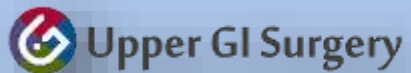


**GASTROGASTROSTOMY: A SURGICAL
ALTERNATIVE TO GASTRIC BYPASS FOR
ANGULARIS STENOSIS AFTER
LAPAROSCOPIC SLEEVE GASTRECTOMY**

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promoting health through education & research



INTRODUCTION

- Subset of post Laparoscopic sleeve gastrectomy (LSG) may experience Reflux, regurgitation and dysphagia.
- Aetiology is multifactorial
- Stenosis is one of the causes reported to occur in 0.2-4% of sleeve patients
- Patients are typically offered gastric bypass as a definitive management in those with refractory symptoms.
- Bypass comes with their own life-long risks.

METHODS:

Tube volumetry.

Oesophageal diameter

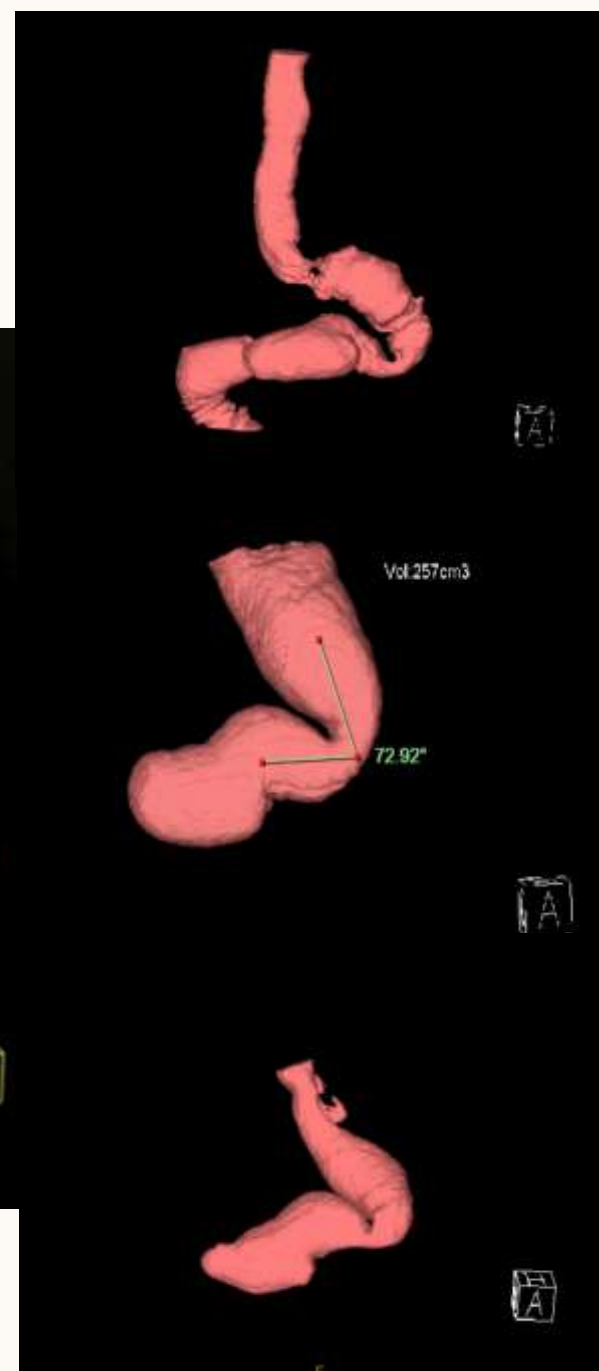
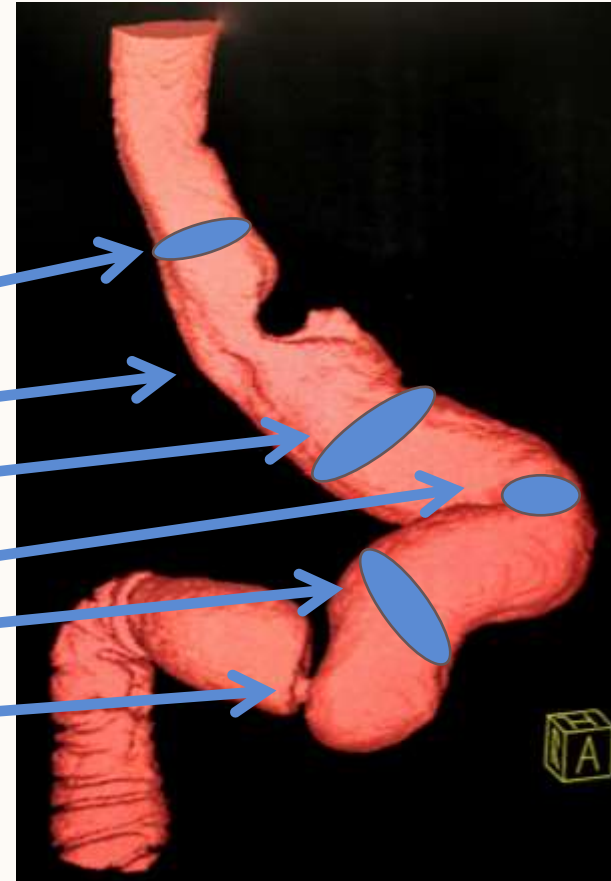
Diaphragm notch, staple line

