

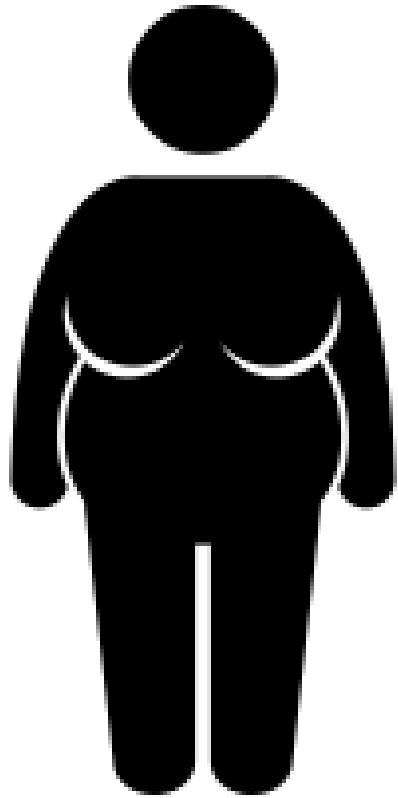
Management of leak after revision of Roux En-Y Gastric Bypass for weight regain by internal pigtail drainage

DISCLOSURE

- Nothing to disclose

Case Presentation

40 years old Female



- Patient has **good food tolerance** and **normal lab values**.
- She is taking multivitamins regularly, and **no GIT symptoms** such as steatorrhea and dumping were reported.



MDT Evaluation

During current evaluation patient requested revisional surgery because of her weight regain. After MDT consultation (including surgeon, nutritionist and psychiatrist) and studying causes of regain and evaluating the procedure with imaging and endoscopy, the following was noted:

1. Non-adherence to follow up visits with consumption of high caloric diet, no physical exercise, and mindless eating.
2. Menstrual irregularities and OA.
3. CT showed stomach volume of 490 ml with previous cholecystectomy.

MAGWA IBRAHIM RAGHEB 32Y
SP380918
Age 32 years
09 Jun 2022
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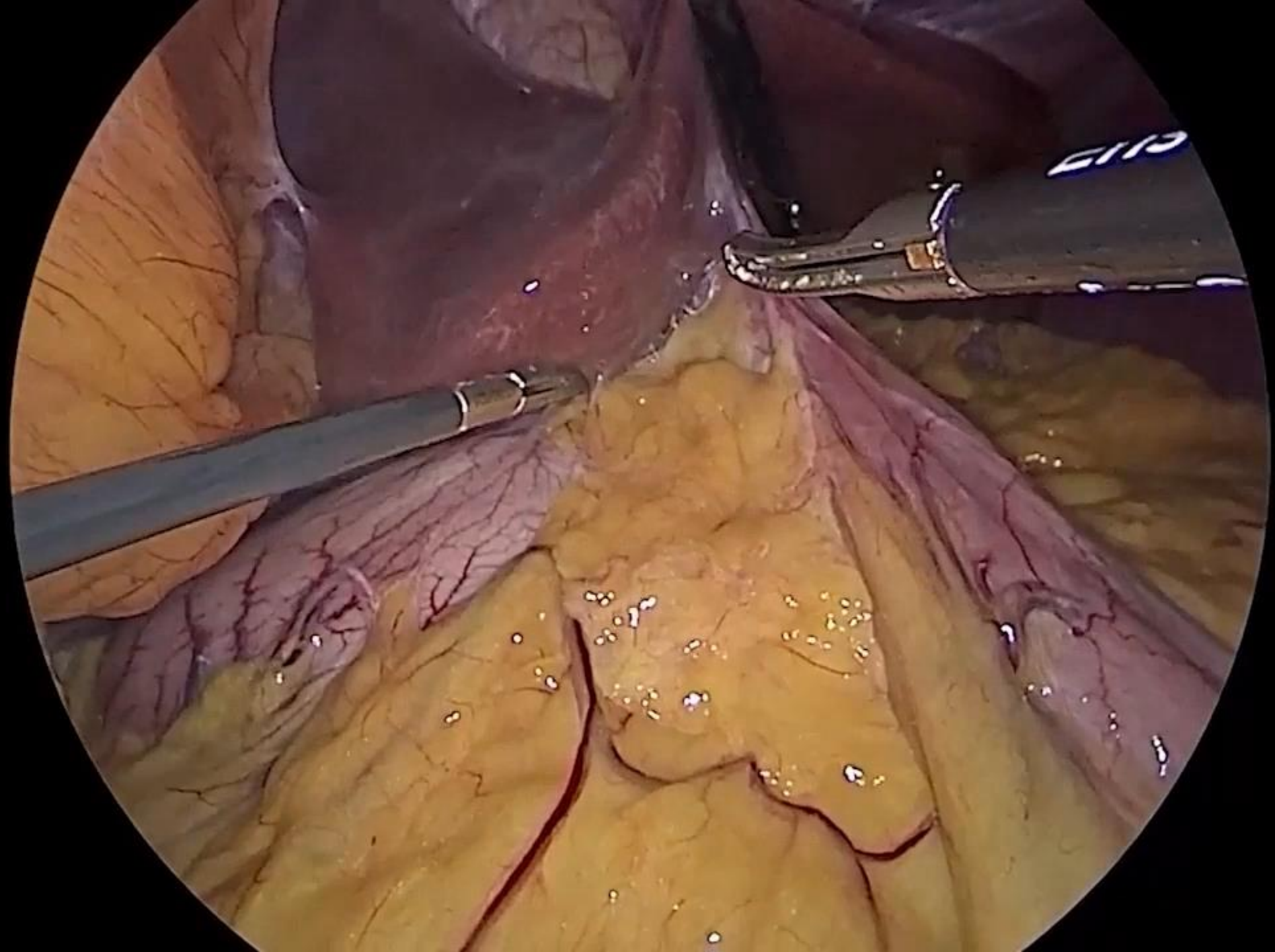
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2. Menstrual irregularities and OA.
3. CT showed stomach volume of 490 ml with previous cholecystectomy.
4. Upper GI showed RYGB configuration with no candy cane, long pouch and no hiatal hernia.

