GJ DEHISCENCE 2 YEARS POST MGB

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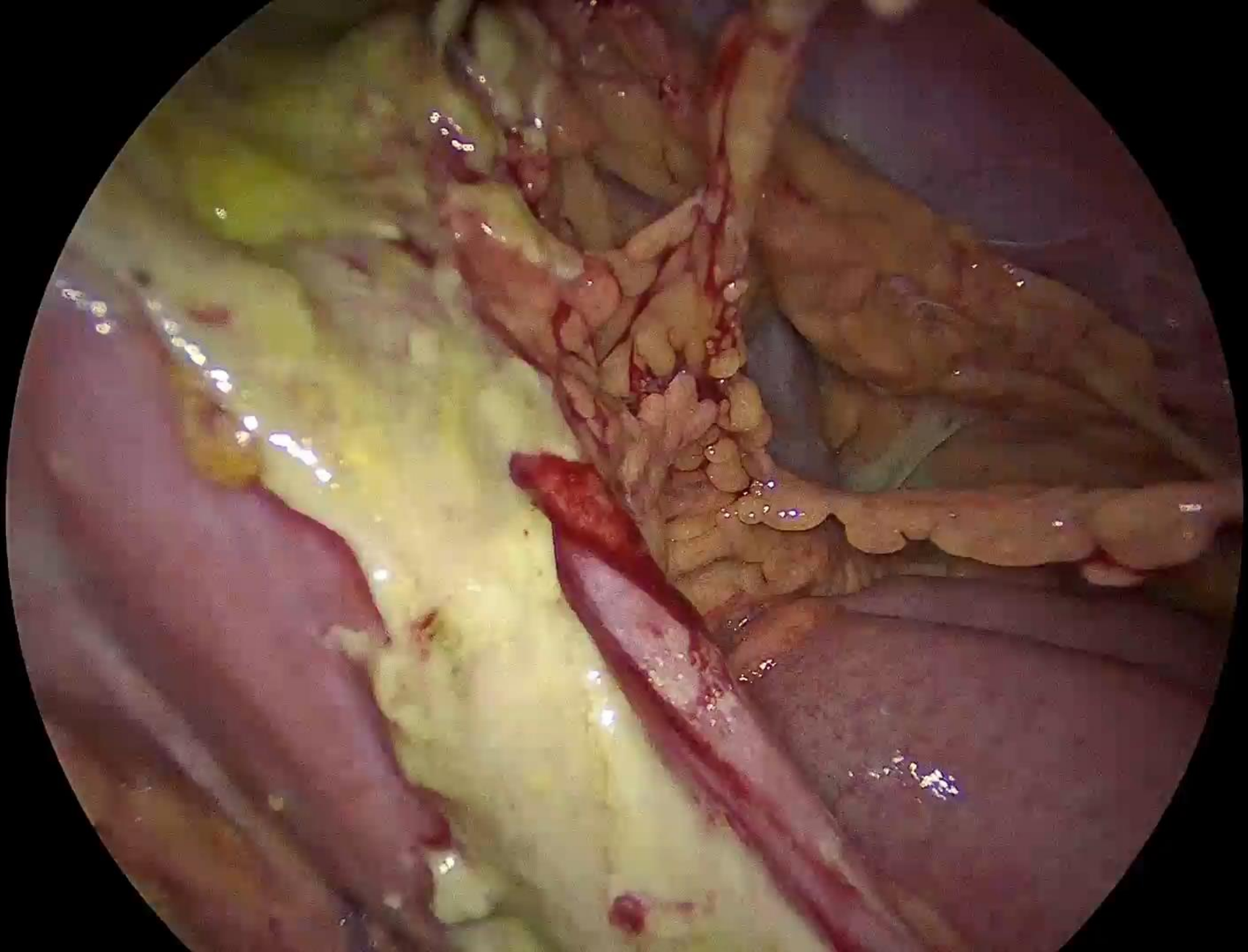
CASE DISCUSSION

