



The call



37-y female
presenting with multiorgan failure
17 days after sleeve gastrectomy

- Obesity / body mass index 38 kg/m²
- Multiple sclerosis (immunotherapy)
- Severe gastroesophageal reflux



Patient history

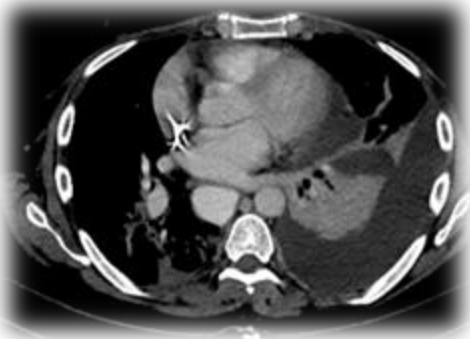
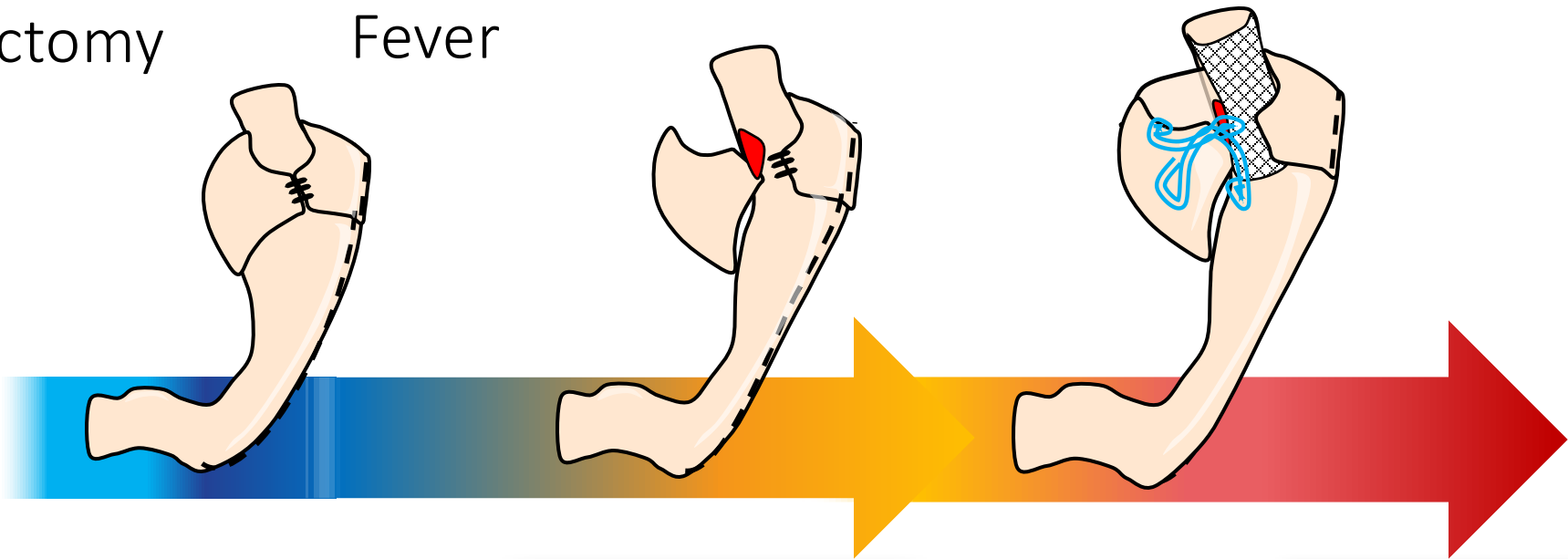


