IFSO

# XXIX IFSO World Congress

**1-4 September 2026 | Toronto, Canada**

*Contemporary Management of MBS Complications · Interactive Video Case Sessions*

## GASTRO-BRONCHIAL FISTULA AFTER SLEEVE GASTRECTOMY


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TORONTO 2026

**The Future of Obesity Management:**
**From Weight Loss to Health Gain**

**ifso2026.org**

# Disclosure



## No financial disclosure

## Informed consent

Written informed consent was obtained from the patient for the use of clinical data, operative images and video material for educational and scientific presentation.



# Case Presentation



- **A 40-year-old male** underwent **laparoscopic sleeve gastrectomy (LSG)** at another facility in **June 2024**.
- One week post-surgery: vomiting, fever, left chest pain, and cough.
- IV antibiotics, PPIs, IV fluids, and antipyretics → **no improvement**.



# Clinical & Laboratory Findings

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- Vitals: $SpO_2$ 82% (hypoxia), fever, tachypnea, tachycardia (HR 115), hypotension (BP 100/50), wheezy left chest with hemoptysis

- Anthropometrics: BMI 55.3 kg/m² (160 kg / 170 cm); no details of the original procedure available

- Labs: Hb 8.4 g/dL (anemia), WBC 16,000 (leukocytosis), CRP 440 mg/dL, urea 111 / creatinine 2 mg/dL (renal impairment)

