MULTIMEDIA ARTICLE





Wrap Perforation after Sleeve Gastrectomy with Posterior Fundoplication: Initial Surgery and Reoperation

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Abstract

Gastroesophageal reflux (GERD) is nowadays the main limitation of sleeve gastrectomy, with short-term discomfort and potential long-term risks. Surgical techniques combining a fundoplication with sleeve gastrectomy are being developed in order to prevent postoperative GERD [1]. Like any new surgical technique, their learning curve is associated with specific complications [2–4]. This video describes a sleeve gastrectomy associated with a posterior fundoplication derived from the Toupet technique, followed by a postoperative wrap perforation and the intraoperative management of this perforation. This video and its analysis may allow other surgeons to avoid experiencing valve perforation, or help them to manage it effectively.

Keywords Complication · Sleeve · Fundoplication

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Data Availability We declare that the only data reported in this article are the videos already transmitted.

Key points

- Sleeve with fundoplication may be complicated by wrap perforation.
- A wrap perforation can be treated effectively by reoperation with dismantling and recutting of the wrap.
- Video analysis helps to understand the errors that were made during the initial surgery.
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