







Laparoscopic Sleeve Gastrectomy in a Patient with severe Hemophilia A (Case Report).

Dr. Mohamed Al Haifi, FRCS

Consultant Bariatric Surgeon

Minister of Health, Kuwait(2012-2013)

Dr. Ibrahim Abdelhamid, FEBS, MRCS

Specialist Bariatric Surgeon.

Sidra Kuwait Hospital









Introduction

Hemophilia A:

- X Linked Inherited bleeding Disorder.
- Deficiency of Factor VIII.
- Spontaneous Bleeding in Joints or Muscles.
- 4 Reported Bariatric Cases Internationally.









Case Presentation

- □ 19 Years old Male.
- □ BMI 53.9 Kg\m2.
- Known to have Hemophilia A Shortly After Birth during routine circumcision.
- Counselled for LSG (Patient & Father).









Preoperative Work up

- Full Labs.
- Abdominal U\S.
- Dietician Counseling.
- Cardiology Clearance.
- Hematology consultation advised to give Factor VIII 7500 IU:
 - 2 hrs. prior to surgery
 - 24 hrs. after surgery
 - 72 hrs. after surgery









General Preoperative Precautions

- Planned HDU Admission (Nursing 1:1).
- Carful Canulation.
- □ IM Injections Avoided.
- No Anticoagulants.
- Carful Handling (Positioning).
- Senior Anesthetist\ Anesthesia Technician.









General Preoperative Precautions

- On table Gastroscopy (same Session).
- □ Smooth Bouji Tube (36 fr.).
- Carful Hemostasis:
 - Slow ultrasonic Sealing
 - Clipping of short Gastric.
 - 1 mint Stapler Compression time.









General Preoperative Precautions

- Full Stapler line Plication &Omentopexy.
- Maintaining Bp within Average during Surgery.
- Serial Hb Check\ 24 hrs.





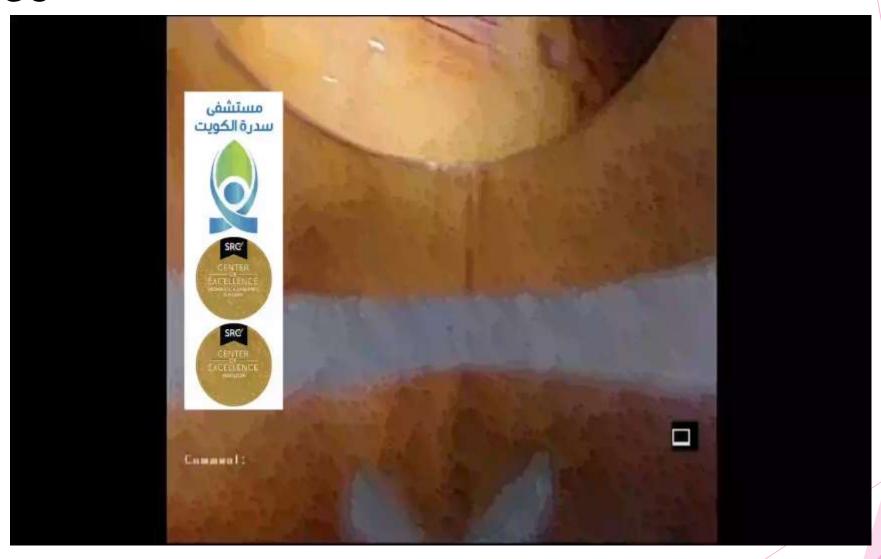




Postoperative

- Smooth Recovery
- Bilateral mild subconjunctival Heg. (Subsided)
- □ 3 Days Hospital Stay (Compared to 24 hrs. in average).

Video











Conclusion

 ■ LSG Can be performed Smoothly in Patients with Hemophilia A with Proper Perioperative Multidisciplinary Care Management.

