Peptic Ulcer Disease --
Critical Surgical Choices

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Vagotomy &
Pyloroplasty (or
Gastrojejunostomy)

Hemigastrectomy &
Vagotomy
Billroth I (or Billroth II)
Also called
Antrectomy

Subtotal (75%) Gastrectomy &
Billroth II Gastrojejunostomy
(No Vagotomy)

Surgical Treatment of Duodenal Ulcer:

Vagotomy & Drainage

All types of vagotomy give similar results. And the 2 drainage procedures give similar results. Any differences are trivial.

B I and B II reconstructions
give similar results. Chose
between them on technical grounds, not other concerns.

Antrectomy by itself is inadequate for DU. There must be a vagotomy.
Facts About Peptic Ulcer Disease

- Peptic ulcer results from acid + pepsin eroding a vulnerable mucosa (H. pylori effect). All 3 are required. Gastric ulcers are acid ulcers too.
- The ulcer itself does not have to be removed to cure the disease.
- Reduce acid (PPIs), eliminate the H.P., and the disease is cured.
- All forms of vagotomy and both kinds of drainage procedures give equivalent results!
- BI and BII reconstructions give equivalent results.
- The mortality rate is 7X greater for gastrectomy than for V+P.
- The Visick scale for evaluating outcomes greatly exaggerates the negative effect of a recurrent ulcer now compared with 30 y ago.
- Gastrectomy is almost never indicated in the surgical treatment of duodenal ulcer disease.
- Vagotomy is not inferior to vagotomy + antrectomy for D.U. Vagotomy is better!