

Laparoscopic sleeve gastrectomy post laparoscopic gastric band, RYGB and Open proximal alimentary diversion for treatment of severe dumping syndrome

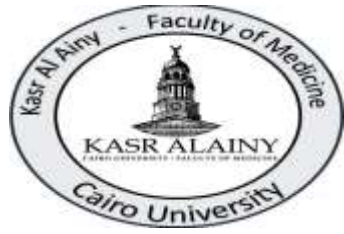
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Disclosure

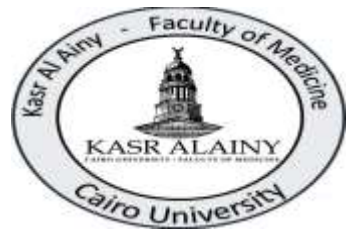
- Nothing to disclose



Medical History

- 56 years old gentleman
 - Diabetic for more than 20 years, controlled on Mixtard 40 IU/ml.
 - Hypertensive.
 - Osteoarthritis.
 - Dyspnea grade III

Surgical History

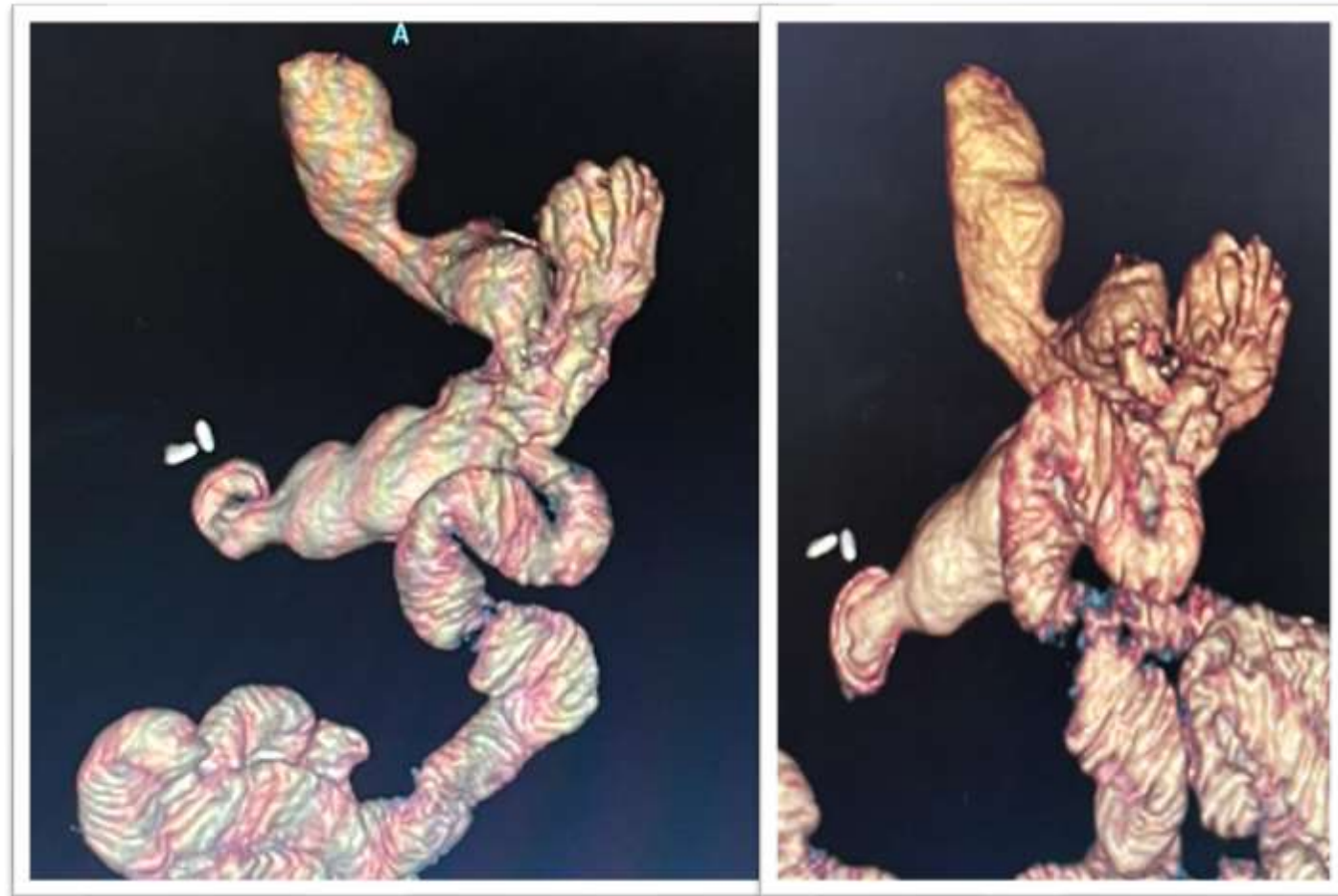


- Laparoscopic Adjustable gastric band in 2002
- Roux-en Y Gastric Bypass in 2006
- Open proximal alimentary diversion surgery in 2017

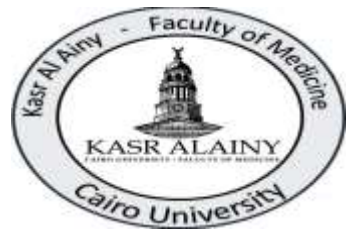


Pre-operative workup

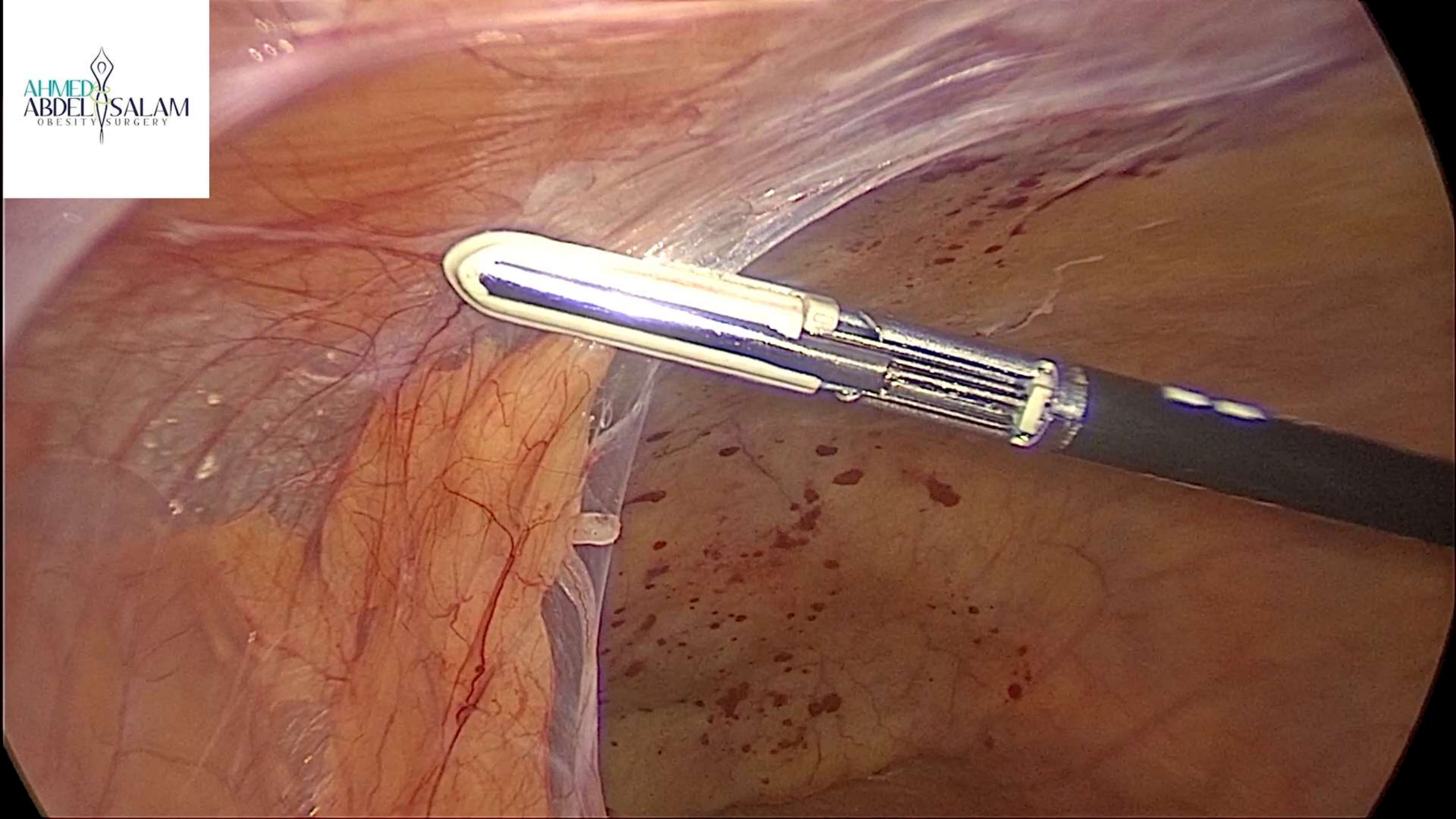
- MSCT volumetry:
- Gastric pouch 70-75cc.
- Small sliding hiatal hernia.



