

Laparoscopic Roux-en-Y fistulo-jejunostomy in patients with chronic gastric leak after sleeve gastrectomy

Panagiotis LAINAS^{1,2}, Evangelia TRIANTAFYLLOU¹, Virginie BEN AMOR³, Natalia SAVVALA⁴, Jean GUGENHEIM^{4,5}, Ibrahim DAGHER², Imed Ben AMOR^{4,5}

1. Department of Digestive and Bariatric Surgery, Metropolitan Hospital, HEAL Academy, Athens, Greece;
2. Department of Minimally Invasive Digestive Surgery, Antoine-Béclère Hospital, Paris-Saclay University, France;
3. Department of Radiology, Pasteur 2 Hospital, CHU Nice, Nice, France;
4. Department of Digestive Surgery, Archet II Hospital, University of Nice-Sophia-Antipolis, Nice, France;
5. INSERM U1081, Nice, France.



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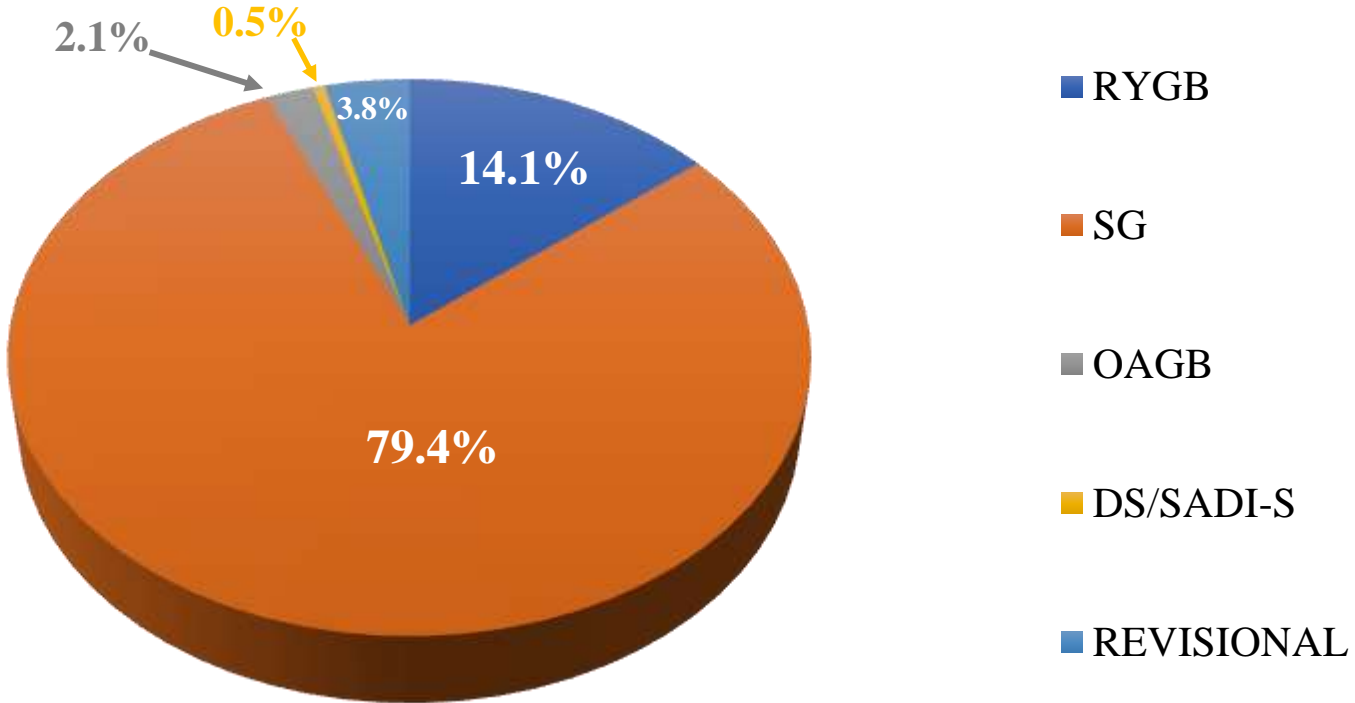
No potential conflict of interest to report