Proximal surface area

Angularis: Angle and Surface Area

Distal Surface area

Pyloric notch



OBJECTIVES

We report a series of patients underwent *Gastrogastrostomy* as an alternative technique to bypass in management of patients with refractory symptoms related to angularis/post LSG conduit stenosis.

METHODS

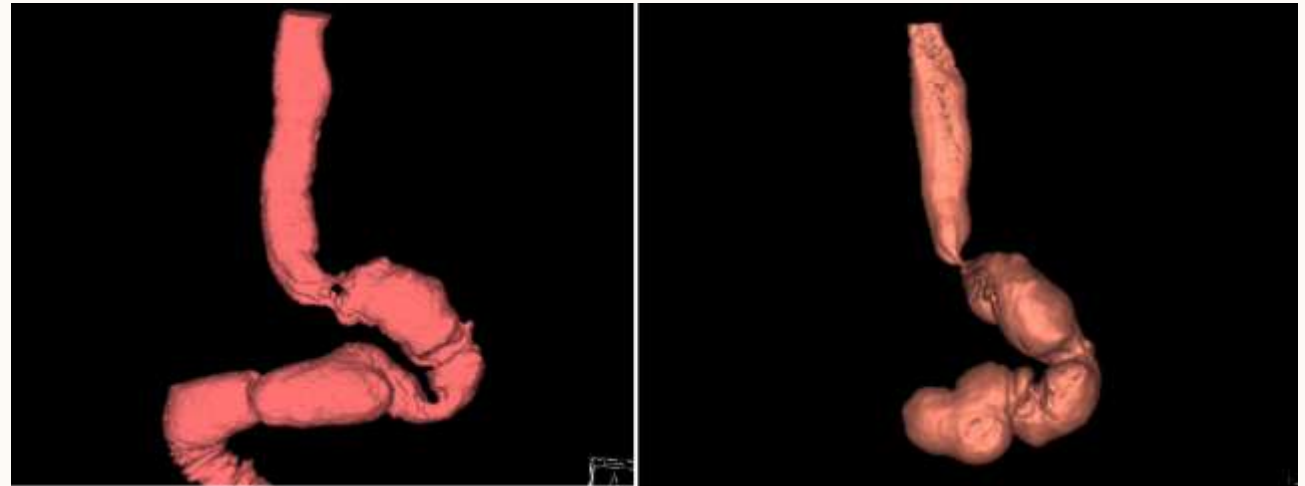
- Retrospective study of prospectively maintained database of all gastrogastrostomy stricturoplasty for management of symptomatic post LSG angularis stenosis.
- Demographic and clinical information retrieved
- Investigations : endoscopy, 3DCT, pH and manometry studies were obtained.
- Gastrogastrostomy was performed laparoscopically in all patients at the area of stenosis identified laparoscopically and correlated to preoperative imaging.
- Postoperative recovery recorded according to *Visick Score* (1-4) and follow up information were collected.

RESULTS

- **4 patients underwent gastrogastrostomy alone and 2 had gastrogastrostomy with small hiatus hernia repairs.**
- (66%) were females. Average age was 46.6 ± 11.7 years.
- LSG to gastrogastrostomy was 6.2 ± 2.2 years.
- Average follow up was 3 months.
- **Average BMI pre-gastrogastrostomy was 30.4 ± 2.1 (kg/m²).**
- **Post Gastrogastrostomy BMI on follow up was 29.7 ± 1.9**
- Patients 3DCT findings suggestive of conduit stenosis (Angularis Angle 52.6° , Angularis Surface area 6.5 cm)
- 2 patients had manometry suggestive of high pressures 5-6 cm distal to gastrooesophageal junction
- 3 (50%) patients had endoscopic evidence of stenosis and underwent trial of dilatation prior to their final intervention. Nil had immediate complications.

