Does omentopexy protect the stapler line during LSG?

Aim of the study. Present the different group the results of omentopexy on the staple line after the sleeve gastrectomy for bleeding, stroke, leaking and stenosis prophylaxis.

Introduction. Compared to other operations, LSG application is comfortable, but there are specific complications.The most common complications in literature include stomach fistul(1-3.9%), bleeding(<5%) and stenosis(2-5%).

Material and methods.197 obese patients have undergone a sleeve gastrectomy with omentopexy procedure 2013 through 2021 years.169 of patients were females, 28 were males, mean age was 36.5 years, The patients were randomized to 2 groups depending on operative technique applied.1stgroup 99 patients(51%) underwent a standard sleeve gastrectomy surgery with uncovered stapler line.2ndgroup 98 patients(49%) underwent the same sleeve gastrectomy completed with omentopexy over the stapler line starting from the stomach fundus to investigate if it could reduce typical complications arising from the stapler line.The follow up period for all patients was 48 months.





Resume. 4 patients(4%) of the 1st group developed a repeating bleeding from the stapler line resulted in reoperation,1(1%) patient was complicated by a functional stricture at the level of cardioesophageal sphincter, 2(2%) patient was diagnosed a torsion in a projection of angular incisure, and an important complication of stapler line leakage in the cardioesophageal region was noted in 2(%) patient. All complications were managed by according radical treatment. 2nd group patient were not detected torsion, bleeding and leak stapler line in the postoperative period, therefore we think that there are role of omentopexy.2nd group patients did not face any of the complications mentioned above.

Conclusion. However the reinforcement of the stapler line by omentopexy is more reliable in regards of complications. Although omentopexy prolongs the surgery time, the incidence of complications such as leakage, coiling, and stenosis was similar in both groups, which indicates the role of a standard surgical technique in reducing complications than adding omentopexy. It should be noted, however, that bleeding was less in Group A