Bariatric surgery following Endoscopic Sleeve Gastroplasty

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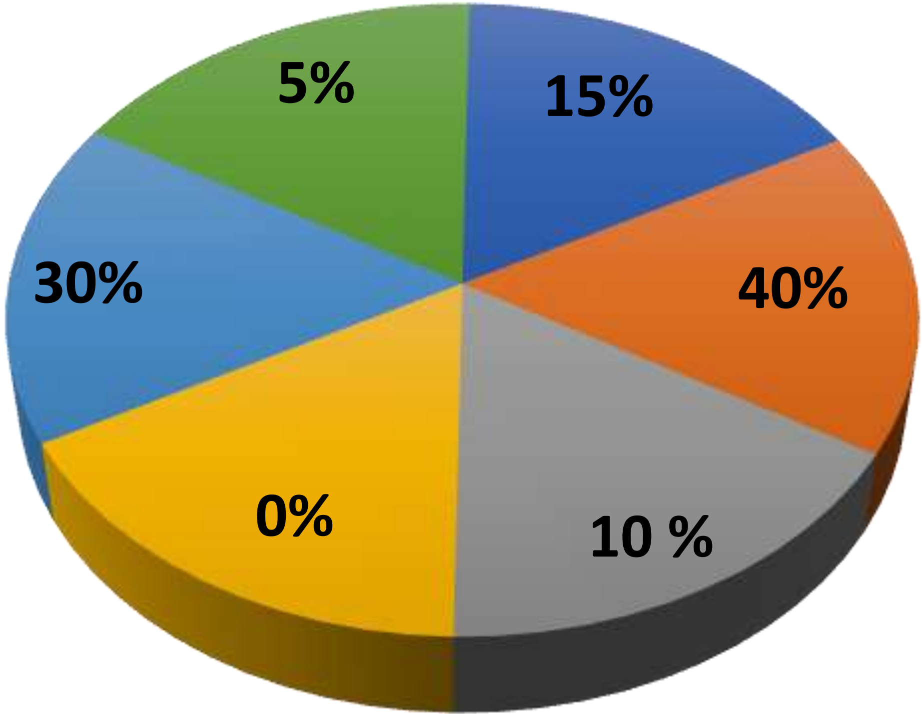
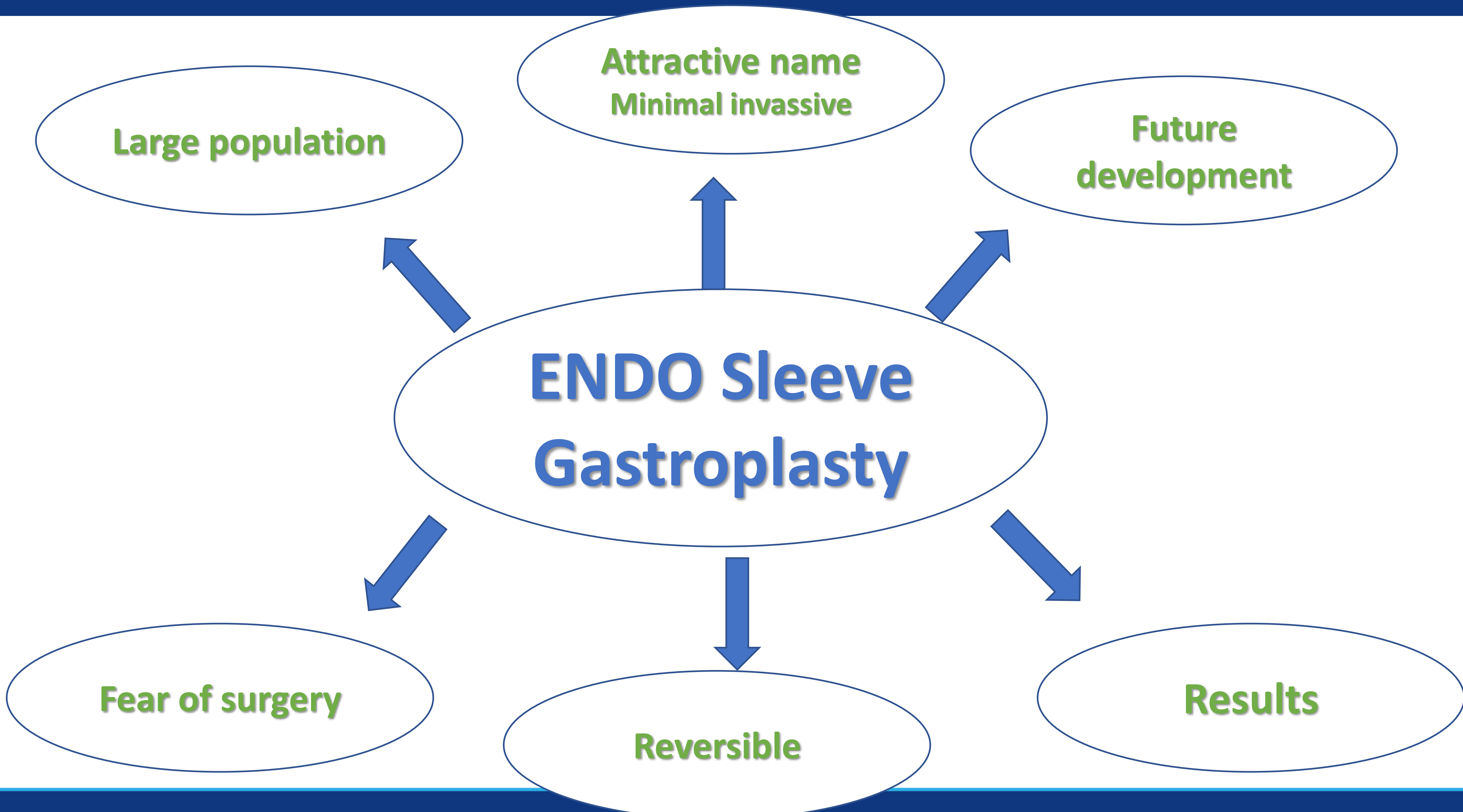
2023