DECISION

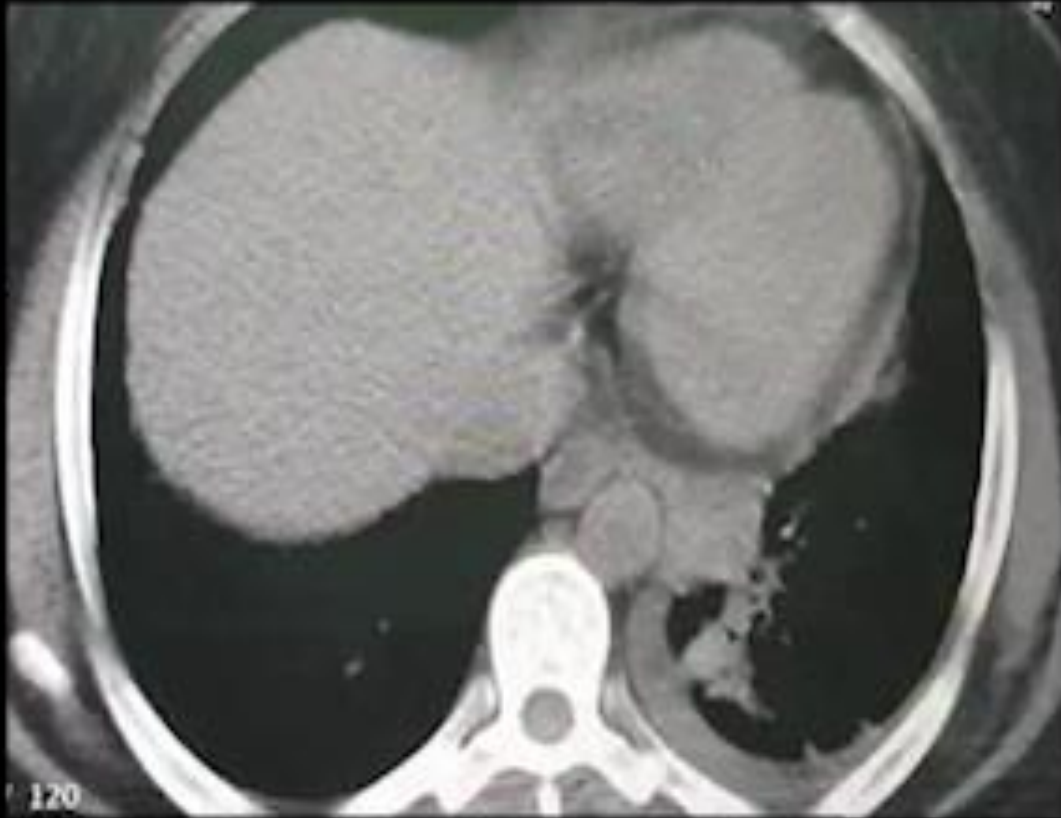
- After a period of dietary training and behavioral modifications with dialectical behavioral therapy, patient lost 6 kg in 6 weeks and decision of re-do RYG with pouch resizing and distalization of roux limb (lengthening of biliary limb) according to intraoperative measurement of intestinal lengths, and patient consented.



