

Long-term risk of anastomotic ulceration after RYGB

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(HealthDay)—There is a significant long-term risk of anastomotic

ulceration (AU) after Roux-en-Y gastric bypass (RYGB), which increases over time and with history of tobacco use, according to a research letter published online June 20 in *JAMA Surgery*.

Konstantinos Spaniolas, M.D., from Stony Brook University in New York, and colleagues describe the epidemiology of AU after RYGB using data for 35,075 adult [patients](#) who underwent laparoscopic or open RYGB for obesity. Patients were followed for a subsequent hospital-based diagnosis of AU.

The researchers found that the overall cumulative incidence of AU was 3.2, 4.5, 7.9, and 11.4 percent at one, two, five, and eight years after RYGB, respectively. Independent risk factors for AU development were identified and included [history](#) of tobacco use. The observed five-year incidence of AU varied from 5.2 to 15.9 percent for patients with zero to one and five or more [risk factors](#), respectively. There was a significant correlation for history of tobacco use with AU development (adjusted hazard ratio, 1.56); at all points examined, cumulative incidence was significantly higher. In patients who used tobacco at the time of surgery, the estimated eight-year cumulative incidence of AU was 17.8 percent.

"The findings of this study underline that the incidence of AU after RYGB is more common than previously reported and that it progressively increases over time," the authors write. "The long-term effect of [tobacco](#) use on this complication is profound."

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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