**Video-capsule endoscopy after bariatric surgery: is it safe? a tertiary referral center experience**

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**Supplementary material**

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**Table S1** – Laboratory analysis of the study cohort, allocated according to the examination’s indication, before VCE

|  |  |  |  |
| --- | --- | --- | --- |
|  | Suspected Crohn’s disease or chronic diarrhea (N=15) | Iron deficiency anemia or obscure GI bleeding (N=16) | P value |
| Hemoglobin (g/dL) | 11.9 (11.0-13.3) | 11.1 (9.8-12.6) | 0.08 |
| MCV | 85.5 (75.0-92.0) | 83.9 (76.1-92.2) | 0.95 |
| MCH | 27.6 (23.6-29.0) | 26.7 (23.5-29.5) | 0.75 |
| PLT (K/micL) | 253.0 (178.0-312.0) | 211.0 (170.0-277.0) | 0.44 |
| Iron (micg/dL) | 57.0 (37.0-72.0) | 44.0 (27.0-62.0) | 0.13 |
| Transferrin (mg/dL) | 272.0 (238.2- 331.0) | 311.0 (242.0-350.0) | 0.16 |
| Ferritin (ng/ml) | 29.0 (12.6-99.0) | 12.5 (7.8-39.5) | 0.05 |
| Albumin (g/dL) | 4.2 (3.9-4.4) | 4.0 (3.9-4.1) | 0.04 |
| Vitamin B12 (pmol/L) | 279.0 (221.0-325.0) | 350.1 (298.5-420.0) | 0.02 |
| Folic acid (nmol/L)  | 17.1 (11.5-22.5) | 26.8 (10.6-37.5) | 0.19 |
| Vitamin D (nmol/L) | 55.1 (30.6-73.0) | 72.9 (52.2-86.3) | 0.13 |
| Vitamin B1 (ng/ml) | 39.2 (34.0-68.5) | 57.0 (55.5-75.5) | 0.34 |
| Vitamin B6 (micg/L) | 15.0 (8.5-23.5) | 24.0 (13.5-30.5) | 0.17 |
| Zinc (micg/dL) | 77.5 (69.5-84.0) | 82.0 (80.0-91.0) | 0.18 |
| Fecal calprotectin (micg/mg)  | 172.0 (92.0-259.0) | 55.0 (50.0-67.5) | 0.04 |
| C-reactive protein (mg/dL)  | 0.6 (0.1-1.7) | 0.2 (0.1-1.1) | 0.21 |
| ESR (mm/hr) | 28.0 (10.7-31.2) | 18.0 (11.5-23.0) | 0.46 |

Results are with median (IQR) for continuous variable, and N (%) for categorical variables. ESR – erythrocyte sedimentation rate, PLT – platelet

**Table S2** – Clinical, biochemical, endoscopic and outcome measures in patients diagnosed with Crohn's disease

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Age | Sex | Surgery  | Symptoms  | Extra GI manifestations | CRP | FCP | Pre-test imaging and colonoscopy  | Lewis score\*  | VCE findings  | Outcome |
| 51 | F | LSG | Chronic diarrhea, abdominal pain | None | 0.05 | 218 | Normal CTENormal colonoscopy  | 225 (225, 0, 225) | A single gastric erosion, 4 aphthae and erosions in the proximal SB. Aphthous ulcer in the distal SB | Treated with Vedolizumab  |
| 42 | F | RYGB | Fever, chronic diarrhea, IDA abdominal pain | Arthralgia, oral aphthae, psoriasis | 1.0 | 900 | Normal CTE Normal colonoscopy | 458 (225, 458, 225) | Small ulcer and erosions on the anastomosis. Aphthae in the distal SB | Treated with budesonide and IMM, loss of follow up after 2 years |
| 35 | M | LSG | Chronic diarrhea, IDA, abdominal pain | None | 0.6 | 84 | CTE - Thickening & enhancement of TI and proximal SB loopsColonoscopy – terminal ileitis | 143 (135, 0, 143) | Gastropathy. A single aphthous ulcer in the proximal jejunum. Erosion, aphthae, and edematous mucosa in the TI | Treated with budesonide w/o improvement and loss of follow up after one year |
| 36 | F | LSG | Fever, chronic diarrhea, abdominal pain | Arthralgia  | 1.75 | 300 | Normal CTE Colonoscopy – terminal ileitis | 0 (0, 0, 0) | Poor preparation. Incomplete examination  | Treated with adalimumab, LOR after 6 months, and switched to infliximab  |
| 66 | F | GB | Chronic diarrhea, IDA | None | 4.0 | 1135 | Normal CTEColonoscopy – left sided colitis, rectal sparing  | 225 (225, 135, 135) | Erosive gastropathy. Single angioectasia and few aphthae in mid SB | Colonoscopy showed segmental colitis, treated with infliximab and IMM  |
| 34 | F | RYGB | Chronic diarrhea, IDA, abdominal pain | Arthralgia | 0.25 | 130 | CT - Not doneColonoscopy – segmental colitis  | 450 (135, 450, 225) | Multiple aphthae and ulcers throughout the SB with edematous mucosa in the TI | Treated with IMM, loss of follow up after 4 years |
| 56 | M | LSG | Chronic diarrhea, IDA, abdominal pain | Sacro-ileitis  | 1.7 | 198 | Normal CTEColonoscopy – terminal ileitis | 900 (225, 900, 900) | Multiple aphthae and ulcers throughout the SB. erosions and ulcers in the distal and TI | Treated with adalimumab, after 2 years escalated to q1w |
| 33 | M | OLGB  | Abdominal pain  | None | 0.1 | 145 | CT - Not doneColonoscopy – terminal ileitis | 908 (0, 247, 908) | Hyperemia, erosions, ulcers, and edematous mucosa in the TI | Mild disease. diet and lifestyle modification |
| 35 | M | LSG | Anal fissure  | None | 0.5 | 26 | CTE - Terminal ileitisNormal colonoscopy  | 135 (135, 0, 135) | No findings throughout the SB | Developed perianal disease, treated with infliximab and IMM |
| 62 | F | LSG | Abdominal pain | None | 1.1 | 172 | Normal CTE Colonoscopy – terminal ileitis | 900 (0, 225, 900) | Aphthous ulcers in mid SB. aphthae and ulcers in the distal SB. Large ulcer in TI  | Clinical remission with diet and lifestyle modification |

CRP = C-reactive protein (mg/dL), FCP = Fecal calprotectin (micg/mg), IDA = iron deficiency anemia, IMM = immunomodulator, LSG = laparoscopic sleeve gastrectomy, OLGB = omega loop gastric bypass, RYGB = roux and y gastric bypass, GB = gastric band, SB = small bowel, TI = terminal ileum, VCE = video capsule endoscopy

\*Total Lewis score, followed by terti