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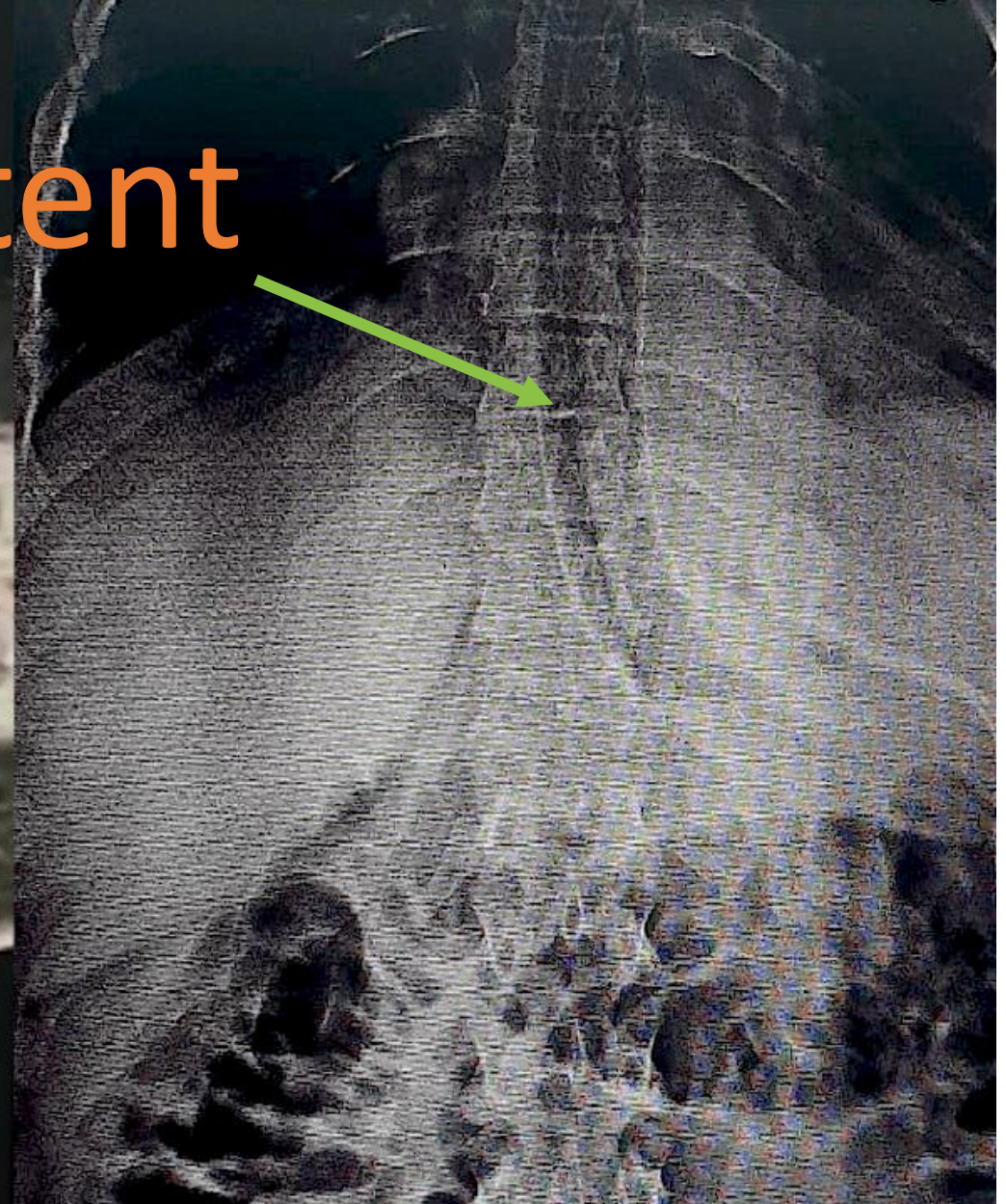
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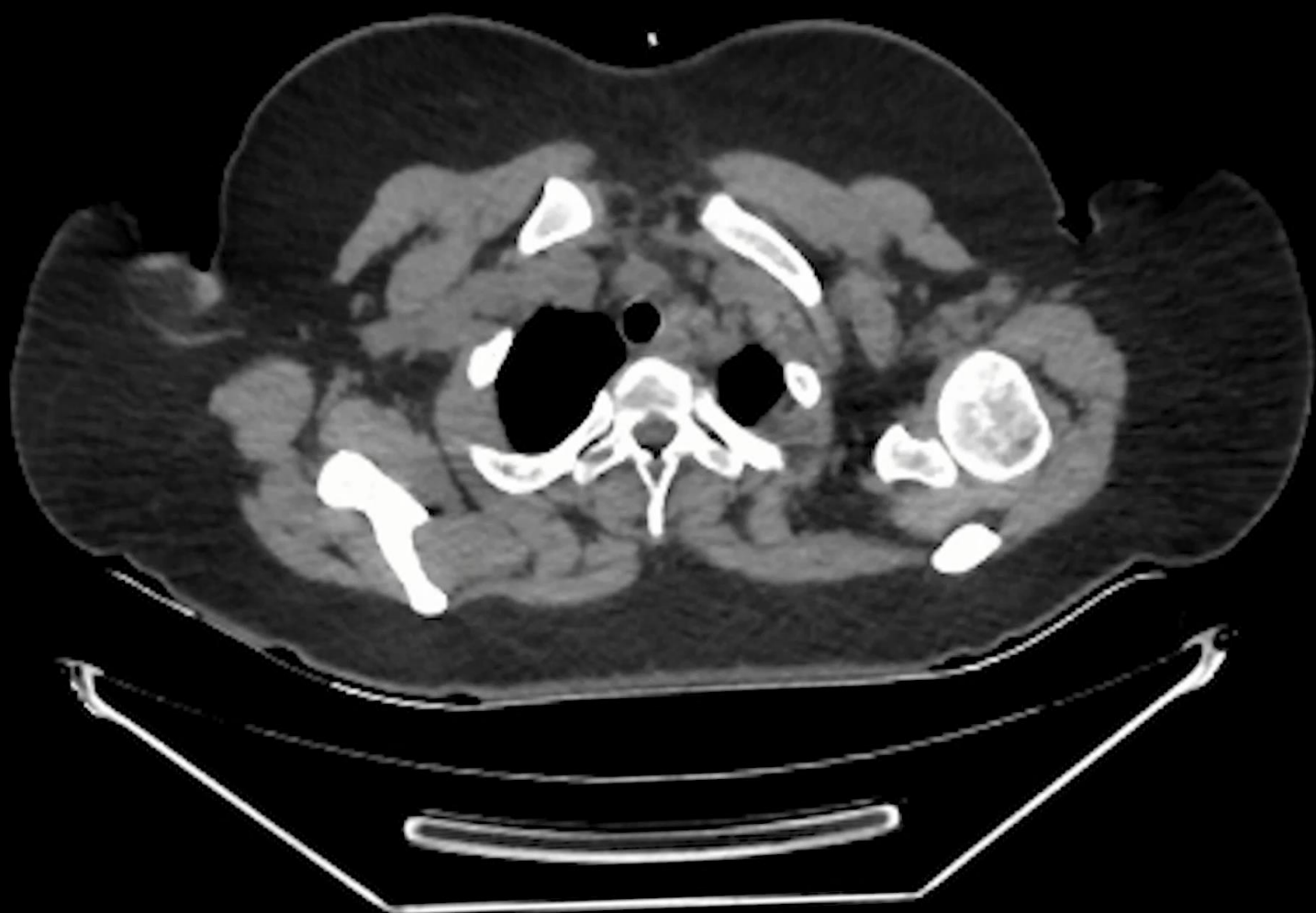


