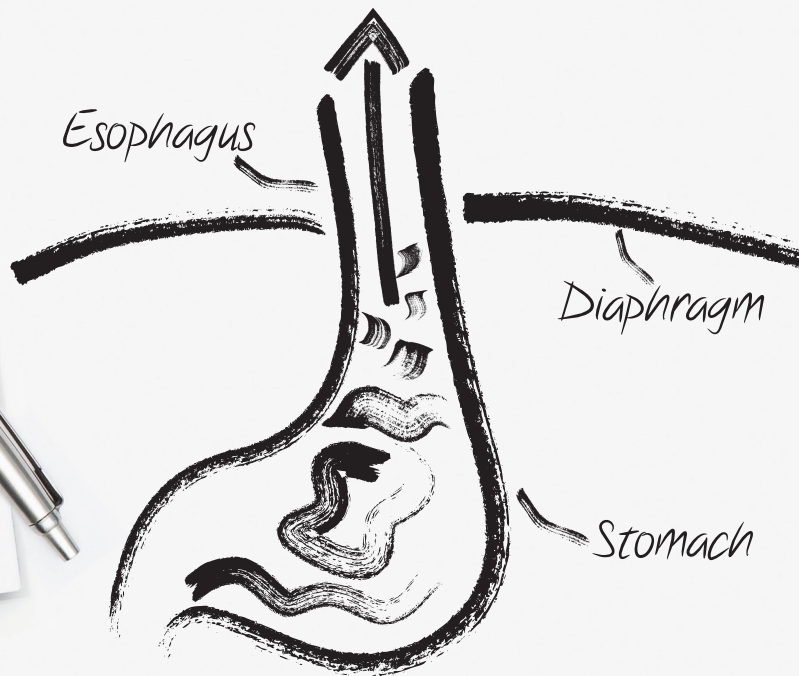


GERD and Bariatric Surgery

by Erin Moran-Atkin, MD



Should you experience symptoms of GERD before or after surgery, your surgeon can help!

If you are planning to undergo bariatric surgery or have already had it, consider this: how often do you get heartburn? One in five people experience heartburn or acid reflux on a weekly basis, and two in five people have heartburn or acid reflux at least once a month.

If you experience more frequent heartburn, you may have a problem called gastroesophageal reflux disease (GERD). GERD can affect different options and choices for bariatric surgery and may require treatment after bariatric surgery as well. Your doctor can discuss the best treatment options for you.

What Is GERD?

Just about everyone has heartburn sometimes. Heartburn is the most common symptom of GERD, but GERD is more serious than simple heartburn. GERD occurs when instead of keeping food and acids in the stomach, a weak muscle lets them move back up (reflux) into the esophagus. Not only does GERD feel uncomfortable or even painful, but it can also damage the esophagus – thus causing a problem called esophagitis.

When Is Heartburn Actually GERD?

If you get heartburn once in a while after you overeat or have spicy food, you most likely have normal heartburn and it's typically not normal to need medication every day to prevent it. If you experience heartburn twice or more per week, however, you might have GERD. GERD can also make you feel as though your stomach contents are coming up into your throat, but your doctor can perform official tests to determine if you are experiencing it. Some less-common GERD symptoms include:

- Trouble swallowing
- Throat clearing
- Sore throat
- Wheezing
- Chronic cough
- Asthma
- Laryngitis
- Sleep apnea
- Chest pain



GERD and Weight: How Are They Connected?

People with excess weight or obesity are much more likely to have GERD. Reflux also happens more frequently as Body-Mass-Index (BMI) increases. Additionally, people with a BMI above 30 are 2.5 times more likely than people with a BMI below 25 to have reflux or GERD-related damage to the esophagus.

We do not know exactly why individuals with excess weight are more likely to have GERD, but we think that one reason is because weight gain increases pressure on the abdomen – thus pressing against the stomach and pushing its contents up toward the esophagus. Most doctors advise weight-loss and/or weight management as one way to improve GERD symptoms. For people with obesity (BMI>30), weight-loss is critical to the success of treatment.

GERD Before and After Bariatric Surgery

People who are planning to receive bariatric surgery often have GERD. The good news is that weight-loss as a result of bariatric surgery can often help relieve GERD symptoms. The surgery itself can help as well! The two most common types of bariatric surgery are gastric bypass and sleeve gastrectomy. Gastric bypass resolves symptoms of GERD in a large majority of patients. However, a sleeve gastrectomy can sometimes make GERD symptoms continue or worsen – so it is generally not recommended for people with severe GERD.

Although bariatric surgery can alleviate GERD, it is possible to have GERD after surgery. If you have had bariatric surgery and you still have GERD, tell your surgeon! It may affect your quality of life and keep you from reaping the full benefits of weight-loss. If you must eat to settle your stomach, GERD can even make it more difficult to comply with your diet.

Your doctor can help you find the cause of your GERD and recommend treatment for it. There are several options available to help alleviate GERD after surgery, including:

- **Medication** – Doctors prescribe drugs called proton pump inhibitors (PPIs) for up to six months after bariatric surgery. If someone has GERD after stopping PPIs, their doctor will run tests to find out why. Sometimes, a person might need to be on PPIs for a longer period or use them occasionally. However, long-term use of PPIs can cause side effects, so doctors may use other options for long-term treatment.

- **Surgery** – GERD after any bariatric surgery may indicate that there is a hiatal hernia which may require surgical repair. GERD after sleeve gastrectomy may also be caused by a twisted sleeve which may also need surgical repair. Individuals with severe GERD after sleeve gastrectomy will occasionally need a second bariatric surgery, converting the sleeve to a gastric bypass. This is not a decision to be taken lightly, for there are significant risks associated with having a second bariatric procedure.

People who have had bariatric surgery cannot have traditional reflux surgery (referred to as Nissen Fundoplication). However, one surgical option is to implant a device called LINX. This device consists of a ring of magnetic beads that is implanted around the weak muscle (sphincter) at the entrance to the stomach in order to help prevent reflux. The device stays magnetically closed until it relaxes when a person is swallowing or belching.

- **Endoscopic GERD Treatment** – Stretta, a non-surgical outpatient treatment for GERD, fortifies the sphincter between the esophagus and the stomach to improve the barrier and prevent reflux. A doctor lowers the Stretta device through the mouth and down the esophagus where it applies low-heat radiofrequency energy to strengthen and thicken the muscles – thus improving GERD symptoms.

Because GERD is more serious than occasional heartburn, treating it effectively requires professional attention. If you have GERD before or after bariatric surgery, talk to your surgeon! With the right bariatric surgery or additional treatment, you can find relief from the discomfort of GERD and prevent damage to your esophagus.

About the Author:

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