Speaker consultancy fees on behalf of Ethicon and Medtronic.

CASE MIX DISCLOSURE




Attractive name
Minimal invassive
Large population
Future
development
ENDO Sleeve
Gastroplasty
Fear of surgery
Reversible
Results

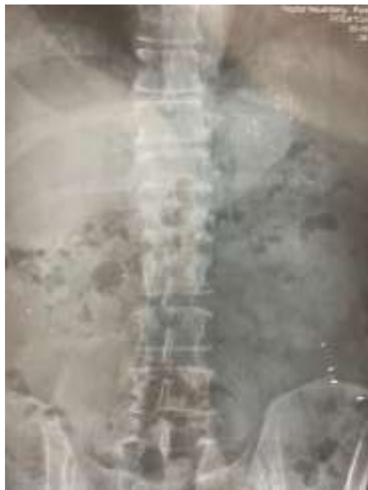
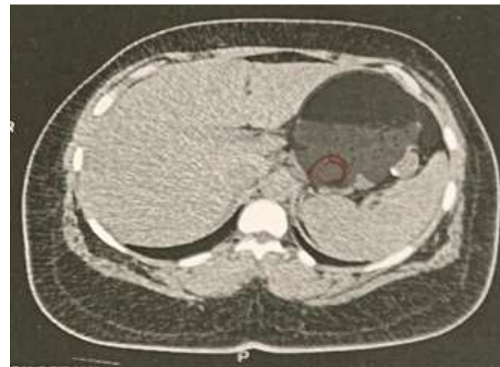
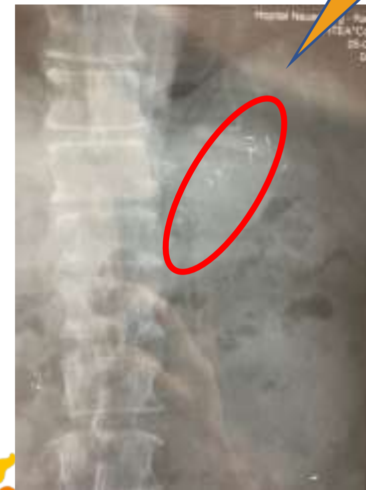
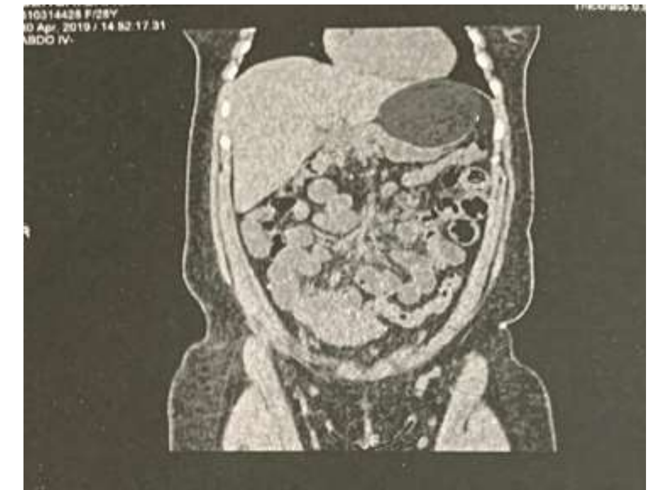
Bariatric surgery after…

