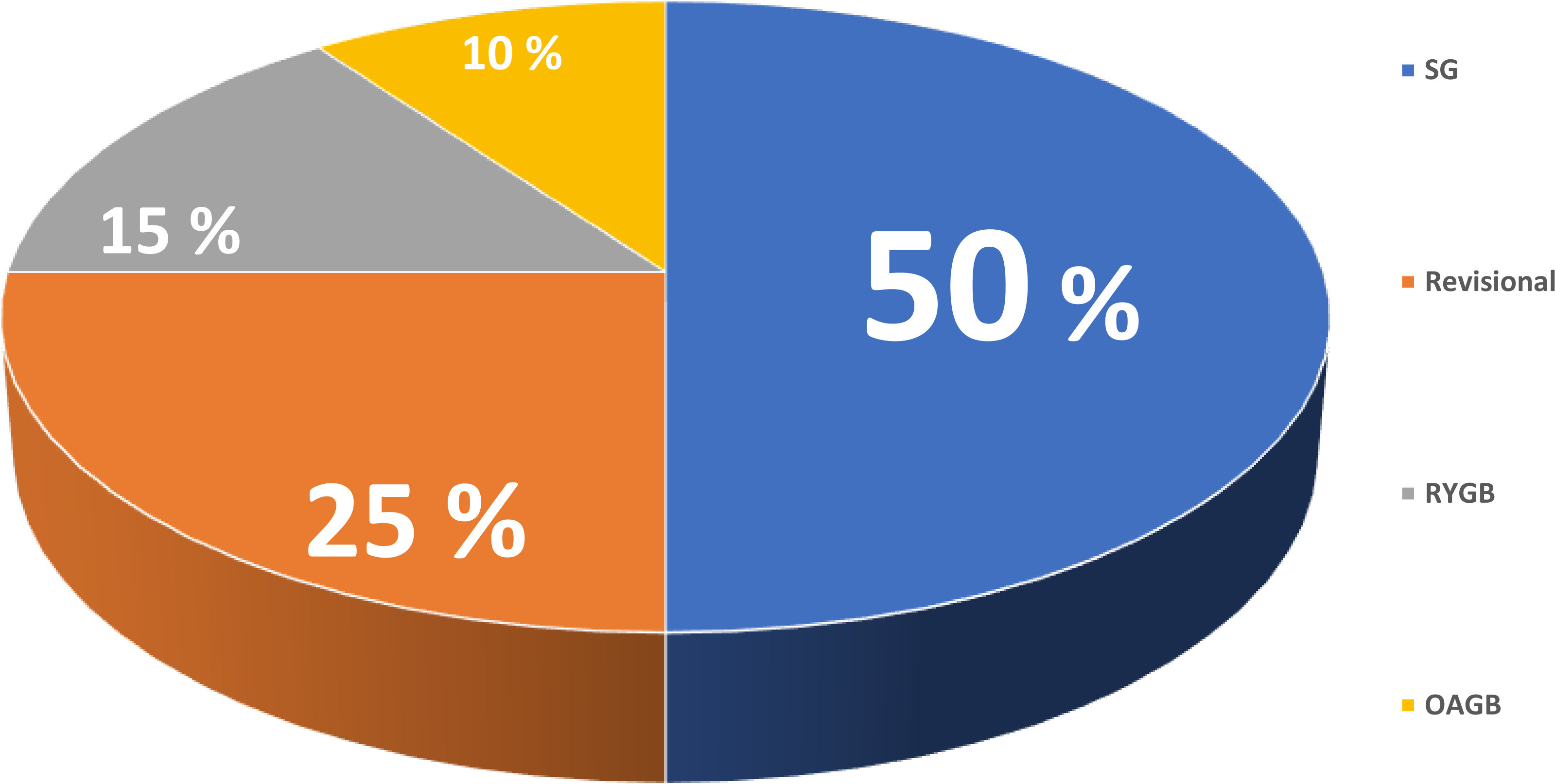
Management of leak by intraoperative megastent insertion during revisional bariatric metabolic surgery

