Human Error In RYGB Leading To Misaligned Anastomosis

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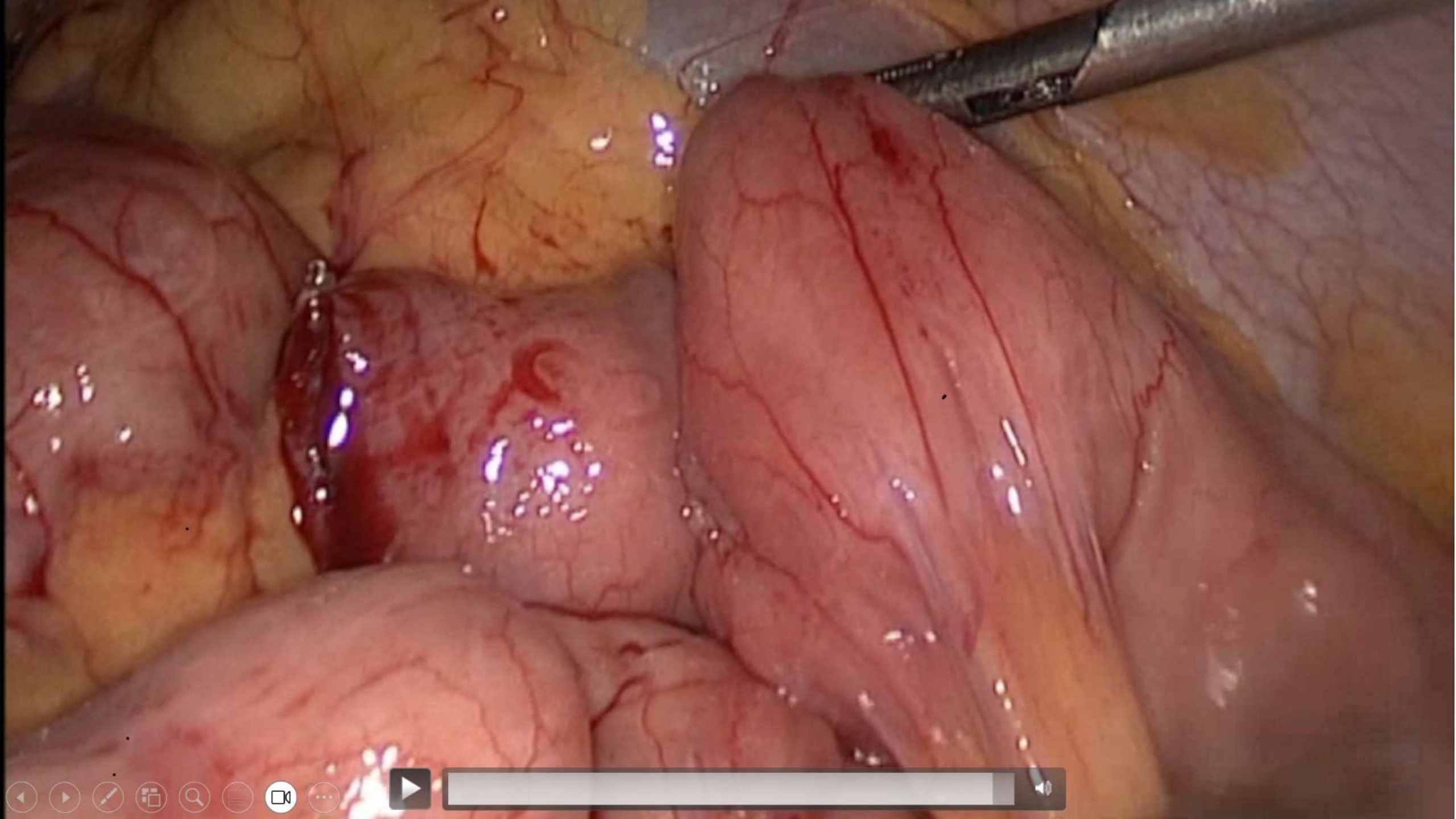
30 yo lady presents with GERD 3 years post LGS

- 30-year-old female. smoker, Non-alcoholic
- **3 years prior**: LGS

- Presented to outpatient clinic for **persistent GERD symptoms** despite optimization of medical therapy

Gastroscopy: mild esophagitis, no gastritis, 3 cm hiatal hernia and grade 3 GERD

Decision was to go for laparoscopic Roux-en-Y gastric bypass with hiatal hernia repair

