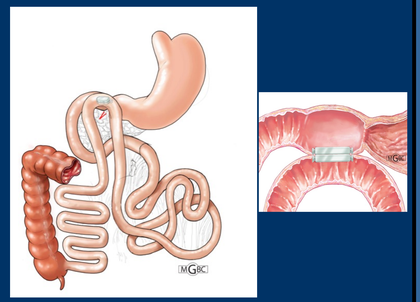
"ERCP and Cholecystectomy in patient with latero-lateral Duodeno-Ileostomy+Sleeve Gastrectomy with MAGNET System"

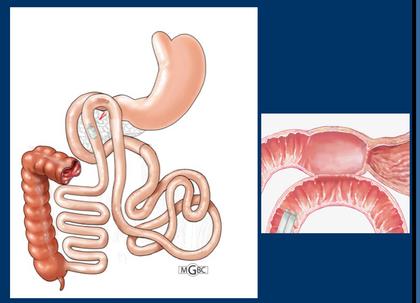
Antonio Torres[1], Maja Odovic[1], Jana Dziakova[1], Andrea Castillo[1], Andres Sanchez Pernaute[1], Michel Gagner1

1 Hospital Clinico San Carlos, Madrid, Spain; 2 Clinique Michel Gagner, Westmount, Canada

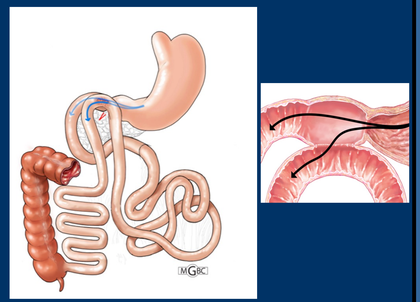
SCHEMA



Phase 1 : Magnets in place



Phase 2: Magnets in expulsion



Phase 3. Gastric contents direction

INTRODUCTION

Modification of single anastomosis duodeno-ileal bypass and sleeve gastrectomy (SADI-S) by creation of side-to-side duodeno-ileostomy with GT Metabolic Solutions Magnetic Anastomosis System (MAGNET System) warrants partial passing of intestinal contents. This anastomosis permits achieving and maintaining weight loss as well as improving glycemic status in obese patients.

This is the first case of SADIS-250 with magnet duodeno-ileal anastomosis complicated by choledocholithiasis that required ERCP followed by cholecystectomy.

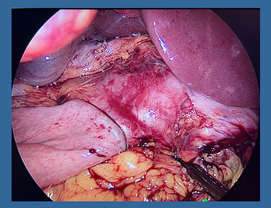


Figure 1. Surgery

METHODS AND MATERIALS

Sixty years old female with BMI of 49 kg/m2 who previsouly had SADIS-250 with magnet duodeno-ileal anastomosis in April 2022 in Hospital Clinico San Carlos, Madrid.

RESULTS

In July 2022 patient was complaining of pain in the upper abdominal quardant with cholestasis in laboratory findings. The MRCP confirmed the presence of choledocholithiasis. We performed ERCP with sphincterotomy and evacuated the gallstones. In August the patient came to the emergency room with the same complains, same findings in the laboratory tests, and MRCP again confirming presence of gallstones in the common bile duct. We performed second ERCP with balloon dilatation of the sphincter of Oddi and extracted small-size gallstones together with the sludge. The ERCP was followed by cholecystectomy during the same hospitalisation. During the cholecystectomy we confirmed that the duodenum is easily accessible in case when its section is needed in order to have the full passing of gastric contents throughout duodeno-ileal anastomosis.

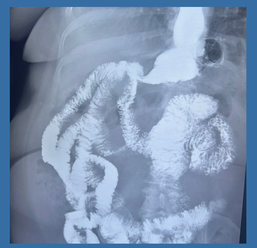


Figure 2. Barium Swallow

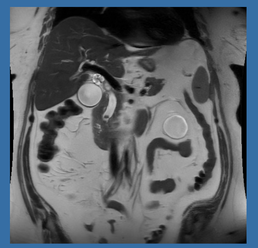


Figure 3. MRCP



Figure 4. Oddi's Sphincter Balloon Dilatation

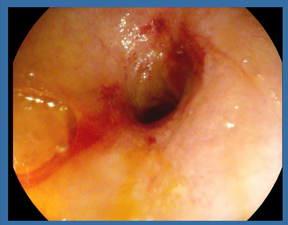


Figure 5. Duodeno-Ileostomy Endoscopy View

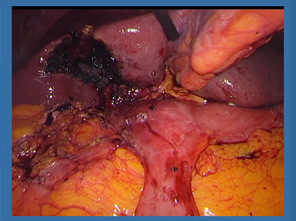


Figure 6. Duodeno-Ileal Anastomosis During Cholecystectomy

CONCLUSION

SADI-S with magnetic duodenal bipartition permits ERCP and eased biliary complications management.