

IS ROUTINE PREOPERATIVE UPPER ENDOSCOPY NECESSARY FOR PATIENTS HAVING BARIATRIC SURGERY?

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Background: Upper endoscopy is a routine preoperative investigation in patients undergoing bariatric operations in most bariatric centers. However, the level of evidence supporting this recommendation is rather not strong. The rationale for performing upper endoscopy is to detect and treat lesions that might potentially affect the type of surgery performed. The aim of our study is to analyze the prevalence of the various findings on preoperative upper endoscopy in our patient population, and to evaluate how these findings impacted the choice of surgery. **Methods:** A five year (2005-2010) retrospective chart review was performed, of our prospectively maintained bariatric database. Patient demographics, and endoscopy findings were collated. The prevalence of endoscopic findings was analyzed using statistical software. **Results:** 555 patient charts were reviewed, 389 (70%) of these had preoperative upper endoscopy. 381 (98%) of the 389 patients that had endoscopy show positive findings, 8 (2%) patients had normal findings. More than 90% of patients had a combination of at least two findings. The prevalence of individual findings are as follows: GASTRITIS: 92% (359/389), HIATAL HERNIA: 35 % (137/389). ESOPHAGITIS: 24% (94/389), HELICOBACTER PYLORI: 13% (50/389), DUODENITIS: 5% (20/389), POLYPS: 2% (8/389), ULCERS: 0.2% (1/389), TUMORS (LIPOMA): 0.2% (1/389), BARRETT'S 0.2% (1/389). **Conclusion:** Upper endoscopy has a high incidence of positive findings (98%) in bariatric patients, the most common being gastritis and hiatal hernia. The findings did not change the operative management for these patients. Given that patients are evaluated for hiatal hernias at the time of surgery, preoperative endoscopy is not necessary to make this diagnosis. Thus, routine preoperative upper endoscopy is unnecessary in the work-up of bariatric patients.