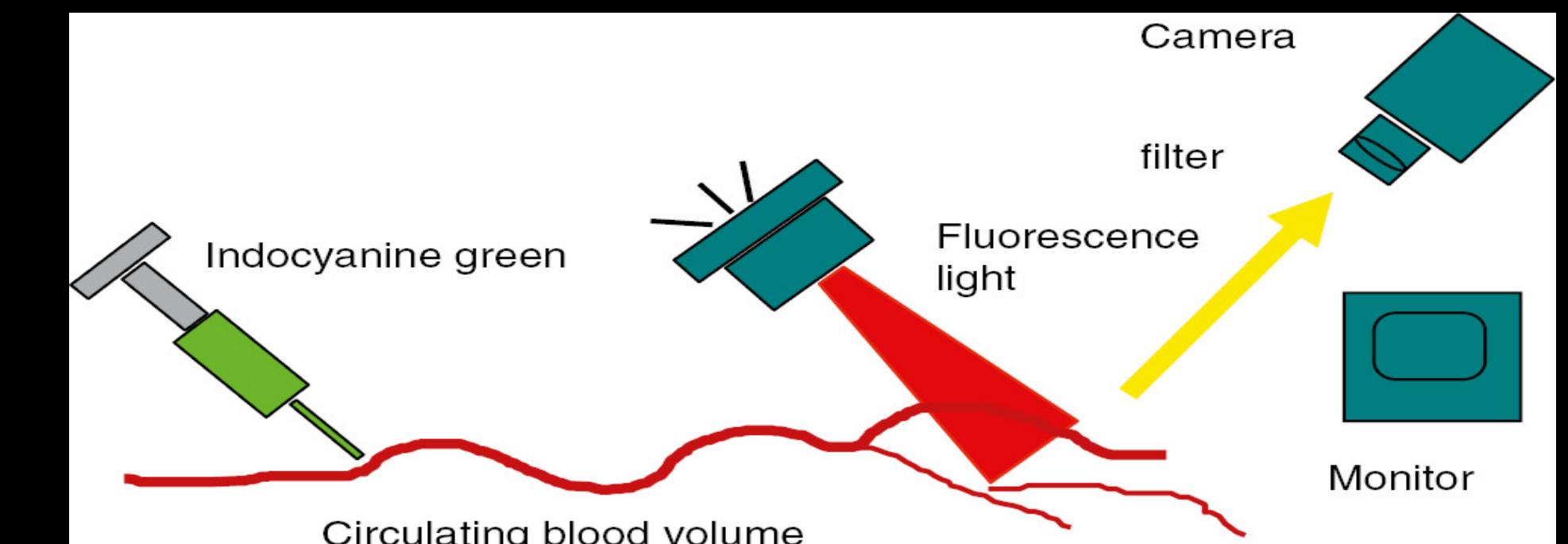


Routine oversewing of staple lines to prevent leaks is unnecessary in patients with normal intraoperative Imunocyanine Green (ICG) perfusion studies undergoing sleeve gastrectomy