D-0 N-Sleeve
gastrectomy

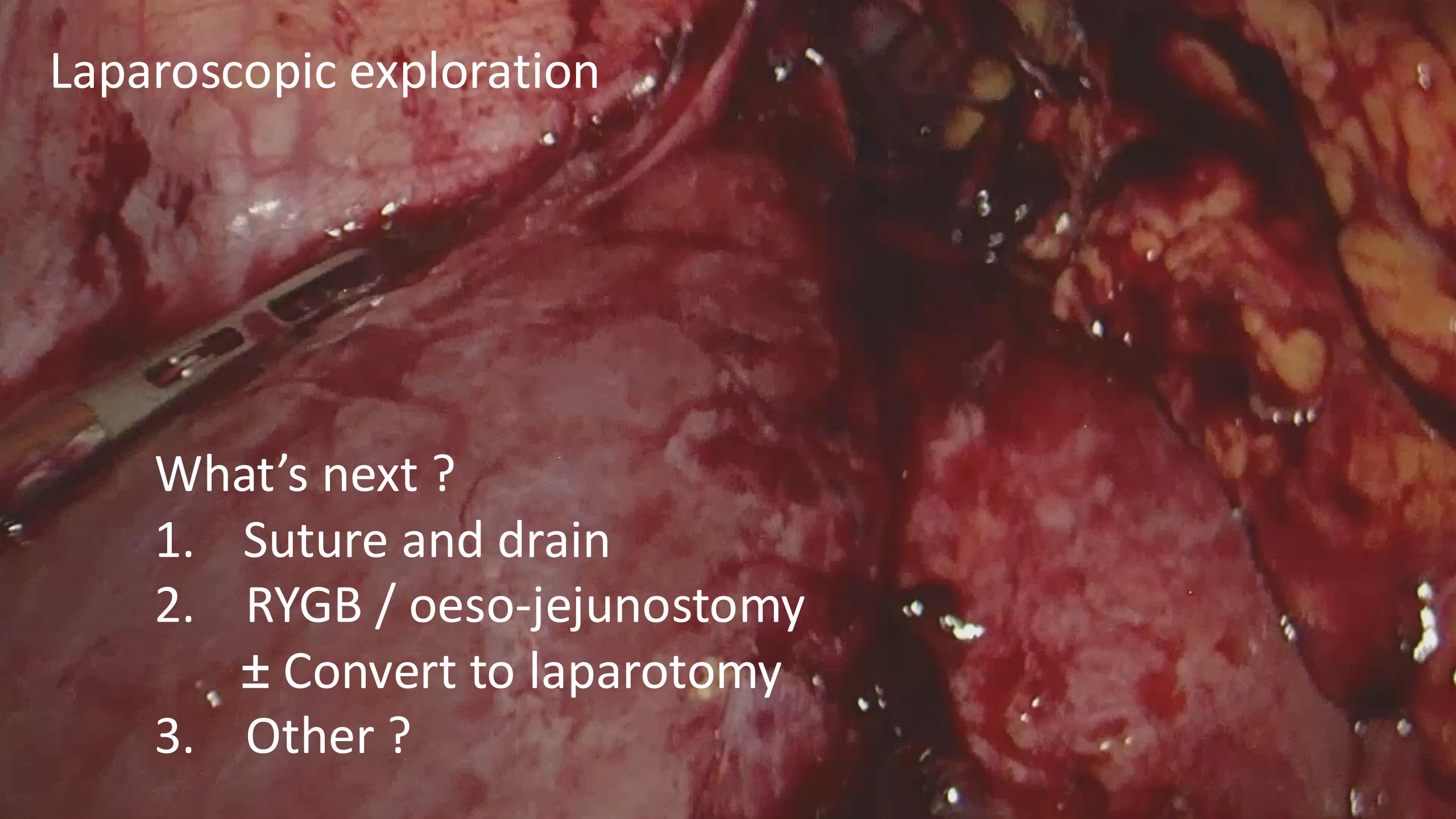
D-7 Vomiting
Fever

D-10 Endoscopic stent

D17
Multi
organ failure



Laparoscopic exploration

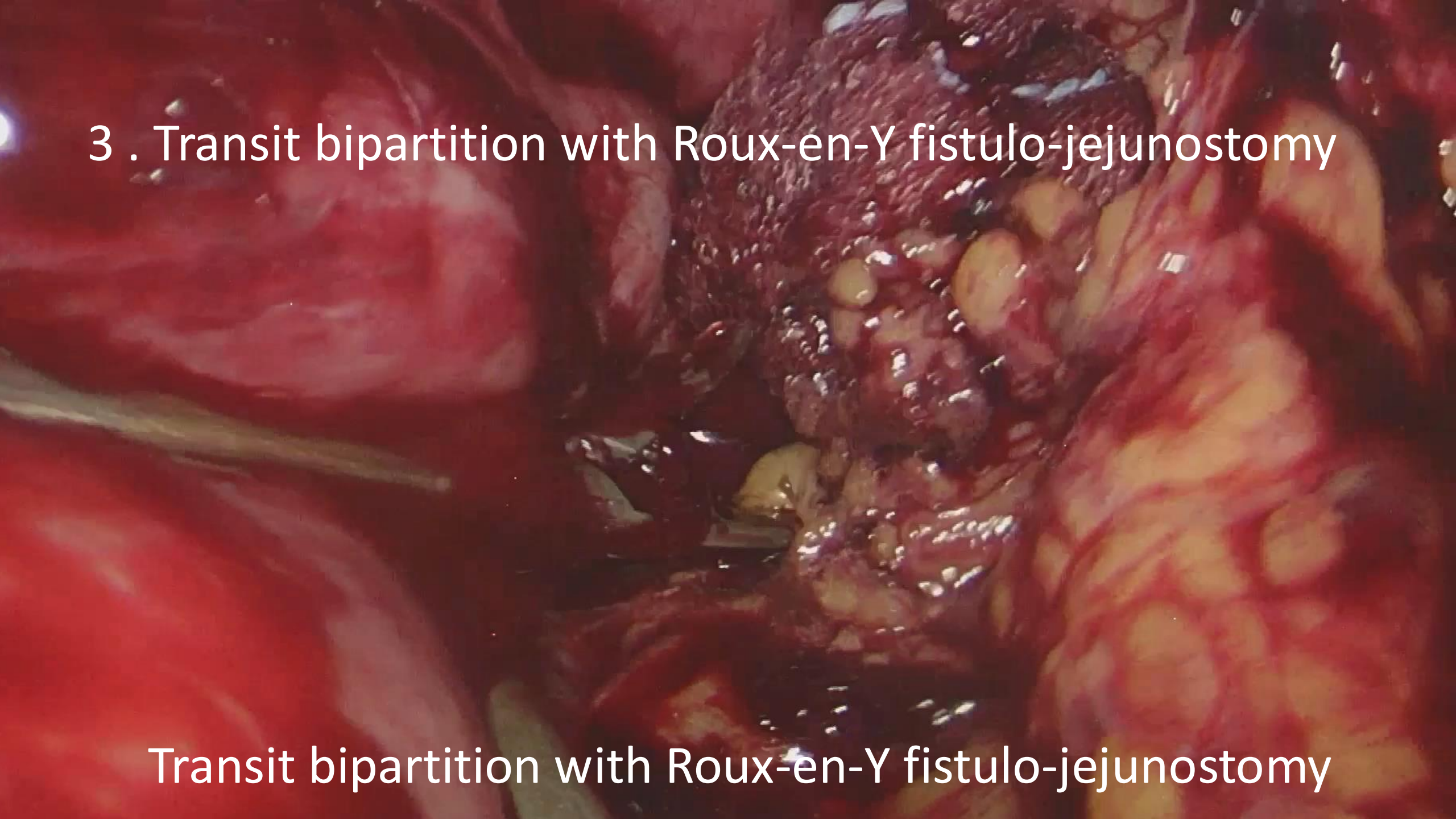
A laparoscopic view of the abdominal cavity. The image shows the peritoneal surfaces, which are pinkish-red and moist. There are some yellowish, fatty structures visible on the right side. A surgical instrument, likely a grasper, is visible on the left side, holding a piece of tissue. The overall scene is dimly lit, typical of laparoscopic surgery.

What's next ?

