

# Kill three birds with one stone

Sleeve reduction, cruroplasty, gastropexy, and concomitant sleeve ileal bypass for patients with gastroesophageal reflux, constipation and weight regain after laparoscopic sleeve gastrectomy

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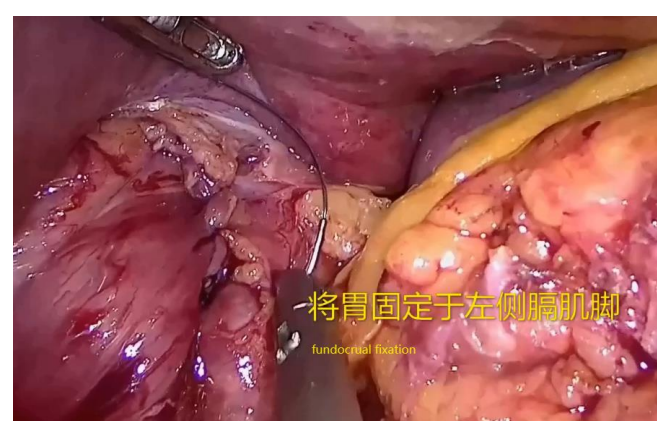
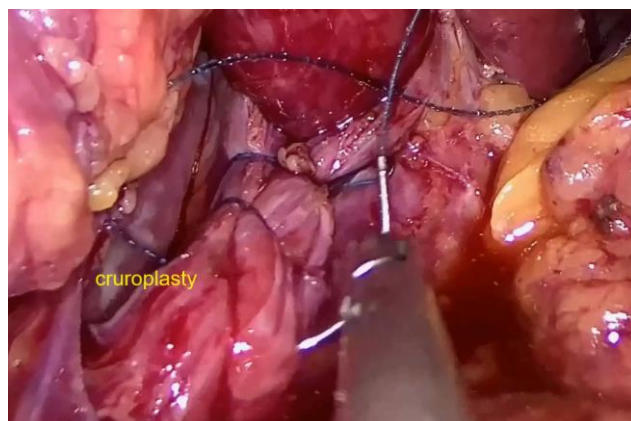
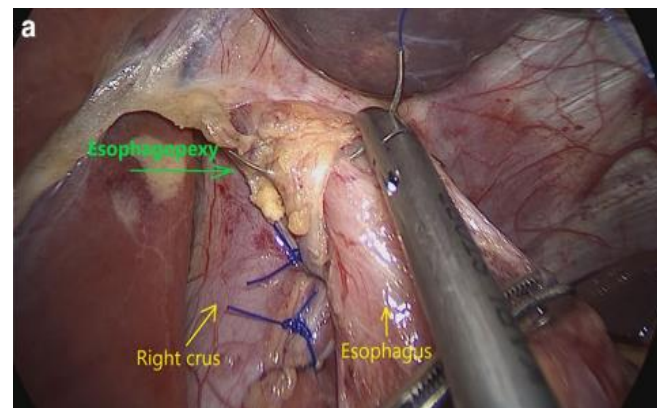
# Background

- A rising concern for GERD after LSG
- New-onset GERD symptoms following LSG is around 25%
- ITSM is one of the least acknowledged complications
- Post-LSG GERD, weight regain and constipation are commonly associated with ITSM
- Most of the evidence is in favor of concomitant HH repair and reconstruction of the phreno-esophageal ligament
- SASI is a newly introduced bariatric procedure with obvious GERD improvement
- It could be a better option to do a sleeve reduction, cruroplasty, gastropexy, and concomitant sleeve ileal bypass for patients with gastroesophageal reflux, constipation and weight regain

# Methods

- Six female patients who were undergone LSG for their obesity and metabolic disorders
- Their reflux symptoms developed 1-2 years after initial sleeve gastrectomy
- PPIs treatment cannot be stopped in all the patients
- Their hiatal hernias were found by endoscopy or CT scan
- All the patients presented with severe constipation and different level of weight regain
- Laparoscopic sleeve reduction, cruroplasty, gastropexy, and concomitant sleeve ileal bypass were performed concomitantly for the six patients

# Surgical technique



# Results and conclusions

- The reflux symptom was well resolved
- PPI use was stopped in all the six patients postoperatively during 6-12 months follow up
- The number of stools was from once every 3-5 days to 1-2 times per day
- The average BMI decreased from 28.0 kg/m<sup>2</sup> to 25.2 kg/m<sup>2</sup>.
- The patients' quality of life improved greatly from the surgery
- Conclusions
- Herniated gastric sleeve reduction, cruroplasty, gastropexy, and concomitant SASI bypass is an effective technique for patients with gastrointestinal reflux, constipation and weight regain after LSG