

# Repair of PEH, Large Mesocolon hernia and GJ Revision in patient with PO intolerance and Postobesity Surgery Esophageal Dysfunction (POSED)

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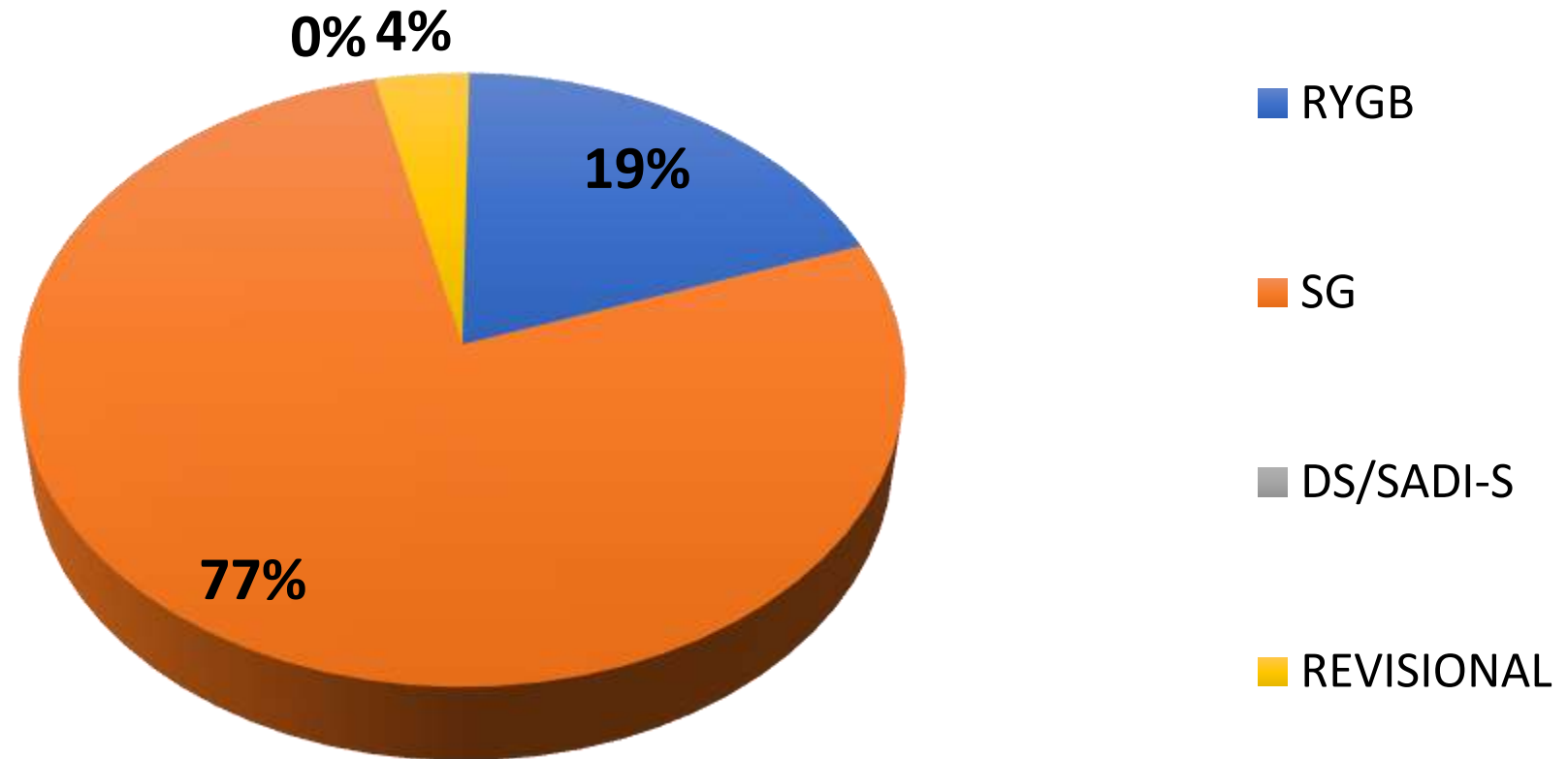


# CONFLICT OF INTEREST DISCLOSURE

**I have no potential conflict of interest to report**



# CASE MIX DISCLOSURE



# 64 y/o F

- Initially had a Laparoscopic RYGB in 2002 with good results for many years
- 2019 developed symptoms of nausea and vomiting as well as regurgitation
- She underwent workup at that time including manometry and was diagnosed with achalasia
- POEM performed for achalasia with some improvement of symptoms for approximately 1 month after which she had recurrence of symptoms
- She was diagnosed with a stricture at the GJ and underwent laparoscopic revision of the GJ and placement of a gastrostomy tube in 3/2020. Again, she had some short term improvement in her symptoms
- Repeat EGDs showed stricture at GJ again and a stent was placed

