Sleeve Twist vs Stricture: Intraoperative Endoscopy

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Disclosures:

- Consultant:
  - Medtronic
  - Johnson & Johnson
  - Gore
  - Storz
  - ConMed
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- Medical Advisor:
  - Carrum Health

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History of Present Illness

- 44-year-old male s/p laparoscopic sleeve gastrectomy 10 weeks prior, presents with lightheadedness and dizziness
- Multiple ED visits due to poor intake and sensation of fullness
- Admitted to the hospital for IV fluid dehydration and thiamine

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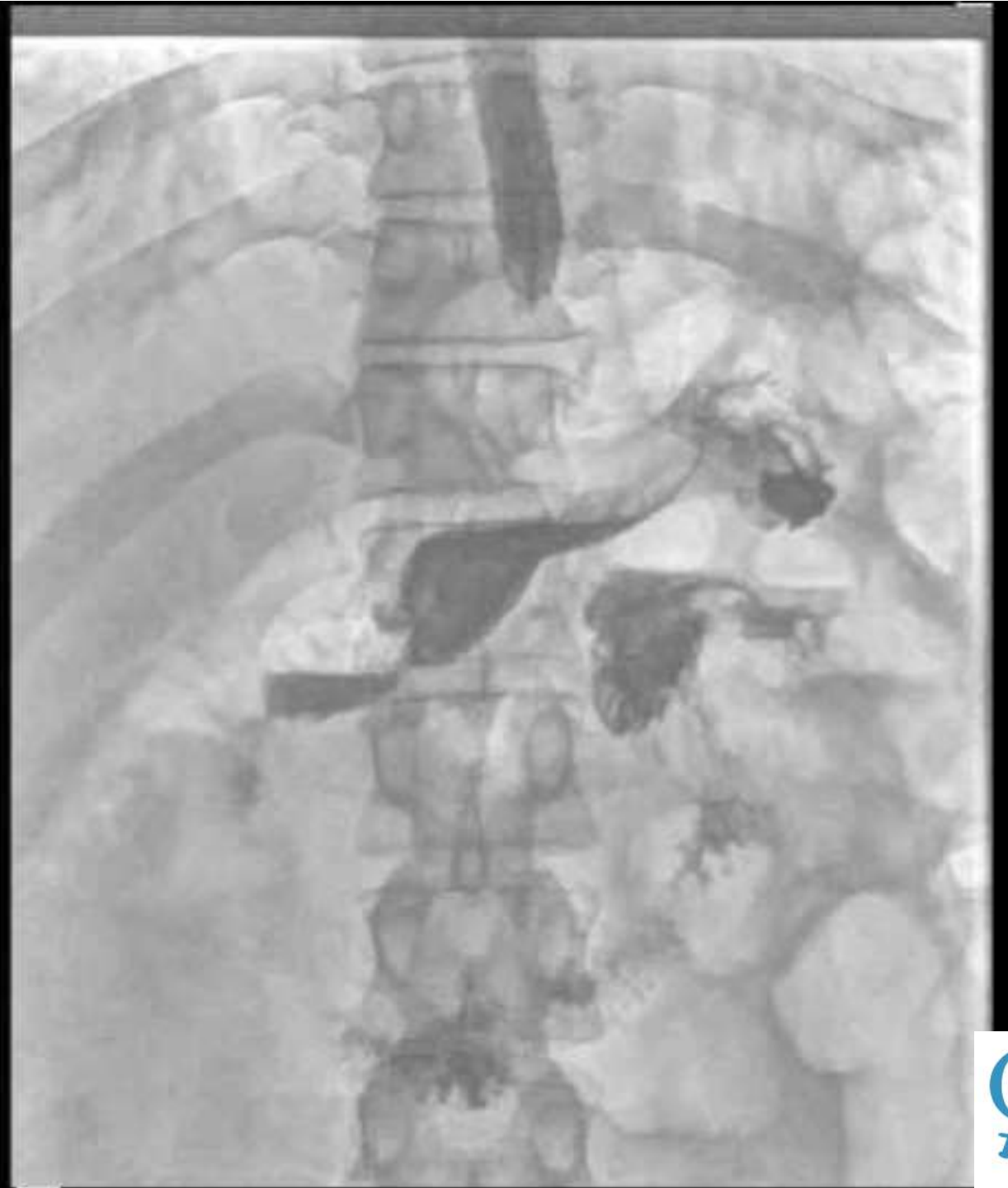
History of Present Illness

