



LAPAROSCOPIC GASTROJEJUNOSTOMY AND TRUNCAL VAGOTOMY FOR THE TREATMENT OF BENIGN GASTRIC OUTLET OBSTRUCTION (A Series of 21 Cases)

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Introduction

■ Laparoscopic GJ and truncal vagotomy has been proposed as preferred technique to minimise patients morbidity and mortality in benign gastric outlet obstruction over traditional open gastrojejunostomy n truncal vagotomy approach.

■ This study aims to investigate the feasibility and safety of laparoscopic gastrojejunostomy and truncal vagotomy in relieving the benign Gastric outlet obstruction

Methods

A retrospective review of patients who underwent gastrojejunostomy and truncal vagotomy .

Patients demographics

Age	Average	43 (24- 63)
Sex	Females	= 8 (36%)
	Male	= 13 (64%)
Co morbidities	HTN	= 10 (45%)
	DM	= 8 (36%)
	COPD	= 4 (18%)
	CAD	= 4 (18%)
GI Bleed		= none
Poor nutritional status		= 10(45%)
	(Albumin <3 gm/dl)	

Postoperative complications

30 days Postop complications

Major complications

Trocar site bleed : none

Anastomotic leak :none

UGI bleed : none

Minor complications :

Delayed gastric emptying = 4

Long term complications :

Dysfunction of GJ : none

(short follow up of 2 years)

Surgical outcome

Intraoperative

O peration duration : 130 mins

Average blood loss =100cc

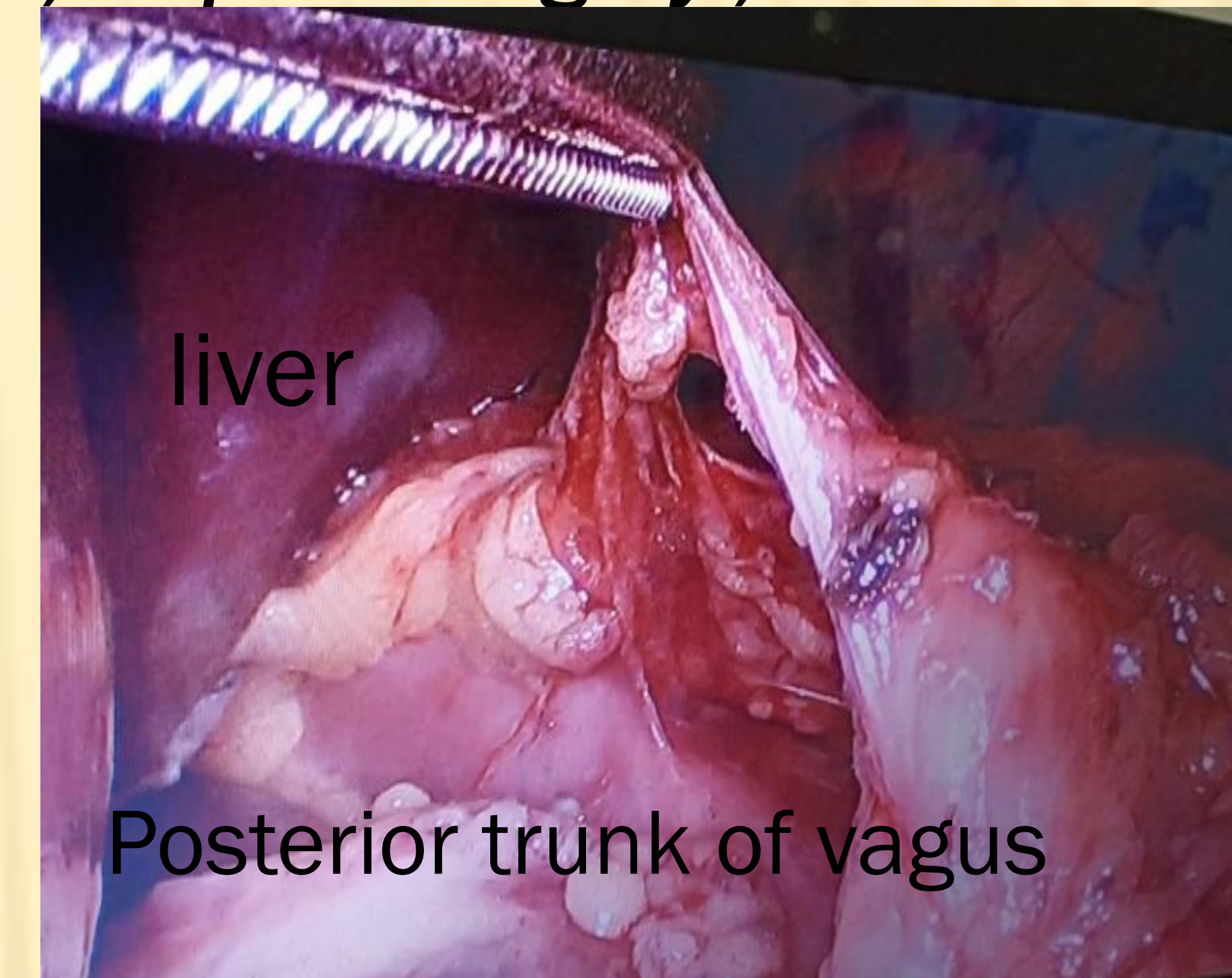
Conversion to open : None

Operative complications :

