

# XXVIII IFSO World Congress

9-12 September 2025 | Santiago, Chile



J Andres Astudillo MD, FACS

## IFSO 2025 Santiago

Combined Therapies, The Dawn of a New Era

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# Big “A” Stent Bridging the leak...



**J Andrés Astudillo, MD FACS**

Director, General, Laparo-endoscopic Bariatric and Bariatric Endoscopy

Clinica Latino, Cuenca Ecuador

Loma Linda University, CA US

University of Miami, Fl US

American Board of Surgery



# Disclosure Slide



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<input checked="" type="checkbox"/>	No, nothing to disclose
<input type="checkbox"/>	Yes, please specify:





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# Leaks after sleeve gastrectomy

- Incidence 0.1 – 5.6%<sup>1</sup>.
- Acute and chronic.
  - Plastic stents (pigtail), Axios.
- Clips, stents, fibrine glue, suture (BS).
- Evidence in case series.
- Distal obstruction management, foreign body removal.



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## Gastric Sleeve leak evaluation.

- Location (Below GE junction most common).
- Stent placement + dilation of pylorus and/or post pyloric\*.
- Chronic fistulas (FRIENDS)
  - Stent
  - Distal dilation + pigtail +/-Axios.
- Closure by secondary intention.



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> [Neurogastroenterol Motil.](#) 2018 Dec;30(12):e13445. doi: 10.1111/nmo.13445. Epub 2018 Aug 15.

## Exploring pyloric dynamics in stenting using a distensibility technique

Jorge Alberto Arroyo Vázquez <sup>1 2</sup>, Maria Bergström <sup>1 2</sup>, Stephen Bligh <sup>3</sup>, Barry P McMahon <sup>3</sup>, Per-Ola Park <sup>1 2</sup>

Affiliations + expand

PMID: 30109904 DOI: [10.1111/nmo.13445](https://doi.org/10.1111/nmo.13445)

**Conclusions and inferences:** The pylorus seems to act as a sphincter at low distention but when further dilated starts acting as a pump. Fully distended the pyloric motility disappears and the pressure remains high, suggesting that a stent with high-radial force might show less migration.

**Keywords:** EndoFLIP; endoscopy; pyloric motility; pylorus; stent treatment.

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# Big “A” Stent ® Bridging the Leak

Dear J Andres Astudillo

We would like to notify you that your idea entitled 'New device for the management of leaks in foregut surgery' submitted through our submission portal is now under review by an internal review team at **Boston Scientific**.

Please follow this link to check up on your submission at any time:

[innovation.bostonscientific.com](https://innovation.bostonscientific.com)