# Diagnosis & Initial Management

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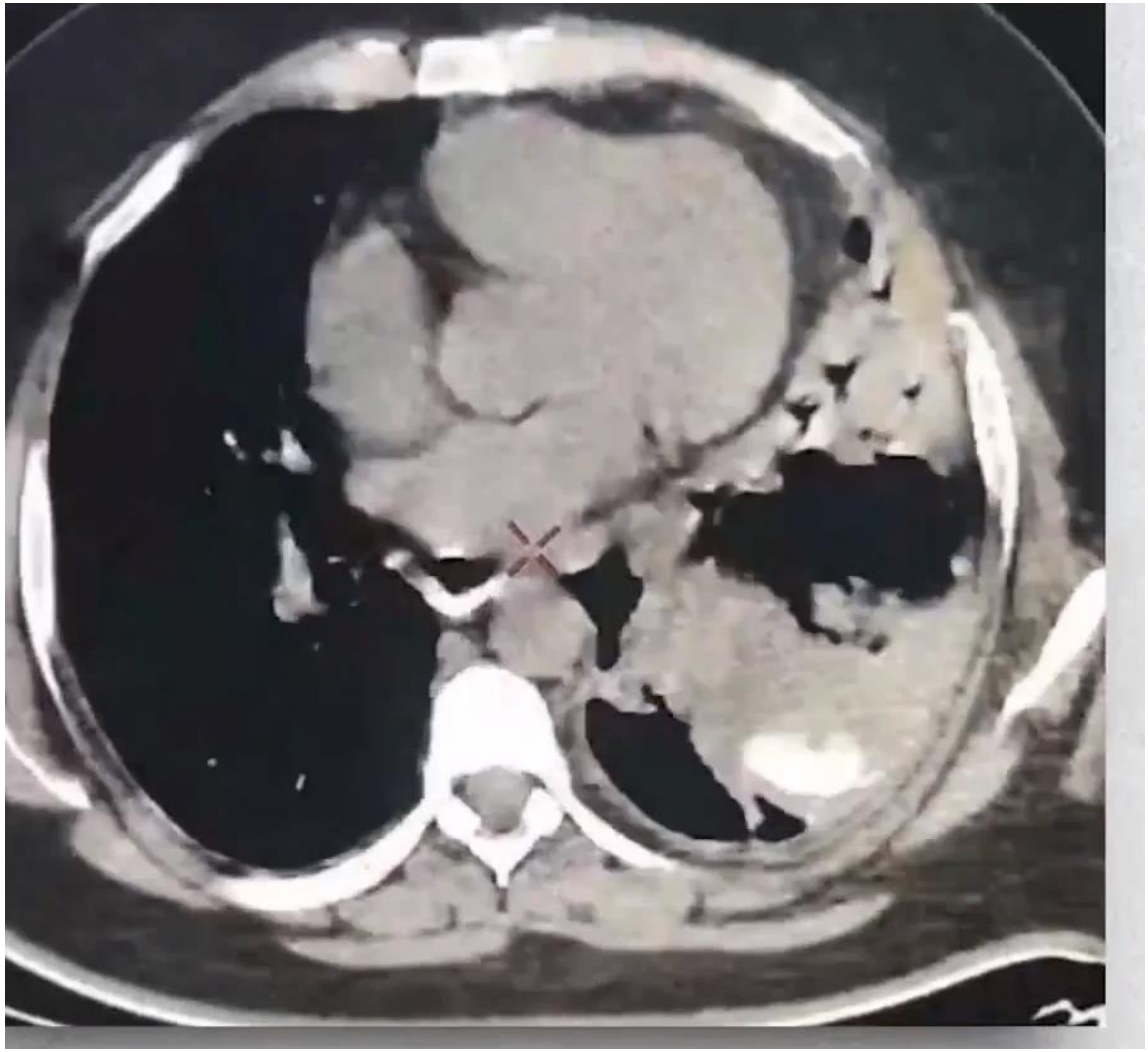
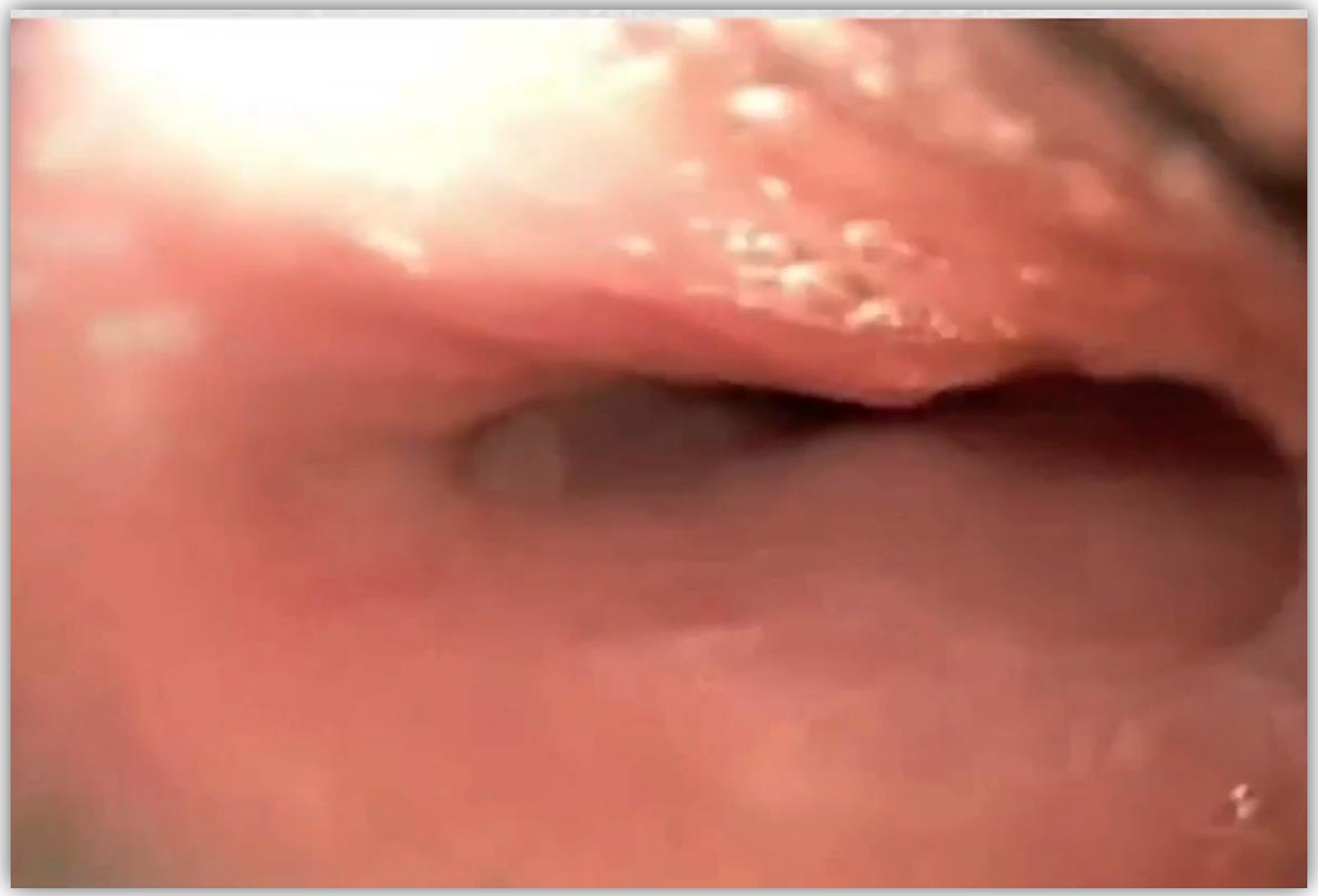
- CT/Upper endoscopy
- Focused on isolating and draining the infection, optimizing nutrition, and minimizing respiratory impact — a multidisciplinary approach
- Actions: resuscitation with total parenteral nutrition (TPN); sepsis management with IV antibiotics

