Esophagojejunostomy or Fistulojejunostomy are Safe Salvage Operations for Complications After Bariatric Surgery

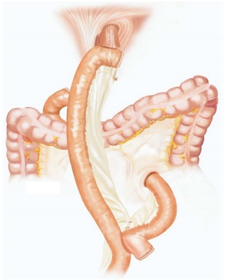
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Background

- Bariatric surgery is becoming increasingly common across the United States.
  - Number of bariatric surgeries increased from 252,000 in 2018 to 356,000 in 2019
- 1-3% of patients experience staple line leaks
  - Involves complex management
- At our institution, leaks are managed surgically or endoscopically with the following:
  - Endoscopic options include; endoluminal vacuum therapy, stent, and internal drainage
  - Surgical options include: Esophagojejunostomy (EJ) and Fistulojejunostomy (FJ)



Fistulojejunostomy



Esophagojejuonstomy

- Timing and recommendations for which management is most appropriate is poorly understood because of the high risk and rare need.

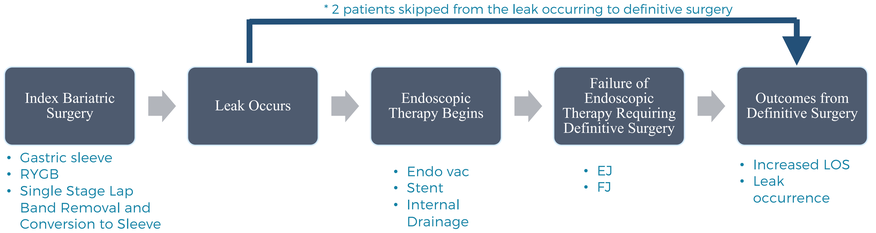
Objective

The purpose of this study was to review our outcomes of definitive surgical management for leaks following bariatric surgery.

Methodology

- An IRB approved prospectively gathered database was used
  - Patients were identified that underwent definitive surgical management for bariatric surgery leaks

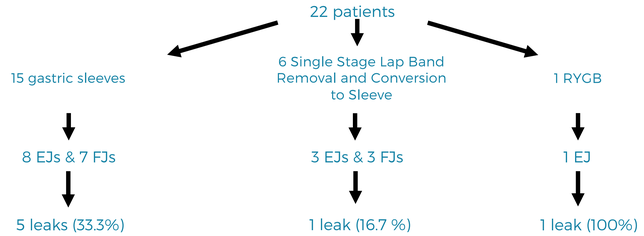
Looked at the following patient timeline data points:



Results

- 22 patients in total
- Mean 90 days to leak recognition (range 7 – 508 days)
- 2 patients straight to surgery after leak was identified
- 20 underwent endoscopic management first

Sentinel Bariatric Surgery to Salvage Operation
Mean 296 days (range 11 – 2744 days)



- Overall leaks resulting from salvage surgery was 7/22 → 31.8%
  - All were healed with endoscopic therapy
  - No deaths occurred

Conclusion

- Bariatric surgery leaks are difficult to manage.
- EJs and FJs can be used as a first line treatment or when endoscopic management fails.
  - These are complex surgeries that should be done in experienced centers.
  - Despite the experienced center, these surgeries are associated with a high leak rate.
- Additional leaks following salvage operations can occur in approximately 30% of patients.
  - These subsequent leaks can be managed endoscopically.

Recommendations

- Once a leak is identified, the option for definitive surgical management is safe and effective.
- Definitive surgical management can be used when endoscopic therapy fails.
- Transfer to an experienced center to manage these complex leaks.

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