Sleeve Gastrectomy with Pyloroplasty Significantly Improves Gastric Emptying in Patients With Severe Medically Refractory Gastroparesis

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INTRODUCTION

There is no consensus on optimal surgical treatment for patients with medically refractory gastroparesis. Current therapies include subtotal Gastrectomy, RYGB, Gastric Pacing and pyloroplasty

We combined pyloroplasty with sleeve gastrectomy in patients with medically refractory gastric paresis and compared the outcomes to traditional therapy

METHODS

6 patients were identified with severe, symptomatic gastric paresis. Each patient underwent preoperative EGD and a gastric emptying study prior to undergoing laparoscopic sleeve gastrectomy with pyloroplasty.

Post operative gastric emptying studies were performed on all patients.

All patients were advanced successfully to a regular diet and monitored for nausea vomiting and abdominal pain postoperatively

Figure 1: LSG with completed pyloroplasty

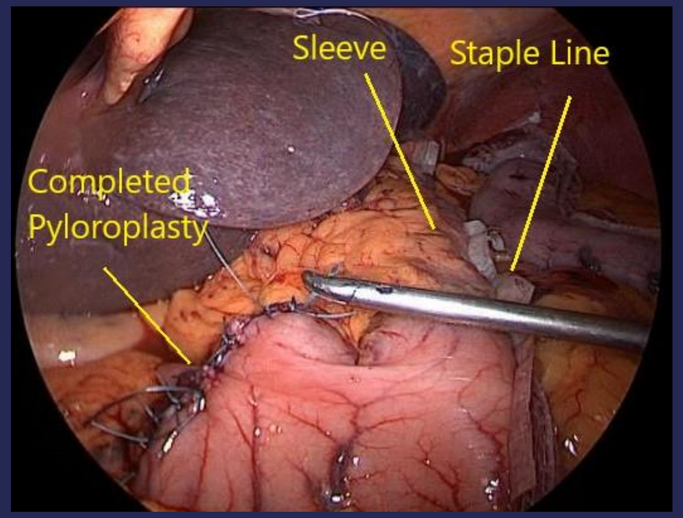
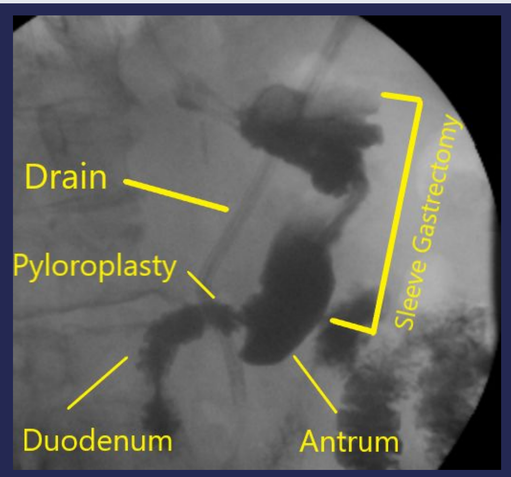


Figure 2: Upper GI study without contrast extravasation



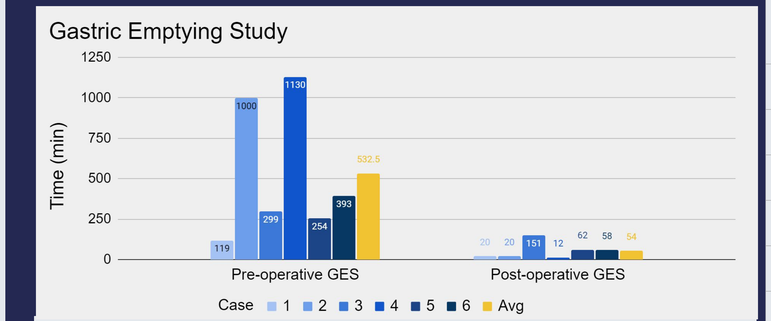
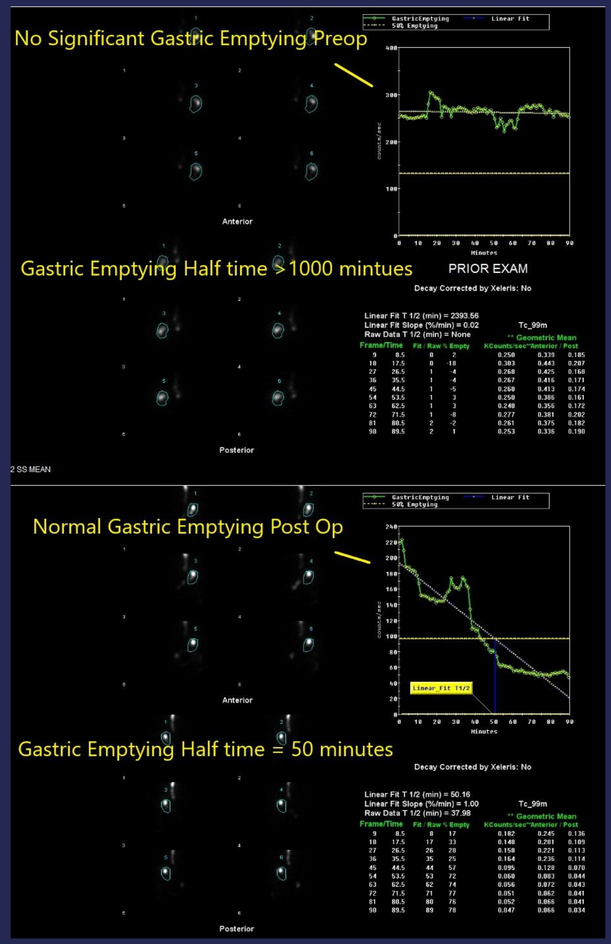


Figure 4: On average, preoperative GES was **532.5 minutes** and postoperative was **54 minutes**.

Case	Difference (min)	% Improvement
1	99	83
2	980	98
3	148	49
4	1118	99
5	192	76
6	335	85
Avg	*479*	*90*

Figure 3: Preoperative vs Postoperative Gastric Emptying in Typical Patient



DISCUSSION

LSG & pyloroplasty resulted in normalization of gastric emptying times for all 6 patients. Abdominal pain and post operative ED visits were decreased & all patients were able to resume a regular diet without pain or vomiting LSG is a simple and well understood operation performed by many surgeons. It is a low risk procedure that can be combined with pyloroplasty for an effective and safe procedure for the treatment of severe gastric paresis.

CONCLUSION

LSG with pyloroplasty produces reliable & consistent improvement in patients with medically refractory gastroparesis. Additional studies with longer follow up are needed to confirm these early results

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