





Question: Should preoperative Helicobacter pylori eradication vs. standard care be used for prevention of foregut symptoms in patients undergoing bariatric surgery?

Certainty assessment							N ^o of patients		Effect		Certainty	Importance
N ^o of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	preoperative Helicobacter pylori eradication	standard care	Relative (95% CI)	Absolute (95% CI)		
Marginal ulcer (follow up: range 3 months to 60 months)												
4	observational studies	not serious	very serious	very serious	very serious	none	The OR for H. pylori positive status versus H. pylori negative status was 0.51, 95% CI 0.03 to 8.35.		 VERY LOW		IMPORTANT	
Postoperative complications												
5	observational studies	not serious	very serious	very serious	very serious	none	The OR for H. pylori positive status versus H. pylori negative status was 2.86, 95% CI 0.26 to 31.27.		 VERY LOW		CRITICAL	
Incidence of bleeding												
3	observational studies	not serious	not serious	very serious	very serious	none	The OR for H. pylori positive status versus H. pylori negative status was 0.90, 95% CI 0.23–3.52.		 VERY LOW		CRITICAL	
Incidence of leakage												
4	observational studies	not serious	very serious	very serious	very serious	none	The OR for H. pylori positive status versus H. pylori negative status was 1.62, 95% CI 0.17 to 15.62.		 VERY LOW		CRITICAL	

CI: Confidence interval