Case 1

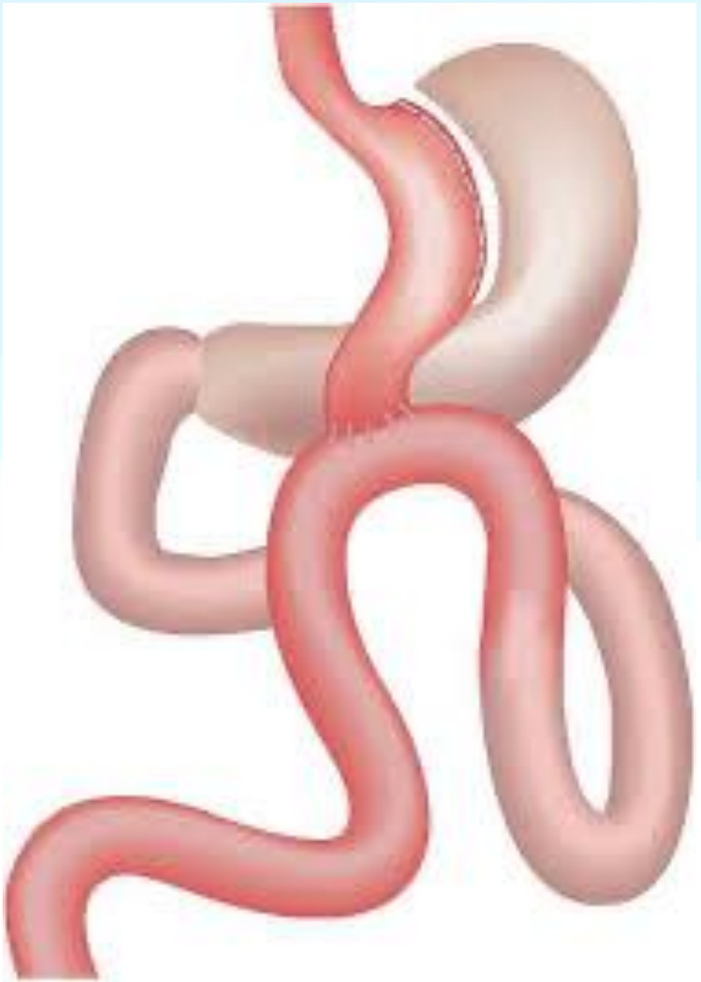
- 60 y/o lady operated for MGB 2 years back
- Presented with Severe Abd. Pain & Vomitting
- P/A exam: tenderness with no guarding/rigidity
- Tachycardia/ Tachypnoea/ Dehydration
- Low Hb, elevated WBC and CRP Hypokalaemia & Hyponatremia
- CT scan Abdomen with contrast



Understanding MGB Leaks

Anatomy of MGB

- Long wide gastric tube with no kinking or twist
- Stapling near proximal stomach relatively lateral to OG jn
- Single Anastomosis
- No splitting of momentum or cutting mesentery
- Wide and tension free anastomosis
- Overall a low pressure system