# Stents



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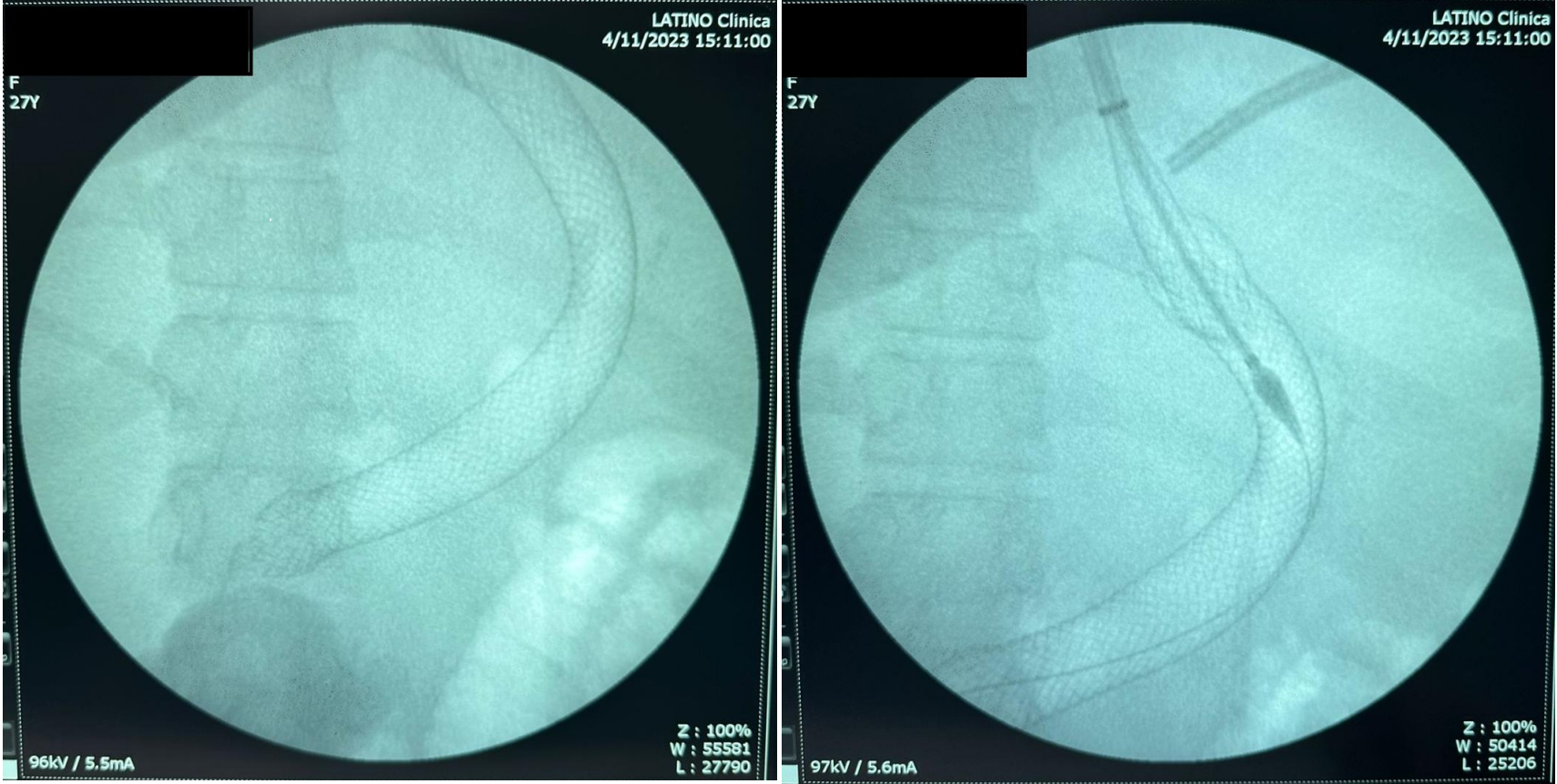
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