# 4/2021 EGD with Balloon Dilation



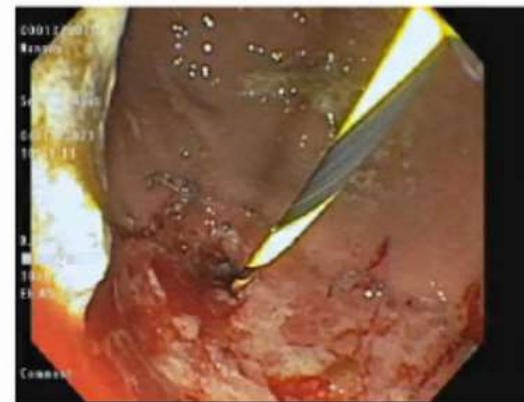
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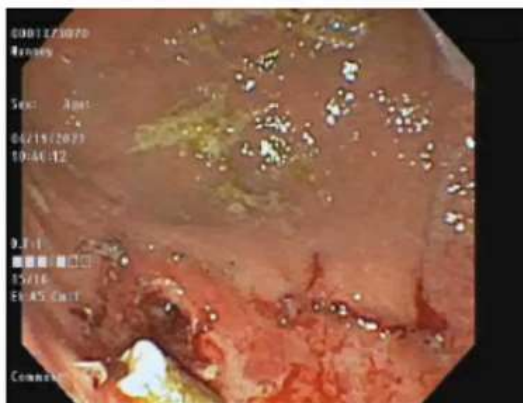
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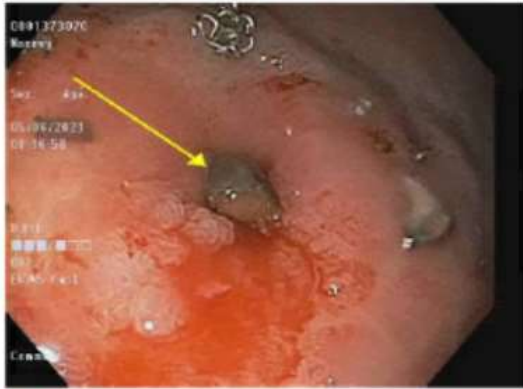


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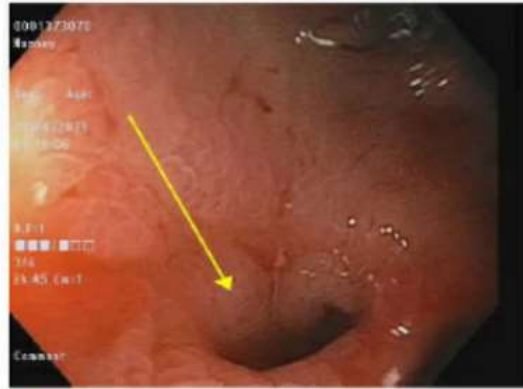


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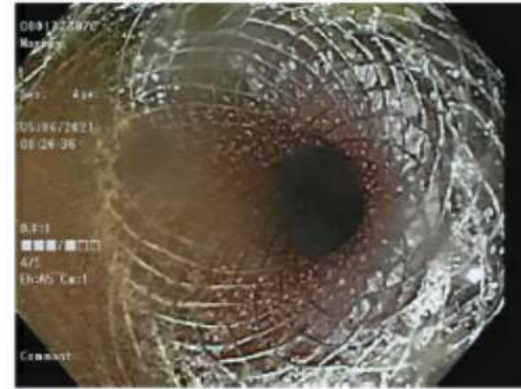
# 5/6/2021 EGD with Stent



1



2



3

Gastrojejunal  
Anastomosis



4

Gastrojejunal  
Anastomosis



5

Gastrojejunal  
Anastomosis



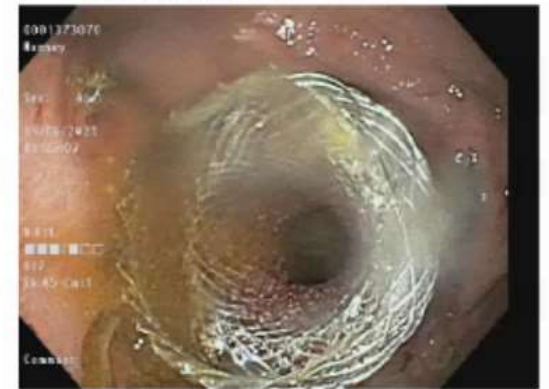
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Gastrojejunal  
Anastomosis



