

Upper GI Surgery: Take Home Messages

Difficult gallbladder problems.

- Gallstones don't always cause abdominal symptoms
- Biliary dyskinesia - resolution of pain less reliable
- Diagnosis (HIDA) and setting of expectations important.
- Most gallstone problems resolvable without open surgery. Intra-op stenting, ERCP, Cholangioscopy + Lithotripsy can be employed.
- Gallbladder problems in the very obese require specific operative techniques

Which operation for obesity and why?

- Sleeve the commonest operation
- Band now very infrequent
- Gastric bypass has advantages for specific groups:
Serious GORD or T2DM
Previous gastric surgery (ie LAGB revision)
Some heavier patients (BMI >50)
- But no Gastric bypass in smokers, some other groups
- Mini gastric bypass emerging technique in Asia and Europe

Managing the difficult adjustable gastric band.

- Remove the fluid after barium study
- Once a band becomes problematic
Almost all will eventually require removal
Removal alone will lead to weight regain
- Sleeve (2 steps) and Gastric bypass (1 step) both options for revision

Update on hernia surgery.

- Chronic pain uncommon in hernia patients
- Peri-op pain management critical
- Newer, self adhesive meshes coming into use