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The use of intraoperative endoscopy may decrease postoperative stenosis in laparoscopic sleeve gastrectomy

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Aim: Laparoscopic sleeve gastrectomy (LSG) is becoming one of the most common bariatric surgeries performed worldwide. Leak or stenosis following LSG can lead to major morbidity. We aim to evaluate whether the routine use of intraoperative endoscopy (IOE) can reduce these complications.

Methods: All cases of LSG between 2009 and 2015 were reviewed. In all cases, we placed the 32 Fr endoscope once we were done with the greater curvature dissection. We performed an IOE at the end of surgery. If IOE showed stenosis, the over-sewing sutures were removed and the IOE is repeated.

Results: During the study period, 310 LSG were performed (97.4 % were primary LSG cases). The study population included 213 (68.7 %) females. The average age for our cohort was 34.9 years (range 25-63 years), the average BMI was BMI 45 kg/m² (range 35-65 kg/m²), and the average weight was 120 kg (89-180 kg). The average length of stay was 2.2 days. Our clinical leak rate was 0.3% (1/310). Our leak rate in primary LSG was 0% (0/302), and in revisional LSG was 12.5% (1/8). All IOE leak tests were negative and the only patient with leak had negative radiographic studies as well. In contrast, IOE showed stenosis in 10 LSG cases (3.2%), which resolved after removing over-sewing sutures. Our clinical stenosis after LSG was 0%.

Conclusion: Routine use of IOE in LSG has led to a change in the operative strategy and could be one of the reasons behind the acceptable leak and stenosis in this series of laparoscopic sleeve gastrectomy.

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Management of complications in post bariatric surgery

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Background: The prevalence of obesity has increased worldwide and in Saudi Arabia, the obesity affecting 30% of the population has led to increase the number of bariatric surgery. Since obese patients lack the physiological reserve as ideal weight patients, which can lead to rapid deterioration, there exist a unique risk to these patient that still present a significant concern in clinical practice.

Methods: Four case scenarios will be discussed: Three cases of leak post sleeve gastrectomy with three different clinical presentations and different approaches of management, one of cases referred from outside facility and; a fourth case of minigastric by-pass was referred with afferent loop obstruction that are managed laparoscopically during same admission.

Conclusion: Early detection and diagnosis is important for good outcome. Adequate pre-operative planning with optimization of nutritional status with control of local and systemic sepsis is paramount of ultimate success.

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