7

Gastrojejunal  
Anastomosis



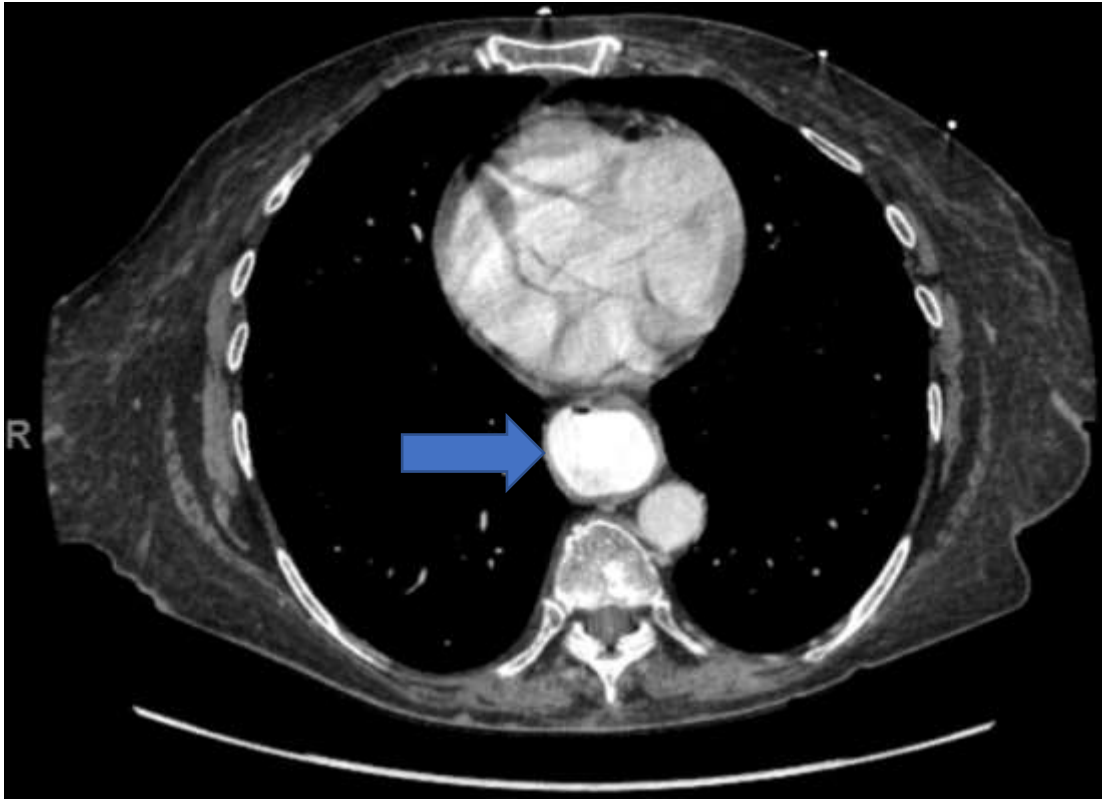
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Gastrojejunal  
Anastomosis

# 64 y/o F

- Late 5/2021 a CT done during ED visit demonstrated dilated esophagus and a patent stent. At this time she was found to be malnourished (Albumin 2.2) and anemic (Hb 7)
- 6/2021 stent was removed and botox performed at the GEJ. She had been on parenteral nutrition at this time
- 6/2021 Endoflip was performed demonstrating food to the mid-esophagus but not consistent with achalasia although patient was s/p botox injection
- Late 7/2021 patient returned to the ED with worsened symptoms. CT demonstrated hiatal hernia and contrast in the esophagus that eventually passed on AXR the following day
- Her anemia and malnutrition had improved since starting parenteral nutrition

