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The incidence and management of diarrhoea post Roux-en-Y Gastric Bypass (RYGB) and One Anastomosis Gastric Bypass (OAGB) surgery

Category: Complications of Bariatric Surgery

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Gastric bypass surgery may induce diarrhoea that is acute and transient or chronic and prolonged. Diarrhoea may be a physiologic response to the bypass surgery itself as a result of malabsorption or dumping syndrome. However, other possibilities may include underlying IBD and IBS, previous gastrointestinal surgeries, pre-existing food intolerance, medications and bacterial overgrowth. These potential contributors can make diarrhoea complex to resolve.

Method: A prospective database within a single, large bariatric centre was used to identify patients who experienced loose or watery stools post primary RYGB and primary OAGB between January 2014 and April 2016. The clinical records for this cohort of patients were reviewed to determine the prevalence, onset, cause and duration of diarrhoea.

Results: A total of 64 patients underwent gastric bypass surgeries (RYGB n=25, OAGB n=39). 13 patients (20%) reported post-operative diarrhoea - RYGB n=7 (28%) and OAGB n=6 (15%). The onset of diarrhoea was immediate in all but 1 patient. Acute diarrhoea (<2 weeks) affected 2 patients, persistent diarrhoea (2 to 4 weeks) was documented in 3 patients and 8 patients experienced chronic diarrhoea (>4 weeks). Dietary factors, esp. lactose intolerance, fat malabsorption and dumping syndrome, were established in all but 2 cases. Other causes included *Aeromonas*, diverticulitis, antibiotic therapy and pelvic floor dysfunction. Diarrhoea settled in the majority of patients 3 months post-surgery (range: 2 weeks to 9 months). Diarrhoea remained unresolved in 2 patients with chronic symptoms.

Conclusion: Dietary modification was found to mitigate symptoms in most cases. The implementation of a diarrhoea protocol that includes comprehensive dietitian assessment and review is central in the management of post-operative diarrhoea in gastric bypass patients. This has the potential to minimise the number of investigations and may expedite the resolution of diarrhoea in this group.