

## **LAPAROSCOPIC SLEEVE GASTRECTOMY AFTER OPEN GASTRIC STAPLING**

**Dr Anthony Clough, Dr L Layani Australian Institute of Weight Control,  
John Flynn Private Hospital, Australia**

There is a need for an effective and safe revisional procedure for patients who have failed open gastroplasty but the best operation is controversial. Laparoscopic sleeve gastrectomy has potential advantages of simplicity compared to bypass and avoids the need for anastomosis in an area of redo surgery. The new staple line on a sleeve made over a 32 French bougie should avoid completely the staple line from an open vertical gastroplasty which is often displaced to the left after pouch dilatation has occurred.

Our video demonstrates revision of an open vertical gastroplasty with mesh to laparoscopic sleeve gastrectomy.

The first part of the operation involves dividing adhesions, particularly between the left lobe of liver and the lesser curve of stomach so that anatomy can be defined. Mesh is found at the bottom of the old gastric tube and removed with difficulty from an area adjacent to where the new staple line needs to run. Routine greater curvature dissection is then performed and we perform the sleeve taking particular care around the previously meshed area. The old staple line is completely excised as part of the specimen which we demonstrate at the end of the case by opening the gastrectomy specimen longitudinally to show a double barrelled lumen.

We have performed four of these operations with no perioperative complication in the last two years. We propose laparoscopic sleeve gastrectomy to be a promising option worthy of further study for patients who fail vertical gastroplasty.