

Impact of routine gastroscopy with systematic antral and corpus biopsies on eligibility and patient selection for bariatric surgery in a Canadian tertiary bariatric center

Felix Thibeault, Aghilles Abbad, Alexis Deffain, Pierre Garneau, Ronald Denis, Anne-Sophie Studer, Adam Di Palma, Radu Pescarus

Abstract

Background: Routine preoperative esophagogastroduodenoscopy (EGD) for patients undergoing bariatric surgery remains controversial. However, anatomopathological findings during endoscopy can influence the choice of bariatric procedure.

Objective: Establish the baseline prevalence of abnormal EGD findings among patients undergoing preoperative assessment for bariatric surgery in our population and determine their impact on surgical management.

Methods: We retrospectively reviewed the charts of 314 consecutive patients who underwent routine EGD with antral/corpus biopsies by a single endoscopist at our Canadian institution between March 2021 and November 2022. Data were collected on patient demographic characteristics, and EGD and pathology reports.

Results: The population consisted of 234 (74.5%) females and 80 (25.5%) males with average age of 43.6 years and BMI of 46.5 kg/m². Esophagitis and Barrett's esophagus (BE) were present in 19.4% and 1.6% of patients, respectively. Gastric intestinal metaplasia (GIM) was present in 8.6% of endoscopies, high-risk GIM in 2.9% and *Helicobacter pylori* infection in 16.6%. Preoperative EGD altered surgical management for 14.3% of patients. Reasons for alteration included hiatal anatomy suggestive of severe gastroesophageal reflux disease (9.6%), GIM (2.9%), BE (0.6%), gastric and esophageal varices (0.6%), achalasia (0.3%), and gastric adenocarcinoma (0.3%).

Conclusion: Routine EGD with biopsies altered surgical management for a significant proportion of our population, comparable to other published studies. We reported a higher GIM and high-risk GIM prevalence than previously published in the literature.

Department of minimally invasive and bariatric surgery, Sacré-Coeur Hospital, Montreal, Quebec, Canada

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