

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

Anil Ergin, Berk Topaloğlu, Ahmet Çakmak, Nuriye Esen Bulut, Mehmet Mahir Fersahoğlu, Hüseyin Çiyiltepe, Aziz Bora Karip

Department of General Surgery, Fatih Sultan Mehmet Education and Research Hospital, Istanbul, Turkey

Correspondence to: Hüseyin Çiyiltepe. Department of General Surgery, Fatih Sultan Mehmet Education and Research Hospital, Istanbul, Turkey. Email: drciyiltepe@hotmail.com.

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/m². 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

Provenance and Peer Review: This abstract is included in “Abstracts from the 3rd Turkish National Congress on Bariatric and Metabolic Surgery, 21st-24th November 2019, Antalya-Turkey”, which is commissioned by the Guest Editor (Mehmet Mahir Özmen) for the series “Bariatric and Metabolic Surgery” published in *Annals of Laparoscopic and Endoscopic Surgery*. This abstract did not undergo external peer review.

Conflicts of Interest: The authors have completed the ICMJE uniform disclosure form (available at <http://dx.doi.org/10.21037/ales-2019-bms-38>). The series “Bariatric and Metabolic Surgery” was commissioned by the editorial office without any funding or sponsorship. The authors have no other conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

doi: 10.21037/ales-2019-bms-38

Cite this abstract as: Ergin A, Topaloğlu B, Çakmak A, Bulut NE, Fersahoğlu MM, Çiyiltepe H, Karip AB. Our treatment experience in laparoscopic sleeve gastrectomy strictures. *Ann Laparosc Endosc Surg* 2020;5:AB027.