Dumping early and late dumping syndrome even though

Dumping Syndrome This, (van Beek et al., 2016) is a collection of symptoms thatoccur due to the disruption of the length of the GI tract usually after oesophageal, gastric or bariatric surgery. As then name suggests it is due to the rapidtransition of nutrients through the shortened tract in to the small intestine. It is conveniently divided in to early and late dumping syndrome even thoughpatients can have both. Early dumping syndrome usually occurs within an hour ofingestion due to the hyperosmolarity of foo in the small intestine , fluidshifts from plasma to lumen of the intestine resulting in low blood pressureand a compensating sympathetic response .

Patients will typically have GI symptomssuch as Abdo pain , bloating , rumbling noises , nausea and diarrhoea andvasomotor symptoms such as tiredness , especially after meals , palpitations , flushing , low blood pressure , increased heart rate and sometimes even syncope. Late dumping syndrome occurs a bit later about 1-3 hrs aftera meal and is mainly due to production of incretin which increase insulinespecially after a carbohydrate diet resulting in hypoglycaemia. The patientwill complain of fatigue, weakness hunger, syncope, sweating, palpitations andtremors . in people with hypoglycaemic unawareness diagnosis might prove difficult. Copied from (van Beek et al.

, 2016)A high index of suspicion for susceptible patientspresenting with the above symptoms is needed for diagnosis. Several questionnaireshave even developed for this condition such as:-Sigstad’s score which separates pts post peptic ulcersurgery to diagnose postoperative dumping syndrome -Arts dumping questionnaire which helps differentiatebetween early and late dumping syndrome.-Visual Analogue Score which evaluates pts with

dumpingsyndrome after gastrectomy for gastric cancer, Provocative testing with OGTT mixed meal tolerance test areused in some countries although the former has low diagnostic accuracy and isnot supported by the Endocrine society and the former needs further validationand standardisation of normal values for healthy people. A study, (Emous et al., 2017), found the prevalence of early and late dumping syndrome to be 18. 8% and 11.

7%respectively after primary gastric bypass surgery and were associated withsignificant reduced Quality of Life. Management, (van Beek et al., 2016), should include modifyingthe diet for at least 3-4 weeks, adding acarbose for patients with hypoglycaemiaafter eating. Second line treatment would be to introduce somatostatin analoguetherapy especially with severe incapacitating symptoms. In treatment resistantcases then surgical intervention or gastric/enteral feeding might need to be considered. Copied from (van Beek et al., 2016)