Ulcers after Weight-Loss Surgery

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Many studies have reviewed ulcer formation after weight-loss surgery, mainly gastric bypass surgery. The incidence of ulcer formation found in these many studies ranges anywhere from one to 36 percent. Higher rates of ulcer formation is believed to be associated with gastric bypass cases where the new pouch was not physically divided or separated from the remnant or “old” stomach. With changes in surgical technique, more recent literature puts the incidence of ulcer formation from two to four percent.

There are multiple factors that can play a part in the formation of ulcers after weight-loss surgery; many are preventable. It is important that you recognize the symptoms of ulcers and take all necessary steps to prevent them.

Symptoms of ulcers include:

- Abdominal pain. The pain may lessen with a meal but recur several hours after eating.
- Nausea. Again, nausea may decrease with a meal but return after several hours.
- Vomiting of blood or a substance that looks like coffee grounds.
- Blood or black, tarry stool weeks after surgery. (Iron in vitamins may cause your stool to be black as well.)

Some of the things you can do to prevent ulcer formation is:

- Don’t smoke
- Avoid non-steroidal anti-inflammatory drugs (NSAIDS) and aspirin
- Ask your surgeon to test for H. Pylori pre-operatively (and post operatively if you were diagnosed with an ulcer).
- Take your prescribed acid-reducing medication.

We already know that tobacco kills and smoking negatively impacts your lungs. Tobacco also negatively effects wound healing. Nicotine, found in tobacco, lowers the number of special blood cell components needed to help make new tissue along incisions. In addition, nicotine causes blood vessels to constrict or get smaller. This lowers the amount of blood flow to injured tissue and considerably slows down the healing process.
Smokers are at risk of forming scar tissue that is weaker than that of non smokers (Kean, 2010). Poor healing and weakness along the staple line at your anastamosis (new connections) or along your sleeve increases the chance of ulcers.

On multiple occasions patients have asked if they can use a NSAID in topical form (placed on the skin by patch or cream) instead of a pill. Using a NSAID in this manner can still cause damaging effects to the stomach or pouch. It is true that NSAIDS and aspirin can irritate the stomach or pouch by coming into direct contact with the stomach lining. That is why it is often suggested to take NSAID or aspirin with food. However, NSAIDs and aspirin can be damaging after they are absorbed into our system. NSAIDS work to decrease certain hormones or body chemicals that cause inflammation and pain, the reason for taking them. Some of these same body chemicals that are being decreased to help ease your pain are also needed to keep your stomach lining healthy (Musumba, 2009). Taking NSAIDs can then damage the lining of your stomach or pouch by making it weaker, especially in areas that are already a little weak, like your staple line or new connections. By taking NSAIDs in a patch or cream, you could still cause injury to your stomach.

H. Pylori or Helicobacter Pylori is a bacteria or germ that can cause infection and ulcers in the stomach or small intestine. This bacteria can damage the lining of the stomach. It is very common and often starts in childhood; it is very possible that you may not have any symptoms with it. It is very important your surgeon identify whether you have this bacteria before surgery.

The best test to identify H. Pylori is done through a small biopsy during an EGD; a small scope is placed down your throat and into your stomach. There are also other methods to determine if you have H. Pylori. If you do have it, it can be treated with medication.

Lastly, take an acid-reducing medication after weight-loss surgery as prescribed by your surgeon. An acid-reducing medicine like Pepcid® can reduce the amount of acid that may be irritating to the pouch or sleeve lining and at the staple lines. Acid-reducing medication also reduces the symptoms of reflux that may occur after surgery, especially following sleeve gastrectomy. Our surgeons, who prescribe an acid-reducing medication after weight-loss surgery, show a lower ulcer rate than other surgeons who do not prescribe this medication.

References:
