



TOUPET FUNDOPLICATION PRIOR TO SLEEVE GASTRECTOMY: A HYBRID APPROACH TO MANAGE OBESITY AND GERD - A CASE REPORT



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BACKGROUND & RATIONALE

- **The Clinical Problem:** Sleeve gastrectomy (SG) induces de novo or exacerbates existing GERD via disrupted angle of His, decreased fundic compliance, and elevated intragastric pressure.
- **Proposed Strategy:** Laparoscopic Toupet Fundoplication (LTF) performed prior to or combined with SG to reinforce the lower esophageal sphincter (LES) and mitigate high-pressure reflux.

CASE PRESENTATION

- **Patient Profile:** 49-year-old female presenting with obesity and medically refractory chronic GERD.
- **Preoperative Diagnostics:**
 - Barium Esophagogram: GE Reflux. (Fig 1)
 - HRM & 24h pH-impedance: Confirmed ineffective esophageal motility and pathologic acid exposure.
 - 3D: Sliding hiatal hernia. (Fig 2)

Surgical Intervention: Laparoscopic Toupet fundoplication combined with partial (sleeve) gastrectomy + ICG showing good arterial supply. Proposed Schema of Technique is showed. (Fig 3 y 4)

CLINICAL OUTCOMES (6-MONTH FOLLOW-UP)

- **Safety:** Uneventful postoperative course with zero morbidity.
- **Bariatric Efficacy:** Clinically significant weight loss achieved.
- **Anti-Reflux Efficacy:** Complete, sustained resolution of baseline GERD symptoms seen in Barium Swallow in Trend. (Fig 5)

Conclusion & Takeaway

- **Surgical Viability:** A hybrid LTF + SG approach safely and effectively addresses preexisting GERD while preserving the restrictive benefits of SG.
- **Clinical Impact:** Prophylactic fundoplication in SG patients offers a viable, intestine-sparing alternative to Roux-en-Y Gastric Bypass for obese patients with baseline reflux and IEM.

