

Reliability of Serosal Vascular Markings as an Anatomical Landmark During Sleeve Gastrectomy: A Prospective Observational Study

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I have no potential conflict of interest to report



Sleeve gastrectomy – firing of first stapler

- ▶ 2-6cm from the pylorus

Original article

International Sleeve Gastrectomy Expert Panel Consensus Statement:
best practice guidelines based on experience of >12,000 cases

Raul J. Rosenthal, M.D., F.A.C.S., F.A.S.M.B.S.*, for the International Sleeve Gastrectomy
Expert Panel



Sleeve gastrectomy - Firing of first stapler

- ▶ 4-5 cm from the pylorus

Survey on laparoscopic sleeve gastrectomy (LSG) at the Fourth International Consensus Summit on Sleeve Gastrectomy

**Michel Gagner • Mervyn Deitel • Ann L. Erickson •
Ross D. Crosby**



HOW?

- objective measurement
- subjective estimation

RESEARCH QUESTION

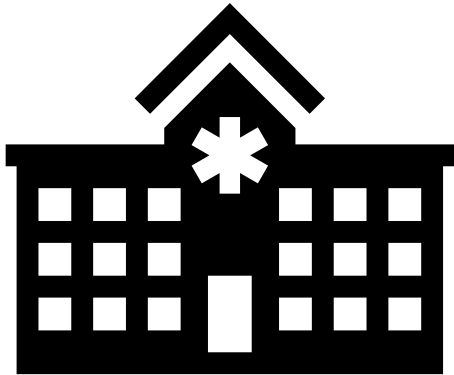
Can serosal vascular markings at the gastric antrum be used reliably as an anatomical landmark for the first stapler firing in sleeve gastrectomy?

OBJECTIVE

To determine the reliability of serosal vascular markings in the gastric antrum as a measurement of distance from pylorus and the potential use as an anatomical landmark

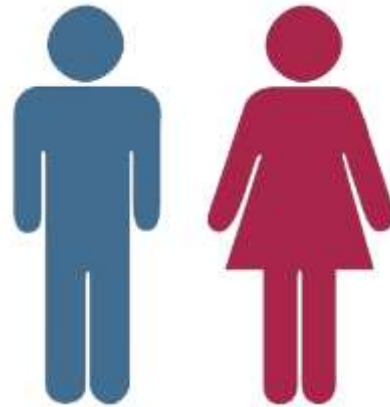
Methodology

Multi-centre

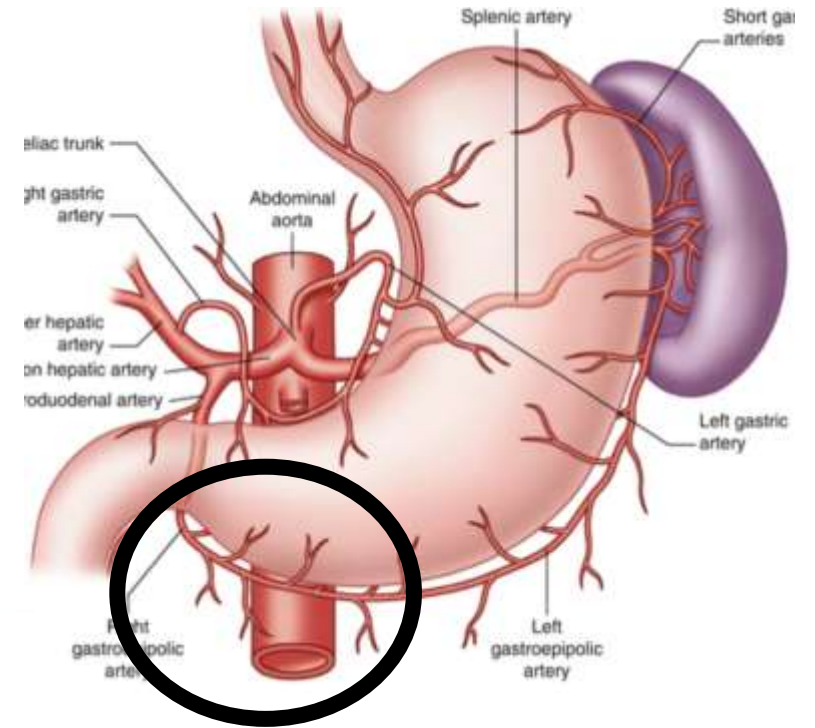


3 hospitals

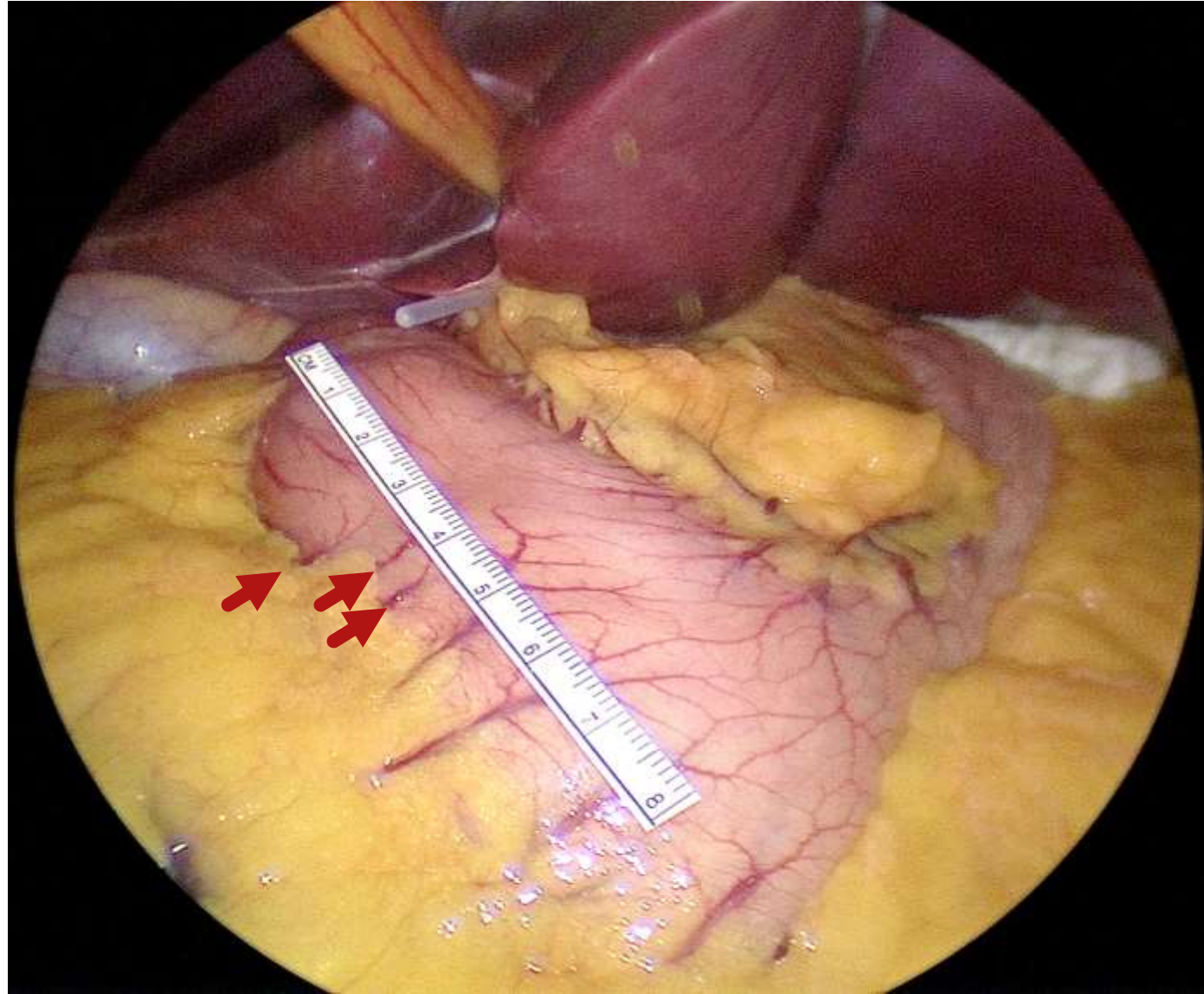
Prospective
observational
study



n = 200



5 vessels



Data analysis

Vessel number	Range (cm)	Length (mean \pm SD)(cm)
Vessel 1	1.5 – 3.5	2.62 \pm 0.65
Vessel 2	2.0 – 4.5	3.69 \pm 0.62
Vessel 3	3.5 – 5.8	4.84 \pm 0.65
Vessel 4	4.3 – 6.8	5.81 \pm 0.73
Vessel 5	5.6 – 8.0	6.93 \pm 0.74

**Surgeon
Preference 4-5cm**

CLINICAL APPLICATION

- Consistent antrum size

**ADEQUATE
RESTRICTION &
WEIGHT LOSS**



**AVOID RAPID
GASTRIC EMPTYING
& COMPLICATIONS**

CONCLUSION

The position of serosal vascular markings in the gastric antrum is consistent and therefore can be reliably used as an anatomical landmark for the firing of the first stapler



THANK YOU

- 5000 procedures
- 80% bariatric