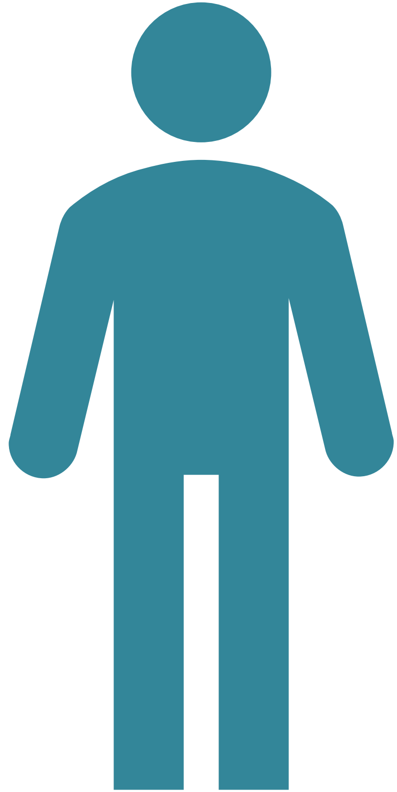
A case report

Mohamed Hany, Mohamed Samir, Mohamed Ibrahim, Ahmed Zidan
Ann Samy Shafiq Agaybay, Anwar Ashraf Abouelnasr, Bart Torensma

I have no potential conflict of interest to report


10 %
15 %
50 %
25 %
SG
Revisional
RYGB
OAGB

Case presentation



35-year-old male.

2015: Primary LSG

- After 1st year BMI 25 kg/m^2
- In another clinic

2019: Revision OAGB

- Before revision BMI 40.4 kg/m^2
- In another clinic

2022: Presented to our clinic

- Debilitative bowel symptoms (loose stool, diarrhea and flatulence)
- Muscle mass wasting (21kg)
- BMI 22 kg/m^2