# Stents



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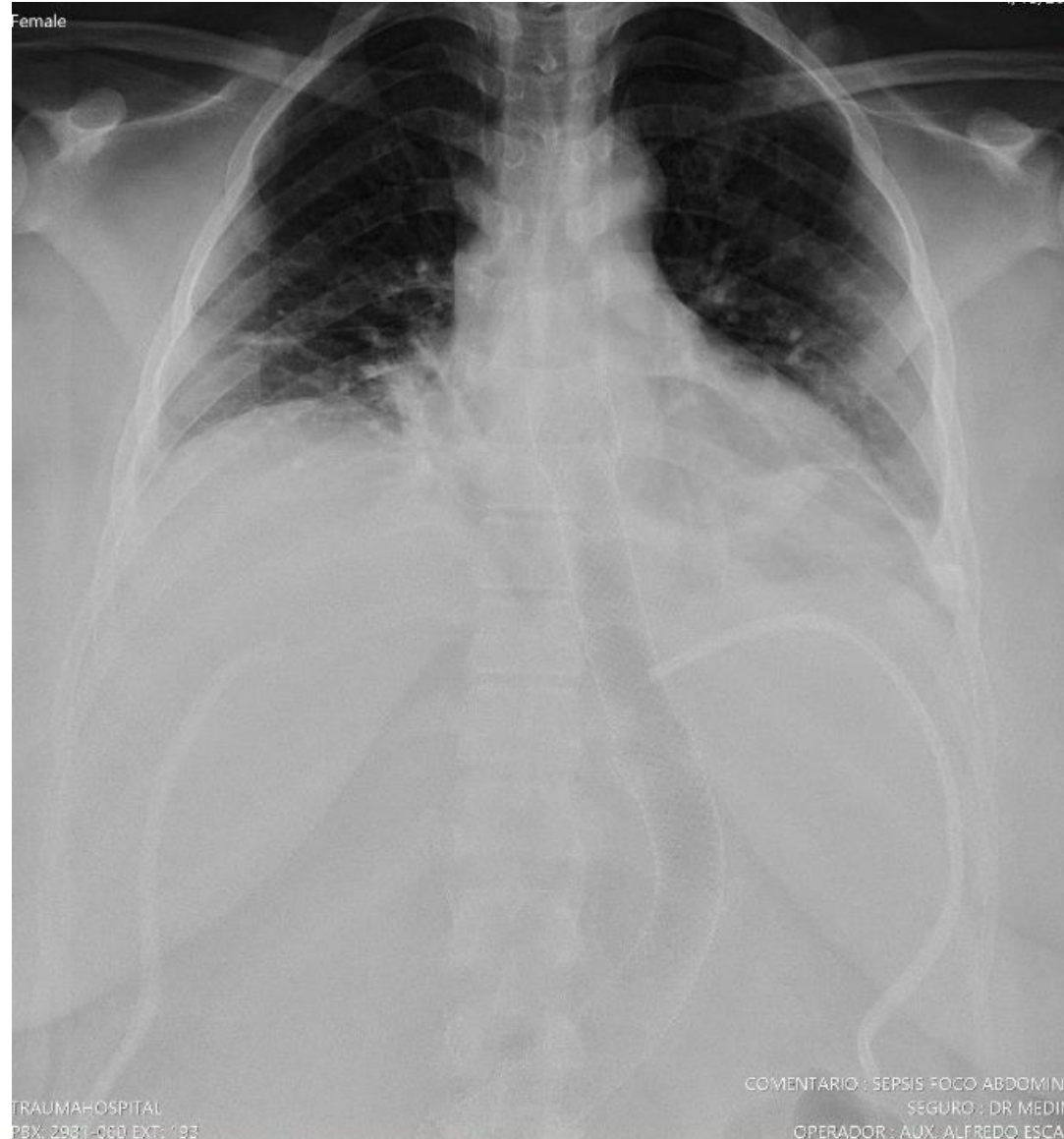


