

# **Endoscopic fibrin sealing of high-output non-healing gastrocutaneous fistulas after vertical gastroplasty in morbidly obese patients.**

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## **Abstract:**

Background: Fibrin glue was used in a various fields of surgery during the last 15 years, but its use has not been reported in bariatric surgery yet. Methods: In 2 out of 215 morbidly obese patients who underwent vertical banded gastroplasty, a non-healing gastrocutaneous fistula (GCF) developed. In both patients sepsis occurred, caused by a leak of the posterior gastric wall, which was managed by means of an unsuccessful reoperation. After that, sepsis recurred, and a non-healing GCF developed. These GCF were managed endoscopically by the use of a fibrin sealant (Beriplast P 2 ml set, Behring) as a tissue adhesive. Results: One injection was needed for the first case and six for the second in achieving full healing of the fistulas. No evidence of fistula was observed at gastroscopy 3 and 24 months after the end of therapy. Conclusions: Endoscopic use of human fibrin sealant is simple, safe, effective and in some cases life-saving. This is a therapeutic option in high output GCF in morbidly obese patients.