# CT scan



# Upper GI

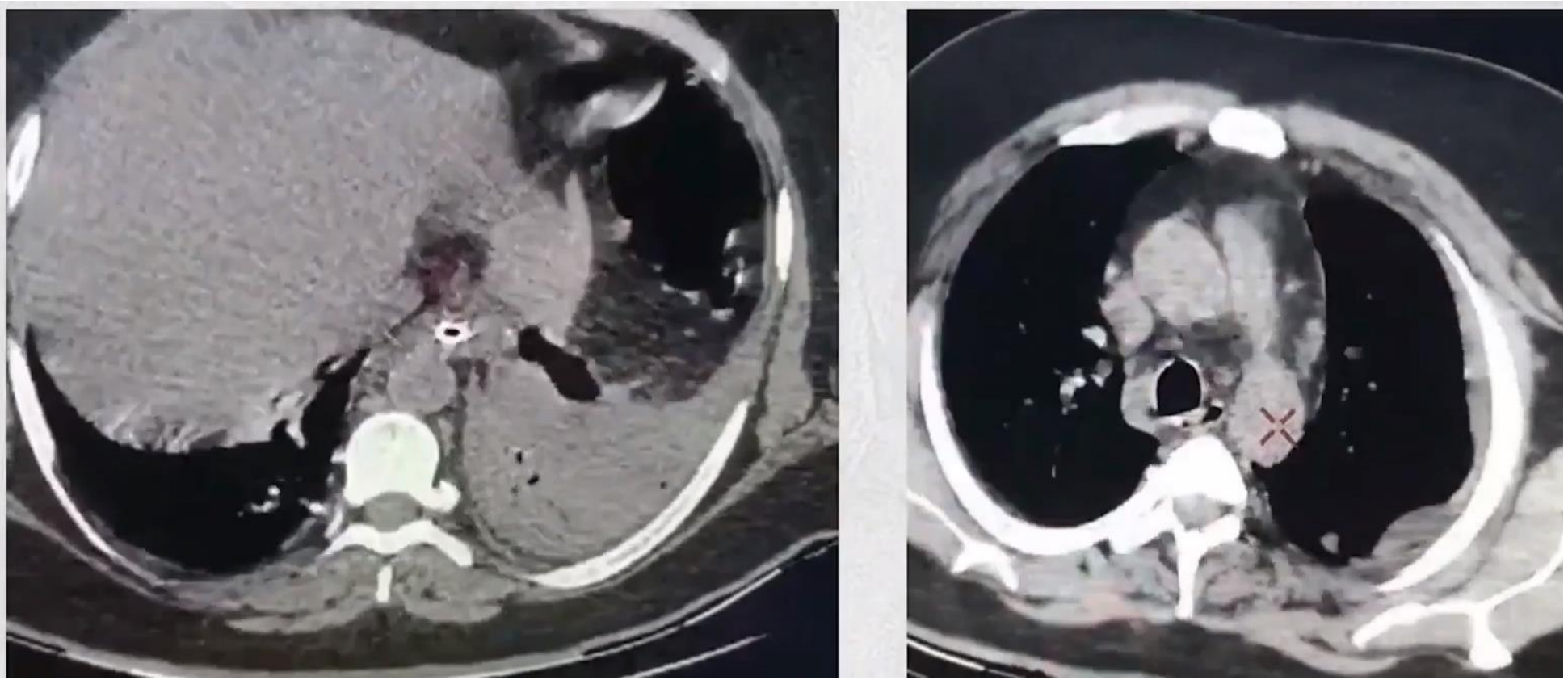


# Subsequent procedures

- **Transfusions** of three packed units of **RBCs**.
- **Insertion of a pigtail catheter** to drain the lung collection.
- Gradual introduction of oral fluids and feeding.