# Stents POD # 3

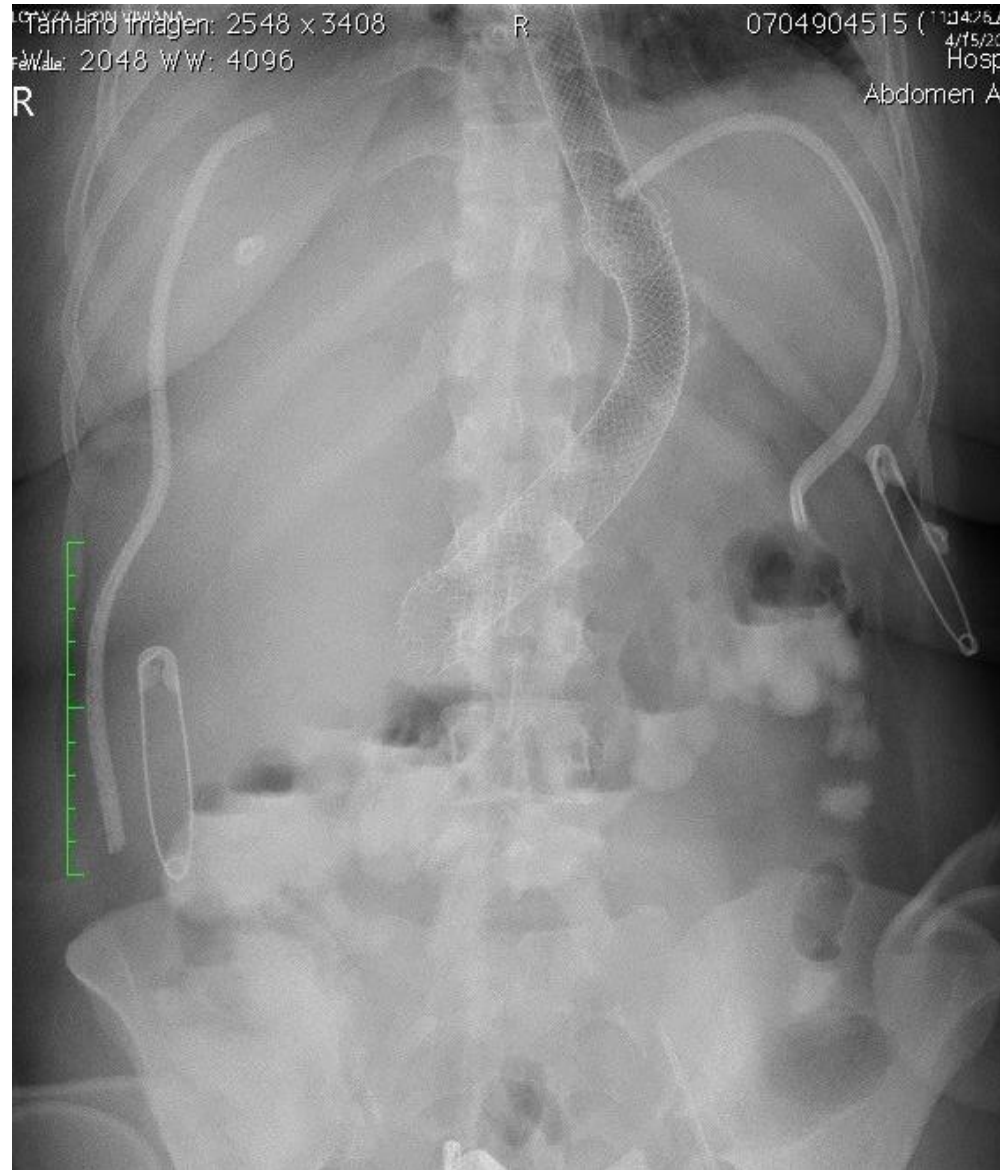


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# Stent POD # 5



