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Symptomatic Stenosis after Laparoscopic Sleeve Gastrectomy – Incidence and Management in a High-Volume Bariatric Surgery Center

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Abstract

Background: Owing to the increased use of laparoscopic sleeve gastrectomy (LSG) as a metabolic procedure, a rarely associated complication, the Symptomatic Stenosis (SS) will be more often encounter. The objective of this study is to establish a safe and effective management of SS after LSG.

Methods: We have analyzed all the patients with SS after LSG treated in Ponderas Academic Hospital from 2011 to 2018. The information was retrospectively extracted from a prospectively maintained database. Laparoscopy and/or endoscopy were used to treat the organic or functional SS. The procedure's outcomes (effectiveness and complications) were analyzed.

Results: Out of the 4304 patients with LSG 47 (1.1%) patients were identified with SS after LSG. The incidence is depending on the LSG technique. Other 4 patients referred to our center have been added. Surgery was the first choice in 9 cases with only 33.3% success rate. For the 46 patients referred to endoscopy there have been 79 pneumatic dilation with an average of 1.7 ± 1.1 per patient. We have encountered 1 perforation but any hemorrhage or death. Follow-up rate was 93.5%. Over all, the success rate of endoscopic dilatations was 90.7%.

Conclusion: The incidence of SS is low. Endoscopic pneumatic dilation is a safe and effective procedure and should be the front line choice in the management of SS after LSG.

Key words: gastric sleeve stenosis, over-sewing the stapled line, gastric twist, endoscopic dilatation