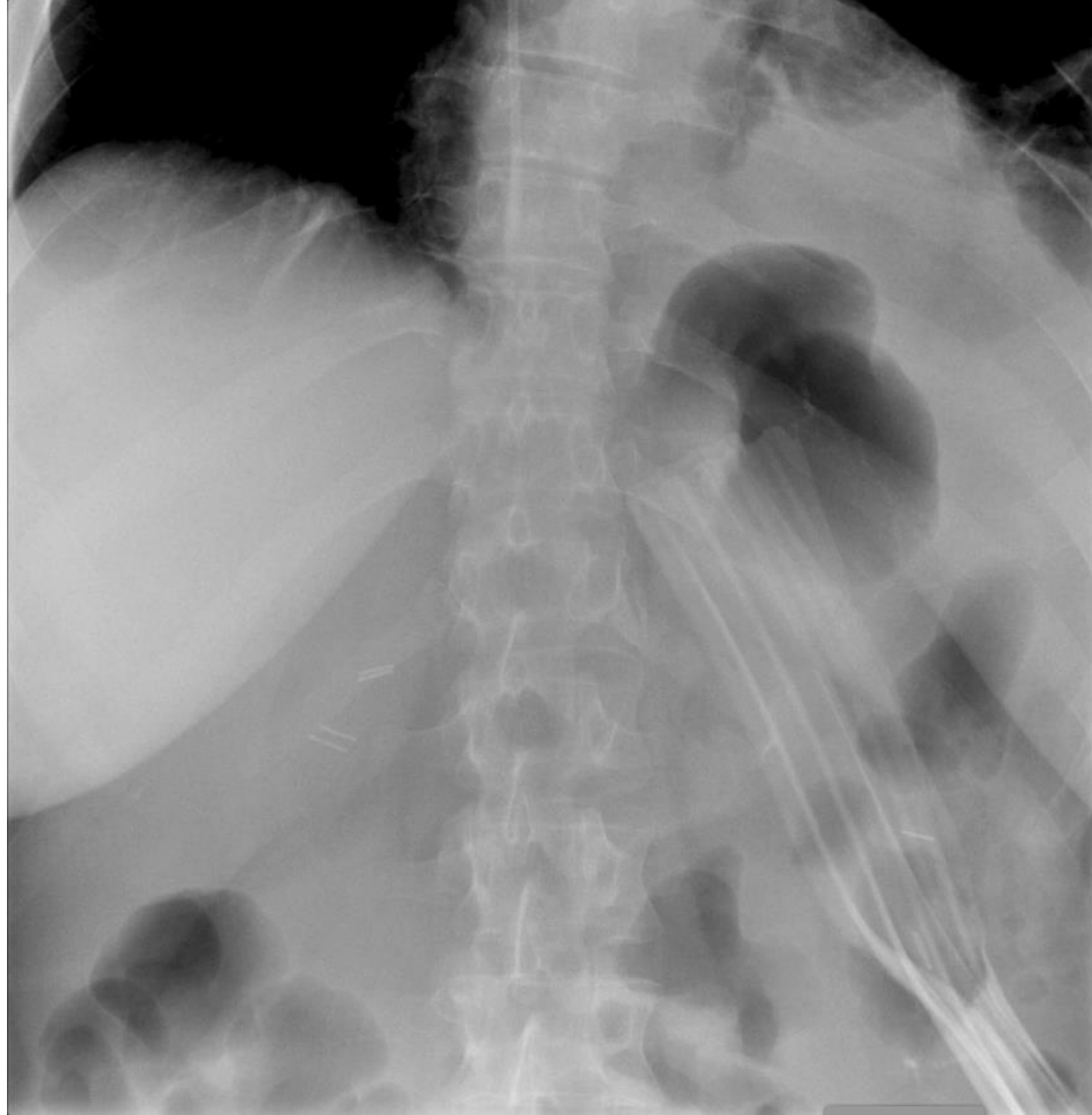
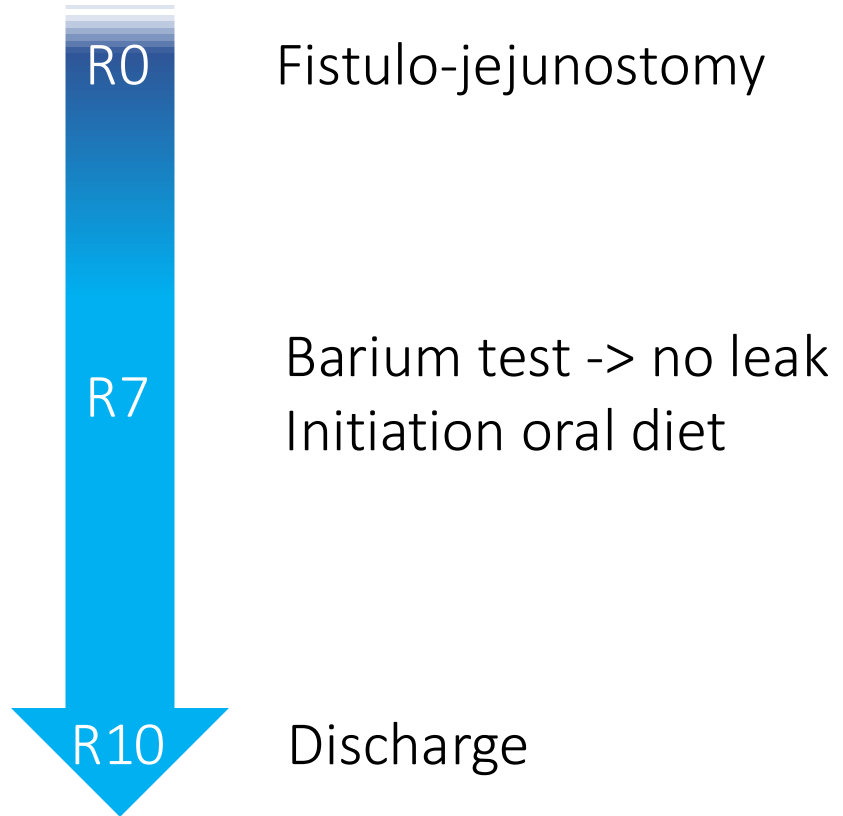
1. Suture and drain
2. RYGB / oeso-jejunostomy
± Convert to laparotomy
3. Other ?