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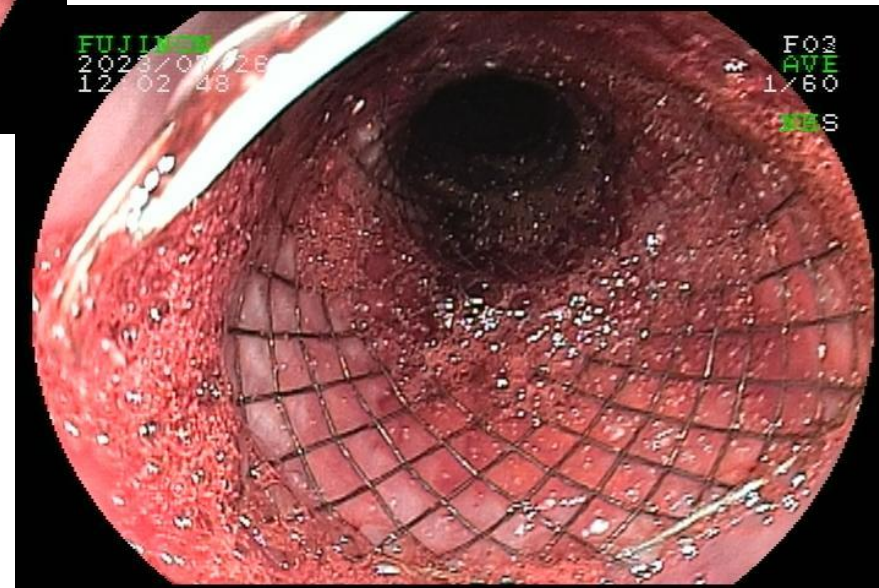
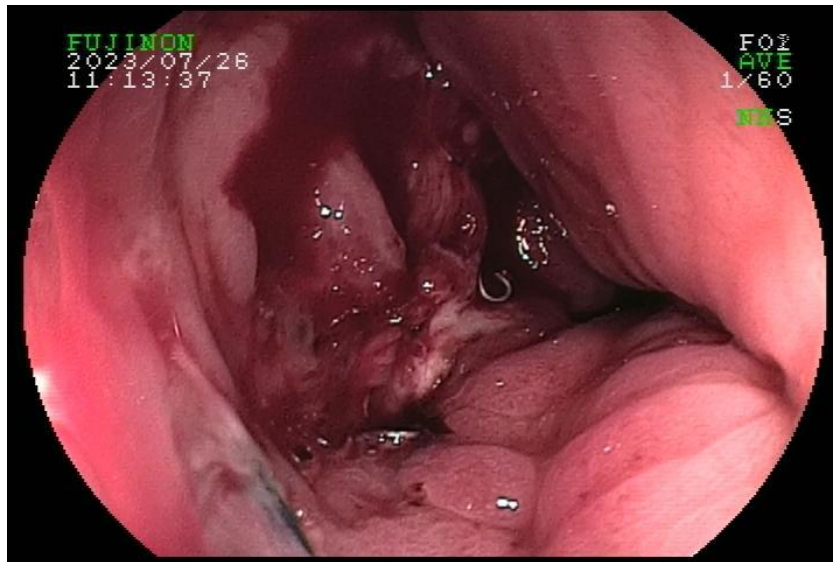