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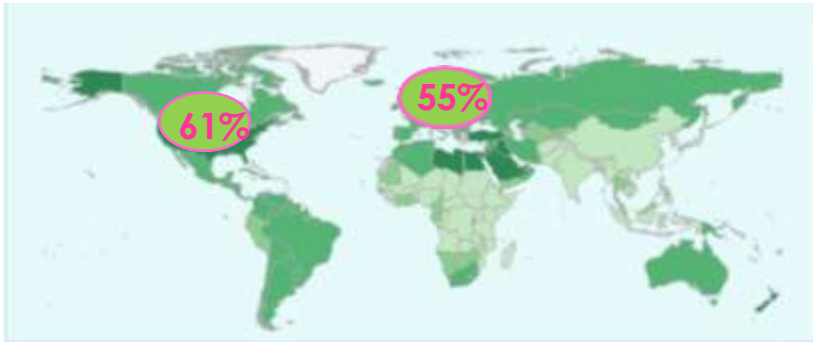


CASE MIX DISCLOSURE (758 bariatric procedures)

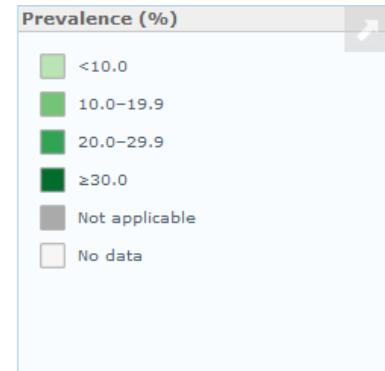




2000



2016



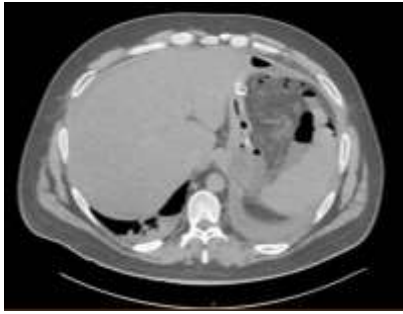


IFSO Worldwide Survey 2016: Primary, Endoluminal, and Revisional Procedures

Luigi Angrisani¹  · A. Santonicola² · P. Iovino² · A. Vitiello¹ · K. Higa^{3,4} · J. Himpens⁵ · H. Buchwald⁶ · N. Scopinaro⁷

Fig. 2 Number of the main primary bariatric/metabolic surgical procedures from 2008 to 2016. AGB adjustable gastric banding, RYGB Roux-en-Y gastric bypass, SG sleeve gastrectomy, BPD-DS biliopancreatic diversion-duodenal switch, OAGB one-anastomosis gastric bypass





