

Management of debilitating reflux after esophagectomy with Roux-en-Y diversion

Objective

Reflux esophagitis, recurrent aspiration pneumonia and conduit dysfunction after esophagectomy are debilitating and complex problems. The literature is sparse on appropriate patient selection and surgical management of this condition. Our objective was to investigate the timing, short and long term outcomes for Roux-en-Y diversion (REYD) after esophagectomy .

Methods

We conducted a retrospective review between 2009 and 2020 on patients who received a REYD after esophagectomy at a high volume referral center. Sixteen patients were identified and relevant demographics, intra-operative and peri-operative factors, short and long term follow-up data were collected. Standard statistical techniques were used with data presented as median (interquartile range).

Results

Indications for REYD in 16/17 patient was refractory bile reflux +/- aspiration pneumonia episodes, and in 1 patient was gastric outlet obstruction. Sixteen patients had a previous pyloroplasty. Median age was 56yrs, with majority (15/17) female, and median time from esophagectomy to REYB was 2.9 years (IQR 1.6-5.8). Average operative time for REYB was 2 hrs 56 min with no adverse intra-operative events. Post-operative complications included aspiration pneumonia (1) and SSI (1). Long term outcomes were remarkable for jejunostomy tube insertion in 3 patients and re-do of GJ anastomosis in one patient. Nausea and diarrhea were the most common symptoms on longer term follow up which were treated medically. Two patients required esophageal dilations for dysphagia. Median follow was 3.7 years (range 0.09 -10.4).

Conclusions

This study is one of the largest series on REYD after esophagectomy. We demonstrate this complex procedure provides relief of reflux and decrease in aspiration pneumonia long term with low peri-operative morbidity.

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