The Role Of Intraoperative Leak Testing In Bariatric Surgery. Is It Useless?: A Retrospective Case Series

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Background

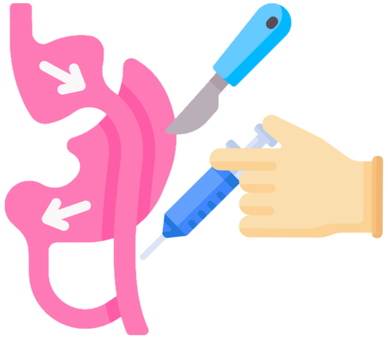
Intraoperative testing of staple lines and anastomoses is a common practice in bariatric surgery to reduce the risk of postoperative leaks. However, the true impact of this intervention remains uncertain. This study aims to evaluate the outcomes of bariatric surgery performed without routine leak testing.

Methods

Between **2019 and 2024, 293** patients underwent bariatric surgery at a **single private practice center**. **No leak testing** was performed in any of the patients. Data were collected and analyzed retrospectively, considering surgical technique, patient characteristics, and postoperative outcomes.

Results

Of the **293** patients, 169 (58%) underwent (Laparoscopic Sleeve Gastrectomy (LSG), 109 (37%) Roux-en-Y gastric bypass (RYGBP), and 15 underwent revisional bariatric surgery. **Three** patients were readmitted within 72 hours of discharge. One was an LSG patient who experienced a **leak** on postoperative day 1, which was managed endoscopically with a stent. The other two were bypass patients who developed **leaks intraoperatively**, which were treated with drainage and stenting. One gastric bypass patient developed early stenosis, requiring laparoscopic revision of the anastomosis. One patient with late sleeve stenosis underwent conversion to RYGBP eight months postoperatively. The mean follow-up period was 18 ± 35 months.



Conclusion

This retrospective cohort demonstrates that bariatric surgery can be performed **safely without routine intraoperative leak testing**. The absence of leak testing **did not adversely** affect outcomes for LSG, RYGBP, or revisional cases. While further studies are needed to confirm these findings, these results suggest that intraoperative leak testing **may not be a necessary component** of standard bariatric surgical practice.