# Stent Placement #1



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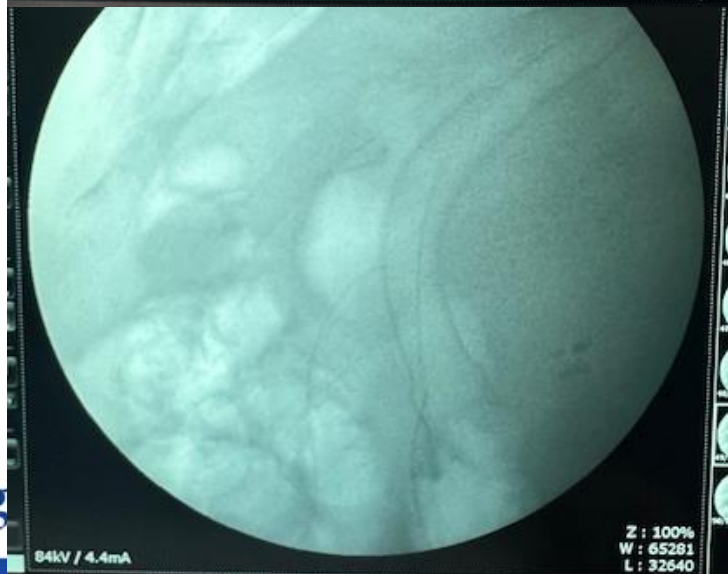


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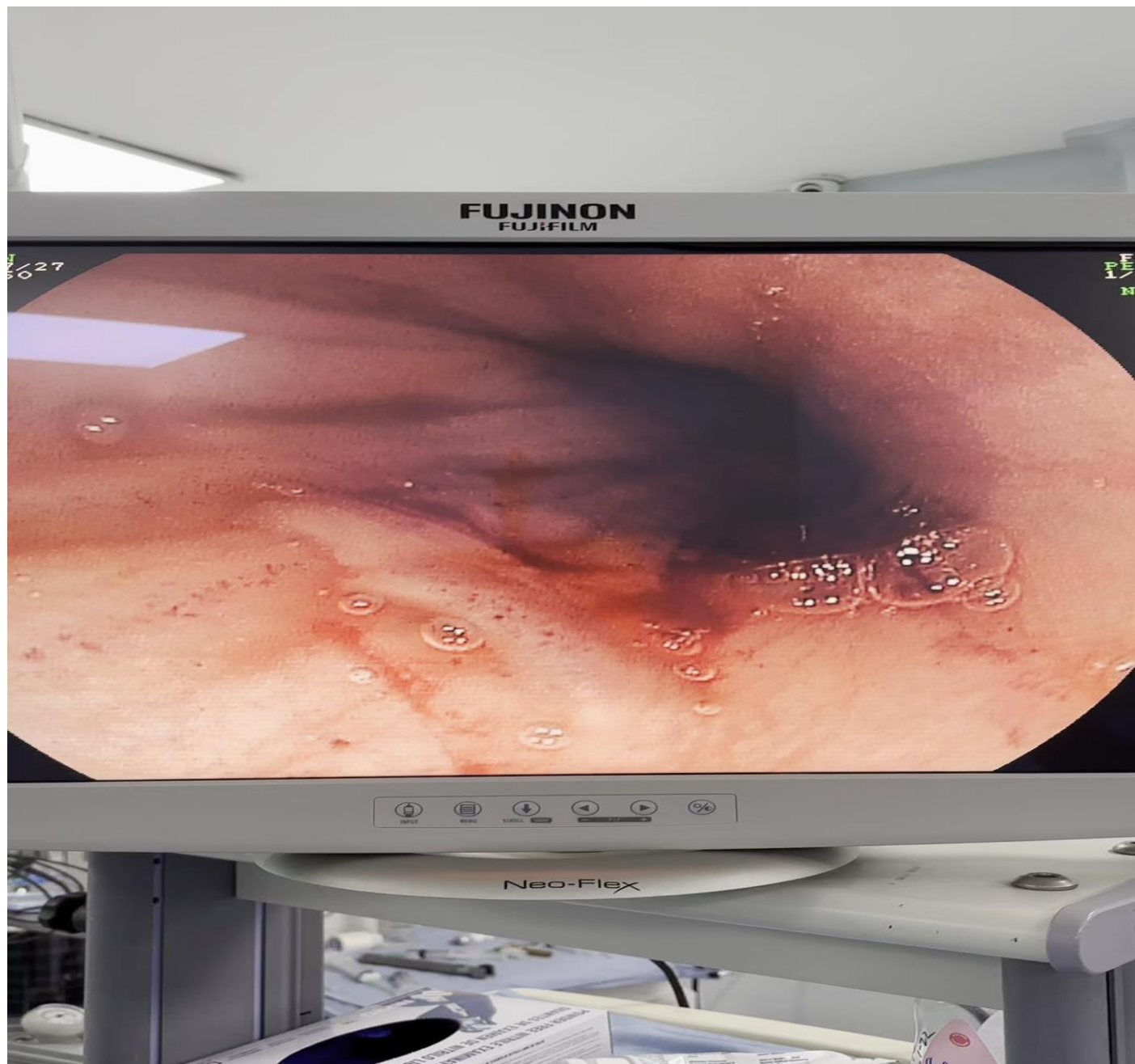