- Upper GI series read by radiology as stricture.
  - “segment of stricture of moderate length in mid-sleeve”

- CT abdomen/pelvis was unremarkable



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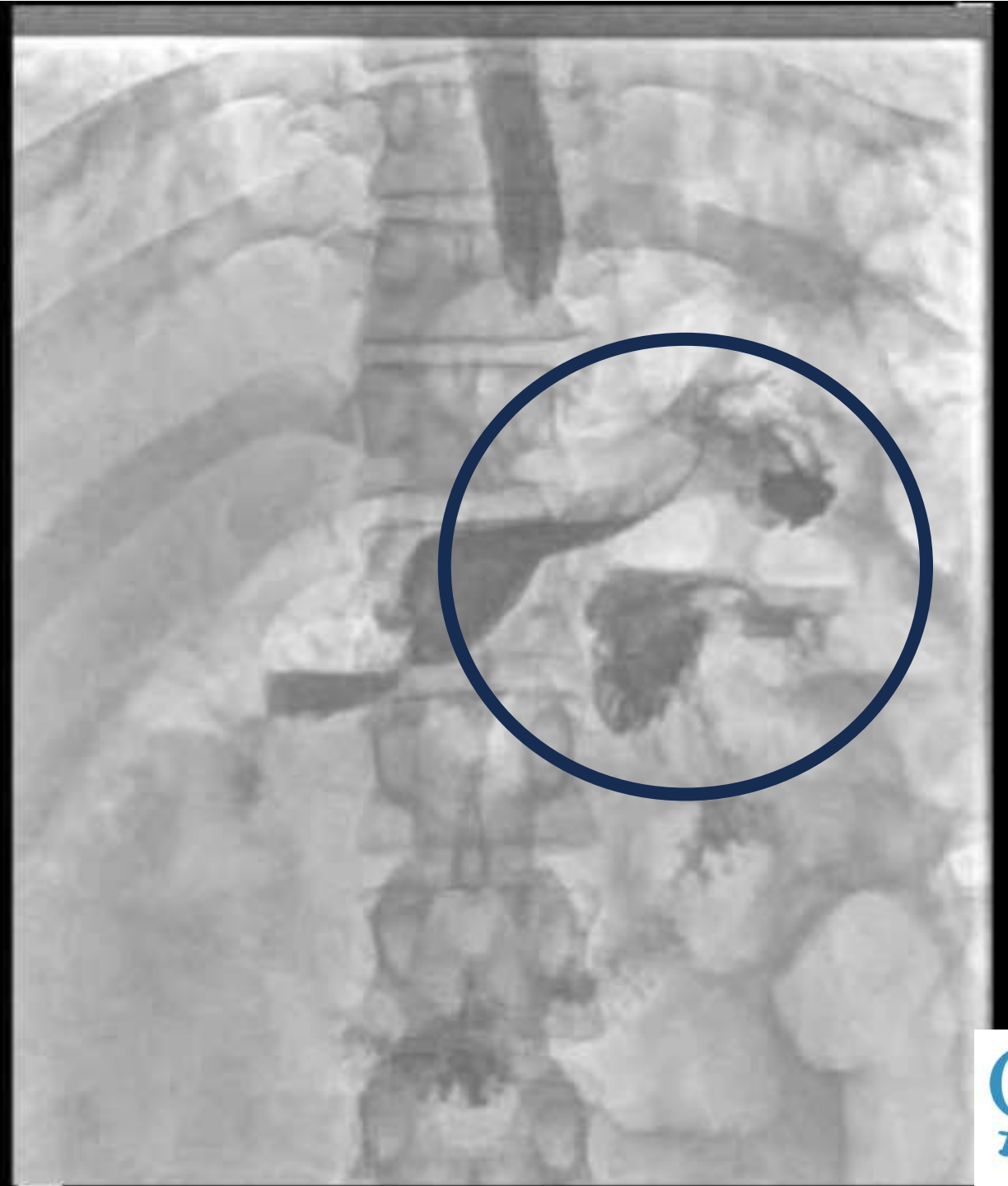

