

JOINT EVENT

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&

3<sup>rd</sup> International Conference on Metabolic and Bariatric Surgery

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**Bile reflux of the remnant stomach following Roux-en-Y gastric bypass: An etiology of chronic abdominal pain treated with remnant gastrectomy**

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**Background:** Bile reflux gastritis of the remnant stomach following Roux-en-Y gastric bypass (RYGB) causing chronic abdominal pain has not been reported. We report a series of symptomatic patients with remnant gastritis treated effectively with remnant gastrectomy.

**Objective:** To report our experience with bile reflux remnant gastritis after RYGB and our outcomes following remnant gastrectomy.

**Setting:** Community teaching hospital.

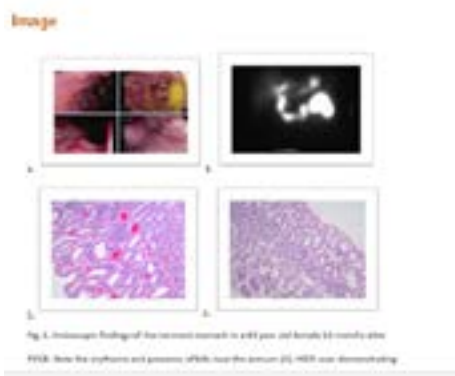
**Methods:** All patients undergoing remnant gastrectomy were retrospectively reviewed for presenting symptoms, diagnostic workup, pathology, complications, and symptom resolution.

**Results:** Nineteen patients underwent remnant gastrectomy for bile reflux gastritis at a mean of 4.4 years (52.3 months, range 8.5-124 months) after RYGB. All patients were female and presented with pain, primarily epigastric 18/19 (95%), and described as burning 11/19 (58%), with 10/19 (53%) reporting nausea. Endoscopy was performed preoperatively on all patients with successful remnant inspection in 13 (68%), using push endoscopy (n=10) or operative assist (n=3) with 12/13 (92%) biopsy-positive for reactive gastropathy. Seventeen (90%) completed a HIDA scan with 100% positivity demonstrating bile reflux across the pylorus. Surgical approach was laparoscopic or robotic in 18 (95%) with hospital LOS of 2.7 days (range 0 to 12 d) with no major complications or readmissions. Pathology of the remnant confirmed reactive gastropathy in 90% (n=17). 90% (N=17) of patients reported sustained symptom resolution and 11% (n=2) of patients remained symptomatic at last follow up. We followed all patients for a mean of 6.6 years (1-194 months).

**Conclusion:** Bile reflux gastritis of the remnant stomach is a new consideration for chronic abdominal pain months to years following RYGB. HIDA imaging and endoscopic biopsy are highly suggestive. Remnant gastrectomy is safe and effective treatment.

**Recent Publications**

1. La Vella Erika and Yarbrough Don (2014) Biliary Dyskinesia: A standardized approach. Western States Medical Monographs, 1(1):1-10.



**Biography**

Erika La Vella completed her Doctorate of Osteopathic Medicine at Pacific Northwest University and her residency training at Good Samaritan Regional Medical Center in Corvallis, Oregon. She earned her Bachelor degree of Science in Nutrition from the University of Idaho. She has two publications and serves as an Editorial Board Member of the Journal of Surgery and Research. She now practices as a Robotic General and Bariatric Surgeon at a community hospital in Corvallis, Oregon. She has always appreciated the direct relationship that food quality, digestion and lifestyle have on human health. She believes that when individuals are healthy, their families and communities around them begin to thrive.

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