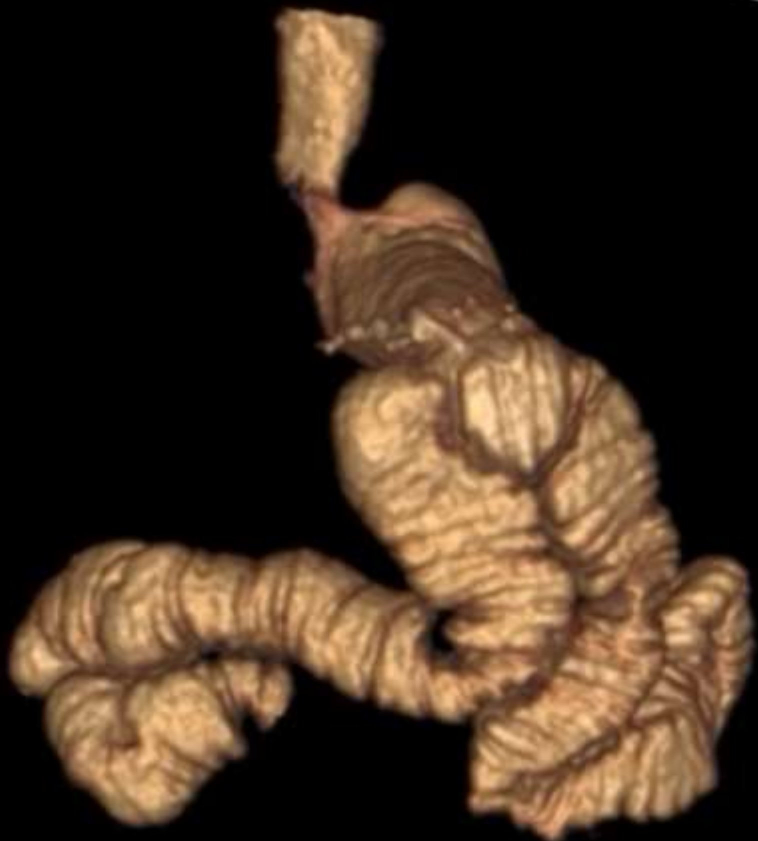
Clinic Workup

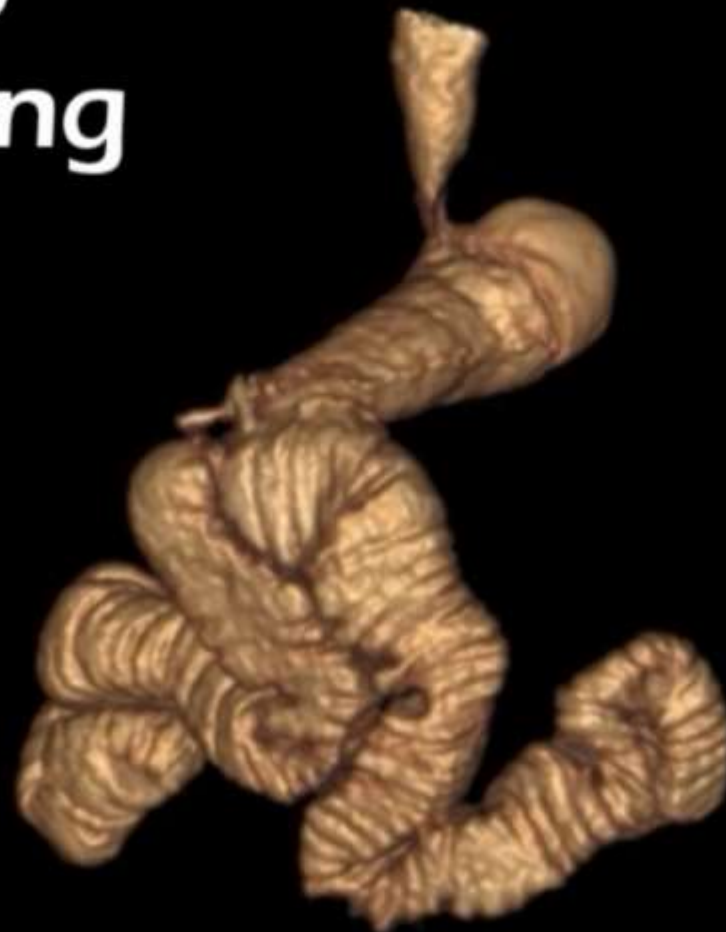
❖ Patient evaluated by MDT

❖ History:

- Smoker
- High-calorie diet (The cause of the first revision surgery was this diet without follow-up visits)
- No follow up regimens
- Normal Lab test except Hb (11 g/dL) and albumin (30 g/L) levels.
- CT imaging
- Upper GI endoscopy (Ulser)
- CT imaging showed a pouch size of 200 ccs, dilated stoma, and gallbladder stones.

Pre-Op
CT-Imaging





Pre-Op Upper GI

MDT Outcomes

1. Correction of low albumin and hemoglobin levels.
2. Encouragement of cessation of smoking.
3. Behavior modifications.
4. Surgical correction.

