Minimally Invasive Approach to Management of a Twisted Sleeve Causing a Partial Gastric Outlet Obstruction

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BACKGROUND

- Laparoscopic sleeve gastrectomy has rapidly become the most frequently preformed surgery in the USA, as it is an effective, safe, and reproducible operation with relatively low complication rates.
- The most common complications include bleeding, GERD, leak, stenosis, and twisting/kinking of the sleeve
- Many complications can be managed non operatively or endoscopically. A small subset of patients will require surgical revision.

CASE REPORT

- 50 yr old Female underwent a Laparoscopic Sleeve gastrectomy in another country.
- PMH: GERD, HSV, depression
- PSH: tubal ligation with reversal, sleeve with revision, abdominoplasty, c section, cholecystectomy
- Meds: albuterol, singular, Nexium NKDA
- Initial post op course complicated by persistent GERD and dysphagia despite maximum medical therapy.
- 8 Months later she underwent revision in her country, post op course complicated by leak require multiple drains and one month in the hospital.
- Over the next 3 years, she lost 100 pounds, was able to tolerate minimal liquids, and had a BMI of 23.9.
- UGI demonstrated dilated fundus with distal. narrowing and delayed emptying of the sleeve
- EGD showed a large highly distensible with a spiral towards incisura. With additional CO2 the scope passed easily through the twisted portion of the sleeve.
- This altered anatomy created a functional gastric outlet obstruction.

IMAGES

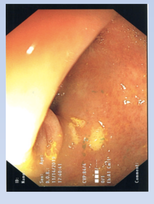


Image 1

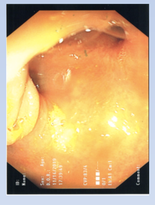


Image 2

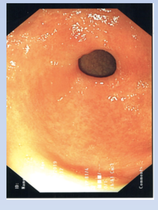


Image 3

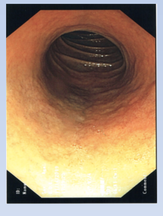


Image 4

Image 1 and 2: Upper endoscopy images of the twisted portion of the sleeve gastrectomy at the incisura. With full insufflation of the sleeved stomach, the endoscope was able to be advanced past the twisted area
Image 3 and 4::Normal antrum, pylorus and the first portion of the duodenum

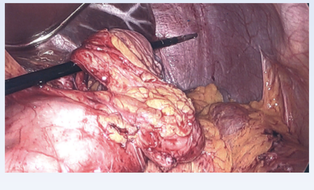


Image 5

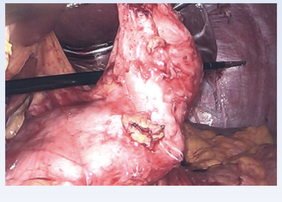


Image 6

Image5 and 6: Intra operative pictures demonstrating how the twisted sleeve gastrectomy created a functional gastric outlet obstruction. The twisted portion was completely resected during this operation.

HOSPITAL COURSE

- Intra operatively the pre op findings were confirmed. The mid portion of the sleeve appeared twisted around the staple line with the fundus folded over and resting on the antrum, creating a functional obstruction.
- A laparoscopic partial gastrectomy with roux en y gastric bypass was then preformed.
- Post op, she remained hemodynamically stable, her diet was advanced to stage II and she was discharged home on POD 2.

DISCUSSION

- Technical errors during a sleeve gastrectomy are rare, and can be challenging to manage when they do occur.
- Most cases can be managed endoscopically, but some situations do require re operation.
- This case describes a rare technical error during a laparoscopic sleeve gastrectomy which was successful manage with a laparoscopic partial gastrectomy with roux en y reconstruction.

REFERENCES

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