Causes of MGB Leaks

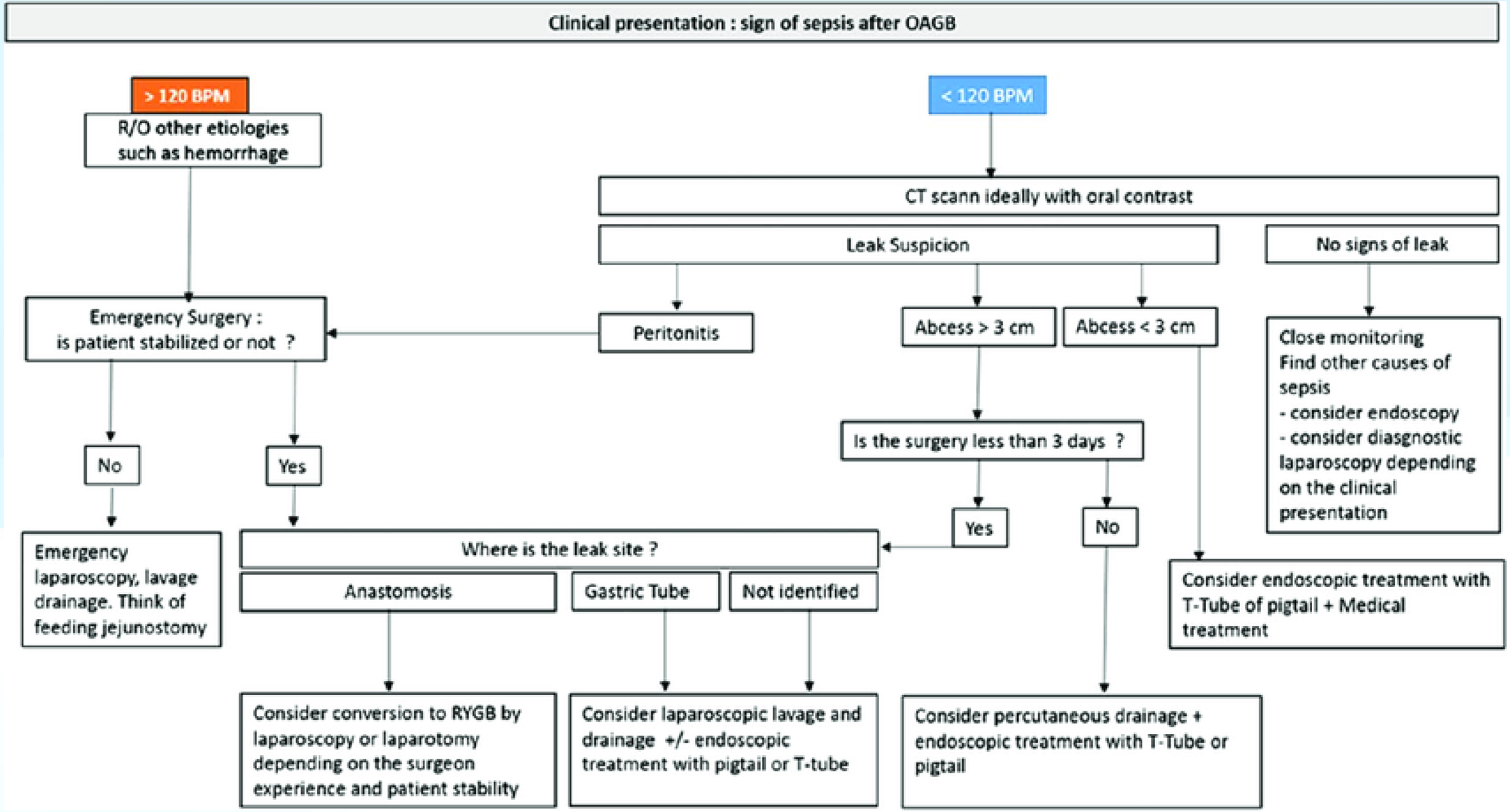
- TECHNICAL ERRORS- staple line failure / improper suturing
- ISCHEMIA
- PATEINT RELATED FACTORS
- Marginal ulcer perforation
- Pre-existing medical conditions
- Poor compliance with post-operative guidelines

EARLY DETECTION & DIAGNOSIS

- CLINICAL SIGNS & SYMPTOMS
- DIAGNOSTIC MODALITIES
- Clinical Parameters
- Imaging Studies
- Endoscopic Evaluation

MANAGEMENT STRATEGIES

- **CONSERVATIVE MANAGEMENT**
- Nutritional Support
- Close Monitoring
- **MINIMAL INTERVENTIONAL APPROACHES**
- Endoscopic Stenting
- Clipping
- **SURGICAL INTERVENTION**


Clinical presentation : sign of sepsis after OAGB
> 120 BPM
R/O other etiologies such as hemorrhage
< 120 BPM
CT scann ideally with oral contrast
Leak Suspicion
No signs of leak
Emergency Surgery : is patient stabilized or not ?
Peritonitis
Abcess > 3 cm
Abcess < 3 cm
Close monitoring
Find other causes of sepsis
- consider endoscopy
- consider diasgnostic laparoscopy depending on the clinical presentation
No
Yes
Is the surgery less than 3 days ?
Yes
No
Emergency laparoscopy, lavage drainage. Think of feeding jejunostomy
Where is the leak site ?
Consider endoscopic treatment with T-Tube of pigtail + Medical treatment
Anastomosis
Gastric Tube
Not identified
Consider conversion to RYGB by laparoscopy or laparotomy depending on the surgeon experience and patient stability
Consider laparoscopic lavage and drainage +/- endoscopic treatment with pigtail or T-tube
Consider percutaneous drainage + endoscopic treatment with T-Tube or pigtail

TAKE HOME POINTS

- METICULOUS SURGICAL TECHNIQUE & INTRAOPERATIVE LEAK TEST
- PATIENT EDUCATION REGARDING POST-OPERATIVE CARE & SIGNS OF COMPLICATIONS- EARLY REPORTING
- REGULAR ENDOSCOPIES IS AN IMPORTANT ASPECT IN POST OP PERIOD
- MULTIDISCIPLINARY APPROACH- OPTIMAL PATIENT OUTCOME
- SURGEONS
- GASTROENTEROLOGISTS
- DIETICIAN

THANK YOU