



Dumping Syndrome: What You Need to Know

Dumping syndrome is an aggregate of symptoms and signs that can develop after RNY Gastric Bypass. Dumping syndrome occurs when food moves fast from the stomach into the small bowel. This usually happens when hyperosmolar particles (concentrated sugar, salt, fat, etc.) traverse into the small intestine without being buffered by the stomach. Nerve damage inflicted during surgery can also be the cause of dumping syndrome.

Dumping Syndrome Symptoms and Signs

The symptoms and signs include: sweating, flushing of the skin, abdominal cramping, diarrhea, fast heartbeat, dizziness (at times fainting), weakness, belching, gurgling, and vomiting. These symptoms can be disruptive to patients' lives and compromise their quality of life.

Different types of foods have been associated with the physical symptoms described above. The incidence of these symptoms occurring in patient after Gastric Bypass surgery is as follows:

Ice Cream	Chocolate/Candy	Cake/Pie/Cookies/Pastry	Greasy Food
96%	81%	65%	58%
Snacks/Sweets	Sweetened Cereal	Sauces/Dressings	Crackers/Chips
58%	23%	19%	6%

The diagnosis of dumping syndrome is based on signs, symptoms, and testing. The following tests may help reach the diagnosis: Upper gastrointestinal series with barium, and gastric emptying studies (scintigraphy).

Symptoms can be minimized by eating smaller meals more frequently rather than fewer large meals; avoiding sugar-rich beverages and foods; avoiding eating and drinking at the same time. The prescription medication, Sandostatin (Octreotide Acetate) has been used to treat dumping syndrome symptoms with varied results. Surgery has been unsuccessful in curing the dumping syndrome.

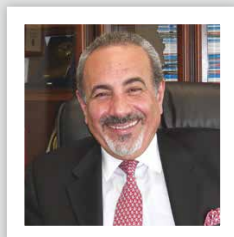
Reason for Dumping Syndrome and Prevention

The reason for the occurrence of Dumping Syndrome after RNY Gastric Bypass is multifactorial and may simply involve rapid pouch emptying or more insidious causes such as pancreatic hyper-function. The role of the vagus nerve in dumping after Gastric Bypass has recently been studied.

One of the most prevalent dogmas of medicine/surgery that withstood the test of time is “prevent rather than treat”. This vividly applies to the Dumping Syndrome. Through our prospective and retrospective analysis of our clinical data (15 years), we found that preservation of a branch of the vagus nerve known as the nerve of Latarjet during a Gastric Bypass will prevent the Dumping Syndrome. The technical aspects of the Vagus preserving procedure were published in my 2008 book titled “Atlas of Minimally Invasive Surgery” The initial report of our clinical research was published in the peer-reviewed Journal of Obesity Surgery in 2011 titled, A Survey of Dumping Symptomatology after Gastric Bypass:

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Dr. Frantzides is the Director of the Chicago Institute of Minimally Invasive Surgery; Director of the Laparoscopic and Bariatric Fellowship Program at St. Francis Hospital and professor of surgery at University of Illinois in Chicago. He operates at St. Francis Hospital, and Evanston Hospital in Evanston. He is recognized worldwide as an expert in the field of laparoscopic surgery and is a charter member of the United States Laparoscopic Founders Society.