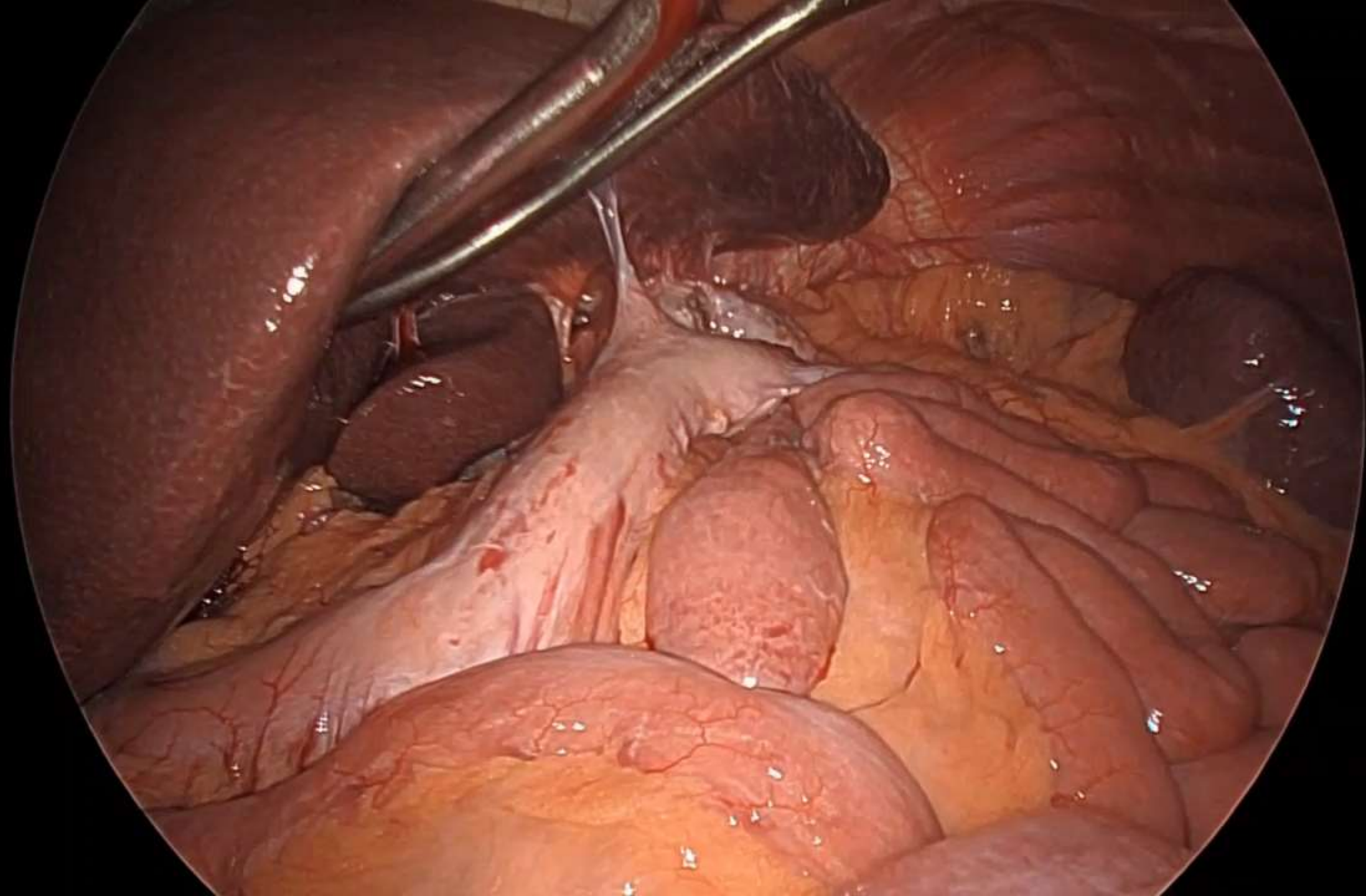
# 5/28/2021 CT Scan





# Operative Procedure

- Patient was taken to the OR for laparoscopic repair of paraesophageal hernia, revision of GJ and placement of feeding tube
- Intraoperatively she was found to have
  - Large PEH involving the pouch of the RYGB
  - An incarcerated large mesocolon hernia with the entirety of the small bowel (Roux limb, jejunojejunostomy, medial limb and common channel) herniated through the defect in the supramesocolic compartment
  - Stricture at the GJ
  - BP limb 65cm, Roux limb 85cm



# Post-Operatively

- Patient was started on tube feeds and PO diet and discharged POD 6 off TPN
- 6 week post op office visit patient was doing well tolerating liquid and solid diet. She still required PPIs for reflux. She was gaining weight and albumin was 4. Tube feeds were stopped with plans for removal in a few weeks
- 7 months post op she continued to have some GERD requiring daily medications however had been able to maintain a healthy weight and appropriate nutritional parameters with a BMI of 27.8

# Thank You

