

# Endoscopic Treatments Following Bariatric Surgery



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## KEYWORDS

- Bariatric endoscopy • Therapeutic endoscopy • Weight regain
- Endoscopic surgery • Endoscopic suturing • Gastric bypass
- Surgical complications • Fistula

## KEY POINTS

- Weight regain after bariatric surgery is common and can be managed with less invasive endoscopic techniques.
- Endoscopic techniques target structural postoperative changes that are associated with weight regain, most notably dilation of the gastrojejunal anastomosis aperture.
- Purse string suture placement, as well as argon plasma coagulation application to the anastomosis, may result in significant and durable weight loss.
- Various endoscopic approaches may be used to safely and effectively manage complications of bariatric surgery, including ulceration and fistula.

## INTRODUCTION

Obesity is a lifelong condition of pandemic proportion that requires long-term multidisciplinary management leading up to and beyond any single intervention. Even after restrictive and metabolic surgeries like a Roux-en-Y gastric bypass (RYGB), patients have the potential to experience significant weight regain, which is why a long-term care team is necessary for management of obesity. An emerging member of this care team is the bariatric endoscopist. The field of endobariatrics includes revision procedures for patients who experience weight regain after bariatric surgery, as well as primary endoscopic procedures for the management of obesity.<sup>1</sup> This field also provides medical management of obesity as well as minimally invasive endoscopic

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treatments for various complications of bariatric surgery including perforations, leaks, stenosis, and fistulas, to name a few. This article focuses on the currently available endoscopic revision procedures for patients who experience weight regain after bariatric surgery, and also touches on endoscopic techniques in the management of other complications of bariatric surgery that may contribute to weight regain including ulcerations and fistulae.

### **PATIENT EVALUATION FOR WEIGHT REGAIN AFTER BARIATRIC SURGERY**

Prior to offering endoscopic revision procedures, an appropriate infrastructure must be in place. As a part of a multidisciplinary center offering care to the bariatric patient, the customary endoscopy suite will need to make some adjustments to provide safe, dignified, and high-quality care for this patient population. Common adaptations needed to safely and comfortably accommodate bariatric patients include:

- Bariatric specialty furniture for the clinic and endoscopy suite including the waiting areas
- Appropriately sized bathrooms, reinforced toilets and room structure including larger doorways
- Bariatric-rated stretchers and tables for the procedural arena
- Anesthesia team attuned to and comfortable with bariatric patients

As part of the evaluation of the patient with weight regain after bariatric surgery, it is important to obtain a thorough medical history and physical examination. Comorbid conditions that may increase risk associated with procedural sedation are noted, especially because some endoscopic techniques may be safely performed with only conscious sedation, reducing the cost and time required by monitored anesthesiologist care. Prior operative reports should be reviewed to determine the patient's surgical anatomy including any postoperative complications that may have occurred and that will aid in endoscopic procedural planning. The patient's presurgical weight, postsurgical nadir weight, and total weight regained should be recorded. It is important to discuss lifestyle issues related to weight regain, including diet and exercise habits, to determine other contributing factors to the patient's weight regain. In particular, dietary habits to avoid include grazing, rather than eating discrete meals at defined times and consumption of soft calories or sliders, rather than solid whole foods that require chewing and digestion. These 2 eating habits must be addressed prior to consideration of any endoscopic therapy. Appropriate referrals to a dietician, lifestyle coach, and/or psychologist should be made depending on the individual patient.

The cause of weight regain after bariatric surgery is generally multifactorial, but in some cases, reversible medical causes may be at play. Evaluation for medical conditions contributing to weight regain after gastric bypass include:

- Iron studies—Iron deficiency anemia must be corrected
- TSH and free T4—hypothyroidism and other relevant endocrinopathies should be addressed
- Exercise and physical therapy—movement limitations including arthritis should be addressed if possible

Most patients with unresolved obesity, or those who have redeveloped obesity (BMI >30 kg/m<sup>2</sup>) and have had all of the previously listed issues addressed should be considered candidates for endoscopic therapy. This is especially true with the presence of comorbid conditions related to obesity (ie, diabetes, hypertension, hyperlipidemia, fatty liver disease, obstructive sleep apnea, or arthritis).

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