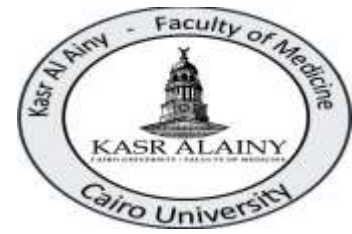
Management Plan



- The main goal of management is to decrease dumping symptoms while losing weight.
- Lifestyle modification and medical treatment in the form of Sandostatin, failed to control the symptoms.
- Failure of conservative management mandates operative intervention as dumping was incapacitating to him



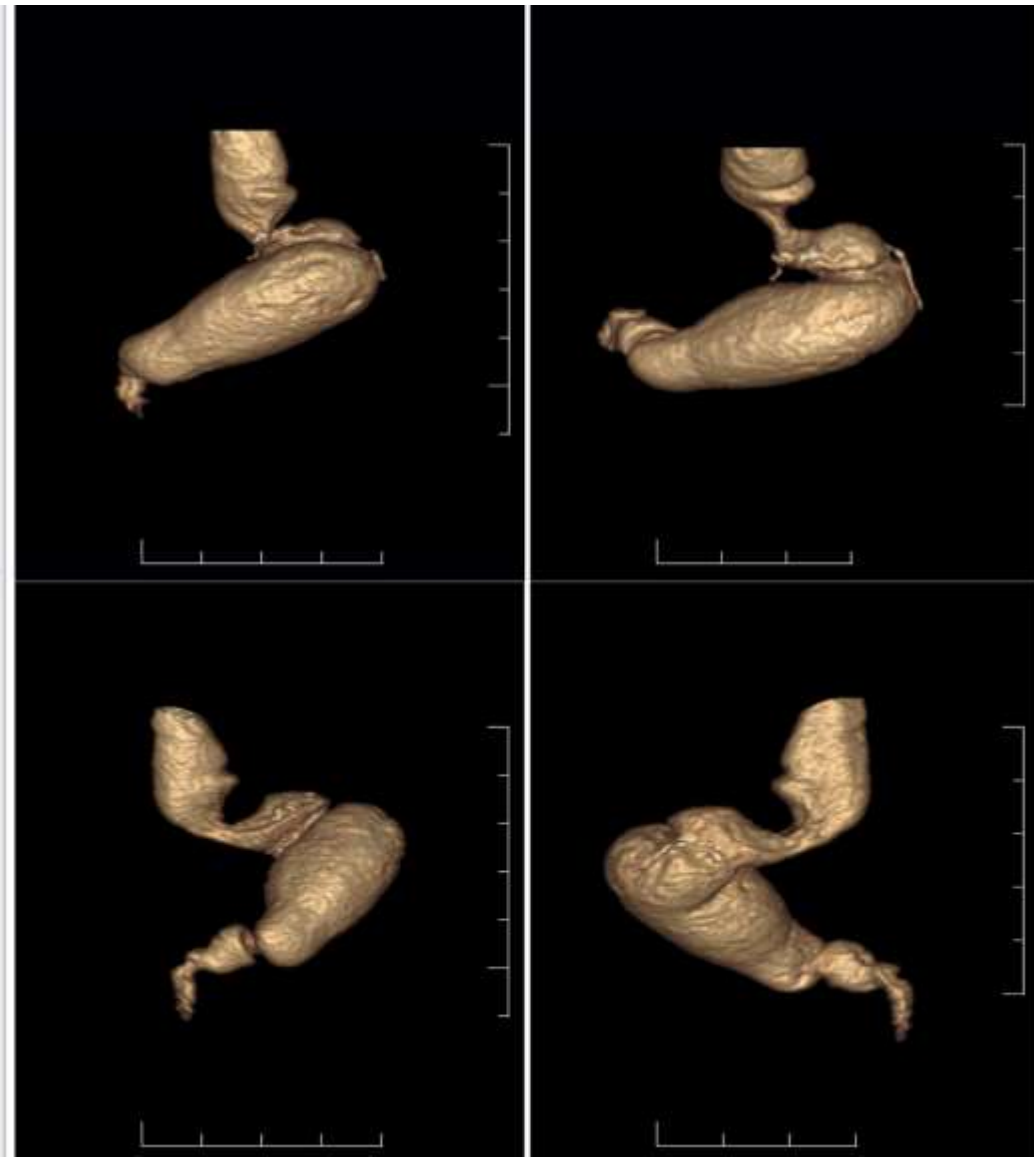
Postoperative Follow-up



- The patient was discharged POD2, following uneventful recovery
- On clear fluids, full fluids, soft diet, and regular diet each one for 5 days respectively.
- The patient was put on nutritional plan including the diet plan, supplements and multivitamins needed.
- Follow-up 6 Weeks
 - Weight loss (136 → 127 kgs)
 - Improvement of attacks of hypoglycemia (random blood sugar from 50s to 90s).
 - Good tolerance to different forms of solid diet, on small frequent meals.
 - Good compliance to vitamins and supplements.
 - Normal daily effort.



Postoperative Follow-up



CT Abdomen & Pelvis

Post bariatric surgery protocol with 3D Volumetry

