SMALL BOWEL OBSTRUCTION SECONDARY TO INTRA LUMINAL BLEEDING AFTER ROUX-EN-Y GASTRIC BYPASS

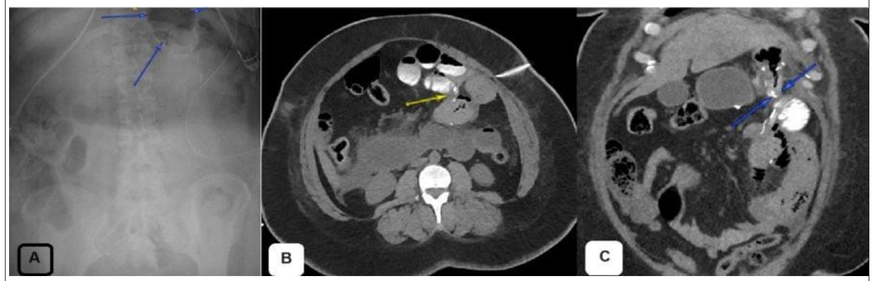
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Introduction

Small bowel obstruction is a known complication of Roux-en-Y gastric bypass (RYGB) and it can be more dreadful when the cause is intra luminal bleeding (ILB). In this situation, the surgeon should deal with the cardiovascular decompensation secondary to bleeding while dealing with the possible consequences of SBO including leak or perforation. The incidence of SBO secondary to ILB is as low as 0.05-1.9%[1]. Here we are reporting a case of SBO secondary to hemobezoar following RYGB.

Case Presentation

41 year-old woman with BMI of 39 and history of laparoscopic sleeve gastrectomy eight years ago with failure to lose weight underwent an uneventful robotic-assisted laparoscopic RYGB with Sureform 60 mm White (2.5 mm) stapler load, no hemostatic agent applied over the stapler line. Prophylactic dose of heparin was used to prevent deep vein thrombosis. 28 hours after surgery, she complained of vague abdominal pain, mild distention, new onset nausea, and mild tachycardia. Workup showed a dilated loop on abdominal x-ray (Figure 1A) which prompted an urgent abdominal CT scan which revealed small bowel obstruction distal to jejunojejunostomy (J-J) (Figure 1B and C). The patient was immediately brought back to the operating room. Following attempted diagnostic laparoscopy we converted to laparotomy with intraoperative finding of SBO 30 cm distal to the J-J. The hemo-bezoar was evacuated via an enterotomy at the transition point. Intra-operative esophagogastroscopy ruled out gastro-jujenal anastomosis bleed. We attributed the bleed to the staple line bleed from J-J. The enterotomy was closed followed by peritoneal wash out. Postoperative course was complicated with the formation of intra-abdominal abscess which was managed with interventional radiology drain placement. She was discharged on hospital day 14 in good overall condition.



DISCUSSION

- **Limited Data on Stapler Type & Hemostatic Agents:**
- Typically occurs within **1 to 3 days** post-surgery.
- Insufficient information is available regarding the specific stapler type used in Roux-en-Y gastric bypass (RYGB).
- The role of hemostatic agents applied over the staple line remains unclear.

- **Incidence & Timing of Small Bowel Obstruction (SBO) Due to Intraluminal Bleeding (ILB):**
- SBO caused by ILB is extremely rare.

- **Association with Anticoagulation Therapy:**
- Almost all reported cases involve patients on **prophylactic doses of anticoagulation** per bariatric surgery guidelines.

- **Clinical Implications:**
- Urgent intervention is crucial to prevent serious complications.
- Prompt management is necessary to mitigate risks of both **bleeding and obstruction**

CONCLUSION

While Intraluminal bleeding (ILB) following Roux-en-Y gastric bypass (RYGB) is extremely rare, it is prudent for surgeons to consider lethal possibilities. SBO from intraluminal bleed is one of many to consider when evaluating a patient after RYGB and prompt management is critical for the success in outcome. Lastly, surgeons should be encouraged to report cases to build a more comprehensive dataset. More data is needed to compare the impact of different stapler types use of hemostatic agents DVT prophylaxis protocols, and patient comorbidities

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