

A Rare Case of Intraluminal Jejunojejunostomy Hematoma Causing Small Bowel Obstruction After Laparoscopic Roux-y Gastric Bypass Surgery

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Introduction

Post-operative bleeding after laparoscopic Roux-en-Y gastric bypass is a known complication with a reported incidence of 1.1% to 4%. [3,4]

The most common sources are the staple lines; at the gastrojejunostomy, jejunojejunostomy, gastric pouch, or bypassed stomach. [4]

We present a case of intraluminal staple line bleeding at the jejunojejunostomy (JJ) that clotted, and instead of presenting as GI bleed, presented as an SBO, a rare event with a reported incidence of <0.2%. [1,2]

Discussion

Intraluminal JJ staple line bleed is uncommon and is usually self-limiting and it rarely forms an obstructing clot. If post-op gastric bypass patient has hematemesis associated with abdominal pain, an obstructing clot at JJ should be suspected.

Diagnosis is made with CT. Surgical evacuation of the clot and control of bleeding is treatment of choice, whether open or laparoscopic. One must be very careful to avoid and control spillage of static enteric bile into abdominal cavity and wash out appropriately.

References

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2. Green J, Ikuine T, Hacker S, Urrego H, Tuggle K. Acute small bowel obstruction due to a large intraluminal blood clot after laparoscopic Roux-en-Y gastric bypass. *Journal of Surgical Case Reports*. 2016;2016(8).
3. Nguyen NT, Rivers R, Wolfe BM. Early Gastrointestinal Hemorrhage after Laparoscopic Gastric Bypass. *Obesity Surgery*. 2003Jan;13(1):62–5.
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Presentation of Case

A 50-year-old female with a BMI of 39.5 with diabetes and reflux presented for laparoscopic Roux-en-Y gastric bypass surgery.

Pre-operatively she received 5000U of SQH as per our bariatric protocol. The jejunojejunostomy was created using a powered Echelon endo-GIA stapler with white load and the common enterotomy site was closed with a single layer running imbricating 3-0 vicryl Lamberted suture. There was no bleeding seen at the JJ staple line during surgery.

Post-operatively the patient was hypertensive and developed nausea with hematemesis. The gastrojejunostomy anastomosis was suspected as the source. She also had severe left sided abdominal pain. CT demonstrated a clot at the jejunojejunostomy anastomosis causing the biliopancreatic limb and gastric remnant to be significantly distended.

She was brought to the OR, the JJ common enterotomy was opened and 600cc of hematoma was evacuated laparoscopically. Small bleeding at the staple line was oversewn and the common enterotomy was closed with 3-0 vicryl. Enteric bile from the obstructed BP limb spilled into the abdomen. The abdomen was copiously irrigated. However, the enteric bile spillage led to abdominal sepsis and the patient ultimately required multiple wash outs.

