

Incidence of anastomotic strictures after gastric bypass: A prospective consecutive routine endoscopic study 1 month and 17 months after surgery in 441 patients with morbid obesity

Csendes, Attila

Burgos, Ana Maria

Burdiles, Patricio

Background: Anastomotic stricture after gastric bypass for morbid obesity has been reported as the most frequent complication after surgery. The objective of this study is to determine in a prospective and consecutive endoscopic evaluation the true incidence of this complication early and late after gastric bypass. **Methods:** A total of 441 morbidly obese patients were included in this prospective study. They were 358 women and 97 men, with a mean age of 41 years and a mean body mass index of 43 kg/m². In all an endoscopic evaluation was performed 1 month after surgery, which was repeated in 315 patients (71.6%) 17 months after surgery, independent of the presence or not of symptoms. Anastomotic diameter was measured and strictures were classified as: (a) mild, with a diameter of 7 to 9 mm, (b) moderate with a diameter of 5 to 6 mm, and (c) difficult or critical with a diameter equal or less to 4 mm. Two methods of dilatation were employed: the endoscope itself or Savary-Gilliard dilator