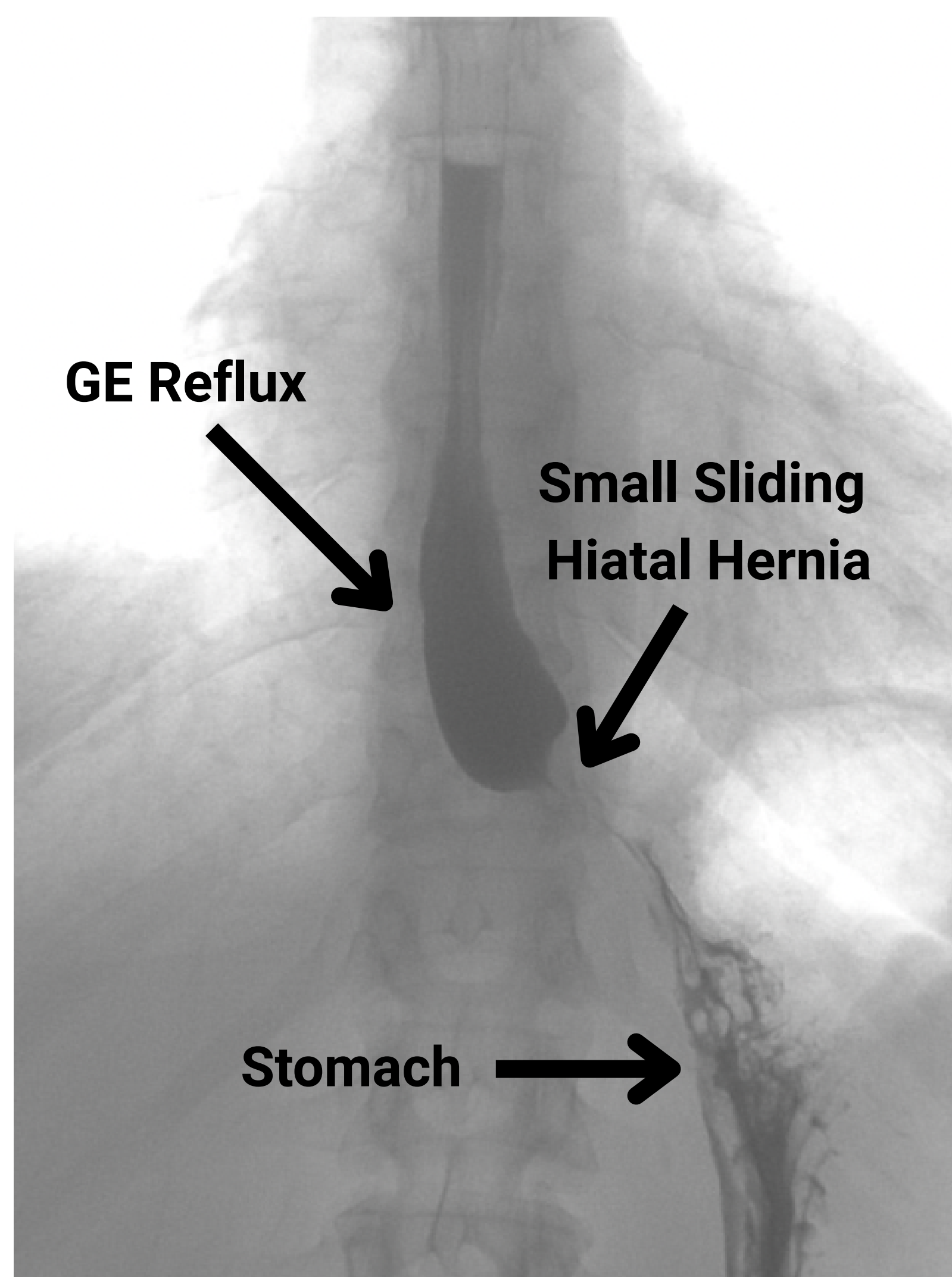


Fig 1. Preop Barium Esophagogram

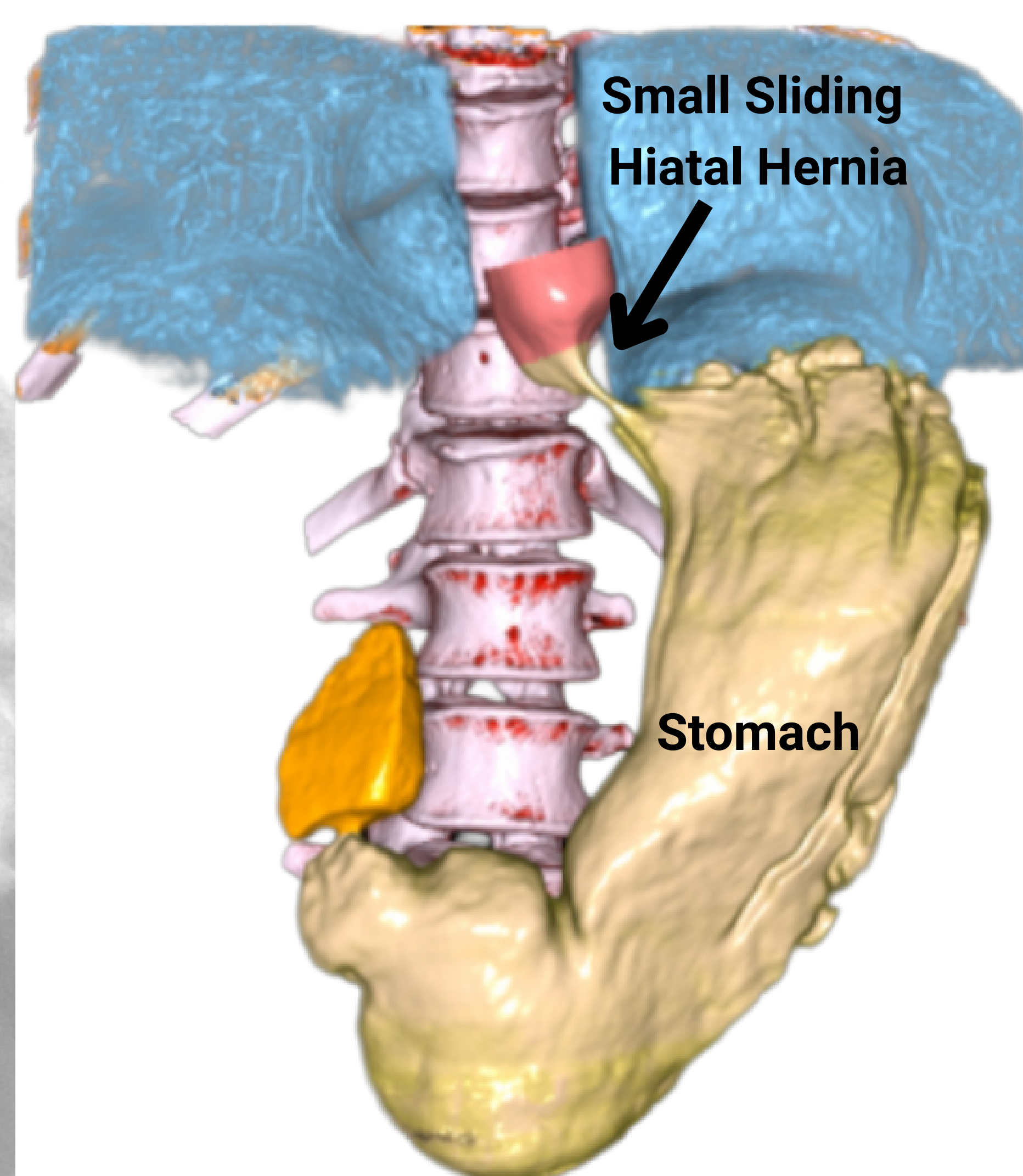