Surgical options

1. RYGB with short biliary limb and long total alimentary limb.

2. Refashioning OAGB to shortening the biliary limb.

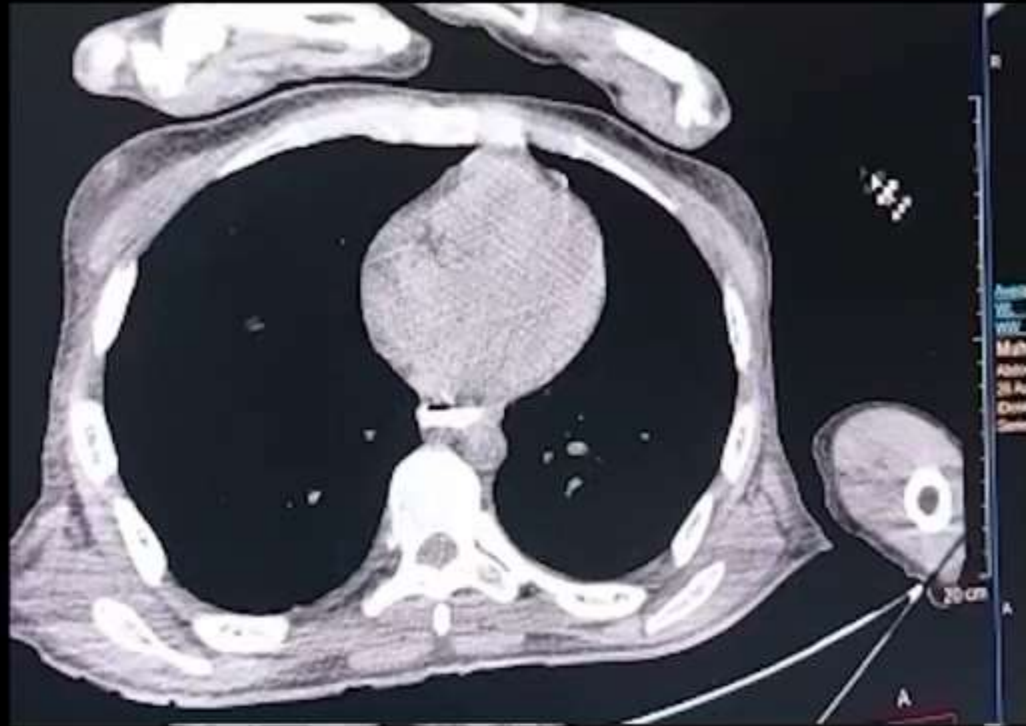
Surgical options

3. Gastro-gastrostomy to restore the gastric sleeve while taking down the anastomosis.

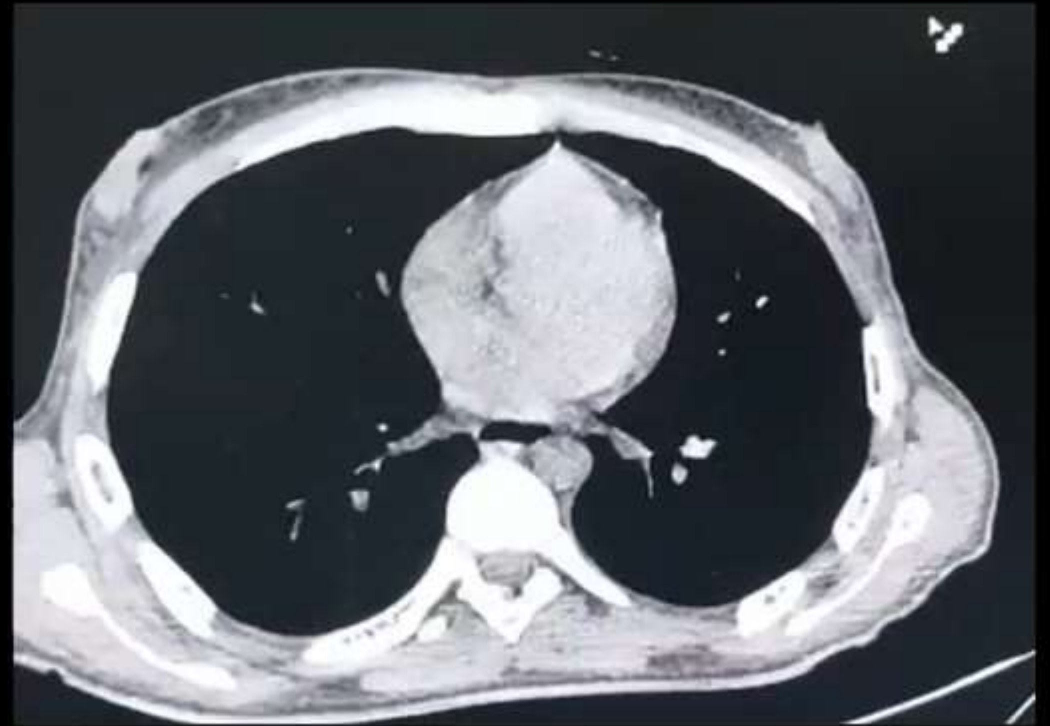
4. Creation of a jejunal conduit.

