Endoscopic fibrin sealing of gastrocutaneous fistulas after sleeve gastrectomy and biliopancreatic diversion with duodenal switch.

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Publication Date: 2008

Abstract:

BACKGROUND AND AIM: Gastrocutaneous fistulas (GCF) are uncommon complications accounting for 0.5-3.9% of gastric operations. When their management is not effective, the mortality rate is high. This study reports the conservative treatment of GCF in morbidly obese patients who underwent biliopancreatic diversion with duodenal switch.

METHODS: Ninety-six morbidly obese patients were treated in our department with biliopancreatic diversion with duodenal switch (Marceau technique) and, in six of them, a high-output GCF developed. A general protocol was applied to all patients presenting a GCF. Everyone was treated by total parenteral nutrition (TPN) and somatostatin for at least 7 days after the appearance of the leak. If the leak continued, then fibrin glue was used as a tissue adhesive. Endoscopic application of the sealant was accomplished under direct vision via a double-lumen catheter passed through a forward-viewing gastroscope.

RESULTS: All patients were treated successfully with conservative treatment (either solely with TPN and somatostatin, or with endoscopic fibrin sealing sessions). No evidence of fistula was observed at gastroscopy 3 and 24 months after therapy.

CONCLUSION: The conservative treatment of GCF following biliopancreatic diversion with duodenal switch is highly effective. All patients should enter a protocol that includes TPN and somatostatin.

When the GCF persist, endoscopic sealing glue should be considered before operation because it is simple, safe, effective and, in some cases, life-saving. Therefore, conservative treatment should be employed as a therapeutic option in GCF developing after bariatric surgery.