Letters to the Editor

Gastric bypass—a combined restrictive and malabsorbive procedure or a malabsorbive procedure alone?

To the editor:

It was with interest that I read the article “Influence of pouch and stoma size on weight loss after gastric bypass” by Heneghan et al. [1]. The authors concluded that the current definition of a “normal” size pouch/stoma is associated with optimal weight loss after Roux-en-Y gastric bypass, although this might need to be reviewed. In this study, the authors considered the gastrojejunal stoma enlarged if the diameter was >20 mm. A question that arises is whether in fact a stoma size of 20 mm can be considered to present significant restriction to the passage of food (i.e., does what we consider to be a combined restrictive and malabsorbive procedure really have a resistive component?). Recent work [2,3] has shown that the stoma size can have a pronounced effect on weight loss, but at a much lower stoma diameter (e.g., in the range of 9–14 mm). For a gastric band, it has been proposed [4,5] that the optimal stoma size is about 6–7 mm. A diameter of 20 mm is larger than that of the esophageal body. The maximal deglutitive opening diameter at the narrowest point within the gastroesophageal junction is <10 mm at the typical intragastric pressure.

The question therefore arises as to whether a stoma diameter of 20 mm really results in any restriction to the passage of food. The authors presented a statistically significant, yet very weak, correlation (−.114) between stoma size and the percentage of excess weight loss. It would be of interest to see what conclusions could be derived on the basis of a subgroup analysis of patients with a lower stoma diameter (e.g., <15 mm). At lower stoma diameters [3], the correlation has been shown to be much greater (.792). I would propose that for one to consider the Roux-en-Y gastric bypass to be a combined restrictive and malabsorbive procedure, the procedure should incorporate a meaningful resistive component, with a stoma size of 7–10 mm. With a stoma size >20 mm, it is hard to consider that a meaningful resistance would be provided; thus, the Roux-en-Y gastric bypass could not be truly considered a combined procedure.

Disclosures

J. O’Dea is CEO of Crospon, Ltd., Galway, Ireland, a company that manufactures the EndoFLIP lumen measurement system currently used for stoma measurement in gastric band procedures.

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References


http://dx.doi.org/10.1016/j.soard.2012.08.003