

SLEEVE GASTRECTOMY

for **wrap necrosis** following Nissen's fundoplication



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I have no potential conflict of interest to report.





BACKGROUND

- 43 yo male.
- Feb 2022 – Nissen's fundoplication.
- POD 1 – resumed liquid diet.
- POD 2 – discharged.
- **POD 48 – emergent readmission c/o epigastric pain & vomiting (after onset of solid diet).**
- Labs & plain abd. x-ray – WNL.
- UGI endoscopy – inability to negotiate scope beyond EGJ, pt intolerance.
- **Decision making – exploratory laparoscopy after initial resuscitation.**



Obstruction post Hiatal hernia repair

LESSONS LEARNT



- **Gastric necrosis** CAN happen, despite the abundant blood supply of the stomach.
- Avoiding extensive **manipulations** & **dissection** is key for maintaining blood supply.
- LSG can be implemented as a salvage solution **beyond metabolic bariatric indications**.
- Availability of **intraoperative endoscopy** (and even better, ability of the surgeon to perform it & evaluate its findings) are of paramount importance.



Thank you!

Patalpani waterfall,
Madhya Pradesh, India