

Trends of Proton Pump Therapy use post Laparoscopic Sleeve Gastrectomy

Dr. Sukaina Jaffar¹, Dr. Michael Devadas^{1 2 3 4 5 6}

1. Department of Surgery and Upper Gastrointestinal Surgery, Nepean Public Hospital, Sydney, NSW, Australia
2. Department of Upper Gastrointestinal Surgery and Bariatric Surgery, Blacktown Public Hospital, Sydney, NSW, Australia
3. VMO Norwest Private Hospital, Sydney, NSW, Australia
4. Circle of Care, Hospital for Specialist Surgery, Sydney, NSW, Australia
5. Nepean Private Hospital, Sydney, NSW, Australia
6. University of Sydney, Sydney, NSW, Australia

Background

Functional UGI symptoms after bariatric surgery, especially acid-reflux symptoms are well-reported in literature. What has not been evaluated, is usage of proton pump inhibitors (PPI) after Laparoscopic Sleeve Gastrectomy (LSG). Dysphagia is another clinical entity that is not thoroughly studied post LSG. Furthermore, there is no current evidence correlating PPI therapy with dysphagia post LSG.

Objectives

To compare prevalence of PPI usage pre and post-operatively in patients that underwent LSG. To assess if self-reported dysphagia affects PPI usage.

Methods

101 consecutive patients that underwent LSG were retrospectively analysed. Contrast studies performed pre-operatively excluded hiatus hernia. Presence of pre-operative GORD and PPI use was recorded. At one year follow-up, all patients completed a clinically validated dysphagia assessment questionnaire.

Results

Overall, pre-operatively 16 of 101 patients were on PPI therapy. At follow up of one year or greater, 20 patients were found to be on PPI which is a significant increase ($p=0.01$).

Commencement of new PPI therapy within one year post surgery occurred in 13 of 85 patients (15%). Only 7 of 16 patients (44%) continued ongoing PPI usage post-operatively.

Logistic regression analysis revealed the odds of requiring PPIs one year after LSG is 4.3 [95% CI 1.36-13.62] times higher in patients on PPI therapy pre-operatively. Patients on PPI at follow-up also revealed significantly higher dysphagia scores by 2 points ($p=0.043$).

Conclusion

There was a significant increase in PPI usage 12 or more months after LSG. A correlation between self-reported dysphagia and PPI usage was also found. The factors that contribute to symptoms of reflux need to be further studied to ascertain whether PPI use is indicated in these patients.