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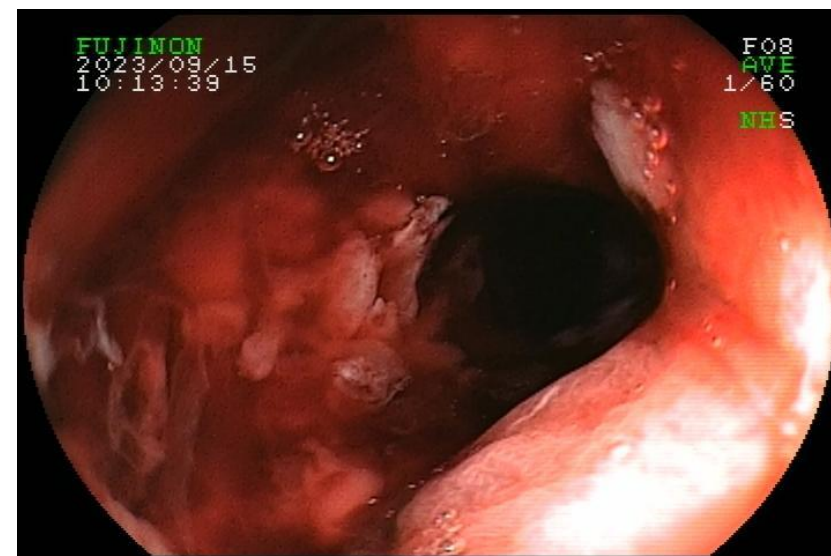
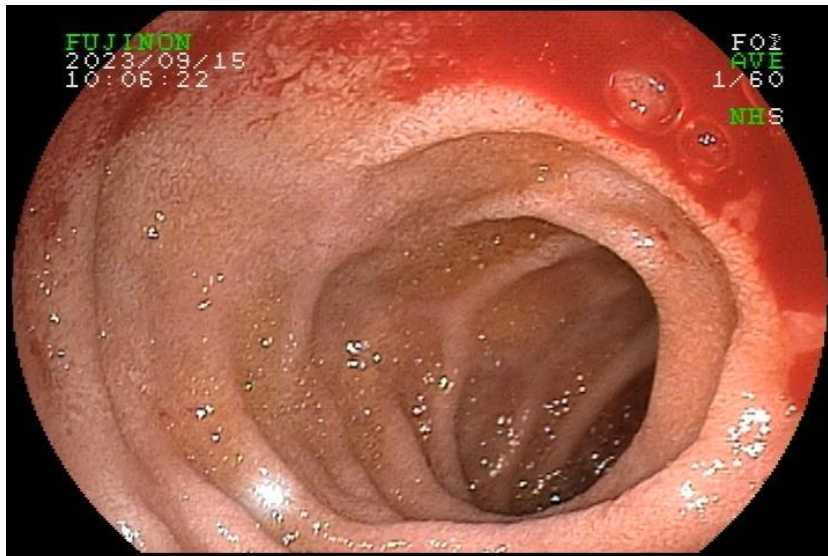
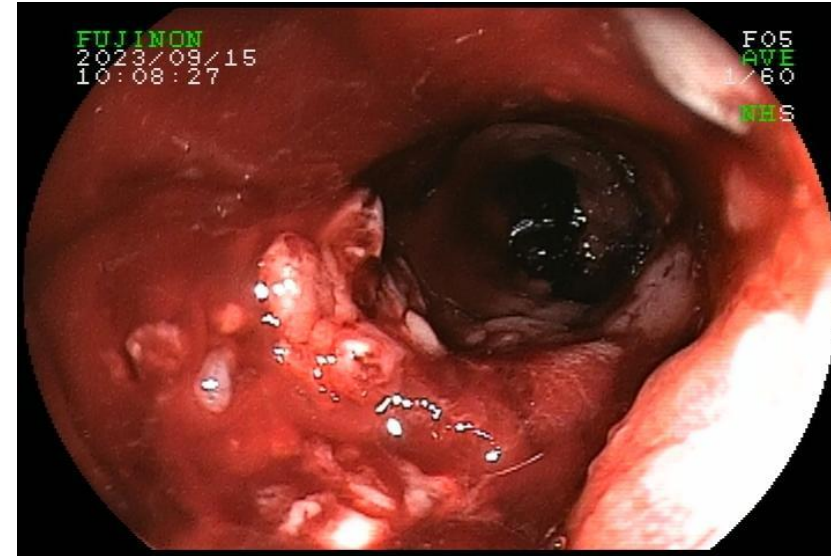
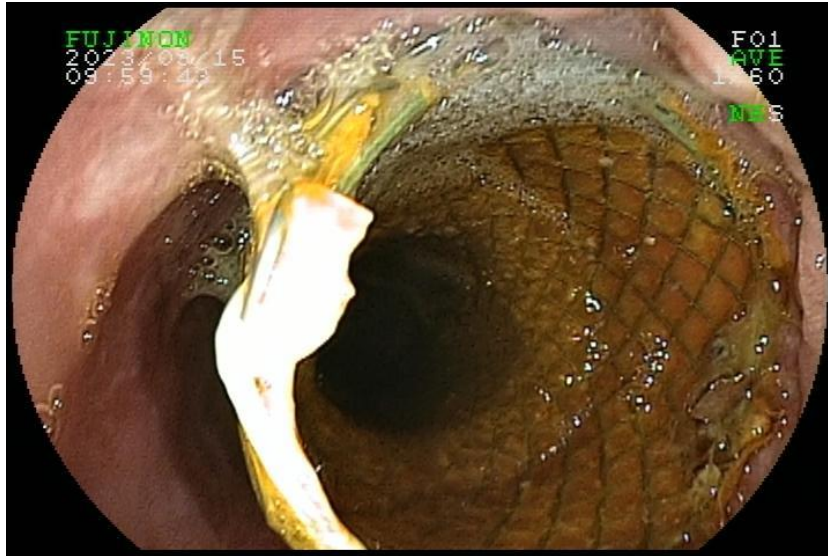
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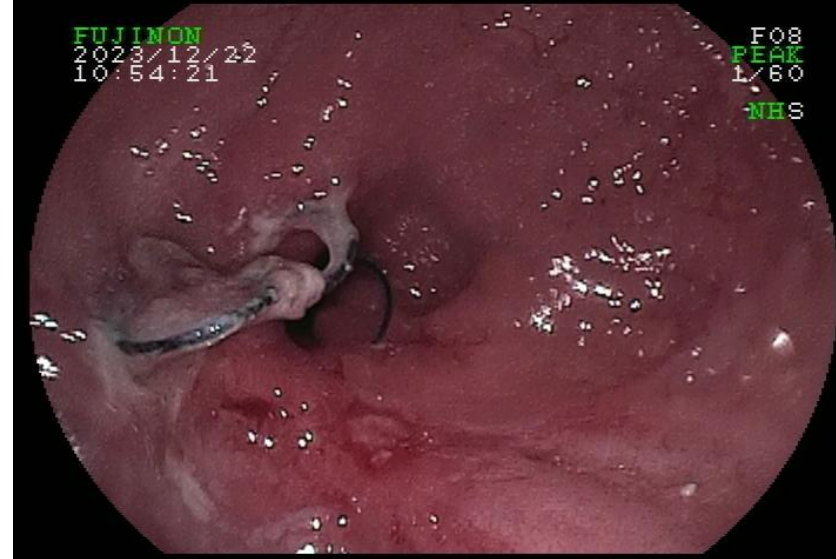
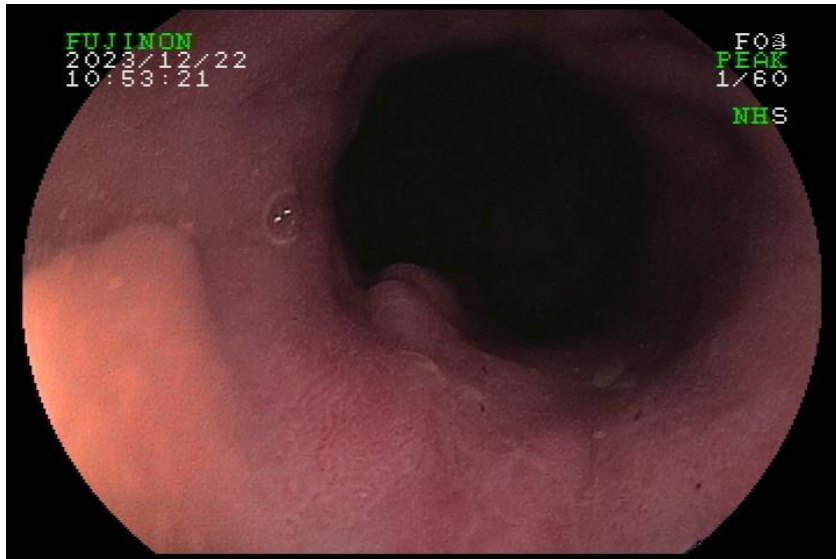
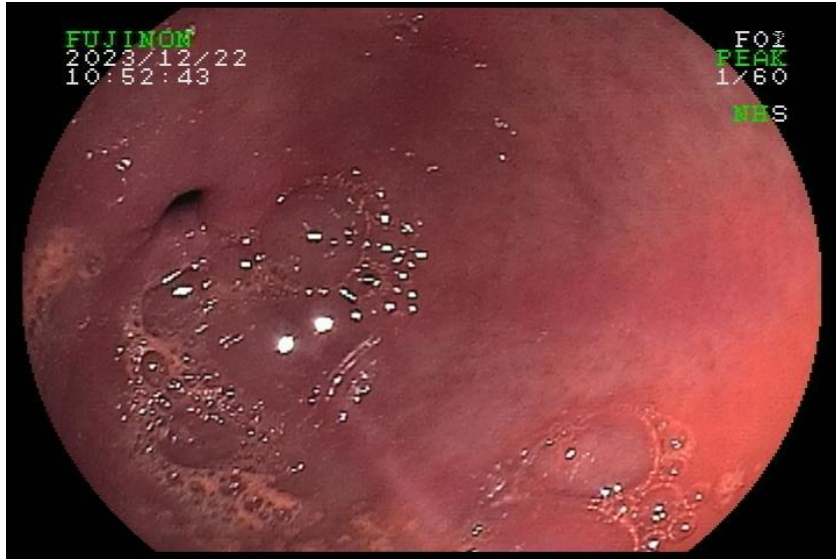


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# Experience

August 2014-Sep 2025

- 22 patients
- 12 F 10 M
- 21-56 a
- Double stent technique
- Migration 0
- Disconnection and replacement 11



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# Experience

Aug 2014-Sep 2025

- Leak control 21 pts
- Conversion to Esophago-jej 1 (2015)
- Start oral intake (48 hrs)
- Reduction of drainage > 90 %
- Early discharge.
- Early return to activities
- Control with Radiography



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## Conclusion

Many complications or secondary effects have an endoscopic alternative.

- Most literature based on case series.
- Great complement.
- Aggressive leak management with distal dilation (Stent, e-vac, pigtail).