Robotic Roux-en-Y Gastric Bypass for Chronic Leak after Sleeve Gastrectomy

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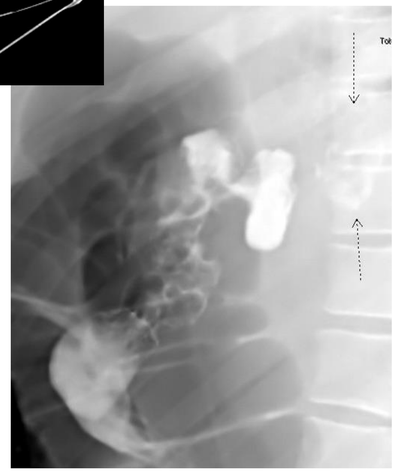
INTRODUCTION

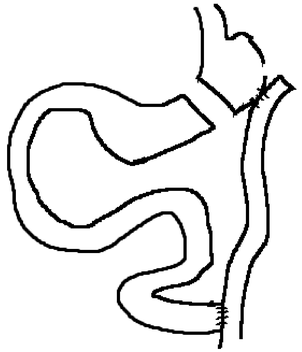
- Sleeve gastrectomy is one of the most common bariatric procedures in the world
- Associated with three significant complications: staple line bleeding, leaks and gastric strictures
- Leaks are one of the most feared complications due to significant morbidity
- First Line treatment is usually endoscopic but surgery is needed in patient who fail
- Report our experience with RNYGB for treatment of chronic leak after LSG

CASE

- 38yo female presented to tertiary center hospital with left lower quadrant pain.
- PSH of sleeve in 2019. Developed GERD and underwent sleeve revision in 2022.
- After this operation, persistent abdominal pain and recurrent pneumonia for months
- Initial CT demonstrated contrast extravasation from gastric lumen into air and contrast collection towards splenic hilum. Leak confirmed on UGI.
- OR for robotic sleeve to bypass conversion w jejunostomy tube placement. Fistula was not dissected or repaired.
- Discharged POD7. Seen at monthly intervals. 3mo CT and UGI w/o leak.







DISCUSSION

- Chronic gastric leaks are a serious and rare complication after bariatric surgery
- Diagnosis can be difficult due to nonspecific symptoms or false negative imaging
- Principles of management: adequate drainage, fistula control, gastric decompression, nutrition
- Persistence of leaks is thought to be due to high intra-gastric pressure
- First line treatment for chronic leaks should be endoscopically oriented
- Most commonly proposed procedures are: RNY fistulo-jejunostomy, RNY bypass with repair of fistula, and gastrectomy with esophagojejunostomy

CONCLUSIONS

- In patients who failed conservative mgmt., surgical reconstruction should be performed
- RNY gastric bypass without fistula repair should be explored as a viable surgical approach
- Surgeons should be prepared to treatment bariatric patient who develop this complication

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