (IFSO), Society of Laparoscopic Surgery (SLS), Egyptian and Arab Societies of Laparoscopic Surgery (ESLS) & (ASLS); Establishing Member of Iraqi Society of Metabolic and Bariatric Surgery (ISMBS). He has more than 21 published articles on general minimally invasive surgery and has introduced many novel minimally invasive surgical techniques in Iraq.



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