AB016. OP16 Alternative method for the deployment of endoscopic stents in sleeve gastrectomy leaks

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Background: Sleeve gastrectomy is the most common bariatric surgical procedure in the treatment of morbid obesity. The most common complications are leakage, bleeding and stenosis. The most feared complication is leakage. Leakage can be fatal if it diagnoses late. Measures can be taken to reduce the leakage rate by using the right technique, avoiding unnecessary manipulation of the his angle, preventing twist formation in the stomach, using a larger bougie, and using routine perop methylene blue test. The most important findings in the detection of leakage after sleeve gastrectomy are fever and tachycardia and the appearance of leakage on computed tomography. The most important factors in guiding the treatment are the patient›s clinical findings and the time elapsed from the occurrence of leakage. If the patient›s vital signs are not stable, surgical drainage antibiotherapy may be used. Endoscopic stent and antibiotherapy must be applied. In this case report for deployment of bigger stent, we used alternative technique with foley urinary catheter.

Methods and Results: The patient had fever, left shoulder pain and leukocytosis on the third day after sleeve gastrectomy. Abdominal tomography showed a proximal leak in the sleeve gastrectomy line. Diagnostic laparoscopy was performed because the patient was not suitable for percutaneous drainage. Leakage site was detected , cleaned, aspirated and sutured. Leakage recurred after the second surgery and endoscopic stent implanted. Biluribin levels increased on the second day after stent implantation. Migration of the stent to the duodenum was observed on the X-ray. Control gastroscopy revealed that the proximal end of the stent did not fit fully into the esophagus. Stent retracted. Foley urinary catheter was advanced alongside the gastroscope and inflated in the proximal site of the stent. We waited 2 minutes for the stent deployment. The proximal part of the stent placed in the esophagus. Leukocytosis regressed in the patient's follow-up, her drain returned to normal and was withdrawn. Stent was removed at 8th week after discharge.

Conclusions: The foley urinary catheter can be passed by the side of the gastroscope and used for the non-deployed upper end of the endoscopic stent.

Keywords: Leakage; stent; urinary catheter

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