

Laparoscopic fistula-jejunostomy as an alternative to total gastrectomy in sleeve gastrectomy leak non-responding to endoscopic therapy. Case series and operative videos.

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Introduction

Leaks after sleeve gastrectomy may sometimes prove resistant to endoscopic and other modalities employed to manage them. This can leave patients with chronic sepsis and complex fistulae. As simple diversion surgeries, such as conversion of the sleeve to a gastric bypass are unlikely to be successful in patients with established fistulae, the use of total gastrectomy has been proposed as a curative option. Total gastrectomy however is a fairly risky undertaking and it is inferior to sleeve gastrectomy with regards to long term GI side effects and safety.

Study

11 patients from an expanding cohort (1) of patients with sleeve leaks treated preferentially with endoscopic therapy since 2005 underwent definitive surgical therapy for chronic sleeve sepsis between 3 months and 3 years from their original surgery and were included for analysis

Results

One patient, early in the series underwent sequential surgeries with conversion of sleeve to bypass, then bypass to total gastrectomy with a left thoracotomy and then via a right thoracotomy after late fistula recurrence. One patient preferentially underwent fistula resection and marsupialisation with conversion to gastric bypass for weight regain, one underwent fistula debridement and oversew after failed gastric bypass and the others underwent successful roux-en-y fistula-jejunostomy.

Conclusions

Fistula jejunostomy is a successful and less challenging rescue method in patients who do not require sleeve revision for other reasons. It successfully manages the underlying problem without surgical escalation, and it preserves other options as conversion to a gastrectomy or bypass could reasonably easily be done if required.

1. Talbot, M., & Yee, G. (2017). Endoscopic modalities for upper gastrointestinal leaks, fistulae and perforations. *ANZ Journal of Surgery*, 87(3), 171–176.
<http://doi.org/10.1111/ans.13355>