Fig 2. Preop 3D Reconstruction

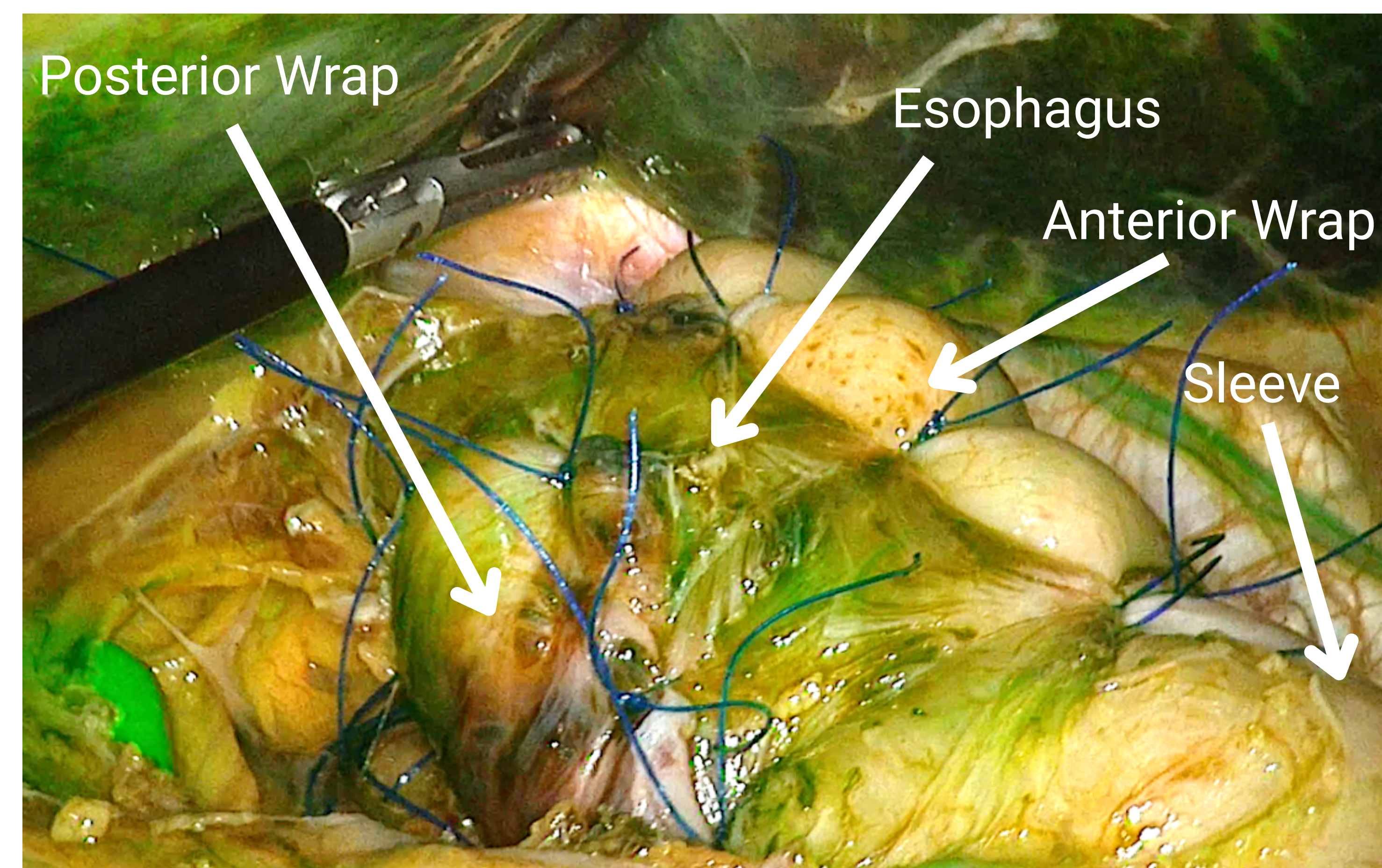


Fig. 3. Intraoperative view of Toupet fundoplication.