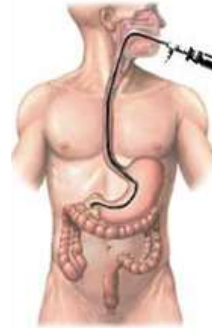
Gastric Leak



Broad-spectrum antibiotic therapy + antifungal treatment

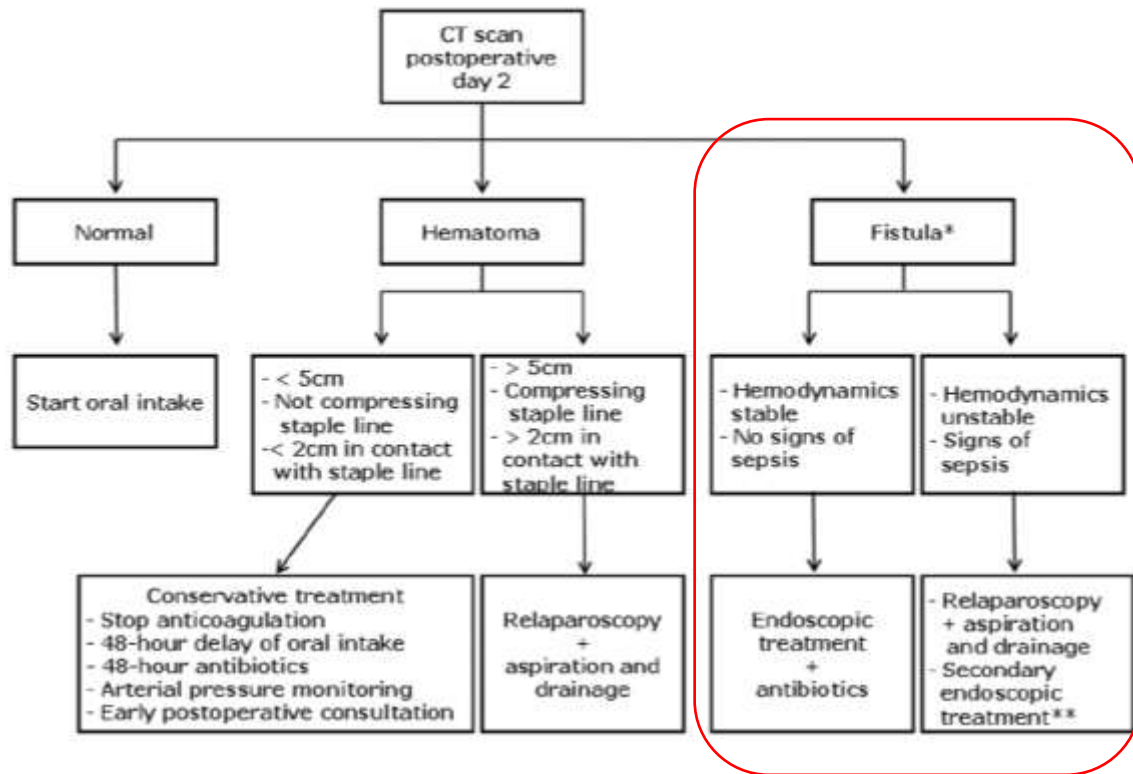


Prompt drainage: surgical, percutaneous or endoscopic



Prospective evaluation of routine early computed tomography scanner in laparoscopic sleeve gastrectomy

Panagiotis Lainas, M.D., Ph.D.^{1,2}, Hadrien Tranchart, M.D.^{3,4}, Martin Gaillard, M.D.^{5,6},
Stefano Ferretti, M.D.⁷, Gianfranco Donatelli, M.D.⁸, Ibrahim Dagher, M.D., Ph.D.^{9,10,11}



Original article

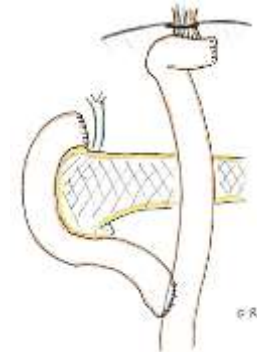
Persistent gastric fistula after sleeve gastrectomy: an analysis of the time
between discovery and reoperation

Lionel Rebibo, M.D.^a, Eric Bartoli, M.D.^b, Abdennaceur Dhahri, M.D.^a, Cyril Cosse, Ph.D.^{a,f},
Brice Robert, M.D.^c, Franck Brazier, M.D.^b, Aurélien Pequignot, M.D.^a, Sami Hakim, M.D.^b,
Thierry Yzet, M.D., Ph.D.^c, Richard Delcenserie, M.D.^b, Hervé Dupont, M.D., Ph.D.^d,
Jean-Marc Regimbeau, M.D., Ph.D.^{a,c,f,g}

CHRONICIZATION



RYGB or fistulo-jejunostomy or total gastrectomy



Aim of the study

To present the results of a series of patients treated with laparoscopic Roux-en-Y fistulo-jejunostomy (LRYFJ) for chronic gastric leak (> 12 weeks) after LSG.