# CT scan





# ICU Course & Surgical Decision

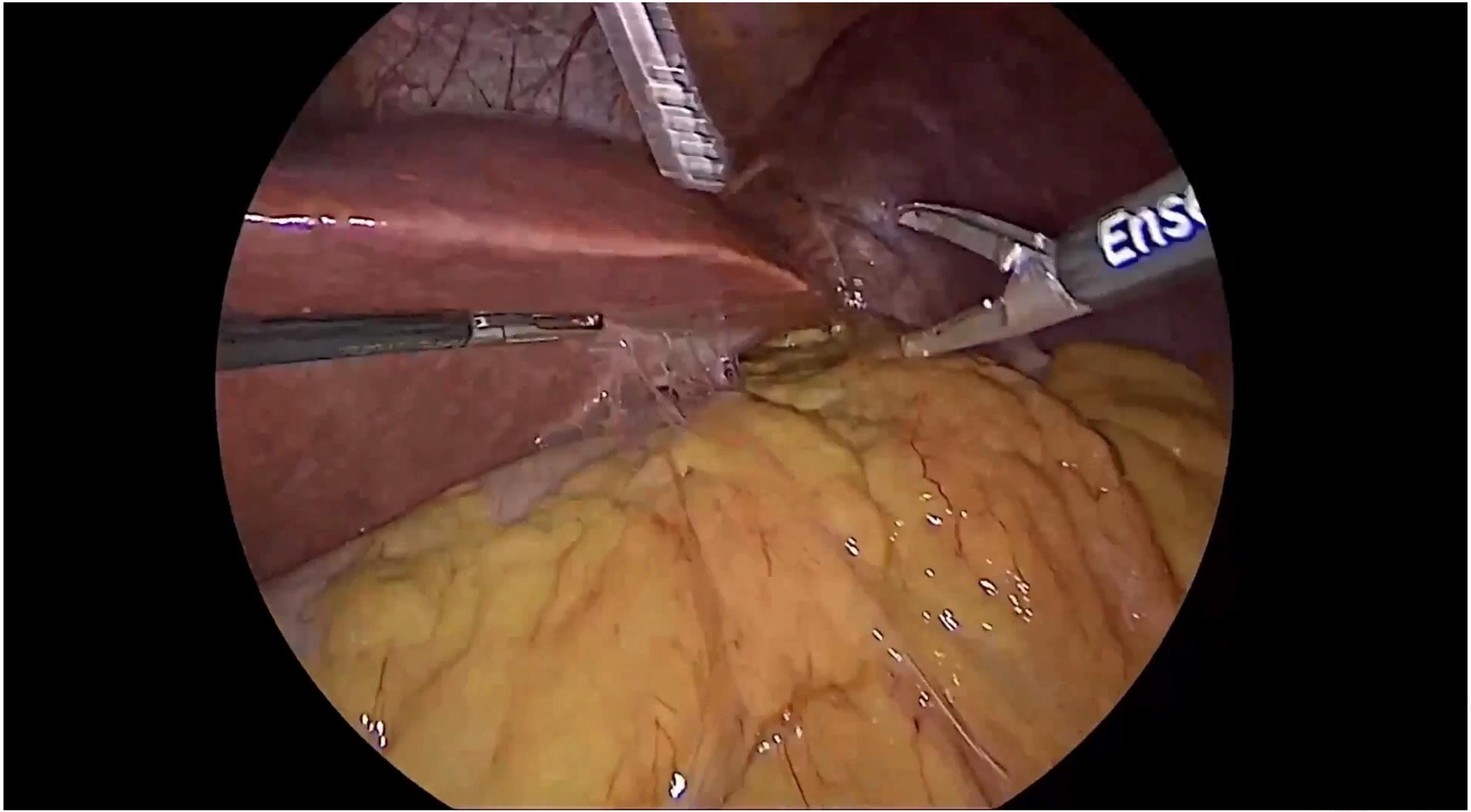


- Patient stabilized in ICU over 2 weeks and transferred to the ward; pigtail catheter removed once drainage ceased; labs improved (↑ hemoglobin/albumin, ↓ CRP)

