

Management of Type 1 Late Sleeve Leak with Gastrobronchial Fistula by Laparoscopic Suturing and Conversion to Roux-en-Y Gastric Bypass: Video Report

Palanivelu Praveenraj¹ · Rachel M. Gomes¹ · Saravana Kumar¹ · Palanisamy Senthilnathan² · Ramakrishnan Parthasarathi² · Subbiah Rajapandian² · Chinnusamy Palanivelu²

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Abstract

Background Gastrobronchial fistula (GBF) is a rare but serious complication after laparoscopic sleeve gastrectomy (LSG). It commonly appears sometime after the primary LSG. (Alharbi Ann Thorac Med. 8(3):179–80, 2013; Albanopoulos et al. Surg Obes Relat Dis. 9(6):e97–9, 2013). Surgical approach is an effective treatment. (Rebibo et al. Surg Obes Relat Dis. 10(3):460–67, 2014).

The aim of this video was to demonstrate the operative management of a gastrobronchial fistula after LSG by laparoscopic suturing and conversion to a Roux-en-Y gastric bypass (RYGB). **Methods** We present the case of a 53-year-old woman, with a BMI of 50.2 who presented with a left lower lobe consolidation 7 months after LSG. Imaging revealed a gastrobronchial fistula with left lower lobe consolidation and small sub-diaphragmatic collections. Endoscopy done revealed a fistulous opening beyond the oesophago-gastric junction and a trial of endoscopic stenting failed.

Results In this multimedia high definition video, we present step-by-step the operative management of a late sleeve leak with gastrobronchial fistula by laparoscopic suturing and conversion to a RYGB. The procedure included mobilization of the gastric sleeve, identification and suturing of the fistulous

opening, creation of a gastric pouch, creation of an ante-colic Roux limb, gastro-jejunal anastomosis and jejuno-jejunal anastomosis. Drainage of the fistula decreased with absence of a leak on imaging and pneumonia resolved in 15 days. This patient was diagnosed 7 months postoperatively with a gastric sleeve leak and the time to fistula closure from diagnosis was 2 months.

Conclusion GBF is a severe complication of bariatric surgery that usually presents late in the postoperative period. GBF after LSG can be treated by surgical fistula repair and conversion of the sleeve into a RYGB.

Keywords Bariatric surgery · Gastric sleeve leak · Morbid obesity · Sleeve gastrectomy · Gastrobronchial fistula

Compliance with Ethical Standards Informed consent was obtained from all individual participants included in the study. The study has been approved by the appropriate institutional committee.

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Conflicts of Interest The authors declare that they have no competing interests.

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✉ Palanivelu Praveenraj
praveenraj@me.com

¹ Department of Bariatric Surgery, GEM Hospital and Research Centre, 45, Pankaja Mill Road, Coimbatore 641045, India

² Department of Surgical Gastroenterology, GEM Hospital and Research Centre, Coimbatore, India

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