

Endoscopic injection of fibrin sealant in repair of gastrojejunostomy leak after laparoscopic Roux-en-Y gastric bypass.

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Abstract:

Background: A leak at the gastrojejunostomy (GL) is a potentially life-threatening complication of laparoscopic Roux-en-Y gastric bypass. Because operative repair of acute leaks is usually unsuccessful, these patients often require prolonged hospitalization with drainage and parenteral hyperalimentation. Methods: A total of 354 consecutive patients underwent primary laparoscopic Roux-en-Y gastric bypass at a New Jersey hospital. We reviewed the records of all patients who had GLs and were treated using either endoscopic injection of fibrin sealant (EIFS) at the site of the GL or open surgical drainage. Results: A GL occurred in 8 patients (2.25%). Of these 8 patients, 3 with unstable vital signs underwent exploratory laparotomy and drainage, and 5 clinically stable patients with GL were treated nonoperatively and subsequently underwent EIFS into the GL. In the operative group, the mean duration of treatment between the identification of the GL and closure was 24 days, with a mean length of stay of 66 days. Of the 5 patients in the EIFS group, 1 required 2 injections within 11 days to achieve successful closure and 4 underwent closure of the GL within 2 days after injection, with a mean length of stay of 13.5 days. No complications or recurrences developed in the EIFS group. Conclusion: EIFS was successful in the 5 consecutive patients who developed a GL after laparoscopic Roux-en-Y gastric bypass. This technique reduces the morbidity and length of stay associated with open drainage. EIFS should be used as the primary treatment in stable patients with controlled GLs after major gastrointestinal operations. © 2007 American Society for Bariatric Surgery.