- 3 month follow up revealed resolution of symptoms in all except for one with persistence of mild reflux symptoms.
- One patient has had follow up 3DCT which shows resolution of angulation/ stenosis.

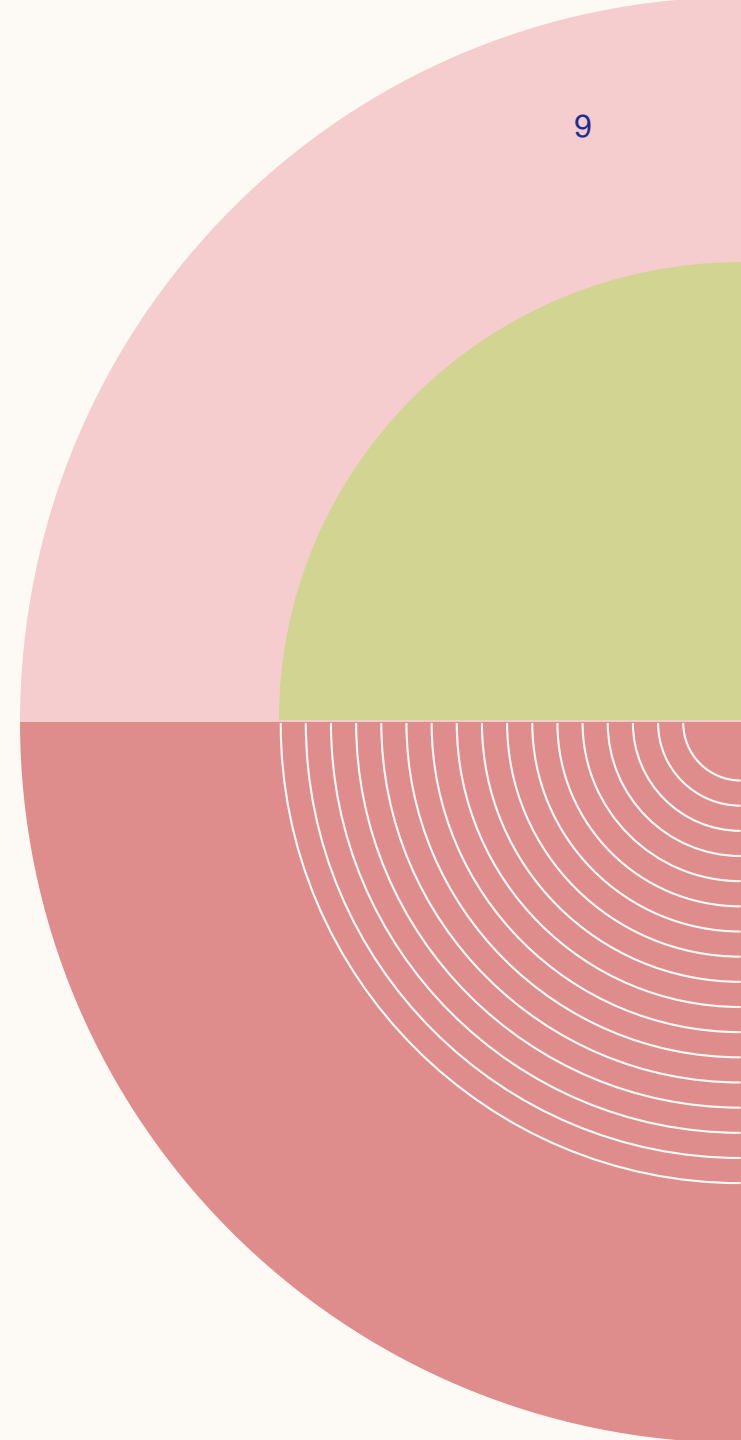
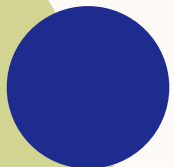
RESULTS



