

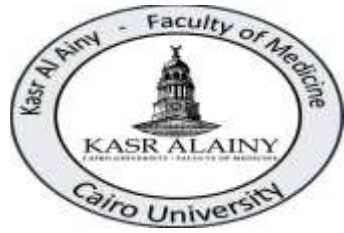
Management of Chronic Gastro-Cutaneous Fistula post LSG

AHMED ABDELSALAM; MD, MRCS

Associate Professor of General and Laparoscopic Surgery, Cairo University

Disclosure

- Nothing to disclose



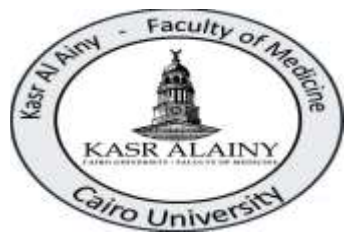
Clinical presentation

- 37 years old female underwent LSG 2 years prior to presentation to our center.
- The patient was complicated with leakage at POD 5 for which she had a mega stent inserted endoscopically- 2 weeks after diagnosis-.
- Slippage of the stent after 2 days then another one was inserted for 6 weeks.

Clinical presentation

- Leakage was not controlled, and after 8 weeks she developed a gastro-cutaneous fistula.
- Conservative management failed to close the fistula.

Clinical presentation



- 1.5 years later she presented to the emergency department with left hypochondrial abscess that was drained and a gastro-cutaneous fistula was diagnosed with MSCT abdomen.
- Severe malnutrition and frequent vomiting.



Abscess from gastro-cutaneous fistula

Preoperative labs and imaging

❖ At presentation with gastrocutaneous fistula

- Hb 8.1g/dl, Albumin 2.5g/dl, mg 1.2

❖ Imaging :

CT fistulography left lateral abdominal wall showed opacified track 10 cm in length traversing the abdominal wall muscles reaching intra-abdominal cavity.

- EGD: Fistulous opening near the GEJ



Upper Endoscopy Report

Patient Name:	[REDACTED]	ID	52729
Endoscopist:	[REDACTED]	DOB	23/08/1988
2 nd Operator	[REDACTED]	Age	34 Y
Referred By:	[REDACTED]	Date	11/10/2022

INDICATION FOR EXAMINATION

Post operative follow up

PROCEDURE PERFORMED

Diagnostic

PROCEDURE DETAILS

MEDICATIONS

FINDINGS

Esophagus:

The mucosa above the z-line shows Grade A mucosal break < 5 mm in length above hyperemic mucosa

Stomach:

Post sleeve gastrectomy.

The gastric mucosa is erythematous.

There is a fistulous opening at 40 cm from the dental arch over a markedly edematous mucosa.

Pylorus:

Regular and Active.

Duodenum:

Duodenal bulb, D2 - 2nd part of duodenum: Normal appearance.

Conclusions

Reflux esophagitis (Grade A).

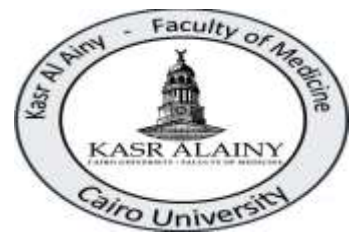
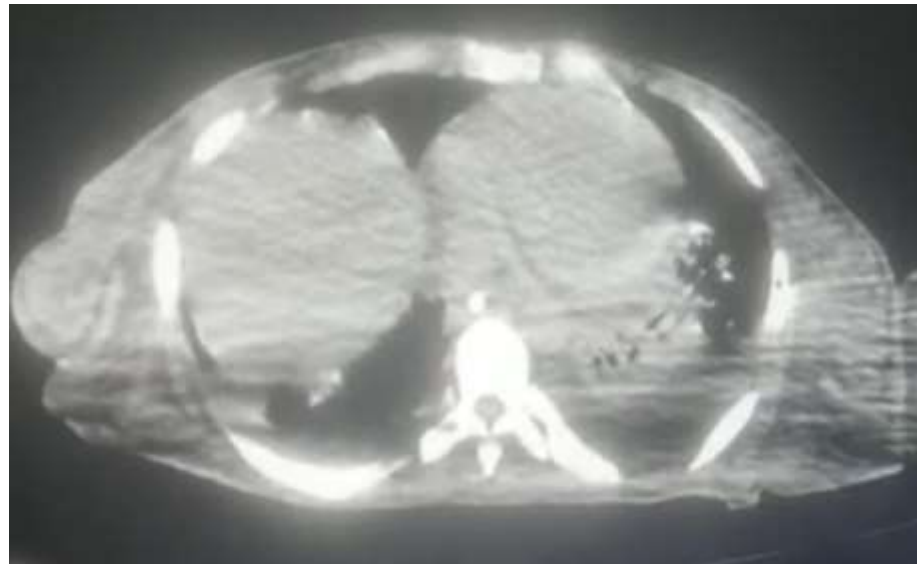
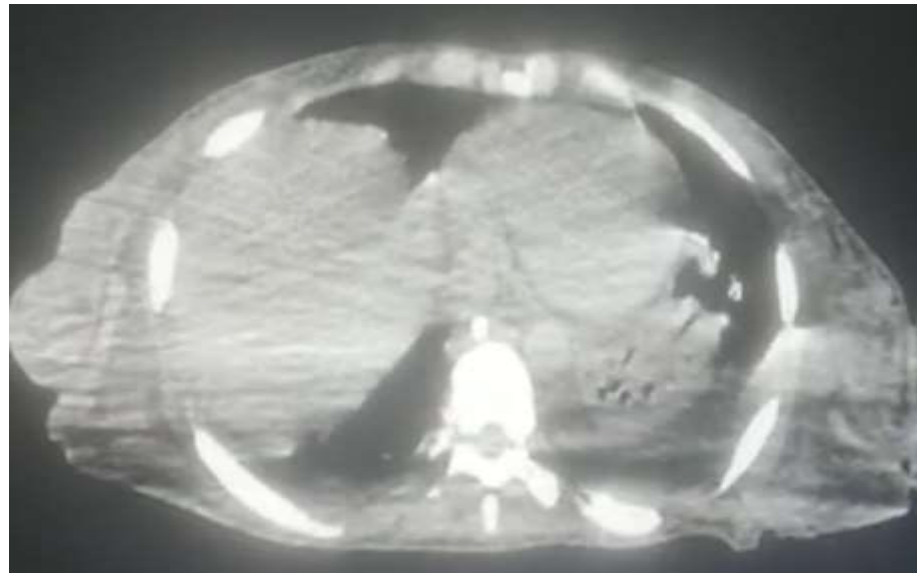
Post sleeve gastrectomy.

Fistulous opening over inflamed mucosa.

Recommendations

Endoscopist: Naema Elgarhy

Nurse: Mervat Ahmed

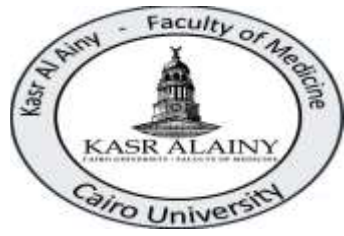


NAPOLI
2023



Adhesiolysis

Postoperative outcome



- The patient was admitted to ICU for postoperative monitoring .
- Enteral feeding was established and was tolerated.
- Nutritional support by both oral and parenteral nutrition, taking into consideration that labs show no signs of infection and improvement of electrolyte imbalance.

Conclusion

- Failure of non-operative treatment of gastrocutaneous fistula necessitated a more aggressive surgical remedy.
- Proper early management of complications is always the key to prevent such difficult situations.

THANK YOU