APPETITE, TASTE AND SMELL CHANGES AFTER WEIGHT LOSS SURGERY

DOI:10.1136/gutjnl-2012-302514b.53

L Graham,* G Murty, D Bowrey. Department of Surgery, University Hospitals of Leicester NHS Trust, Leicester, UK

Introduction It is apparent from day-to-day practice that patients frequently report changes to their appetite, taste and smell after weight loss surgery. There has been surprisingly little written in the literature on this. The aim of the current study was to assess these parameters in a cohort of patients and to explore potential differences between the different types of procedure.

Methods Questionnaires relating to appetite, taste and smell were administered to 264 patients who had undergone weight loss surgery at our institution during the years 2000–2011. Eight of these patients also underwent detailed smell testing using a validated Olfa-meter for taste testing for the flavours of sweet, salt, sour and bitter.

Results Responses were received from 135 patients (50%). Sensory changes in appetite, taste and smell were noted by 95%, 68% and 59% of patients respectively. Patients who had undergone Roux-en-Y gastric bypass (RYGB) more frequently experienced new aversions to specific foods compared to patients having other types of surgery (RYGB 73% vs sleeve gastrectomy 40% vs gastric banding 20%), p<0.01. Patients who experienced food aversions experienced a greater level of postoperative weight loss and reduction in BMI, compared to their counterparts without these features. Detailed taste and smell testing did not identify significant changes to smell or taste thresholds after surgery, nor was there a significant correlation between overall taste and smell scores (p=0.67).

Conclusion This study provides preliminary support that patients do experience changes in their appetite, taste and smell following weight loss surgery. These changes need to be investigated further to help support patient education and the informed consent process.

Competing interests None declared.

LAPAROSCOPIC SILASTIC RING LOOP GASTRIC BYPASS (SR-LGBP): A SINGLE CENTRE EXPERIENCE

DOI:10.1136/gutjnl-2012-302514b.54

1M Clarke,* 2L Pearless, 1M Booth. 1Department of Surgery, North Shore Hospital, UK; 2Surgical Weight Loss Solutions, Waitemata Specialist Centre, Auckland, New Zealand

Introduction Laparoscopic loop gastric bypass (LGBP) may represent a simpler alternative procedure to Roux-en-Y gastric bypass. Placement of a silastic ring (SR) may minimise weight regain. This study assessed medium term quality of life outcomes.

Methods A questionnaire was sent to 46 patients that underwent surgery between November 2006 and February 2010. During the procedure the stomach was divided 3 cm proximal to the pylorus. Orogastrotic bougie diameter was 36 French (November 2006–June 2008) or 32 Fr (thereafter). A 6.5–7 cm diameter silastic ring was placed around the mid-portion of the SG.

Results Responses were received from 29 (63%) patients (25 female, 4 male) with a mean (range) age of 49 (33–65) years and mean pre-op BMI of 37.5 kg/m². Mean (SD) weight loss and % excess weight loss at 3 years was 31.1 (10.8) kg and 90.6 (28.9)% respectively. 66% were satisfied with surgery (median Likert score—9) although 48% reported weight regain. Physical—97% reported food intolerances: meat (59%), solids (35%) and vegetables (17%). 21 (72%) patients reported vomiting: daily (14%), twice weekly (14%), weekly (29%) or less frequently (45%). 66% had reflux, with a median Visick of 2. Exercise capacity increased in 96% of patients. Emotional—28% described depression or anxiety affecting their work or other activities. Social—28% found physical health /emotional problems following surgery interfered with social activities. Compliance—59% had blood tests at least annually, 79% continued multivitamins and 41% required vitamin/mineral supplementation.

Conclusion Placement of a silastic ring around SG as a primary procedure should be avoided due to a high incidence of post-operative reflux, vomiting and food intolerance.

Competing interests None declared.

