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The Pitfalls of Sleeve Gastrectomy - Lessons learnt from 2000 sleeves.

Category: Techniques of Bariatric Surgery

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Purpose: Sleeve gastrectomy is the most commonly performed bariatric procedure in Australasia. We present our experience from 2000 sleeves performed by a single surgeon between the years 2009 to 2016. We will discuss the features we believe are important to performing sleeve gastrectomy with a low complication rate and successful weight loss.

Method: A retrospective review of a prospective database of 2000 sleeve gastrectomy patients. Follow up is up to seven years post surgery. Morbidity and weight loss were assessed. We review the technical aspects we believe are important in achieving a safe and successful sleeve gastrectomy.

Results: Weight loss was 71% at 12months and 65% at 36 months. Total Morbidity was 1.5%. There was no mortality. The incidence of staple line leak is 0.3%. Incidence of incisional hernia rate reduced from 2.5% to 0% with closure of the fascial defect following removal of the specimen. The important lessons discussed in this presentation include routine repair of the hiatal defects, need for complete posterior fundal excision, respect of the incisura, equatorial staple line, re-implantation of the omentum and specimen port site closure. Other important techniques include risk management strategies including prevention of leak, bleeding and venothromboembolus through a variety of intra-operative and peri-operative management techniques.

Conclusions: Sleeve gastrectomy is a very effective weight loss procedure and can be performed with low morbidity in experienced hands.