- After 1 month of stenting with persistent symptoms, laparoscopic exploration was planned with cardiothoracic surgery — options ranged from fistula takedown to total gastrectomy ± lung decortication

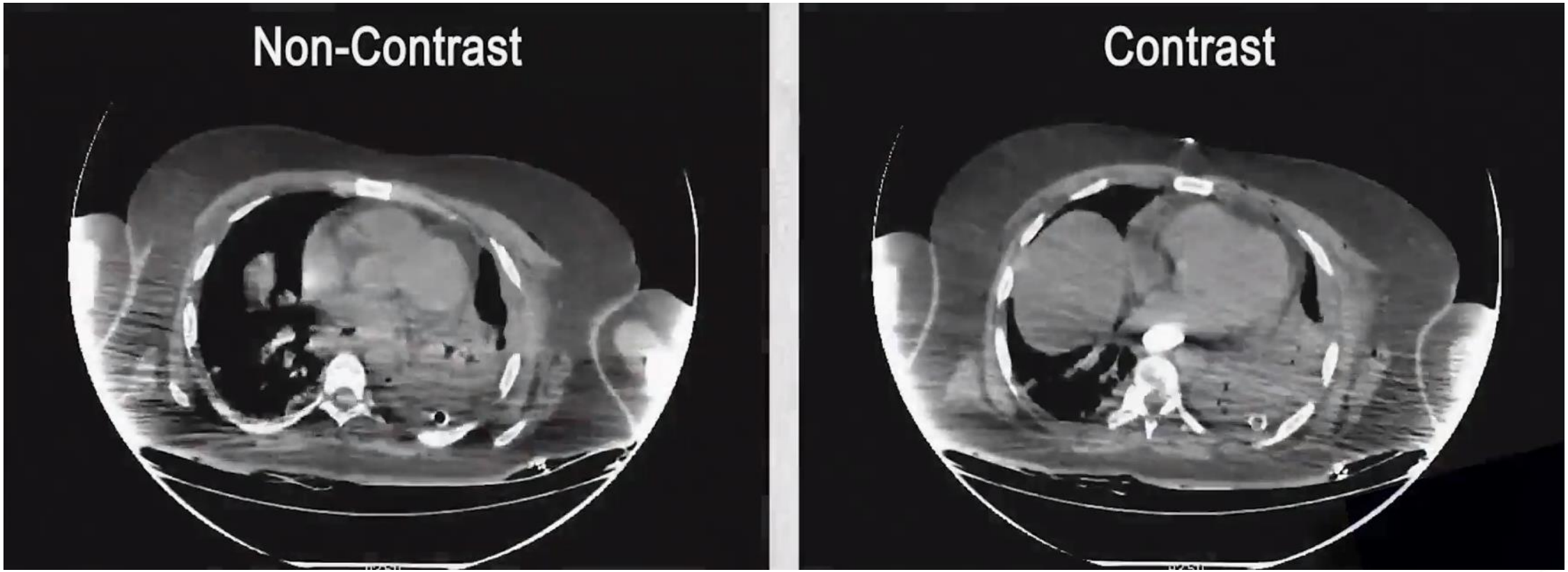
- Informed consent obtained





# Postoperative

- Postoperative CT (POD 3): no leak; improved lung condition.



# Postoperative Recovery & Outcome



- Nasojejunal-tube fluids advancing to pureed food over 2 weeks; abdominal drain removed at 1 week, chest tube thereafter; discharged from ICU after 2 weeks

- Oral diet resumed 2 weeks after NJ-tube removal, continuing 1 further month; discharged 1 month after surgery

- Follow-up: weight fell from 160 kg to 144 kg at 2 weeks, and 100 kg at 2 years



# Wrap-up & take-home message



- GBF is not a surgical emergency — without major sepsis, start conservative management.
- Source control first: drainage, broad-spectrum antibiotics, and nutritional optimisation (TPN).
- Endoscopic and radiological measures are first-line for controlling local sepsis.
- Reserve surgery for failed conservative therapy; timing depends on patient status, leak-to-onset interval, and response.
- A staged, multidisciplinary, patient-tailored approach drives recovery.

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