

IDvideo	257								
Speaker	Merola Giovanni under40 <input checked="" type="checkbox"/>								
ARGOMENTO	La gestione del follow-up e la prevenzione delle complicanze								
<b>TITOLO DEL LAVORO</b>	<b>Gestione Laparoscopica del leakage precoce dopo Sleeve Gastrectomy</b>								
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ABSTRACT	<p>Introduction : Laparoscopic surgery has become widely accepted among surgeons since its first application. Although it is a frequent procedure, it is not free from complications. the most feared complication is staple line leakage. Currently, many solutions for leakage prevention and management have been proposed.</p> <p>Materials and Methods : We present the case of a 36-year-old female patient who underwent laparoscopic sleeve gastrectomy 4 days before surgery at another hospital. After discharge, the patient presented with left upper quadrant pain and fever. She was admitted to our emergency room in septic shock. The aim of this video is to present a case of staple line leak after sleeve gastrectomy resolved with a laparoscopic approach.</p> <p>Results:The operative time was 112 min. Three drainage tubes were placed. During the third postoperative day, the patient was administered oral gastrografin, which findings were was negative for a leakage; then, the patient was allowed free fluid intake. The patient was discharged on the seventh postoperative day.</p> <p>Discussion : Staple line leak management is currently very controversial. Many surgeons propose a conservative approach, such as drainage alone with parenteral or enteral nutrition until the fistula heals, or a surgical approach that comprises revisional laparoscopy for drainage and/or laparoscopic resuturing. Without any guidelines, it is very difficult to determine the right procedure to address staple line leaks after</p>								
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