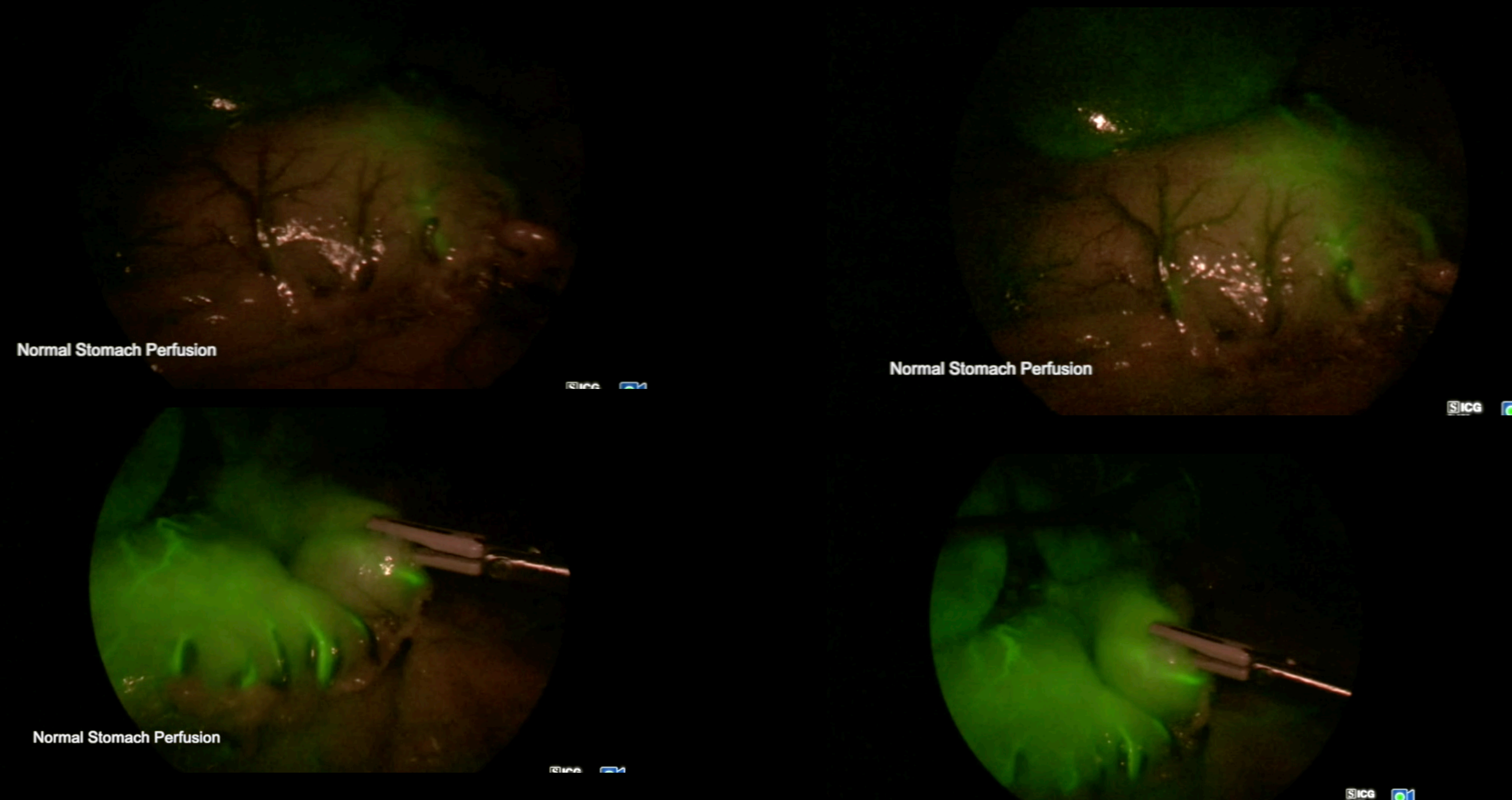
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INTRODUCTION

In the past 10 years, there has been a steady rise in the number of bariatric surgeries done per year in the U.S. As more surgeries are done, bariatric surgeons are experiencing an increasing number of post-operative complications. One of the most common bariatric surgeries done remains to be the laparoscopic sleeve gastrectomy. While this surgery has been considered a safer and less technically demanding procedure when compared to the Roux-en-Y gastric bypass, the sleeve gastrectomy continues to have marked post-operative complications. The most feared complication is a leak, which is hypothesized to be related to a lack of vascular supply along the staple line. Many bariatric surgeons routinely oversee the staple line. At our institution, we do not oversee our staple line.



METHODS

50 consecutive patients undergoing vertical sleeve gastrectomy were given 7.5mg of ICG intravenously followed by 10cc saline bolus; a single dose allowed for evaluation of the entire vertical sleeve. We watched for illumination of the stomach prior to firing the staple and once again after the remnant stomach was removed. We used a size 40 Fr bougie for all vertical sleeve gastrectomies. All operations were done laparoscopically and did not convert to an open operation.

RESULTS

All 50 patients received an injection of ICG as previously stated, and there was no illumination seen along the staple line. We did, however, note arterial flow at the staple line. We had no post operative leaks or complications. All patients were discharged home on or before POD 2.

CONCLUSION

Our initial experience shows that although the staple line on the sleeve gastrectomy did not illuminate like the rest of the stomach, there was adequate perfusion of the staple line evidenced by arterial flow. Based on this, we determined that it is not necessary to oversee the staple line routinely in laparoscopic vertical sleeve gastrectomy.