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Stent

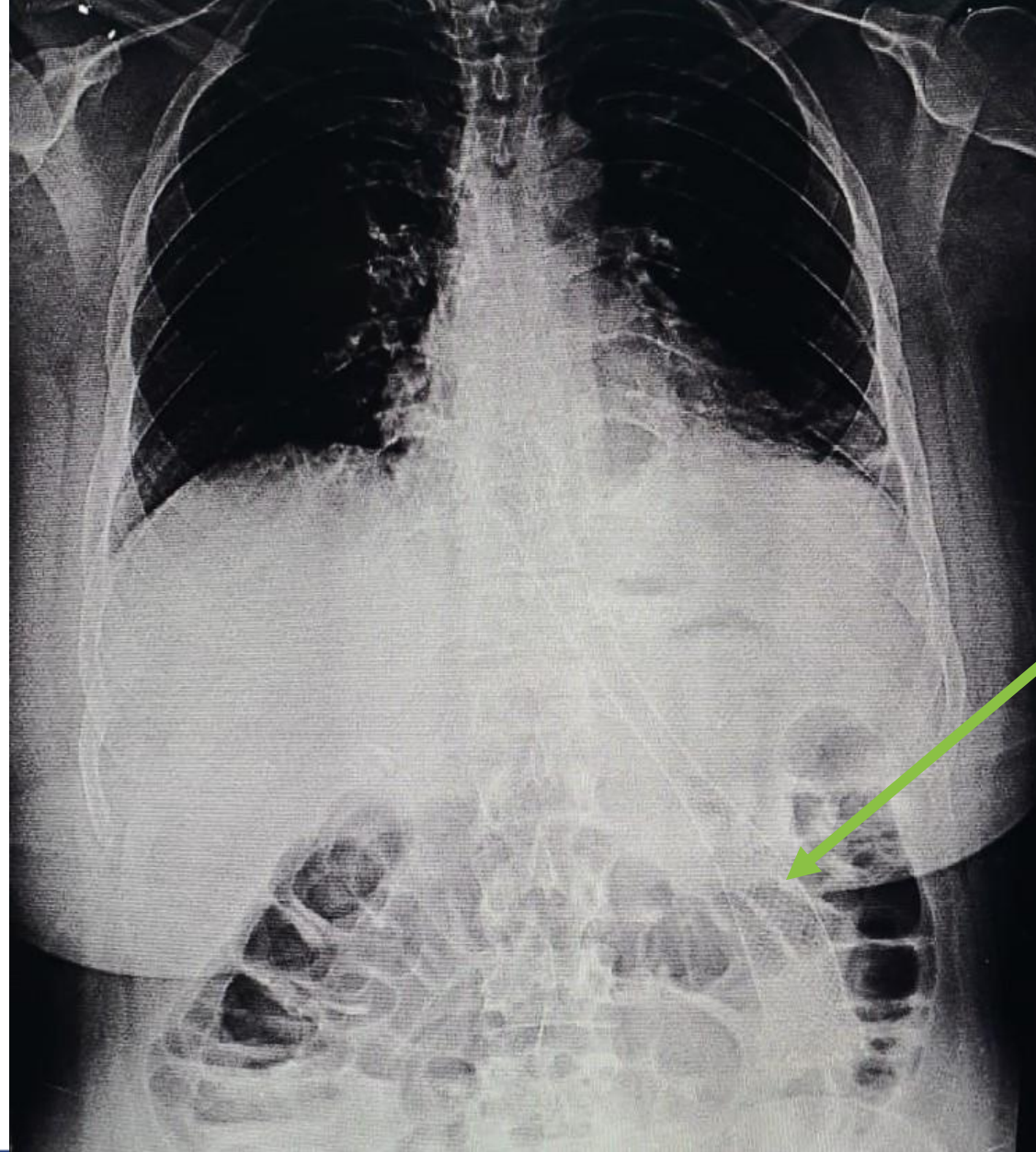




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Stent



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Follow Up

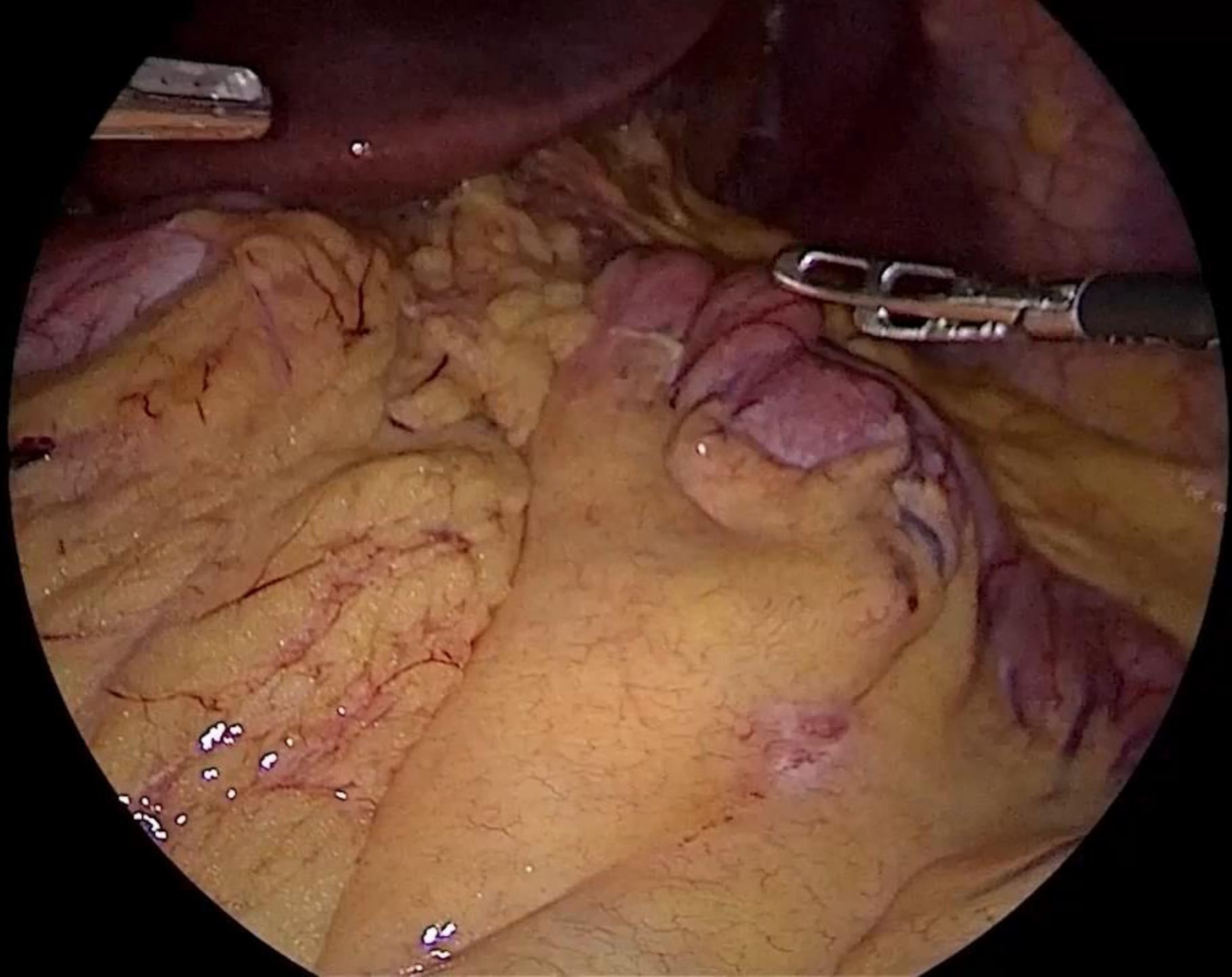
Initiation of feeding through NJ tube started with good tolerance for 3 weeks combined with semi parenteral feeding. External drain output was scanty. Patient was complaining of frequent colics.



