

Bariatric Surgery (EGD-1.14)

Bariatric surgery in appropriately selected patients results in a significant and durable weight loss and improvement in weight-related comorbidities. Upper gastrointestinal endoscopy has been shown to be a useful procedure in the management of patients considering bariatric surgery and those who have undergone a bariatric procedure. The Standards of Practice Committee of The American Society for Gastrointestinal Endoscopy (ASGE) published a guideline entitled “The role of endoscopy in the bariatric surgery patient” in *Gastrointestinal Endoscopy* in 2015. This position statement also included the American Society of Metabolic and Bariatric Surgery, and the Society of American Gastrointestinal and Endoscopic Surgeons. Preoperative upper endoscopy (EGD) can identify patients with asymptomatic anatomic findings that may alter surgical planning. Patients with symptoms of GERD, or any postprandial symptoms, and/or who chronically use antisecretory medications should have an upper GI endoscopy prior to bariatric surgery. Multiple published studies have demonstrated that routine EGD before surgery can identify conditions including hiatal hernia, esophagitis, ulcers, *Helicobacter pylori* infection, and tumors. 1% to 9% of patients may have findings that result in a delay or alteration of surgery. Indications for endoscopy in the post-bariatric surgery patient include those with symptoms of nausea, vomiting, and abdominal pain most commonly, as well as symptoms of dumping syndrome. Upper endoscopy is valuable in the diagnosis of marginal ulcers, fistulae, postsurgical GERD, hiatal hernia, and partial or complete anastomotic obstruction. Stomal stenosis, bezoars, GI bleeding and anemia post-surgery can be diagnosed and/or managed endoscopically. Failure to lose weight or regaining weight after initial weight loss may indicate anatomic complications that require further intervention.

References:

1. Schlottmann F, Reino R, Spano M, Galvarini M, Alvarez Gallesio J, Buxhoeveden R. Preoperative endoscopy in bariatric patients may change surgical strategy. *Society of American Gastrointestinal and Endoscopic Surgeons*. <https://www.sages.org/meetings/annual-meeting/abstracts-archive/preoperative-endoscopy-in-bariatric-patients-may-change-surgical-strategy/>
2. Evans JA, Muthusamy VR, Acosta RD, et al. The role of endoscopy in the bariatric surgery patient. *Gastrointestinal Endoscopy*. 2015;81(5):1063-1072. doi:10.1016/j.gie.2014.09.044.
3. DePalma GD, Forestieri P. Role of endoscopy in the bariatric surgery of patients. *World J Gastroenterol*. 2014;20(24):7777-7784. doi:10.3748/wjg.v20.i24.7777.
4. Malli CP, Sioulas AD, Emmanouil T, Dimitriadis GD, Triantafyllou K. Endoscopy after bariatric surgery. *Annals of Gastroenterology*. 2016;29(3):249-257. doi:10.20524/aog.2016.0034.
5. Al-Rashedy M, Ghosh A, Krivan S, Al-Ta'an O, Munashinghe A. Indicators and predictors of postoperative esophagogastroduodenoscopy after bariatric surgery-

analysis from a tertiary bariatric centre. *World J Surgery*. 2022;1015.
doi:10.52338/wjsurg.2022.1015.