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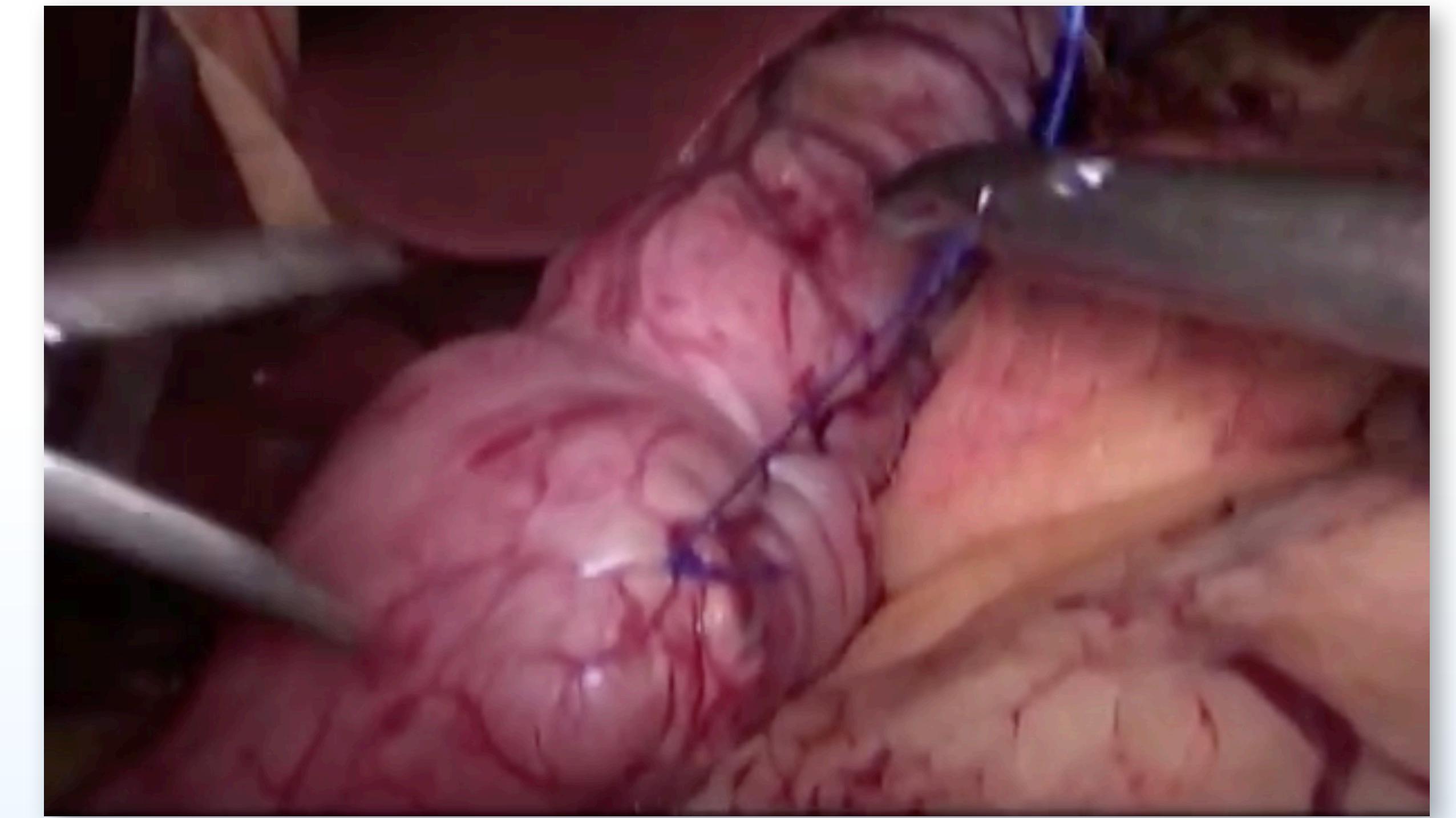
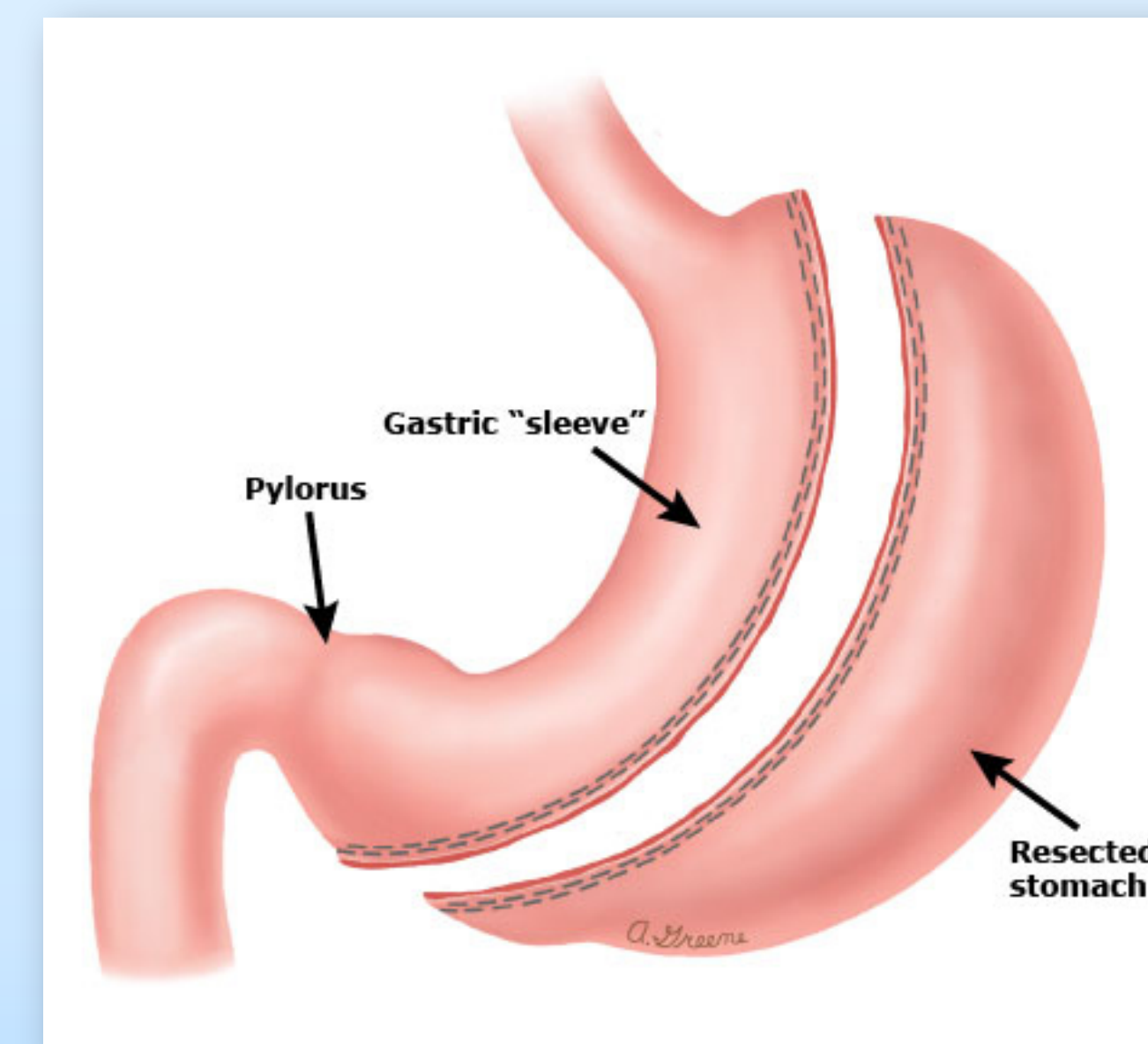
Introduction: In the treatment of morbid obesity, laparoscopic vertical gastrectomy (SG) is described as a feasible, fast and less difficult procedure compared to other surgical options. As a form of prevention of gastric leak and bleeding, there are two types of stapling line reinforcement. The objective of this study was to compare the rates of complications in patients who were submitted to the transfixing and invagination suture techniques of stapling line.

