



## AB027. PP-6 Our treatment experience in laparoscopic sleeve gastrectomy strictures

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**Background:** Stenosis development after laparoscopic sleeve gastrectomy (LSG) has been reported at a rate of 0.5–3%. There is still no consensus on the management of post-sleeve strictures. In this study, patients with stenosis after LSG in our and treatment methods were discussed.

**Methods:** Patients' files who underwent LSG for morbid obesity between January 2009 and May 2019 were evaluated. Diagnosis of stenosis, time of stenosis occurrence after LSG and treatment methods for stenosis were recorded.

**Results:** A total of 1238 LSGs were performed during the study period, and 6 (0.5%) of these patients were treated for stricture. All patients with stenosis were female. The mean age of the patients was 33.4 (+/- 5.8) years and mean body mass index (BMI) was 45.4 (+/- 3.9) kg/m<sup>2</sup>. When stenosis localizations were evaluated, 1 patient had cardia, 4 patients had corpus and 1 patient had incisura angularis stenosis. The mean time after LSG for stenosis was 4.5 months. Endoscopic balloon dilatation was successful in 3 patients and surgical treatment was performed in the remaining three patients. The mean number of dilatations in patients treated with balloon dilatation was 4 (min 1–max 7). Two of the patients who underwent surgery underwent laparoscopic Roux-N-Y gastric by-pass (RYGB), and one patient underwent laparoscopic mid-gastric segmental resection-anastomosis because the patient did not want by-

pass surgery. RYGB was performed in this patient due to recurrence of stenosis 6 weeks later after segmental gastric resection.

**Conclusions:** Endoscopic balloon dilatation is an effective method in patients who develop stenosis after LSG, and multiple dilatations may increase the success rate. In cases where endoscopic methods fail, gastric bypass surgery seems to be the best alternative.

**Keywords:** Obesity surgery; sleeve gastrectomy; complications

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