Small Bowel Obstruction Secondary to Staple Line Bleeding in the Post-Operative Gastric Bypass Patient: a Complete Endoscopic Approach with Avoidance of Enterotomy

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Introduction

Roux-en-y post-operative complications vary greatly

Bleeding is the most common early post-operative complication that requires re-operation within 30 days. However, small bowel obstructions due to intra-luminal clot account for <0.2% of these complication.

The standard treatment for obstructions 2/2 intra-luminal clot includes laparoscopic decompression via enterotomy with oversewing of the bleeding vessel versus revision of the anastomosis.

Our Case

49-year-old female who underwent a roux-en-y bypass without complication.

Post-operative day 1 there was concern for emesis and inability to tolerate PO intake. She underwent a standard upper GI shown to the right
Based on this, concern for obstruction at the level of the gastrojejunostomy.
Patient also with drop in hemoglobin prompting concern for bleeding.

Decision made to return to OR.

Surgical Intervention

Taken for diagnostic laparoscopy in conjunction with GI.

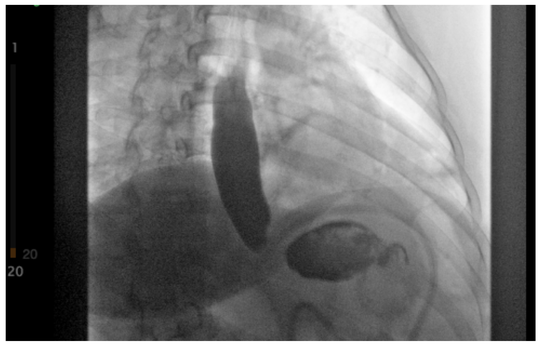
On inspection evidence of intraluminal clot from the level of the gastrojejunostomy to the jejunojejunostomy.
Bowel distal to JJ was decompressed.

Endoscopy was then performed. Small bleeding vessel noted at the GJ anastomosis. There was intraluminal clot noted distally.

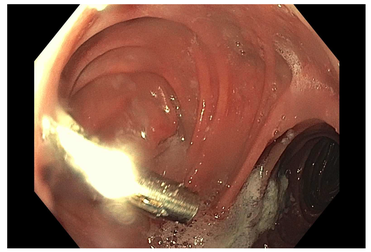
Using laparoscopic assistance, the endoscope was advanced into the roux limb and intra-luminal clot was evacuated. This was continued until all visible clot was completely gone.
The bleeding vessel at the GJ was then endoscopically clipped and hemostasis was confirmed

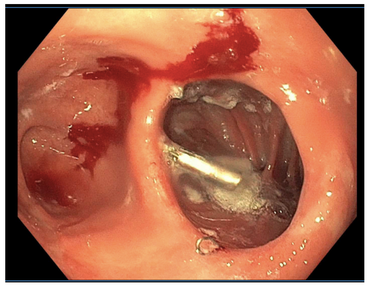
At end of case, roux-limb decompressed, all bowel appeared decompressed.

Post-operatively, she recovered uneventfully without any further concern for bleeding or obstruction.



UGI showing obstruction





Post-operative endoscopy showing clip placement

Conclusions

Endoscopic techniques can be successful in managing complex post-operative complications in bariatric patients.

This patient shows the successful employment of laparoscopic assisted endoscopic management.
With the avoidance of an enterotomy or revision, post-operative recovery can be expedited and provide improved outcomes.

Finally, while obstruction secondary to intra-luminal bleeding is rare, it must be on the differential. And if promptly diagnosed, these endoscopic techniques are feasible and efficient for successful management.