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Diagnosis And Treatment of sphincter of Oddl dysfunction following gastric Bypass

JA Kuhn MD, SJ Burdick MD, DB Mallat MD, K Kuhn, N Zhang Baylor University Medical Center, Dallas, TX

Background: Sphincter of Oddi dysfunction (SOD) is an uncommon disorder which may develop after a gastric bypass. Access for sphincterotomy can be difficult. The purpose of this report is to identify treatment outcomes for patients with SOD following a gastric bypass.

Methods: This is a retrospective study over a six-year period. Clinical indications, complications, and outcomes are reported.

Results: Six patients (5 female) from an institutional database of 2400 RYGB patients under- went gastrostomy followed by ERCP for treatment of SOD. One patient underwent the procedure twice, resulting in a total of seven procedures. Symptoms included chronic abdominal pain (7/7) and nausea (5/7) occurring 4 years (range 1-6) after gastric bypass. Elevated liver function tests (4/6) and elevated lipase (3/6) were also observed. All other diagnoses were excluded. Each patient was treated with a sphincterotomy via trans-gastric ERCP. In three cases, the ERCP was performed simultaneous with the gastrostomy tube placement. In 4 cases the ERCP was staged following gastrostomy tube placement. At ERCP, a tight stricture with subsequent free flow at the bile duct was observed in each case. Each patient reported pain improvement within four weeks. No significant complications were reported. Pain returned for two patients (one with recurrent SOD, which was retreated and one with chronic gastroparesis). Pain is resolved in 4/6 at 12 months.

Conclusions: Abdominal pain, nausea, elevated liver enzymes, and elevated pancreatic enzymes are key indications of SOD. SOD can be safely and effectively treated with a simultaneous laparoscopic gastrostomy-ERCP approach.