

Management of Surgical and Nutritional Sequelae in Patients with Sleeve Gastrectomy Leaks

Michael Talbot 1, Nazy Zarshenas 1.

St George Hospital, Kogarah, NSW, Australia

While septic complications after sleeve gastrectomy are heterogeneous in their presentation and clinical course, there are certain management principles that, if adhered to, can shorten the duration of illness that patients suffer. These can also positively impact on patient health and wellbeing during the recovery phase of their illness and are likely to reduced hospital stay and convalescence.

The surgical strategies involve tiered use of image guided and endoscopic interventions with a plan for early nasojejunal then per-oral intake. Surgical therapies are used only in patients with free perforations, and TPN only temporarily in patients with ileus or complex fistulas with gut stenosis.

In the acute phase due to the changes in anatomy and physiology imposed by bariatric procedures, it is nearly impossible to meet the patient's nutritional requirements. Hence an algorithm on nutrition support is necessary to optimise nutrition and healing. In this presentation we will detail principles of management that minimizes the trauma of intervention and promotes rapid implementation of nutrition support.