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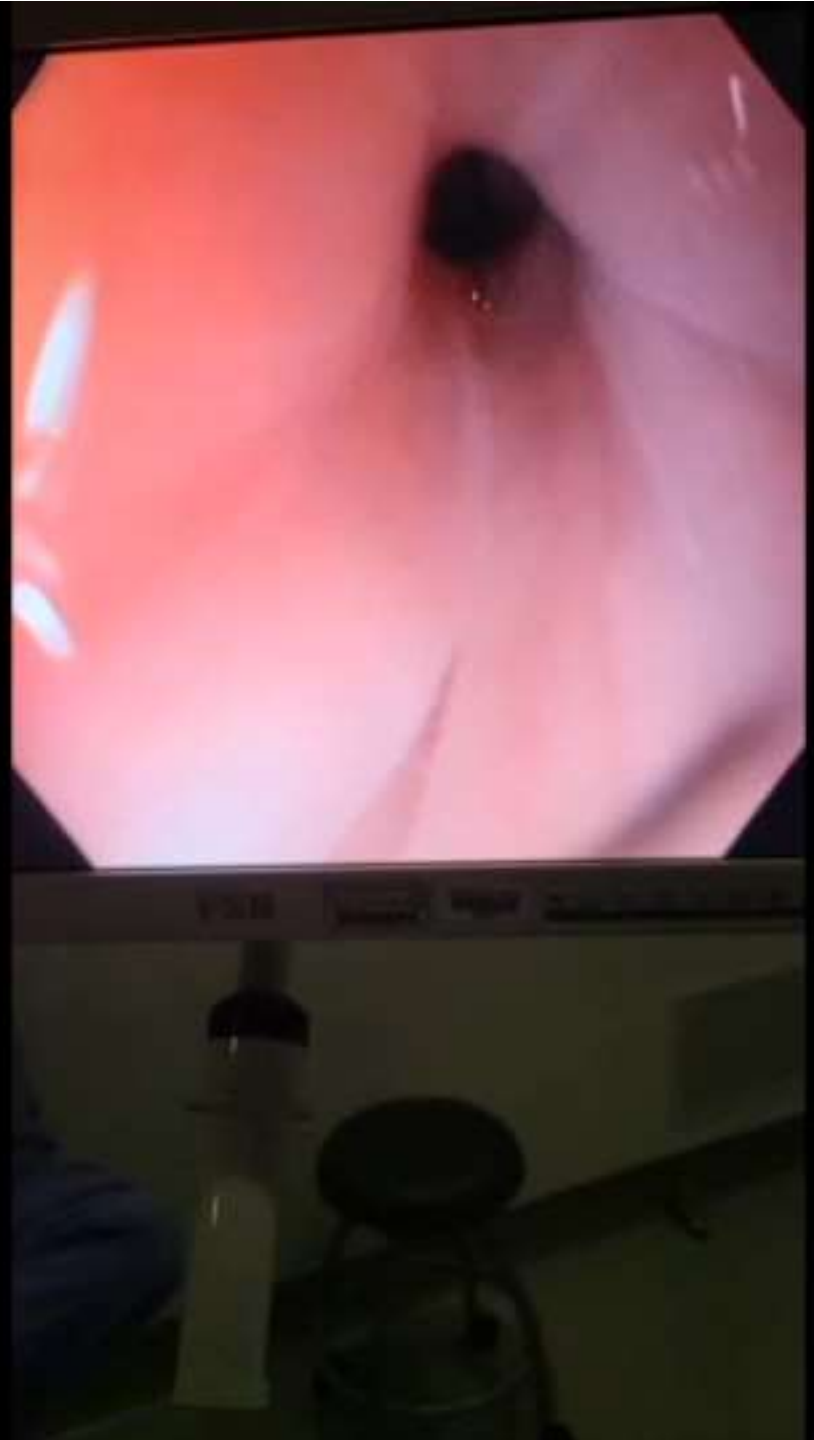
History of Present Illness

