

Why was the AHS Practice Guideline: Gastroscopy Pre- and Post-Sleeve Gastrectomy developed?

The practice guideline was developed to address the variation in practice across Alberta in the initiation and frequency of surveillance gastroscopy following a sleeve gastrectomy. The purpose of the practice guideline is to outline provincial recommendations for the performance of gastroscopy pre- and post-sleeve gastrectomy with a view to balancing scientific rigor and pragmatism.

Who developed this practice guideline?

The Digestive Health, Surgery, and Diabetes, Obesity & Nutrition Strategic Clinical Networks in collaboration with physicians, surgeons, and operational leaders working in AHS bariatric surgery and gastroenterology from all zones. Provincial working group membership is listed in the guideline document.

What is a Sleeve Gastrectomy?

A sleeve gastrectomy is a bariatric surgical procedure to help people with obesity manage their weight and health. During the sleeve gastrectomy approximately 80% of the stomach is removed leaving a thin vertical tube (or sleeve) shaped stomach.

How does a Sleeve Gastrectomy increase the risk of Barrett's Esophagus?

The sleeve gastrectomy has been shown to be associated with an increased incidence of Gastroesophageal Reflux Disease, which in turn is a risk factor for Barrett's Esophagus.

Which patients do these guidelines apply to?

The guideline applies to all patients who have had a sleeve gastrectomy and are seeking care in Alberta.

Who is the Most Responsible Provider for pre-operative and post-operative gastroscopy referral?

The bariatric surgeon performing the sleeve gastrectomy is responsible for the pre-operative screening gastroscopy referral. The Most Responsible Healthcare Provider is responsible for the post-operative screening gastroscopy referral.

Who is responsible if there are challenges or changes noted during the gastroscopy?

If non-dysplastic Barrett's Esophagus is identified, repeat gastroscopy should be based on existing guidelines for surveillance of Barrett's Esophagus and performed every 3-5 years. This should be ordered by the patient's Most Responsible Healthcare Provider.

If dysplastic Barrett's Esophagus is identified the patient should be referred to the Barrett's Esophagus specialty clinic in Edmonton or Calgary.