



Endoscopy Before Laparoscopic Sleeve Gastrectomy

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Dear Editor,

I read with interest the article “Routine Upper Gastrointestinal Fluoroscopy Before Laparoscopic Sleeve Gastrectomy: Is It Necessary?” by Mizrahi et al. [1] published online in the Obesity Surgery The Journal of Metabolic Surgery and Allied Care. The authors evaluated the accuracy of routine preoperative upper gastrointestinal fluoroscopic swallow studies in identifying hiatal hernia during laparoscopic sleeve gastrectomy. They have also determined if such foreknowledge had an impact on operative time, intraoperative adverse events, and postoperative course. They have found that routine preoperative upper gastrointestinal fluoroscopy have hold a low sensitivity for hiatal hernia detection and did not seem to offer an advantage over intraoperative hiatal exploration in patients undergoing laparoscopic sleeve gastrectomy. By omitting this procedure from routine saving time and reducing radiation exposure for the patient, saving money for health care systems, and avoiding unnecessary burden on radiology centers could be very effective. I would like to thank the authors for their well-designed and interesting study. However, I think that some points should be emphasized more precisely in terms of assisting pre-operative algorithms.

Endoscopic evaluation is important in the preparation stage of bariatric surgery. It plays a critical role both in determining the surgical strategy and in the evaluation of possible pathologies. However, even if some surgeons state that this is not necessary for asymptomatic patients, endoscopic evaluation in the guidelines is recommended in the pre-bariatric surgery phase [2]. Endoscopy allows diagnosis only in images with

sliding hiatal hernia, while negative predictive value, especially those showing no hiatal hernia, is also high [2–5]. However, fluoroscopy used in the initial evaluation has some handicaps, such as time, duration, risk (risk of deterministic risks, stochastic risks), and cost [6]. Fluoroscopy is most commonly used in study and movement of opaque agent in gastrointestinal system. It is not as adequate as endoscopy in the diagnosis [6]. By performing only endoscopic evaluation absence of hiatal hernia can be shown, esophagitis, gastritis, duodenitis, and peptic ulcer can be evaluated also if necessary biopsy can be performed and treatment can be initiated [3–5]. However, fluoroscopy is not an examination that could permit the majority of them. When pathology is observed, further examinations including endoscopic evaluation are needed. Due to the mentioned disadvantages, endoscopic evaluation rather than fluoroscopy is a more accurate option in evaluation before laparoscopic sleeve gastrectomy. It is advantageous (surgery strategy, planning of the stapler line, wall structure, thickness, etc.) for the surgeon to perform/to see endoscopy procedure before the surgical operation [3–5].

Hereby, this is a well-written study regarding an important clinical problem for pre-operative strategy before laparoscopic sleeve gastrectomy. I believe that clarifying above concerns would provide useful and critical options to the readers.

Compliance with Ethical Standards

Conflict of Interest The author declares that he has no conflict of interest.

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