

JOINT EVENT

12<sup>th</sup> Global Gastroenterologists Meeting  
&3<sup>rd</sup> International Conference on Metabolic and Bariatric Surgery

March 15-16, 2018 Barcelona, Spain

**Complications of mega stent in controlling the leakage after sleeve gastrectomy****Mohamed Ibrahim Hassan**  
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Sleeve gastrectomy (SG) has become a popular stand-alone bariatric procedure with comparable weight loss and resolution of co-morbidities to that of laparoscopic gastric bypass. One of the dreaded complications after laparoscopic sleeve gastrectomy is a gastric leak which may reach up to 5% and is most commonly occurring at the upper staple line near the gastro-esophageal junction. The use of flexible stents has been recently proposed as an alternative for the treatment of the esophago-gastric enteric leaks. We present our experience in the treatment of gastric leaks with coated self-expandable mega stents. This study included 33 patients who had gastric leaks at the gastro-esophageal (GE) junction after SG. Stents were placed endoscopically in 27 patients and the other six patients were managed laparoscopically by drainage and closure of the leakage site with insertion of feeding jejunostomy. Mega stent insertion had successfully controlled the leakage only in 20 patients; showed migration of the stent in eight patients, failure of leakage control in another nine patients and associated with bleeding in three cases and marked esophageal narrowing in three cases. Leaks were completely sealed in the six patients who had been managed with laparoscopic exploration and after feeding through the jejunostomy tube for 2-3 weeks. Mega stents are proposed as an alternative therapeutic option for the management of GE junction leaks in bariatric surgery, however the complications related to the stent insertion and after removal together with the incidence of its ineffectiveness of leakage control make us reconsider the conventional drainage with the closure of the leakage site (if possible) with insertion of feeding jejunostomy.

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