QUALITY OF LIFE FOLLOWING LAPAROSCOPIC BANDED (SILASTIC RING) SLEEVE GASTRECTOMY

DOI:10.1136/gutjnl-2012-302514b.55

1L Pearless, 2M Clarke,* 1M Booth. 1Surgical Weight Loss Solutions, Waitemata Specialist Centre; 2Department of Surgery, North Shore Hospital, Auckland, New Zealand

Introduction Placement of a silastic ring around a sleeve gastrectomy (SG) may minimise long-term dilatation and weight regain. This study assessed medium term quality of life outcomes.

Methods A questionnaire was sent to 46 patients that underwent surgery between November 2006 and February 2010. The stomach was divided 3 cm proximal to the pylorus. Orogastrotic bougie diameter was 36 French (November 2006–June 2008) or 32 Fr (thereafter). A 6.5–7 cm diameter silastic ring was placed around the mid-portion of the SG.

Results Responses were received from 29 (63%) patients (25 female, 4 male) with a mean (range) age of 49 (33–65) years and mean pre-op BMI of 37.5 kg/m². Mean (SD) weight loss and % excess weight loss at 3 years was 31.1 (10.8) kg and 90.6 (28.9)% respectively. 66% were satisfied with surgery (median Likert score—9) although 48% reported weight regain. Physical—97% reported food intolerances: meat (59%), solids (35%) and vegetables (17%). 21 (72%) patients reported vomiting: daily (14%), twice weekly (14%), weekly (29%) or less frequently (45%). 66% had reflux, with a median Visick of 2. Exercise capacity increased in 96% of patients. Emotional—28% described depression or anxiety affecting their work or other activities. Social—28% found physical health /emotional problems following surgery interfered with social activities. Compliance—59% had blood tests at least annually, 79% continued multivitamins and 41% required vitamin/mineral supplementation.

Conclusion Placement of a silastic ring around SG as a primary procedure should be avoided due to a high incidence of post-operative reflux, vomiting and food intolerance.

Competing interests None declared.

LAPAROSCOPIC BANDED (SILASTIC RING) SLEEVE GASTRECTOMY: MEDIUM TERM OUTCOMES

DOI:10.1136/gutjnl-2012-302514b.56

1M Clarke,* 2L Pearless, 1M Booth. 1Department of Surgery, North Shore Hospital; 2Surgical Weight Loss Solutions, Waitemata Specialist Centre, Auckland, New Zealand

Introduction Placement of a band of human dermis around the sleeve gastrectomy (SG) may minimise long-term dilatation and weight regain. This study assessed medium term quality of life outcomes.

Methods A questionnaire was sent to 46 patients that underwent surgery between November 2006 and February 2010. The stomach was divided 3 cm proximal to the pylorus. Orogastrotic bougie diameter was 36 French (November 2006–June 2008) or 32 Fr (thereafter). A 6.5–7 cm diameter silastic ring was placed around the mid-portion of the SG.

Results Responses were received from 29 (63%) patients (25 female, 4 male) with a mean (range) age of 49 (33–65) years and mean pre-op BMI of 37.5 kg/m². Mean (SD) weight loss and % excess weight loss at 3 years was 31.1 (10.8) kg and 90.6 (28.9)% respectively. 66% were satisfied with surgery (median Likert score—9) although 48% reported weight regain. Physical—97% reported food intolerances: meat (59%), solids (35%) and vegetables (17%). 21 (72%) patients reported vomiting: daily (14%), twice weekly (14%), weekly (29%) or less frequently (45%). 66% had reflux, with a median Visick of 2. Exercise capacity increased in 96% of patients. Emotional—28% described depression or anxiety affecting their work or other activities. Social—28% found physical health /emotional problems following surgery interfered with social activities. Compliance—59% had blood tests at least annually, 79% continued multivitamins and 41% required vitamin/mineral supplementation.

Conclusion Placement of a silastic ring around SG as a primary procedure should be avoided due to a high incidence of post-operative reflux, vomiting and food intolerance.

Competing interests None declared.