



# The Use of Intraoperative Endoscopy Decreases Postoperative Stenosis in Laparoscopic Sleeve Gastrectomy

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Dear Dr. Shikora,

We read with great interest the letter to the editor OBSU-D-15-00772R1 “Laparoscopic Sleeve Gastrectomy with Intraoperative Endoscopic Guidance: The Importance of this Technique” by Athanasiou A et al. regarding “The use of Intraoperative Endoscopy May Decrease Postoperative Stenosis in Laparoscopic Sleeve Gastrectomy (LSG)” Obesity Surgery Nov 2015 [1]. We would like to thank Athanasiou A et al. for their excellent comments.

Athanasiou A et al. mentioned several important advantages to the use of the endoscope as a bougie in LSG. These advantages include the ease of placing the endoscope compared to the bougie due to the light at the end of the endoscope and the better control achieved with the endoscopy. In addition, the information provided by the endoscopic view in terms of size of the sleeve, presence of leak, or bleeding is extremely valuable. Furthermore, this information is provided intraoperatively when you do something about stenosis, bleeding, or leak. Finally, we recommend as described by Athanasiou et al. that a member of the surgical team performs the intraoperative endoscopy. We feel more bariatric surgeons need to be familiar with endoscopy as this is an important adjunct to the armamentarium of a bariatric surgeon [2–4].

The concerns of expense, time added to the LSG and expertise when doing intraoperative endoscopy are dwarfed by the benefits gained if one can prevent a case of bleeding, stenosis, or leak after LSG [5, 6].

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## Compliance with Ethical Standards

**Ethical Approval** This article does not contain any studies with human participants or animals performed by any of the authors.

**Informed Consent** Informed consent was obtained from all individual participants included in the study.

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

## References

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