Methods: The retrospective study was performed with 783 patients undergoing to SG between November 2008 and June of 2017. Vertical gastrectomy was performed using linear stapling ( REACH SURGICAL® Covidien®, and Ethicon® Surgical Staplers) being folded with Fouchet 36F and reinforcement (transfixing or invaginating) of the entire stapling line with polypropylene 3-0 suture. The patients were divided into two groups according to the stapling line reinforcement technique. The first one consists of transfixing suture throughout the stapling line (TCS), and the second one consists of an invagination suture throughout the stapling line (ICS).



Results: Among the 783 patients, 122 were submitted to the TCS technique, while 661 were submitted to the ICS technique. There were a leak rate of 1.63% and 0%, the bleeding rate was 0% and 0.3%, and the stenosis rate was 0.81% and 0.30% on TCS and ICS technique respectively.

Conclusion: We concluded from this study that the modified suture performed from the invagination of the staple line (ICS group), performs with the proposal to reduce the incidence of complications in the SG, mainly in the reduction of the gastric leaks, that has been completely eradicated. The rate of gastric tube stenosis due to suture overlapping the staple line was slightly larger in the transfixing suture. The rate of bleeding was only 0.3%, and it is a less morbid complication, easier to management and less expensive compared to leak. Besides that, there was an important decrease in the length of hospital stay and in the rate of readmission of patients undergoing ICS with decreased of morbidity.



LAPAROSCOPIC SLEEVE GASTRECTOMY WITH INVAGINATION SUTURE OF STAPLER LINE

