Mark Perkowski
6, 1573.

Pharmacological treatment: GLP-1 analogs and somatostatin (and its analogs) address multiple complications of Dumping Syndrome. This includes slowing the gastric emptying rate, small bowel transit, and inhibition of GI hormone and insulin secretion. Somatostatin also inhibits postprandial vasodilation to prevent hypotension. Agents that decrease viscosity of food have been shown to alleviate symptoms by slowing gastric emptying.1,3

Surgical treatment: endoluminal revision of the upper gastrointestinal tract in patients with Dumping Syndrome after Roux-en-Y gastric bypass has been shown to result in reduced emptying speed (see Figure 2). This procedure involves ablation of the anastomosis via gastropexy.4

Dumping Syndrome and weight loss: although it was initially believed that Dumping Syndrome contributed to weight loss following gastric bypass, research has failed to show any correlation between the two. Rather, a greater loss of BMI was observed in patients who did not develop Dumping Syndrome compared to those who did.5,6,7

Conclusions

Dumping Syndrome is a common complication of gastric bypass which typically presents with postprandial diarrhea and constipation, hypoglycemia, and potentially hypotension. Rapid gastric emptying combined with abnormal hormonal secretion contributes to the pathogenesis of this condition. Physicians should advise patients to visit a nutritionist for dietary management in addition to considering pharmacological or surgical treatments based on the severity of the condition.

References

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