Letter to Self-Locking Stitch in Suture Reinforcement of the Laparoscopic Gastric Sleeve

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Dear Sir

We have read with great interest the letter titled “Self-Locking stitch in suture reinforcement of the Laparoscopic Gastric Sleeve” [1]. We must congratulate Dr. Jorge Daes for presenting this suturing technique that we also have used in the last years. Similar procedures are used at the same time in different places, but the first one who publishes must receive acknowledgment!

As Dr. Daes points out (and shows well in his video), passing the needle holder through a loop before introducing it in a trocar, doing the first stitch and then grasping back the suture makes suturing easiest and faster even in difficult places like the top of the gastric sleeve [2]. As we have learned from Dr. A. Baltasar et al. [3], this stitch can also include the greater omentum increasing the protection of the suture line and helping to avoid torsion of the sleeve. Because we have gained experience using this simple technique and we feel it is very useful for all laparoscopic running sutures, we would like to highlight some additional points:

- If a sliding hanging knot is created in place of a non-sliding one, the first loop can be well closed with traction of the small cue of the loop; with this approach [4], we have also used this technique to perform running sutures (resorbable) in gastrojejunal (gastric bypass) and duodeno–ileal (duodenal switch) anastomosis and closing intestinal holes when performing latero–lateral mechanical Roux en Y anastomosis.
- When using self-locking sutures like Covidien’s V-loc®, creating a second loop passing the needle through the suture’s loop to introduce the needle holder makes the first stitch easiest and faster. With this approach, we have

used this suture to perform gastric sleeve reinforcement, gastrojejunal anastomosis with resorbable sutures and Petersen defect closure with non-resorbable ones.

Being able to perform good sutures in laparoscopy is very important [5]. As we all know, its quality relates to operative time, complications and economy. Many devices have been designed for this task; some of them are very expensive [6]. This is a very simple, useful and economical way of beginning running sutures in all fields of laparoscopy.

Conflict of interest The authors declare no conflict of interest.

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