- Preoperative workup
- Surgical technique
- Take home message

Preoperative work-up

- Standard bariatric preoperative evaluation
- Specific investigations related to previous ESG:
  - ➢ Upper Gi Swallow +/- CT
  - ➢ Endoscopy

Try to identify the anchor!!!

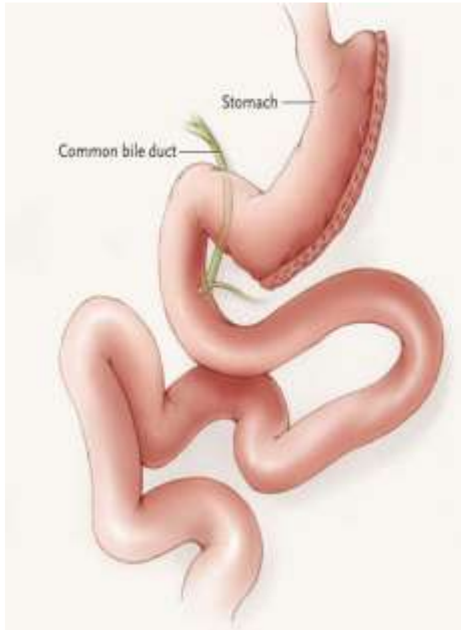





Preoperative work-up

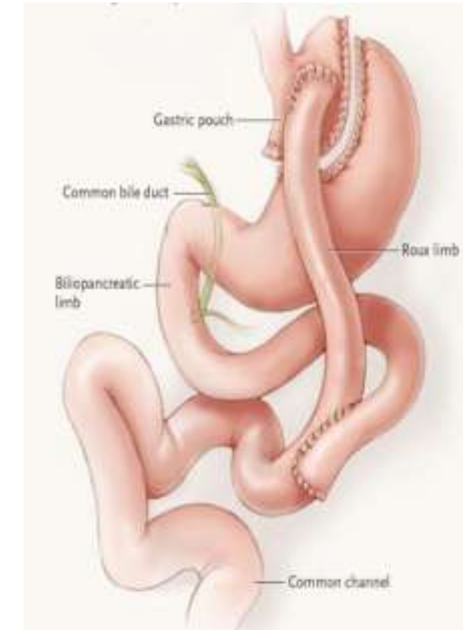
- In case of revision what we should do?
  - Try to remove all the foreign materiel by endoscopy?
  - Perform systematic intraoperative endoscopy/fluoroscopy?

- Preoperative removal of the anchors by endoscopy could be too complicated.

Impossible, but we can
visualise the futur staple line.



So Which Procedure?



LSG

- First option for the patient
- High rate of GERD
- Multiple options of redo surgery