Status post multiple operations, the current study has revealed :

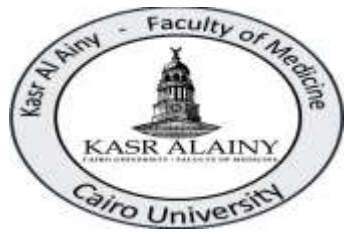
- **Free flow** of contrast via the oesophagus, sleeved stomach and duodenum with **no evidence** of contrast hold up or extravasation beyond the sleeved stomach boundaries. The contrast has passed along the proximal jejunal loops passing through jejunojejunal anastomosis reaching to the distal ilium.
- Sleeved stomach shows annular relative narrowing at the area inbetween the previous pouch and pylorus
- **Normal diameter** of the small bowel loops with no evidence of small bowel obstruction.
- **Sizable hiatus hernia** is seen, measuring about 4.2 x 2.8.0 x 3.5 cm.

Virtual gastroscopy:

- **No** gastric mucosal thickening could be detected.
- **No** ulcers. **No** nodules or masses.
- **No** significant staples invagination into the lumen.

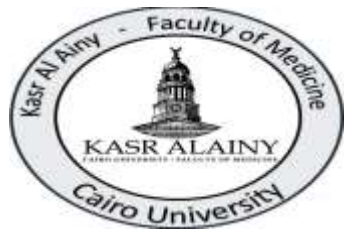
Sleeved Stomach size = 300 - 320 cc

Conclusion



- Conversion of RYGB to LSG is a tedious procedure
- every other method for treatment of dumping should be exhausted first before going to surgery





THANK YOU