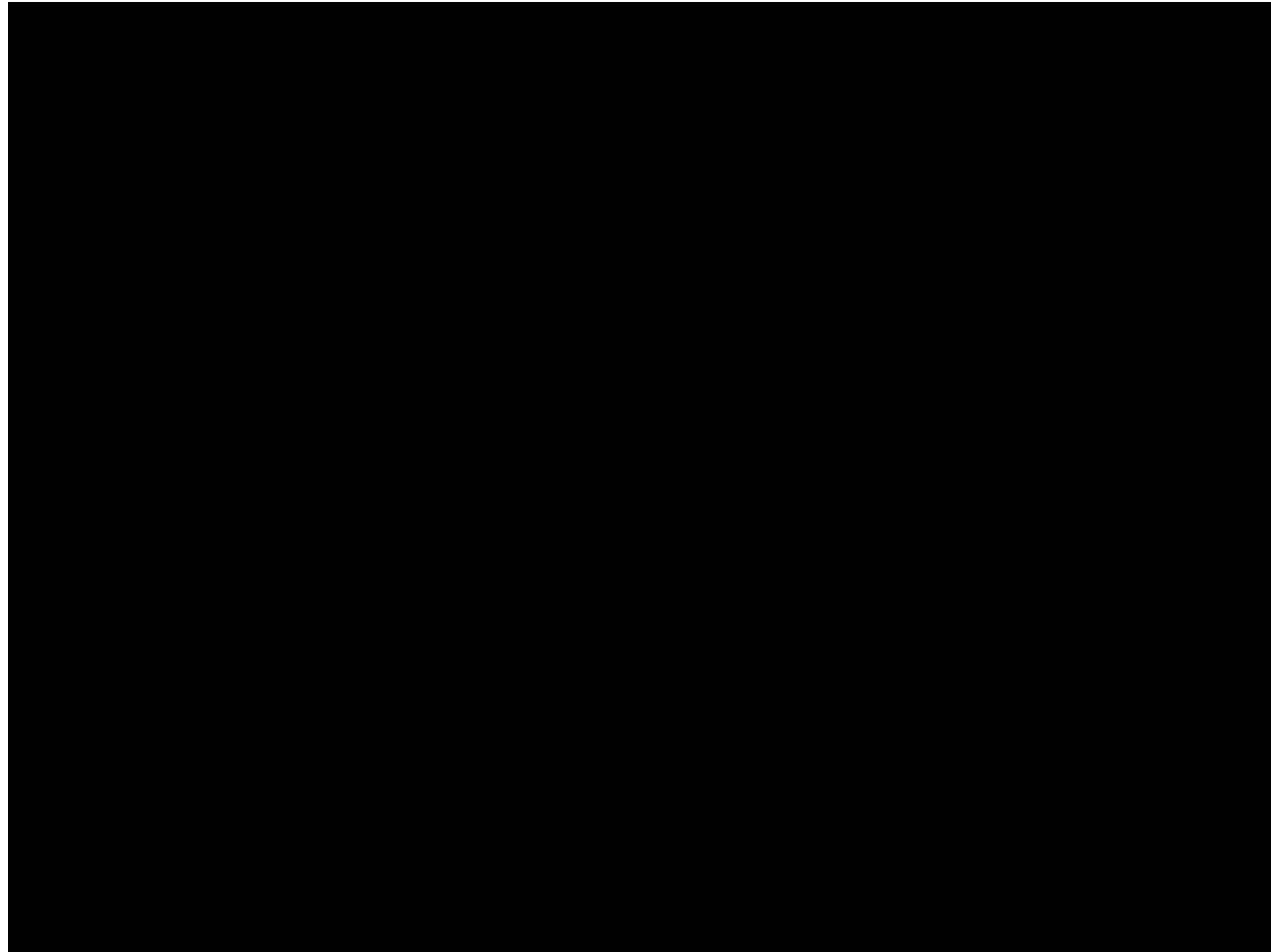
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- **Follow Up after 2 months**



Conclusion

Management of leaks following revisional Roux-en-Y gastric bypass (RYGB) through the placement of an internal double pigtail drain, combined with percutaneous external drainage, is safe and effective, even as a first-line approach in patients with local sepsis. However, the use of stents may be limited due to migration concerns in managing leaks after RYGB.