

Use of upper gastrointestinal studies after gastric bypass

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After reading the interesting article “Predictive value of upper gastrointestinal studies versus clinical signs for gastrointestinal leaks after laparoscopic gastric bypass” by Madan [1] et al., we want to contribute our opinion about the use of routine imaging tests (RIT) after laparoscopic Roux-en-Y gastric bypass (LRYGB). The efficiency of upper gastrointestinal (UGI) studies relies mainly on radiologist experience; besides, it is well known that computed tomography (CT) scanning has a better sensitivity and specificity [2] than UGI studies for detection of leaks. Therefore we consider that in the case of clinical suspicions of any complications after LRYGB, a CT scan with isotonic oral contrast must be requested and UGI studies should be limited only to patients with a weight over the CT scanner limit (most frequently 180 kg). In the last few

years, surgeons have acquired great experience in bariatric surgery, which has been translated into a significant decrease in leak rates [3], such that the most experienced bariatric surgeons show leak rates under 1%. For this reason, we do not support the routine use of any RIT after LRYGB, but to perform them when patient’s clinical signs and symptoms require us to do so.

References

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