Patients and Methods

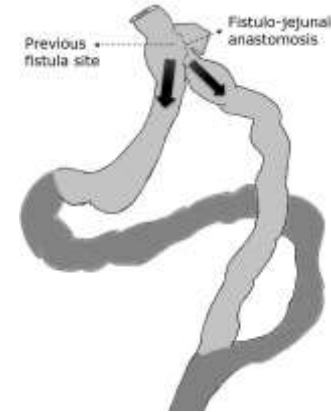


- Chronic gastric leaks after sleeve gastrectomy (> 12 weeks)
- Prospectively collected data, retrospectively analyzed
- March 2017 – December 2020
- Two bariatric surgery centers in France (Nice + Paris)
- Failure of medical, surgical, percutaneous or endoscopic treatments of gastric leaks and intraabdominal collections
- LRYFJ after multidisciplinary meeting and validation
- Nutritional status optimization



Results

- 14 patients (12 F – 2 M)
- Mean age: 49.2 years
- Mean weight: 88.7 kg, mean BMI: 31.1 kg/m²
- Mean duration of surgery: 198 minutes
- Mean estimated blood loss: 135.7 ml
- Conversion to laparotomy: 1 patient (7.1%)
- Mean hospital stay: 14 days



Results - Complications

5 postoperative complications

1 patient

Perianastomotic
hematoma

Reoperation and
antibiotherapy

2 patients

Gastrojejunal
anastomotic
fistula (D3, D22)

Antibiotherapy +
endoscopic
treatment

1 patient

Pneumopathy

Medical
treatment

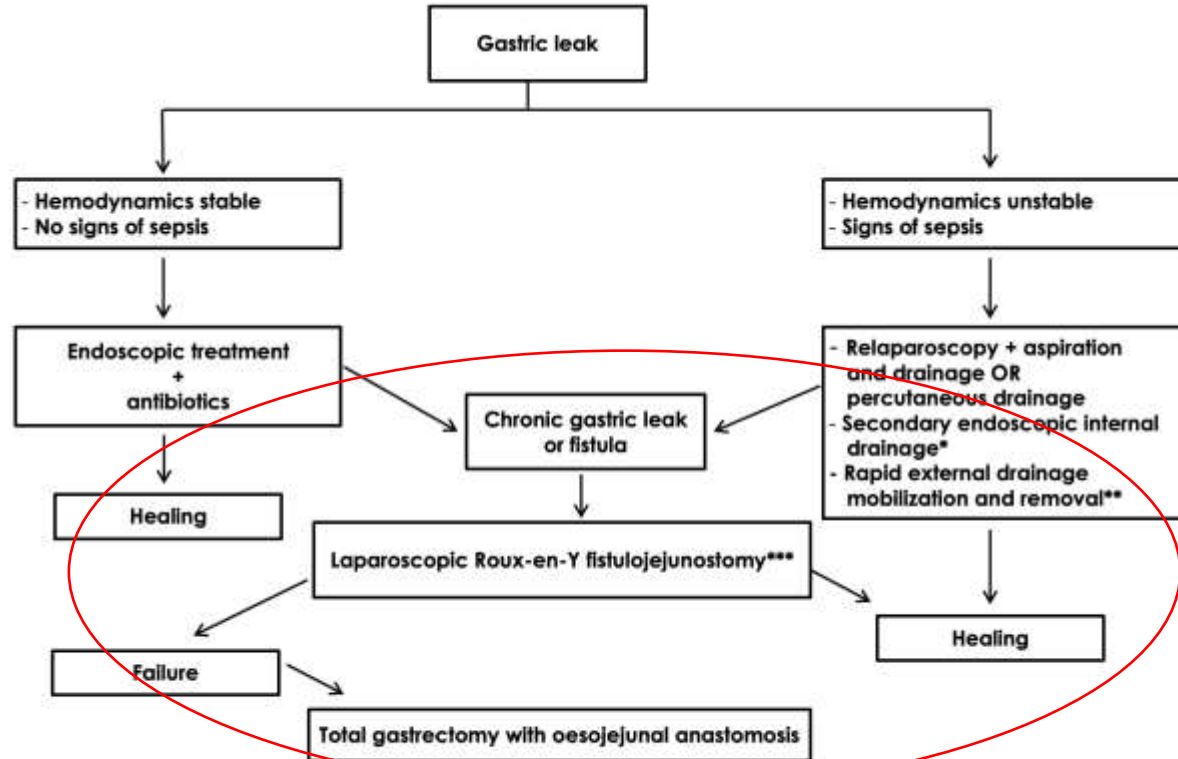
1 patient

Hematemesis

Endoscopic and
medical
treatment

No postoperative mortality

Decision-making algorithm



* Performed 4 to 7 days after relaparoscopy, using one or more pigtails.