Imaging

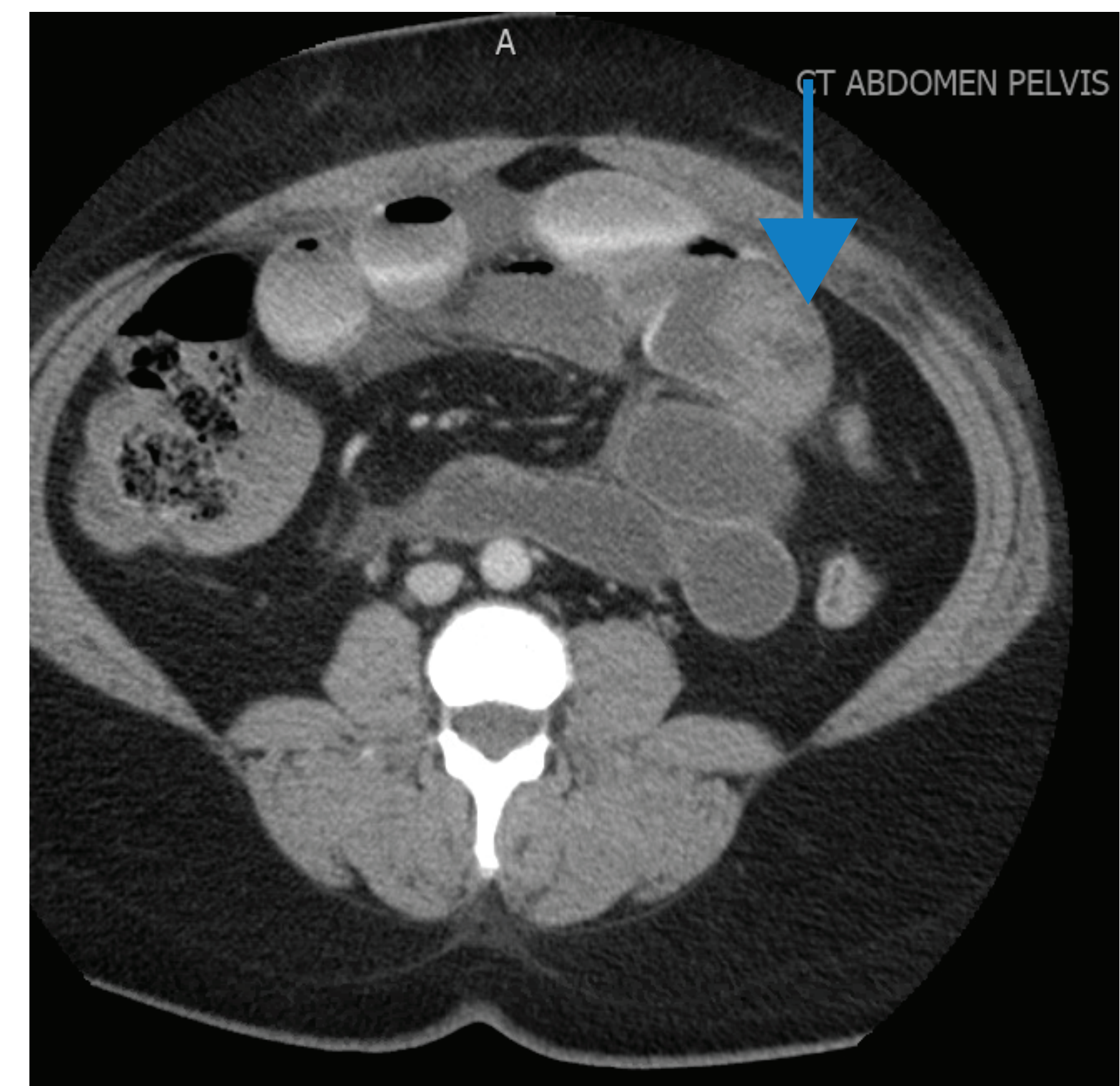


Figure 1. Intraluminal Obstructiong Hematoma at JJ Anastamosis

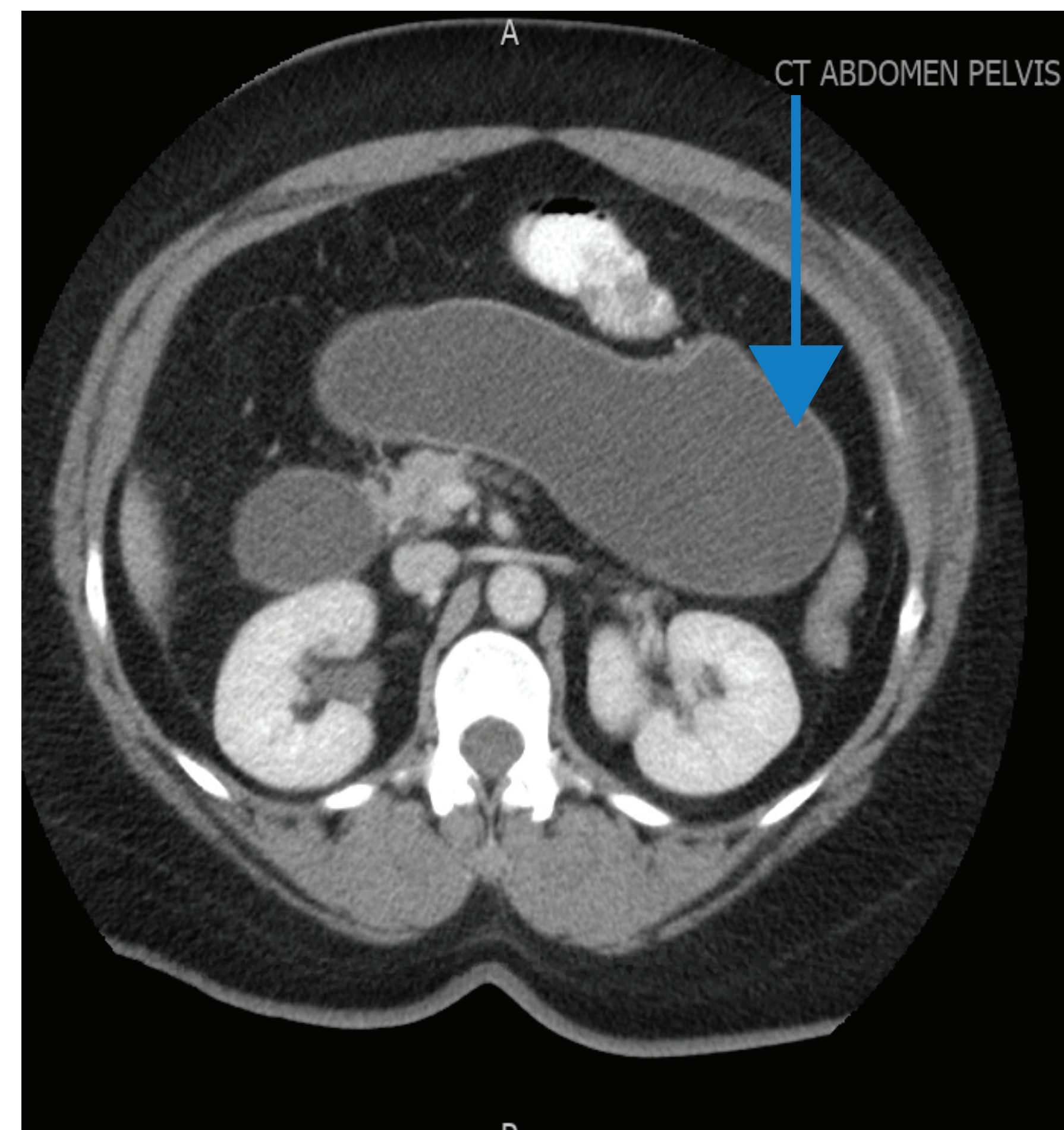


Figure 2. Dilated Gastric Remnant