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LAPAROSCOPIC MANAGEMENT OF PERFORATED ULCERS AFTER ONE ANASTOMOSIS GASTRIC BYPASS

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BACKGROUND

The one anastomosis gastric bypass (OAGB) is considered a safe, simple and as effective surgical technique as the traditional gastric bypass method with Roux-en-Y reconstruction (RYGB) for treating morbid obesity and Diabetes Mellitus II (DMII). Incidence of perforated ulcers are considerable and laparoscopic management needs evaluation. Most of the patients present in acute condition but some may present in a chronic manner

METHODS

10 patients presenting with perforated ulcers after OAGB were operated laparoscopically

RESULTS

All 10 patients were successfully operated laparoscopically. All of them were managed by refreshing of the anastomosis and was converted to Reux en Y. 7 patients were acute and had peritonitis and needed feeding jejunostomy. 3 patients were chronic and no feeding jejunostomy was done. One patient presented by lung abcess and had persistent pleuro-peritoneal fistula. Postoperative follow up showed no special events. Average time of presentation was about 12 months , earliest was 6 months and latest was 18 months

CONSLUSIONS

Perforated ulcers' incidence after OAGB is considerable and cannot be neglected. Laparoscopic management is feasible with uneventful postoperative follow up