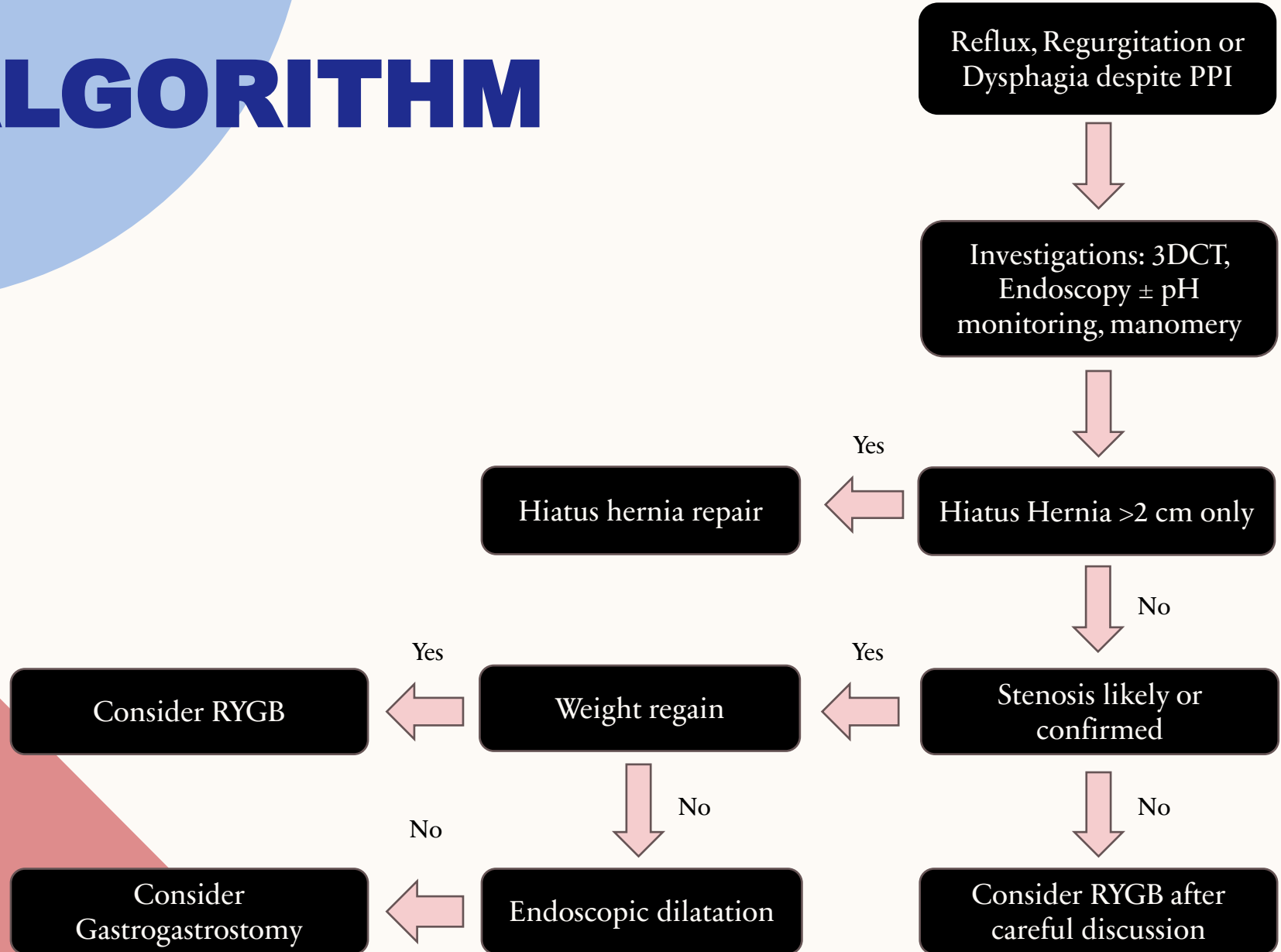
**Gastrogastrostomy: A
Surgical alternative to
Gastric Bypass for
Angularis Stenosis after
Laparoscopic Sleeve
Gastrectomy**

CONCLUSION

- Gastrogastrostomy is a technically easy, safe procedure
- Effective in management of post LSG symptomatic conduit stenosis in appropriately selected patients.
- It may help avoid risky and challenging conversion procedures such as gastric bypass.



ALGORITHM



THANK YOU

The background features three overlapping circles: a large light pink circle on the right, a dark blue circle at the top and bottom, and a white circle on the left. The pink circle contains several thin white concentric lines.