

Endoscopic management of large complex leaks following sleeve gastrectomy

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Video: <https://youtu.be/BRkM0jywBV0?si=sc1psMGAonKp-irY>

Abstract

This video presents the endoscopic management of two complex cases of large staple line leaks following a sleeve gastrectomy. The first patient is a 45-year-old female with a BMI of 45 and a history of type II diabetes and hypertension. During this case we performed a combined treatment using a long fully covered bariatric stent and percutaneous drainage to successfully treat an unusual double leak which occurred two weeks post-operatively, following a sleeve gastrectomy. The patient completely healed after two endoscopic procedures over the course of seven weeks.

The second patient is a 61-year-old male with a BMI of 57 and a history of type II diabetes, hypertension, atherosclerotic coronary artery disease, dyslipidemia and sleep apnea. His post-operative course was complicated by a peri-gastric hematoma treated conservatively with four blood transfusions. Unfortunately, he presented three weeks post-operatively with a large 15cm leak resulting from ischemia of the upper half of the staple line. In this case, multiple intra-cavitary EndoVAC changes were necessary followed by concomitant septoplasty of the distal gastric wall to ensure emptying of gastric contents in the antral body. The patient completely healed after a total of eight endoscopic procedures over the course of five weeks.

The video highlights some of the challenges and potential therapeutic options in complex large gastric leaks associated with extensive peri-gastric abscesses.