NAPOLI
2023

Post-Op CT



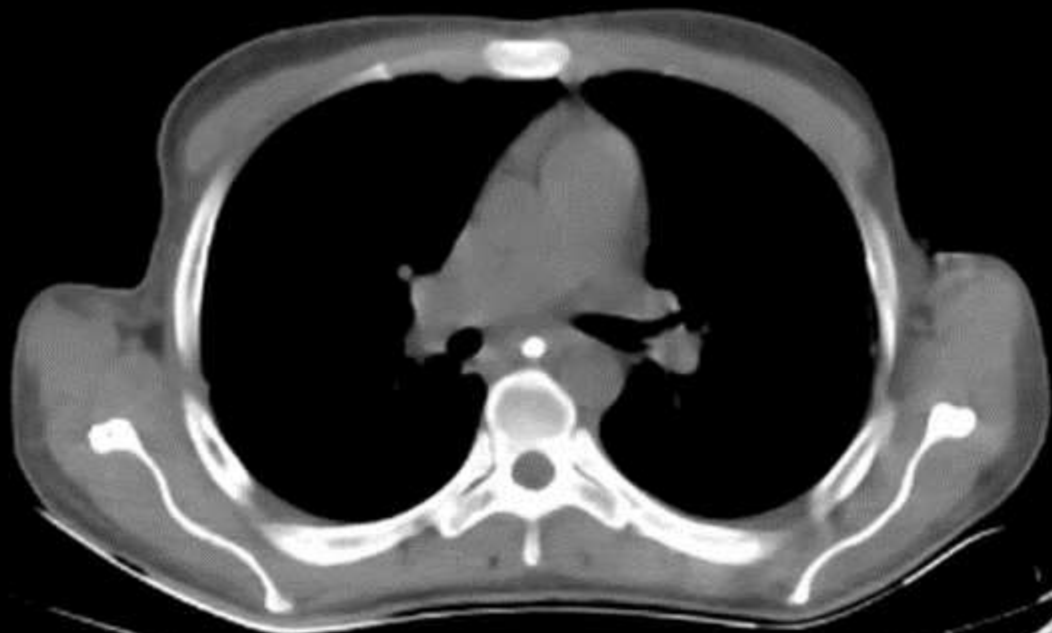
With Contrast



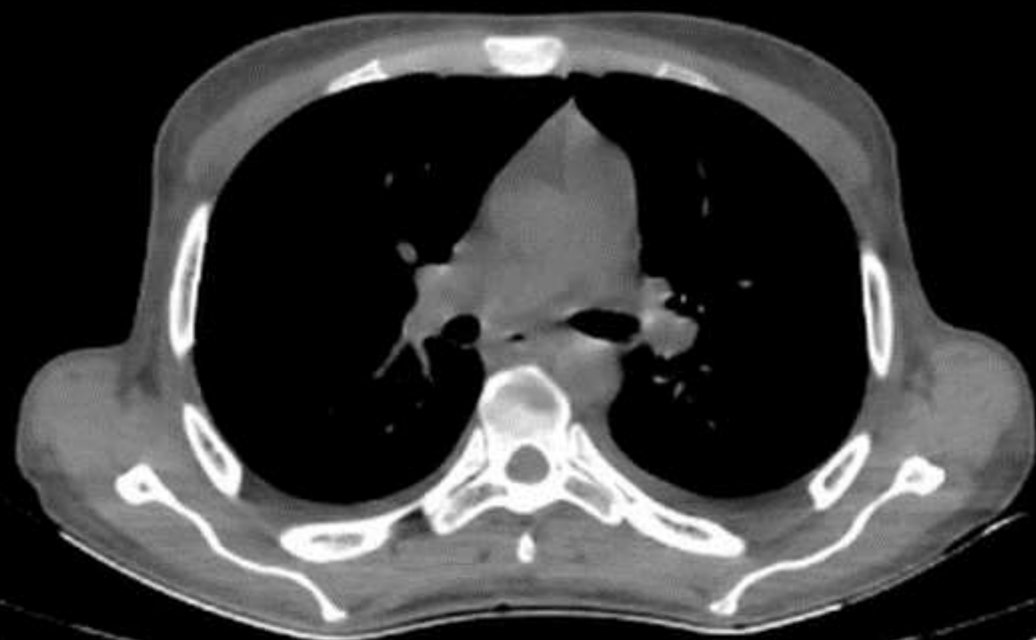
Without Contrast

NAPOLI
2023

Post-Op CT



With Contrast

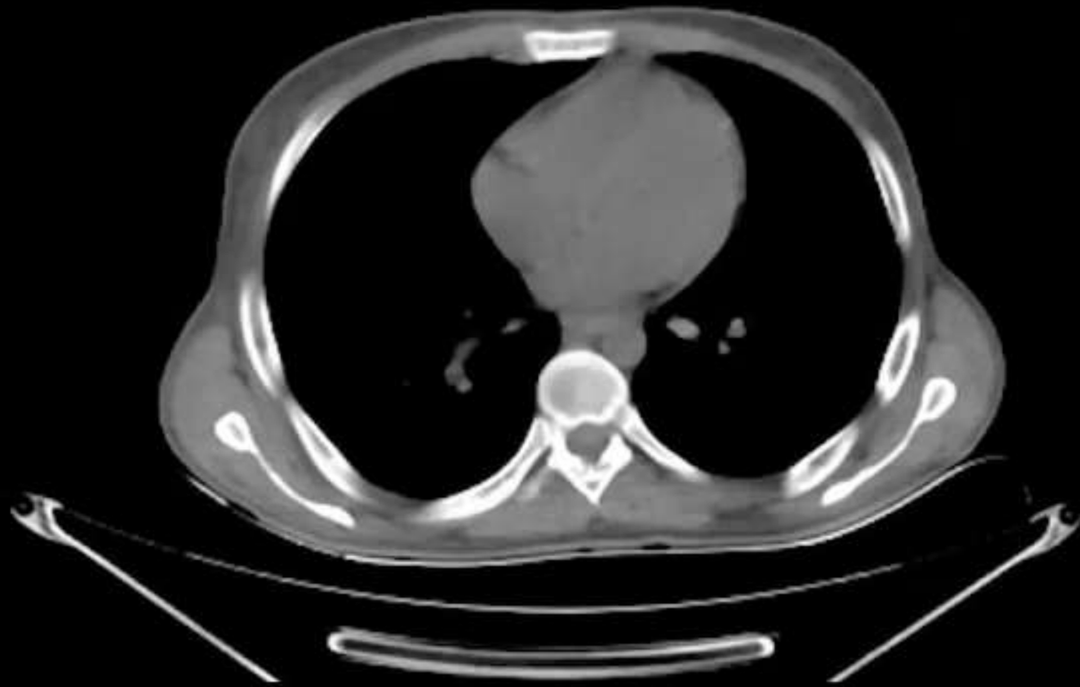


Without Contrast

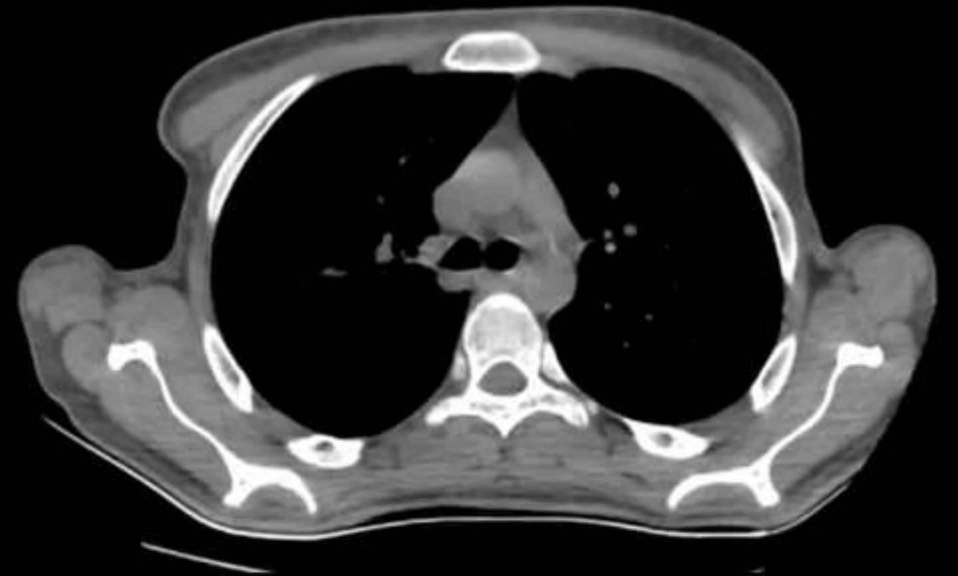
Abd. X-ray standing

Stent

IFSO
NAPOLI
2023



With Contrast



Without Contrast

Conclusion

Fully equipped centers with highly skilled staff are required to perform complex revision BMS procedures.

Discussion with and counseling of patients are of paramount importance.

Conclusion

As the field of bariatric surgery progresses, the complexity of revisional cases continues to increase. Good preparation, extensive training, and careful patient selection are essential

Conclusion

While endoscopic intervention successfully managed the leak, no consensus is available for managing complex cases, so further studies are needed.