

# **DIAGNOSIS AND MANAGEMENT OF GASTRIC LEAKS AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY FOR MORBID OBESITY**

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## **Background**

Sleeve gastrectomy is increasingly being recognised as a valid stand alone procedure for the surgical management of morbid obesity. Its achilles heel appears to be post-operative gastric staple line leaks which ranges from 1-5%.

## **Aim**

We report our experience with thirteen sleeve gastrectomy leaks that presented to a metropolitan teaching hospital over a 24-month period. From this experience, we have formulated an algorithm-based approach to its management.

## **Method**

All patients referred to our hospital with a diagnosis gastric staple line leak with background of a previous sleeve gastrectomy were included in the study. End points were length of hospital stay, occurrence of any further complications from our interventions, length of time to fistula closure, need and length of ICU stay, TPN requirement, use of covered stents and need for additional surgery.

## **Results**

There were thirteen patients in this study. There were 4 males and 9 females. Ten patients had leaks from primary sleeve gastrectomies, three patients had leaks following a sleeve gastrectomy after a previous failed bariatric procedure. In four patients, re-look laparoscopy or laparotomy with washout and drainage was performed. Two patients had major salvage surgery and the remaining seven patients were managed conservatively. Covered stents were used in eight patients of which 4 required early removal.

## **Conclusion**

Sleeve gastrectomy leaks are complex management problems requiring careful planning, early intervention and multi-disciplinary input. It is important to have a systematic to the management of these leaks. We present our experience and provide an algorithm as a guide for management of these patients.