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LETTER TO THE EDITOR

Letter to the Editor

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Dear Editor,

We have read the paper "Long-term Emergency Department Visits and Readmissions After Laparoscopic Roux-en-Y Gastric Bypass: a Systematic Review" with great interest. The authors present highly relevant findings for all personnel involved in handling and follow-up of patients post Roux-en-Y gastric bypass thus contributing to the emerging evidence and focus on abdominal pain after bariatric surgery [1]. In their systematic review, although incorporating limitations such as restricted long-term data availability, retrospective data, and data heterogeneity, they find indications of long-term emergency department visits and hospital admissions mostly for acute abdominal pain in close to one in three patients. They stress the need for more prospective longitudinal data which is highly supported. Importantly, a recent paper found that despite extensive diagnostic work-up during emergency admission for abdominal pain after Roux-en-Y gastric bypass including computed tomography (75%) and diagnostic laparoscopy (22%), a significant subset of the patients (48%) remained without a diagnosis of cause of symptoms [2]. Furthermore, a substantial number of patients may develop *chronic* abdominal pain and symptoms post Roux-en-Y gastric bypass [3, 4]. These patients may not all necessarily end up in the emergency department. We previously found that one in three patients reported chronic abdominal pain up to 5 years after Roux-en-Y gastric bypass [5]. These aspects of abdominal symptoms should be confronted and handled during follow-up consultations as they may impact quality of life [3, 5]. Such focus may also reduce emergency department readmission rates and the risk for developing chronic prescription and use of analgesics. This is an important aspect as the use of opioids has been suggested increased after bariatric surgery [6]. It is essential that patients opting for Roux-en-Y gastric bypass are aware of not only the risk of acute but also chronic abdominal pain. Similar findings may also apply to other bariatric procedures with even less available knowledge. Further research of risk factors, etiology, and impact of these symptoms is required to guide patients and their physicians in selection of bariatric or metabolic procedure, to ease symptoms and to improve outcome and patient satisfaction after surgery.

Declarations

Conflict of Interest The authors declare no conflict of interest.

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