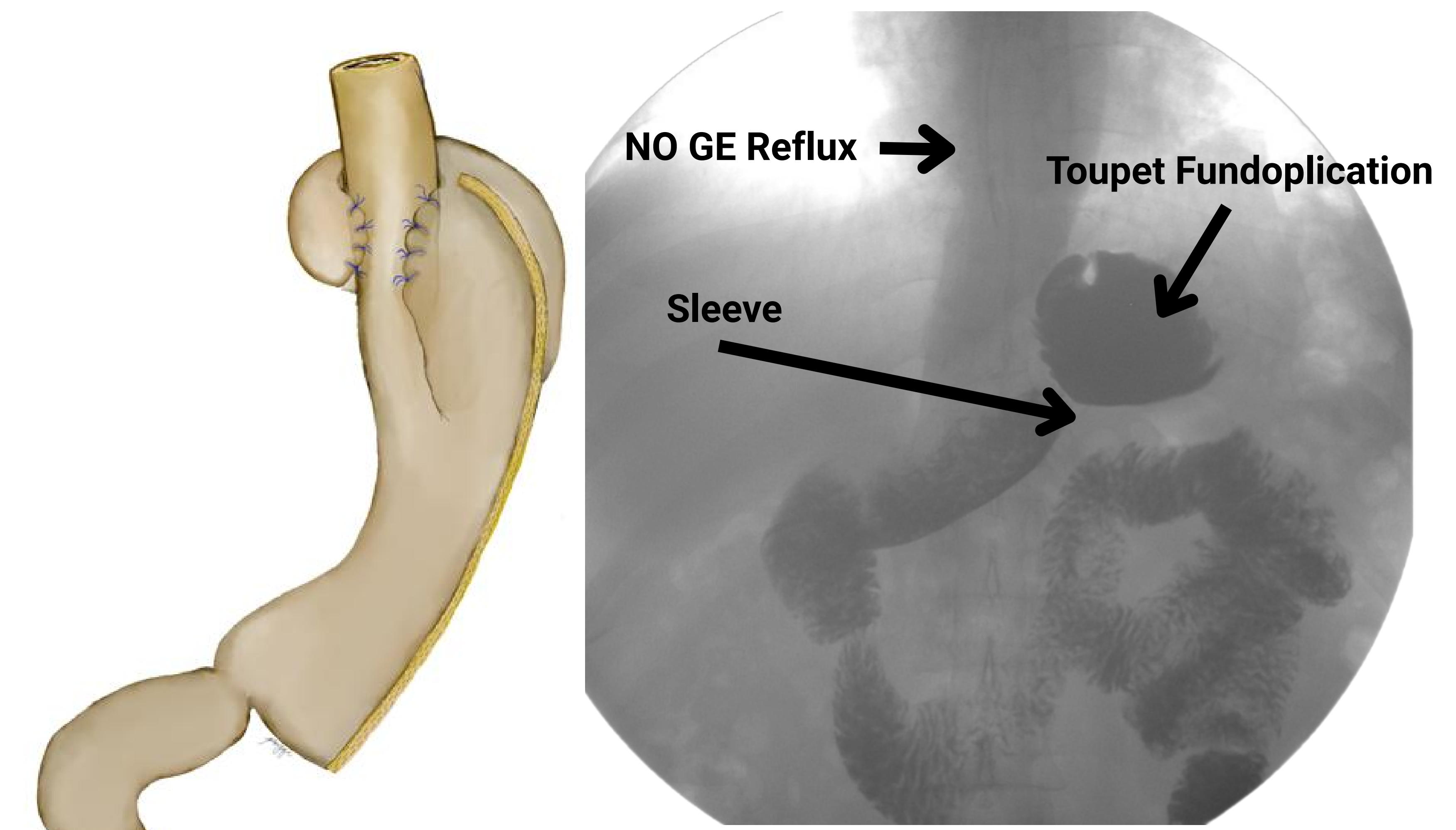


Fig. 4. Schematic representation of Toupet Sleeve

Fig. 4. Postoperative barium swallow