- GI was consulted and he underwent EGD

- EGD – moderate kinking and angulation of the sleeve



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History of Present Illness

- Patient was taken to the operating room for diagnostic laparoscopy

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Brightness
Video
Capture
Enhance
Exit
White Balance
Light Source
Insufflator
Secondary Menu
Intensity 100 %
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Postoperative Course

- The patient did well postoperatively with an unremarkable upper GI series
- He was started on clear liquid diet without issues
- Discharged on postop day 1

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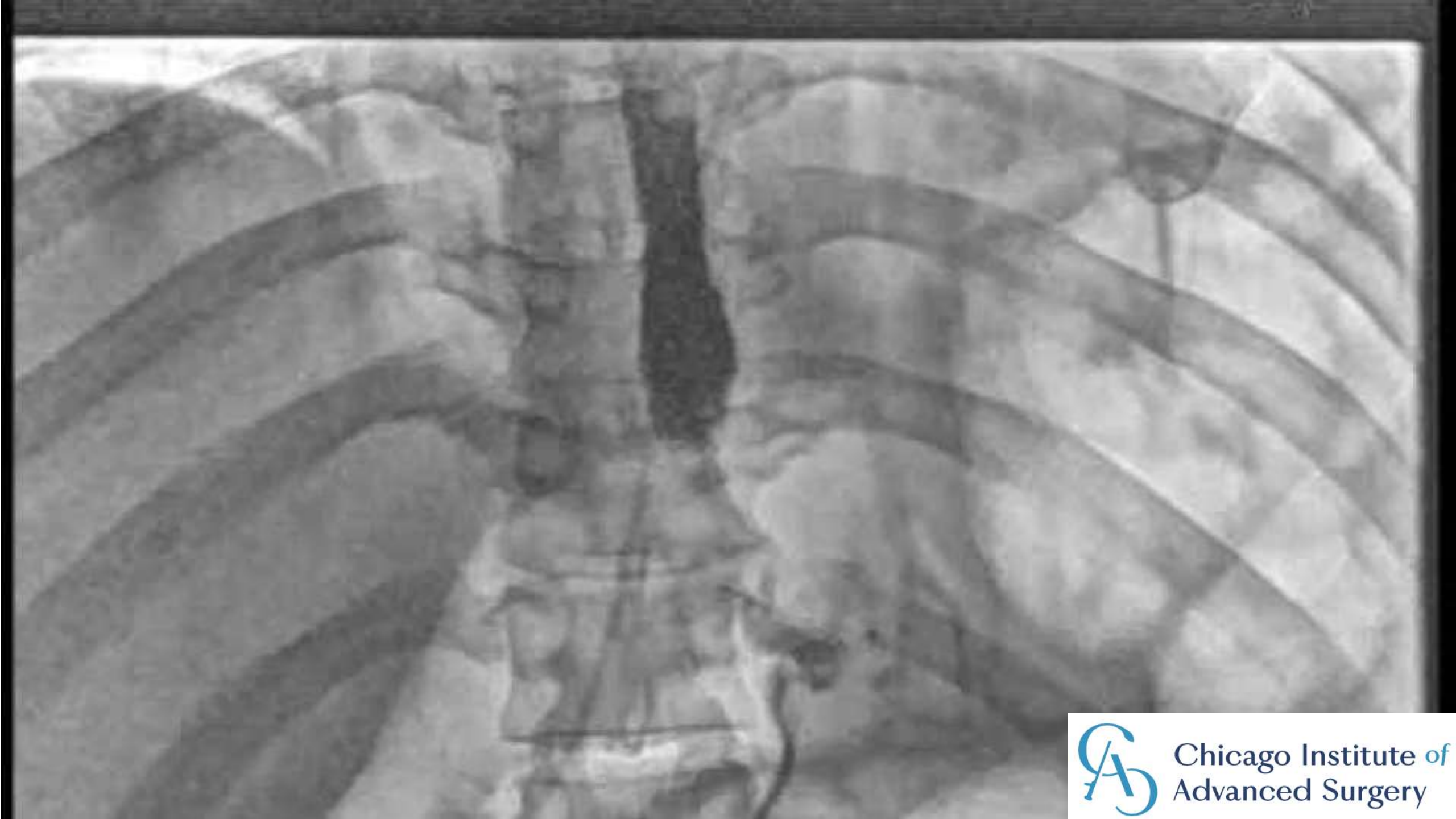