RYGB

- Safer option
- Limited options of redo surgery

Bariatric surgery after…

- Preoperative workup
- Surgical technique
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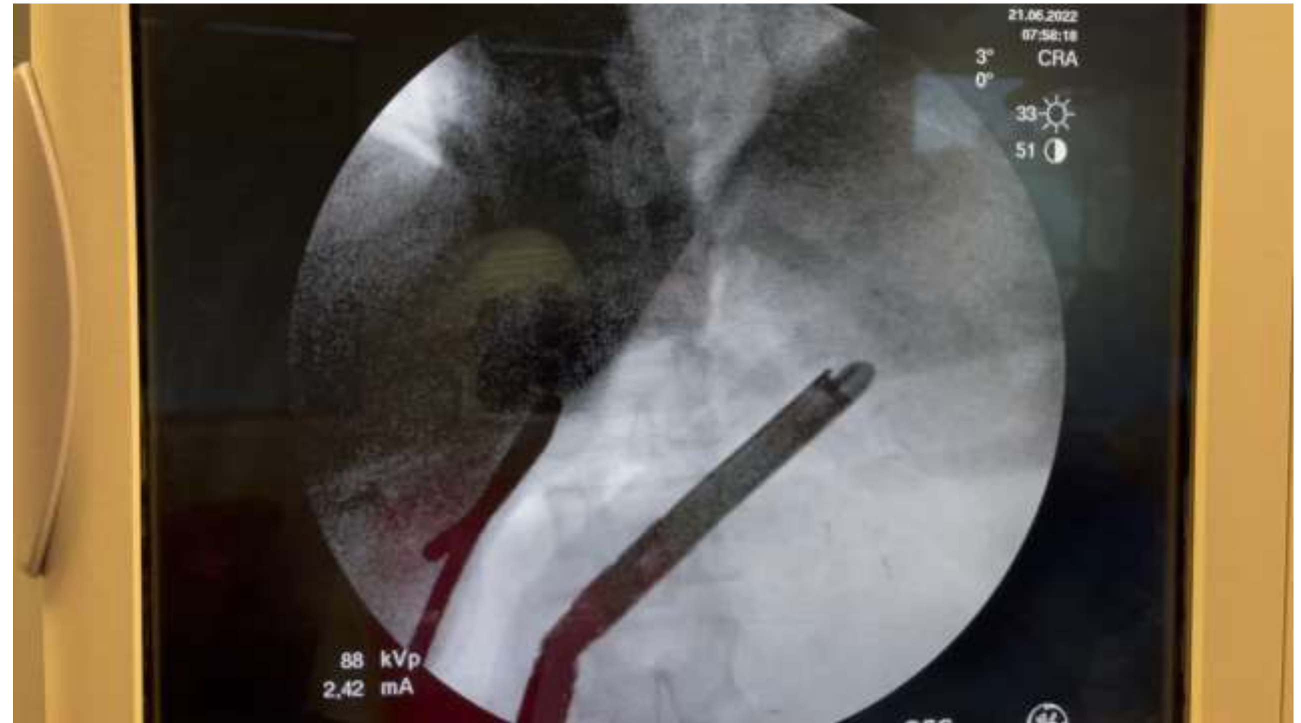
Tips & Tricks:

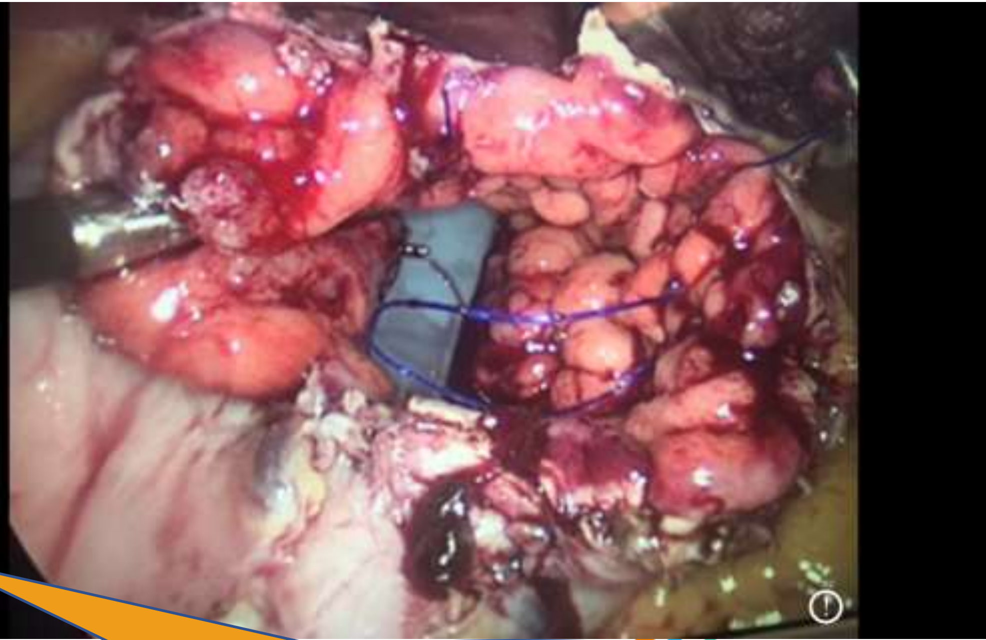
- Have closer an endoscope – the importance that bariatric surgeon should use the endoscopy systematic
- Restore the normal anatomy with clear identification of anchors before any sectioning