3 . Transit bipartition with Roux-en-Y fistulo-jejunostomy

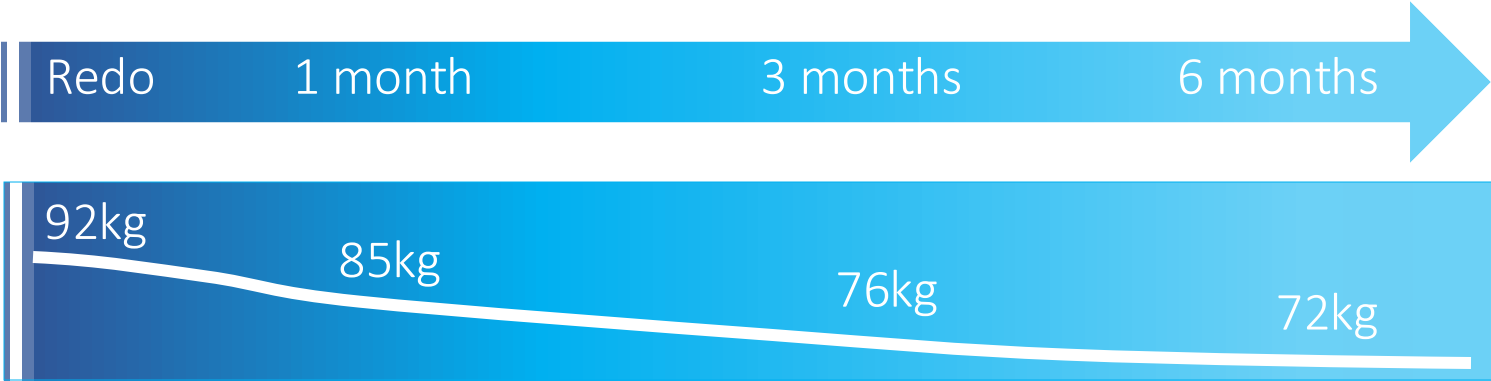
Transit bipartition with Roux-en-Y fistulo-jejunostomy



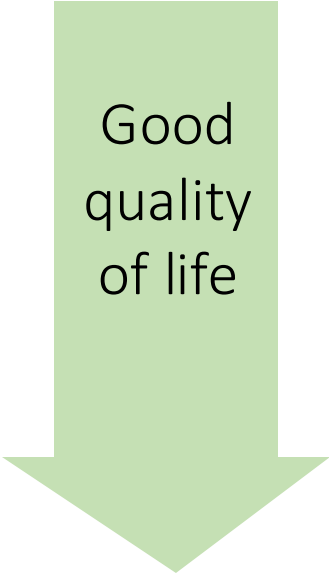
Post-operative outcome



Post-operative outcome

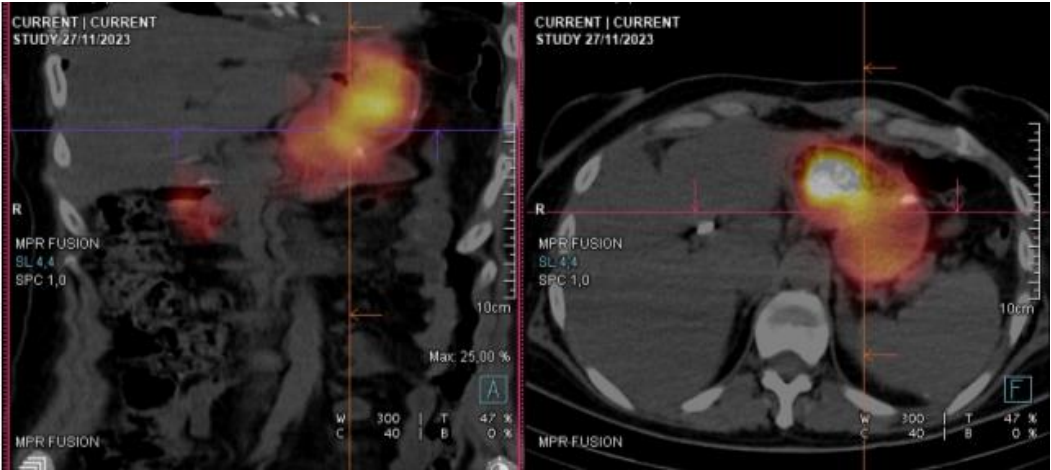


-> Solid diet Intermittent food blockage



Good
quality
of life

Isotopic
meal



Transient tracer stagnation in the gastric pouch

No revisional
surgery
-
Follow-up
by initial center

Take home messages



Specific expertise required for any novel procedures

Do not delay reintervention / referral

Roux-en-Y fistulo-jejunostomy

Chouillard et al; *Surg Endosc* 2014