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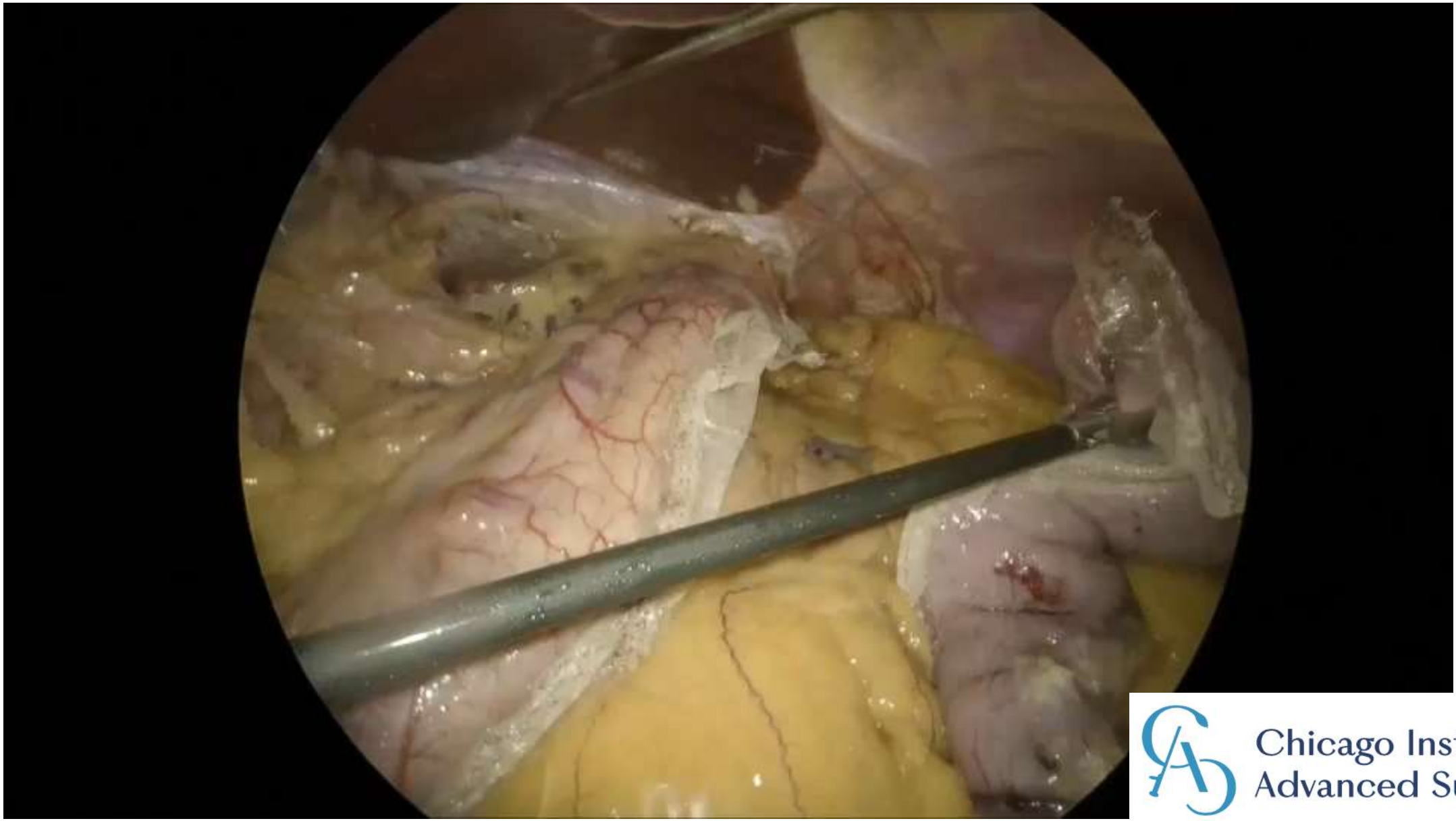
Other Examples of Omentopexy



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Conclusion:

- Sleeve twist needs to be differentiated than strictures
- Early intervention is critical for best outcome
- Omentopexy often suffices to treat it

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