Comment on: Upper gastrointestinal endoscopy is safe and feasible in the early postoperative period after Roux-en-Y gastric bypass

To the Editors:

I read with great interest the paper entitled “Upper gastrointestinal endoscopy is safe and feasible in the early postoperative period after Roux-en-Y gastric bypass.” I was very surprised by some sentences in the text, which are very incorrect:

2. Of the few studies performed, the outcomes of early upper gastrointestinal endoscopy has never been reported.
3. Little evidence is published in the literature on the outcomes of early endoscopy (this, without citing any reference).

Therefore, due to this incomplete reference searching in this article, I have several considerations to offer: (1) the study is a retrospective review, with all the problems that this entails, and (2) the number of patients included in this study corresponds to only 5% of all operated cases without any information concerning the 95% of the patients who were not included and evaluated. Therefore, the findings in 5% are misleading and incorrect.

The authors’ response may be that the other patients had no symptoms, and therefore they supposed that the eventual endoscopic evaluation was completely useless. This is incorrect, because as we showed in our studies, nearly one-third of patients with postoperative pathologic findings are asymptomatic; therefore, if endoscopy is not performed in all patients, the conclusions may be erroneous.

The authors should be more careful when reviewing publications concerning early endoscopy after surgery. In 2009, we published 2 papers dealing with early endoscopy (1 month after bypass) in a great number of consecutive patients with morbid obesity who underwent gastric bypass. Endoscopy was performed in 95% of them. These studies were part of a prospective evaluation of 441 patients operated during a 5-year period and are the only prospective-consecutive studies ever published on this matter.

Two aspects were evaluated. The first was early marginal ulcer, which appeared in 6% of all patients; endoscopy was repeated 17 months after surgery, with this ulcer being present in 0.6% of the patients. The second was early anastomotic stricture, which was present in 23% of the patients in whom circular stapler 25 was employed; in 36% of patients who received hand-sewn anastomosis, there was dilation in the moderate and critical stricture. Endoscopy 17 months after surgery revealed normal anastomosis in all patients.

We therefore believe that the only true and scientific way to demonstrate real results in a group of patients is to perform an examination in at least 80% of them and not to assume that 5% of patients can represent the true findings. Symptomatic evaluation is incorrect and can alter the real results. Our study was on one side a prospective study and, on another side, a consecutive, routine, endoscopic evaluation, which had not been reported previously. Authors publishing on this topic should be more careful and conscientious in their bibliographic search and not include only studies performed in the United States.

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References

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Response to comment on: Upper gastrointestinal endoscopy is safe and feasible in the early postoperative period after Roux-en-Y gastric bypass

To the Editors:

We thank Csendes1 for responding to our recently published article, “Upper gastrointestinal endoscopy is safe and feasible in the early postoperative period after Roux-en-Y gastric bypass.” We appreciate the interest in our work, and we welcomed these comments.

Our goal in examining this particular segment of patients was to evaluate the safety and feasibility of early, and not immediate, postoperative endoscopy after anastomosis formation. Our practice is to routinely perform intraoperative endoscopy on all patients, to assess not only for anastomotic integrity by means of submersion in saline and leak test, but also for other endoscopically detected findings, including hemorrhage, bezoar, and unusual pouch or anastomosis conformation.