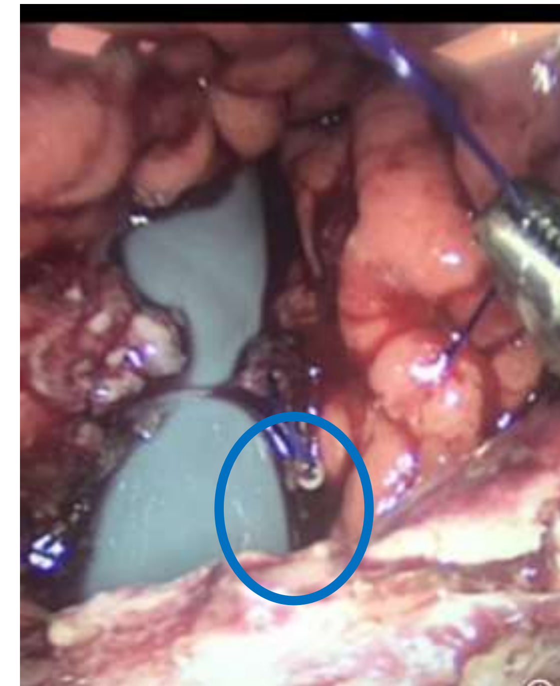
Te use of fluoroscopy in the operative room to avoid any crossing between the staples and the anchors



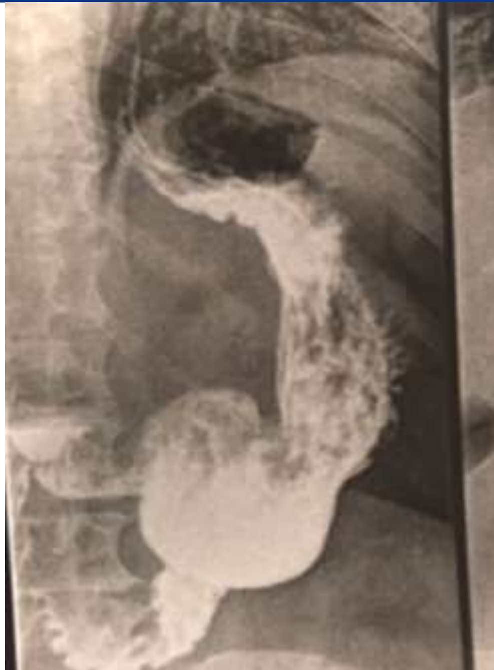
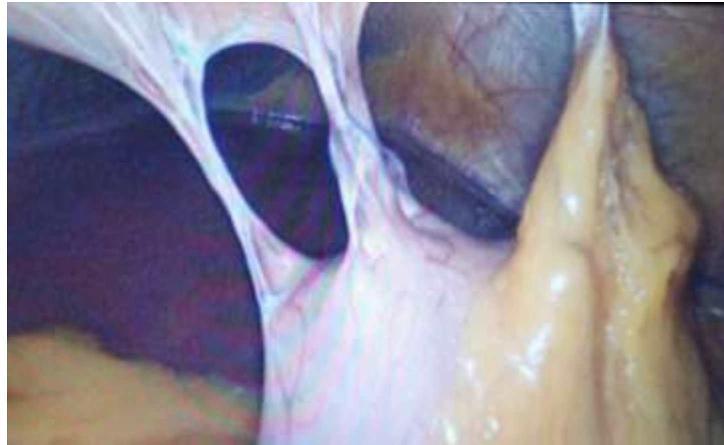
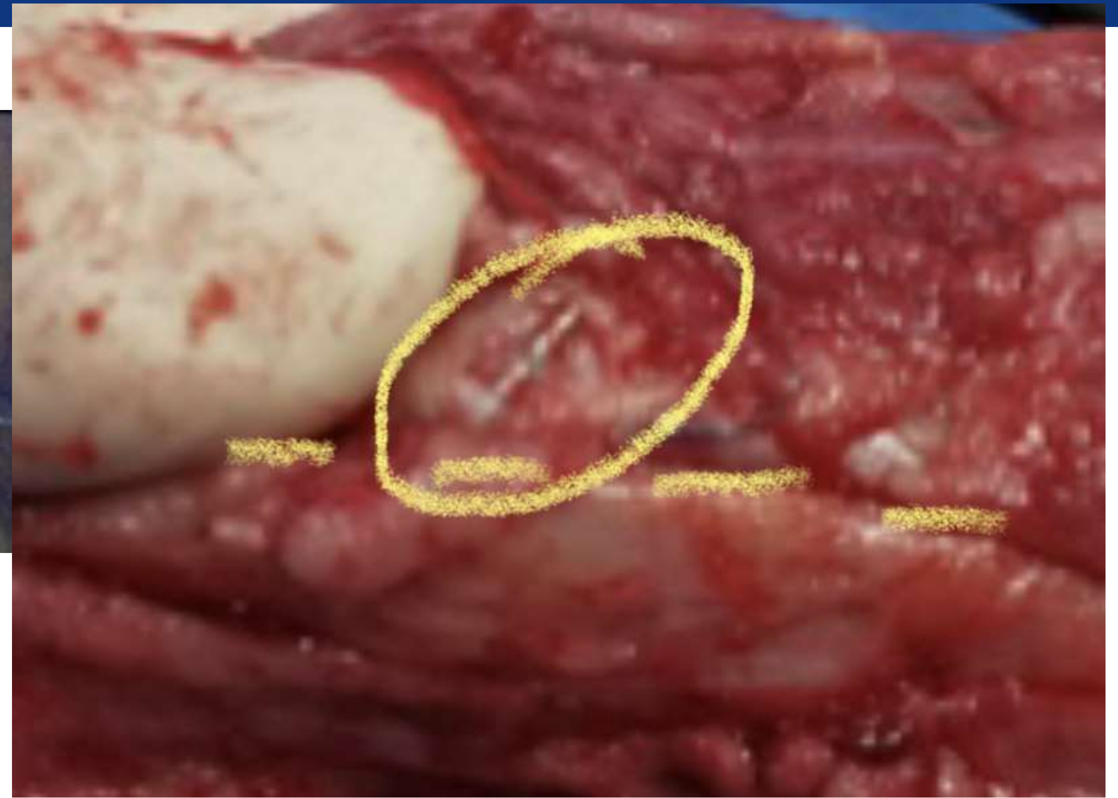
Tips & Tricks:

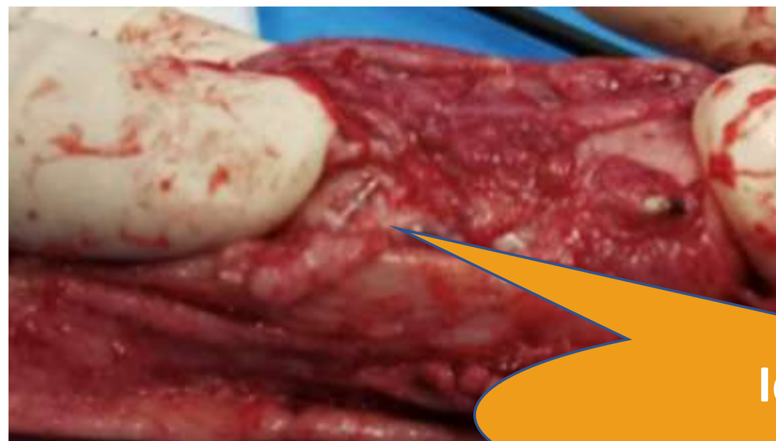
- When the localisation of the anchors is not obvious, DO NOT hesitate to perform a gastrotomy on the greater curvature





The sensibility of preoperative
Upper GI swallow
could be debatable



Identify the anchors
Before stapling

Our study

January 2019-May 2022, **36 patient** underwent revisional bariatric surgery following ESG

- The preoperative upper endoscopy analyzed for 28 patients found: a complete undo of plication in 13 cases (46.4%), some cinches with the stich in place in 11 cases (39.2 %) and an intact plication in 4 cases (14.3 %).
- They underwent different bariatric procedures: 28 cases of LSG (77.8 %), 7 cases of RYGBP (19.4 %) and one case of revisional RYGBP.
- Different intraoperative additional techniques were used: fluoroscopic control in 20 cases, intraoperative endoscopy in 4 cases or opening of the greater curvature in 3 cases.
- 2 intraoperative incidents and one postoperative adverse event (one bleeding).

Take home message

- Specific preoperative workup:
  - ➢ Radiology – to identify the anchors;
  - ➢ Patient position/number of stitches for ESG;
  - ➢ Decision for sleeve vs. bypass

- Intraoperatively:
  - ➢ Have available the endoscopy/fluoroscopy
  - ➢ Don’t hesitate to perform a gastrotomy

- Even if it could be a simple procedure – we should always be focus on the anchors.

Thank you
for your attention

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