

# **Bile Reflux and Quality of Life after Retro gastric Retro colic Gastrojejunostomy in Whipple Procedure**

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## **Abstract**

**Introduction:** Whipple surgery is a complex procedure done for pancreatic cancer. Main problem in long term survivors is delayed gastric emptying and bile reflux which is to cause chronic gastritis, gastric ulcers, reflux oesophagitis and Barrett's oesophagus. As our preferred technique we have adapted a technique of performing retro colic posterior gastrojejunostomy over the last 2 years. In this technique the small bowel loop is anastomosed to the posterior wall of the stomach. Then the distal stomach with the gastro jejunostomy is pulled through a window in the transverse mesocolon and anchored. This study was designed to assess the macro and microscopic outcome.

**Methods:** All patients who had undergone Whipple procedure from June 2012 to June 2014 will be included. Patients with recurrence, ones who had chemotherapy within last three months, and ones who have undergone the surgery within the last 3 months will be excluded. Informed written consent will be obtained.

All will undergo endoscopy observing the appearance of gastric mucosa and severity of bile reflux objectively. Five punch-biopsy specimens will be taken from the stomach in accordance to the recommended biopsy sites. Specimens will be fixed and stained in H & E and modified Giemsa stains. Bile reflux index (BRI) will be calculated using a standard formula. Severity of dyspeptic symptoms will be calculated with the "Nepean Dyspepsia Index- Short form (NDI-SF)" Questionnaire.

Based on the findings we will be able to objectively evaluate the clinical and histological outcome of the procedure.

**Keywords:** *Bile Reflux Index (BRI), "Nepean Dyspepsia Index- Short form (NDI-SF)"*