Enterotomy : None

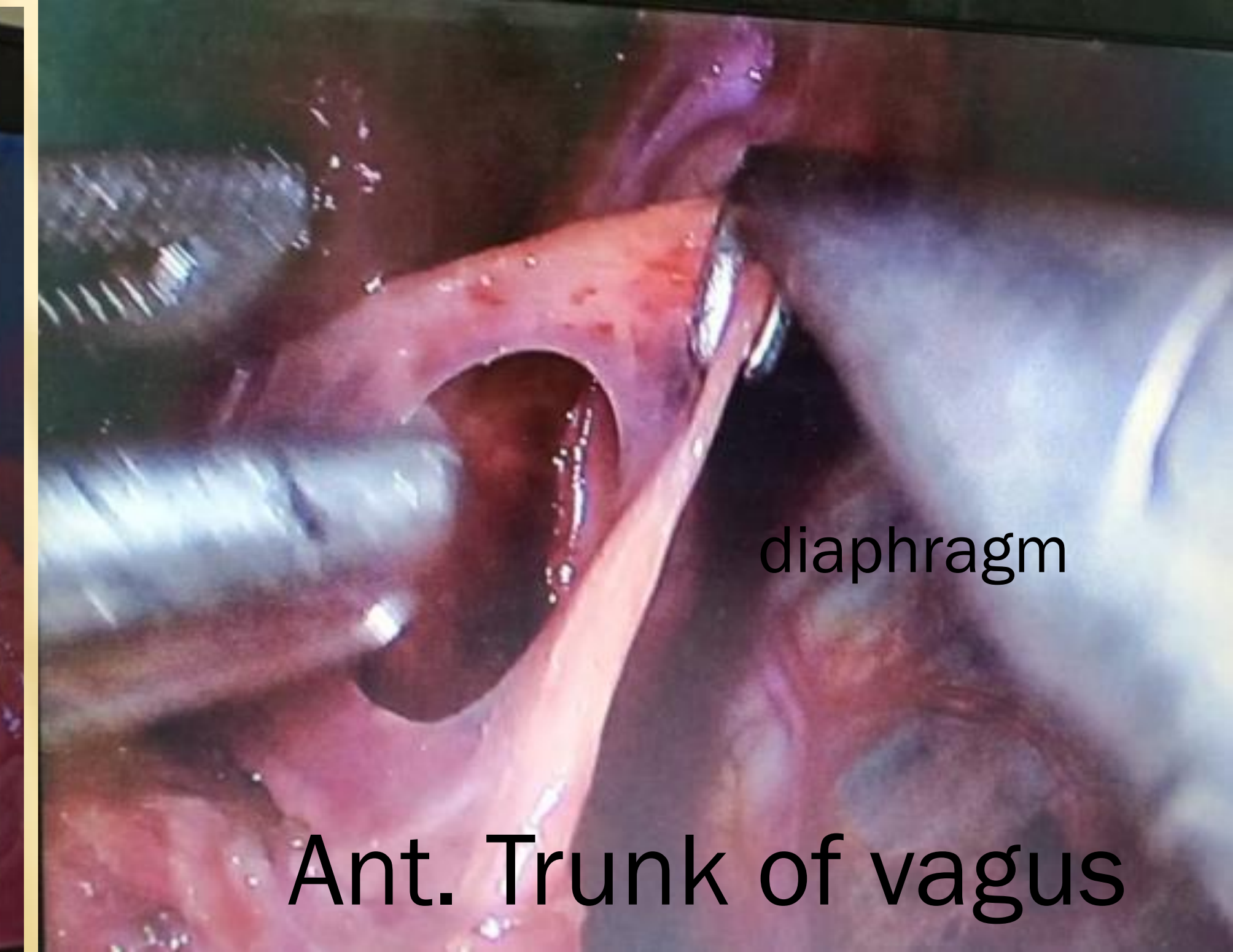
Stapler Misfiring : 1

- Length of hospital stay : 8 days
- Bowel movement s day = 2
- Gastric aspirate reduced to 100 ml day = 3
- NG tube out day=3
- Per oral started day=3



liver

Posterior trunk of vagus



diaphragm

Ant. Trunk of vagus



G-J

Discussion

- Estimated blood loss was nominal for laparoscopic GJ and truncal vagotomy
- Vagus nerve biopsy positive in all cases.
- There is comparatively earlier recovery of bowel movements (on 2nd day) in laparoscopic approach .

Conclusion

- In Laparoscopy surgery , truncal vagotomy can be done safely due to excellent visualisation of field
- Laparoscopic GJ and truncal vagotomy can achieve excellent results with reduced intraoperative blood loss with earlier recovery of oral feeding and shorter length of hospital stay than open GJ
- Laparoscopy approach is safe and having lower morbidity and peri-operative mortality .