

Gastro-gastric Fistula Can be Treated Conservatively

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**NAPOLI
2023**

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DISCLOSURE



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I declare that there is no conflict of interest.



CLINICAL PRESENTATION

➤ **61 years old, Female**

➤ **Symptoms & Signs:**

- ❑ Fail to loss weight.
- ❑ Current weight 114 kg, Ht:165 cm (BMI 41.9 kg/m²)

➤ **Medical History:**

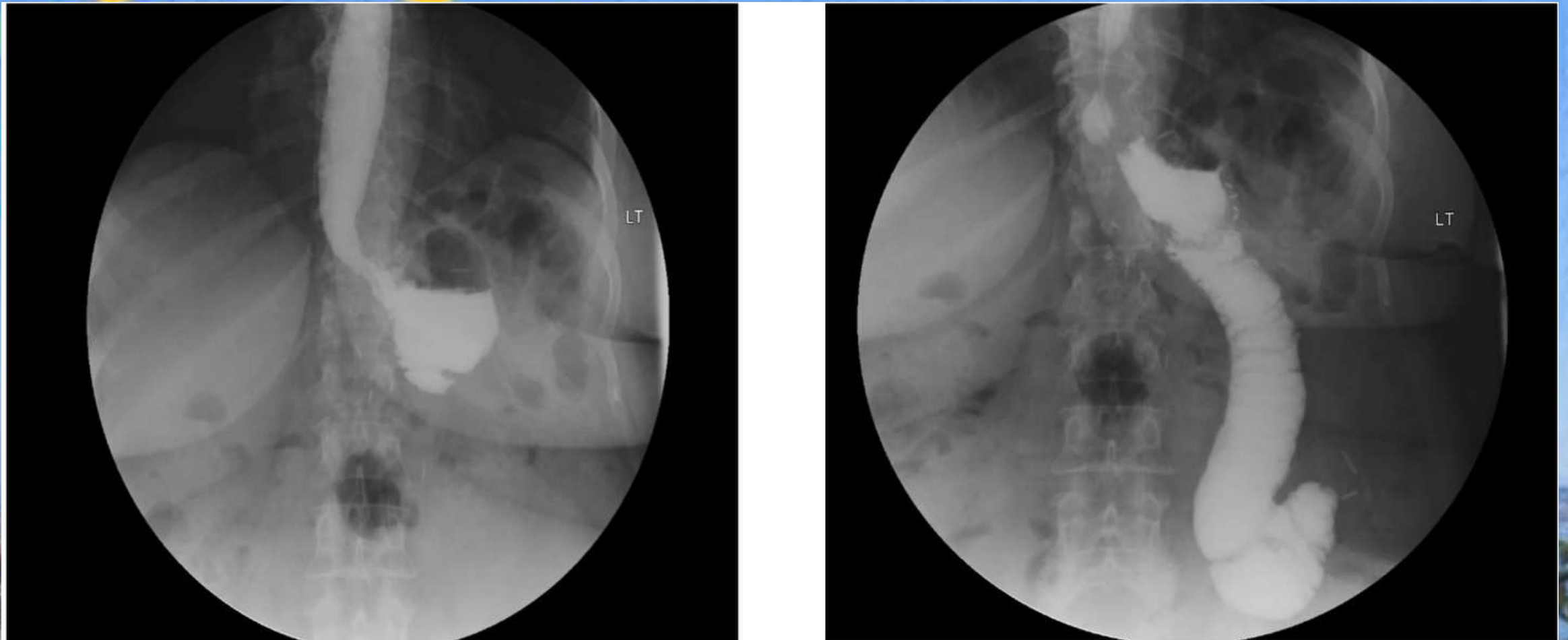
- ❑ History of medical Surgery
 - ❑ 2003 - Gastric Band with body weight 153Kg
 - ❑ 2014 - Gastric band removal; body weight was146 Kg.
 - ❑ 2018 – complicated Gastric sleeve which converted to Roux-en-Y Gastric Bypass(2nd day); Wt. 114 kg, Height 165 cm (BMI 41.9 kg/m² - Obese Class III)

➤ **No Regular Medications, No Chronic Disease, Family History: NA**

➤ **Radiology Findings:** Abdominopelvic US showed Fatty liver.

PREOPERATIVE X-RAY IMAGE/ ENDOSCOPY

- She was diagnosed with Gastrografin that she has large stomach pouch and wide stoma



Plan ?????!

- Diagnostic laparoscopy.
- Trimming of gastric pouch, resizing of the stoma and remission of the candy cane limb.
- Distalization, by increasing the biliopancreatic limb and decreasing the common channel.

OPERATIVE PROCEDURE



Routinely 2nd day Gastrografin



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Patient discussion



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Patient decided to wait and see.



Post Operative Outcome

- 4 months post-surgery, Gastroscopy and Gastrografin showed no fistula.
- Lost 22 kg and she has appointment next month for follow-up.



Message

- Gastrografin is not enough as a preoperative investigation.
- Upper GIT endoscopy is mandatory as a pre-operative investigations for all bariatric patients
- Gastro- gastric fistula can be treated conservatively if it is low output.



Thank

you



Discussion ??