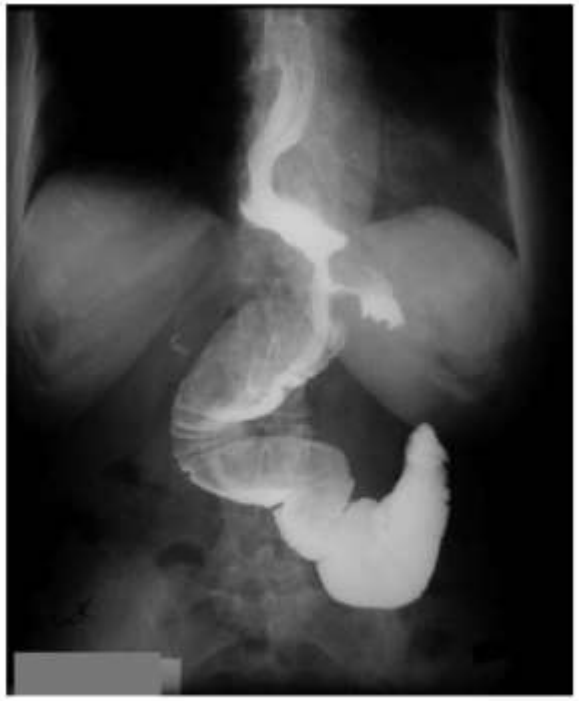


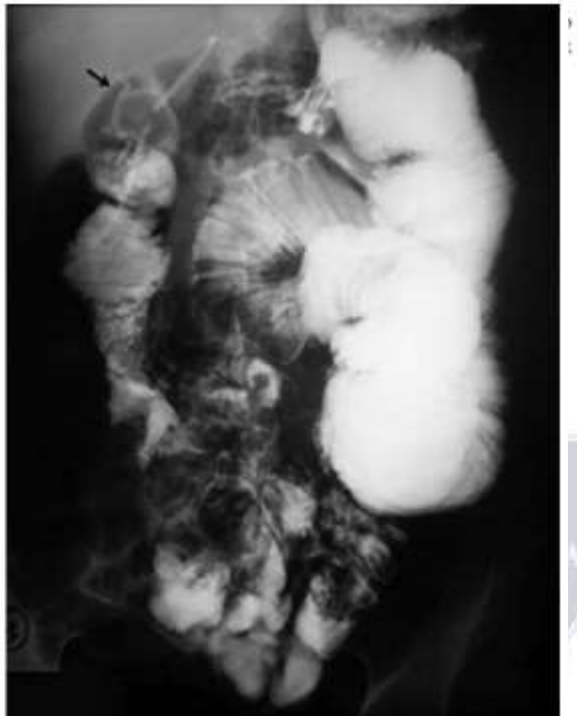
Case Reports > Surg Obes Relat Dis. 2006 Sep-Oct;2(5):523-7. doi: 10.1016/j.soard.2006.07.009.

Errant and unrecognized antiperistaltic Roux limb construction during Roux-en-Y gastric bypass for clinically significant obesity

Lana G Nelson [1], Michael G Sarr, Michel M Murr

- A missed errant anti-peristaltic anastomosis would manifest post-operatively with unspecific signs and symptoms which include persistent nausea and bilious vomiting in the immediate postoperative period and excessive weight loss and protein calorie malnutrition.
- A contrast radiography would demonstrate dilation of the proximal Roux limb and retrograde oral reflux of the contrast.





Case Reports > Am Surg. 1999 Jun;65(6):581-5.

Antiperistaltic Roux-en-Y biliary-enteric bypass after bile duct injury: a technical error in reconstruction

G L Zorn 3rd [1], J K Wright, C W Pinson, J P Debelak, W C Chapman

Affiliations + expand

PMID: 10366214

Case Reports > J Gastrointest Surg. 2005 May-Jun;9(5):726-32. doi: 10.1016/j.gassur.2004.12.004.

Identification and management of an errant antiperistaltic Roux limb after total gastrectomy

John K DiBaise [1], Kishore Iyer, Jon S Thompson

Affiliations + expand

PMID: 15862271 DOI: 10.1016/j.gassur.2004.12.004

> Eur J Radiol. 2005 Mar;53(3):366-73. doi: 10.1016/j.ejrad.2004.12.016.

Atypical complications of gastric bypass surgery

Myrosia T Mitchell [1], Victor J Pizzitola, M-Grace Knuttinen, Tiffany Robinson, Arunas E Gasparaitis

Affiliations + expand

PMID: 15741010 DOI: 10.1016/j.ejrad.2004.12.016

- The true incidence of such “anatomically incorrect” procedures is impossible to determine, yet appears to be rare
- Obesity makes anatomic landmarks more difficult to identify.
- The proximal jejunum must be identified clearly and unambiguously by the ligament of Treitz and the distal ileum by its insertion into the cecum.
- As the small intestine is divided into the biliary and Roux limbs, the segments can be marked with a clip or suture to facilitate identification and orientation.
- In general, it should be a rule of thumb to reassess all anastomotic sites and mesenteric roots through a “second look” prior to terminating all surgical procedures. This allows for immediate repair and avoidance catastrophic complications post-operatively.

THANK YOU