

The Use of Over-the-Scope Clip to Repair Anastomotic Leak After Laparoscopic Sleeve Gastrectomy

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Introduction:

Laparoscopic sleeve gastrectomy (LSG) is a widely used bariatric operation for patients with morbid obesity. Anastomotic leak is a well-known complication, reported in 0.5-7 % in this patient population.

We report a case of post-LSG gastric leak successfully treated with the use of an over-the-scope clip during EGD.

Case Presentation:

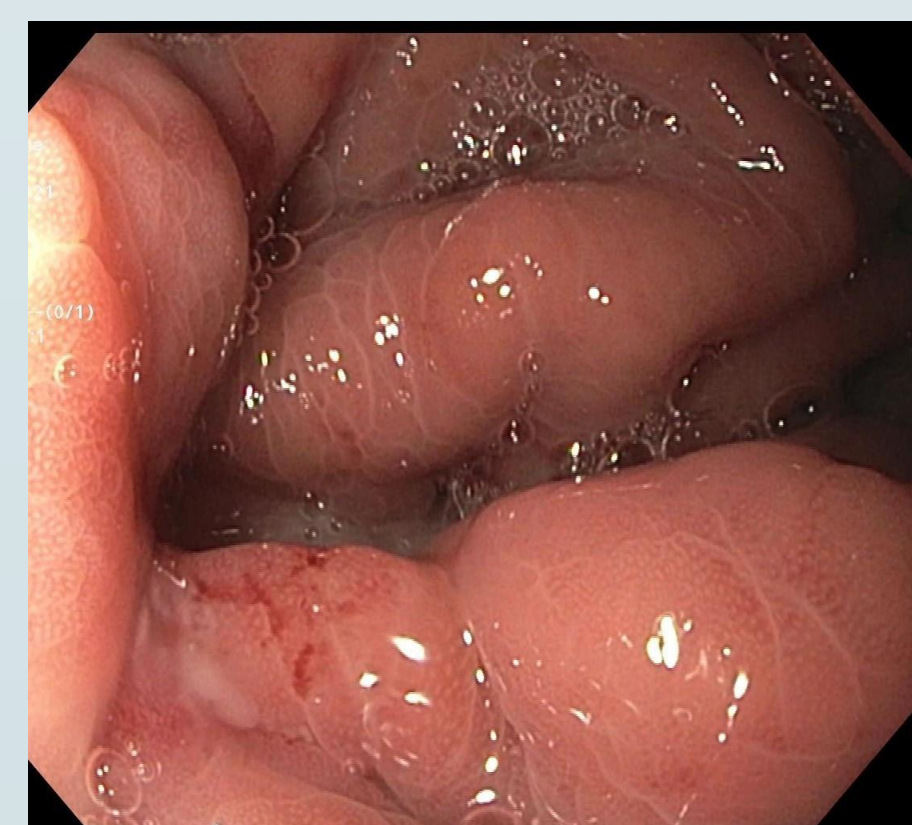
A 39-year-old woman with a history of GERD, type 2 diabetes mellitus, hypertension, rosacea, and morbid obesity underwent a laparoscopic sleeve gastrectomy.

Twelve days later, she presented with severe left upper quadrant pain, nausea, vomiting, intolerance to oral intake, and tachycardia with heart rate of 115 beats per minute.

She was found to have leukocytosis with WBC of 17,100. Her complete metabolic panel was normal. A CT scan showed a 15 cm fluid and air collection along the greater curvature of the stomach suggestive of an abscess.

She was admitted for intravenous fluid, antibiotics, and total parenteral nutrition. A percutaneous drainage catheter was placed, which drained large amount of frank pus. Fluid culture grew Methicillin-sensitive Staph aureus. A gastrograffin upper GI series showed a gastric leak at the proximal edge of the staple line of the LSG.

The patient underwent an EGD which revealed a 10 mm defect in the gastric body at the proximal edge of the anastomosis. An over-the-scope clip (Ovesco, Tübingen, Germany) was placed which successfully closed the defect.



A repeat gastrograffin upper GI series showed resolution of the gastric leak. Within several days, the percutaneous drainage catheter stopped draining and was removed.

The patient was started on regular diet with no problems. Seven months later, the patient has done well with no recurrence of symptoms.

Discussion:

Anastomotic leak is a serious complication of LSG. Early recognition and prompt treatment are crucial.

Treatment options include endoscopic clipping, endoscopic stenting, fibrin glue application, surgical oversewing, conversion to gastric bypass, jejunal limb attachment over the fistula, and total gastrectomy as the last resort.

The use of over-the-scope clip has emerged as an effective and safe option to close the gastric leak, as demonstrated by this case.