

XXVIII IFSO World Congress

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Comparison of three staple- line reinforcement of laparoscopic Sleeve gastroectomy.

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DISCLOSURE



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GORE

INTRODUCTION



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Laparoscopic Sleeve Gastrectomy (LSG) is currently the most widely used procedure in bariatric surgery

LSG Staple-line complications such as leak, bleeding and hematomas remains at a high occurrence rate. Conflicting evidence has been observed with the use and the utility of staple-line reinforcement in LSG in order to avoid this complications

OBJECTIVE

To compare the efficacy of three different stapler line reinforcement (SLR) to prevent intra and postoperative bleeding of stapler line suture in patients undergoing laparoscopic sleeve gastrectomy.

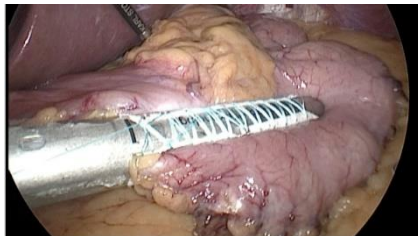
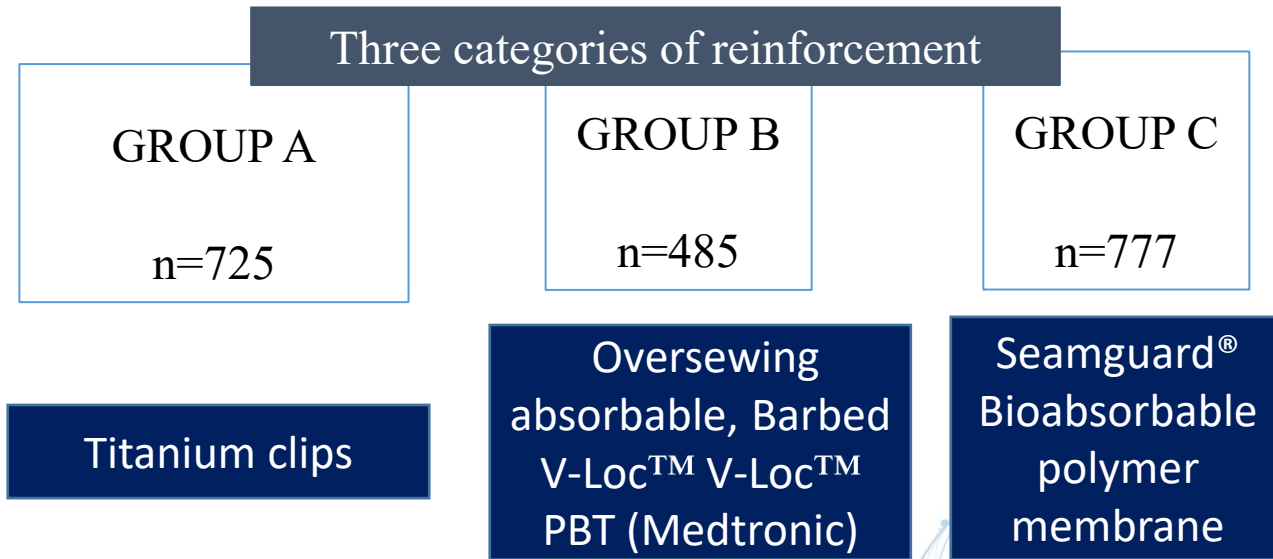


Figure 1

METHODS

Retrospective cohort study with short-term follow-up (30 days).





RESULTS

Variable	Value
Sex proportion	63.9% F
Age (years) mean (range)	36.3 (25–42)
Basal BMI mean (SD)	37 ± 1.4 kg/m ²

Table 1. Clinical characteristics

Outcome	Group A (Clips)	Group B (Suture)	Group C	Total (n / %)
Early complications	—	—	—	
Bleeding	11 (1.5%)	5 (1.03%)	0	16 (0.80%)
Reoperation	5	2	0	7
Blood transfusion required	4	2	0	6

Table 2. Perioperative and postoperative results

CONCLUSION

This study of stapler line reinforcement in LSG demonstrated an important lower rate of bleeding in APM compared to Titanium clips and oversewing .