** 48-72 hours after endoscopic internal drainage [mobilization of 2 cm every 2 days, until removal].

*** After infection control and nutritional optimization of the patient.

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Conclusions

- **LRYFJ seems to be a good surgical option for the treatment of chronic gastric leaks after sleeve gastrectomy.**
- **It is a challenging procedure and should be performed in experienced bariatric centers by expert bariatric surgeons.**
- **Careful patient selection is essential.**
- **This approach should only be considered in patients with adequate nutritional status, after failure of a well conducted endoscopic management.**

Original article

Laparoscopic Roux-en-Y fistulojejunostomy as a salvage procedure in patients with chronic gastric leak after sleeve gastrectomy

Panagiotis Lainas, M.D., Ph.D.^{a,b,c,*}, Evangelia Triantafyllou, M.D.^a,
Virginie Ben Amor, M.D.^d, Natalia Savvala, M.D.^e, Jean Gugenheim, M.D., Ph.D.^{e,f,g},
Ibrahim Dagher, M.D., Ph.D.^{a,b}, Imed Ben Amor, M.D., Ph.D.^{e,f,g}

^aDepartment of Minimally Invasive Digestive Surgery, Antoine-Béclère Hospital, Clamart, France

^bParis-Saclay University, Orsay, France

^cDepartment of Digestive Surgery, Metropolitan Hospital, HEAL Academy, Athens, Greece

^dDepartment of Radiology, Pasteur 2 Hospital, CHU Nice, Nice, France

^eDepartment of Digestive Surgery, Archet II Hospital, Nice, France

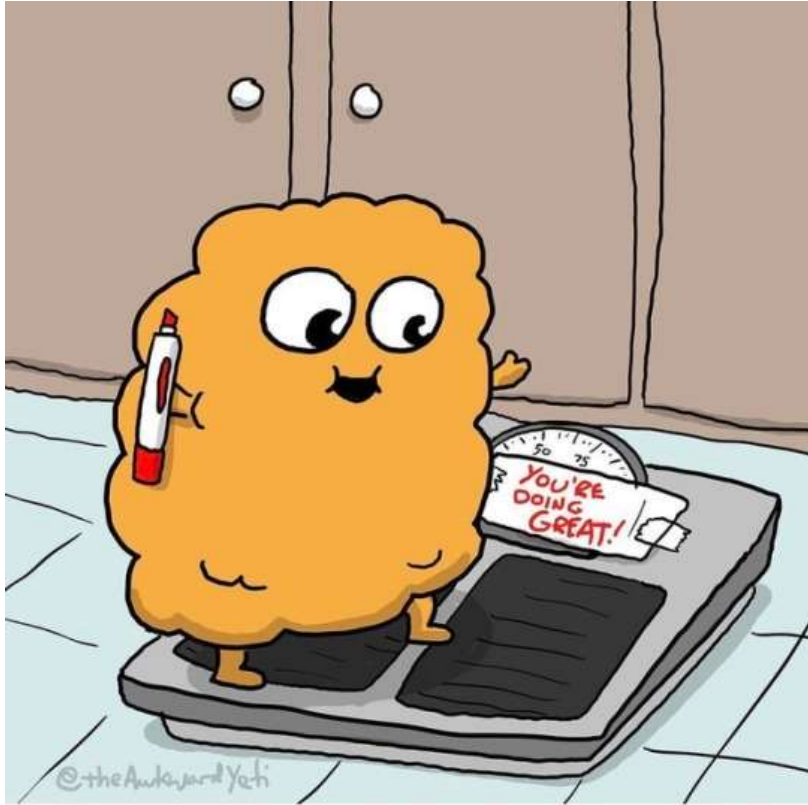
^fUniversity of Nice-Sophia-Antipolis, Nice, France

^gINSERM U1081, Nice, France



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Thank you for your attention !!!



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