

Management delle complicanze postoperatorie tardive in chirurgia bariatrica

A.Usai

Chirurgia Generale e Urgenza
Direttore Dr. P. Millo
Ospedale Regionale U.Parini
Aosta

S.I.C.O.B.



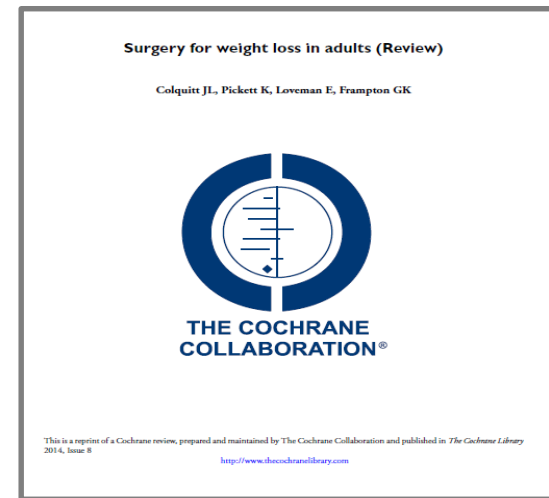
XXVIII
CONGRESSO NAZIONALE

SICOB ONLINE

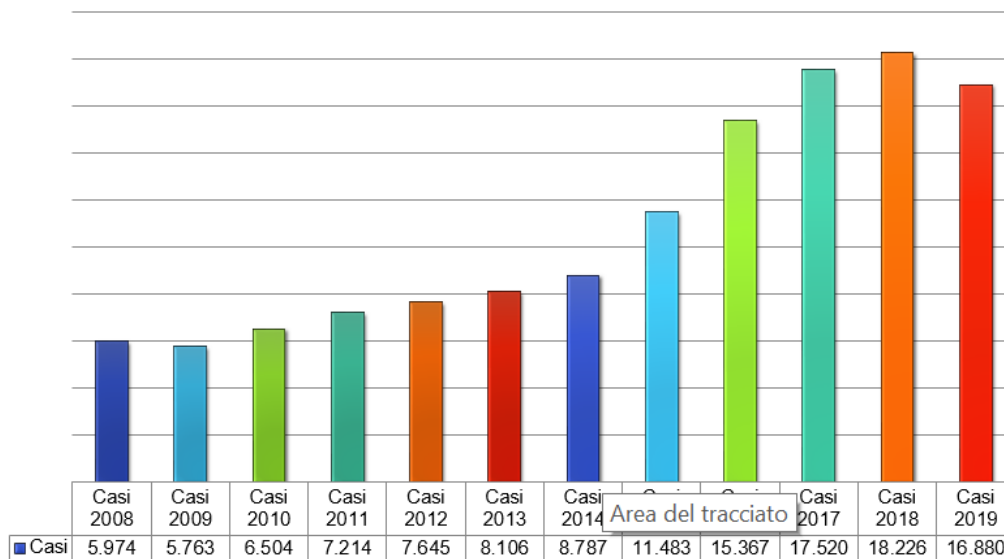
21-22 DICEMBRE 2020

Presidenti: P. Gentileschi, A. Giovanelli,
M.G. Carbonelli, F. Micanti

Surgery results in greater improvement in weight loss outcomes and weight associated comorbidities compared with non-surgical Interventions.



Trend delle procedure eseguite dal 2008 al 2019



INDAGINE CONOSCITIVA ANNO 2019

Dati Società Italiana di Chirurgia

Presidente D. Foschi

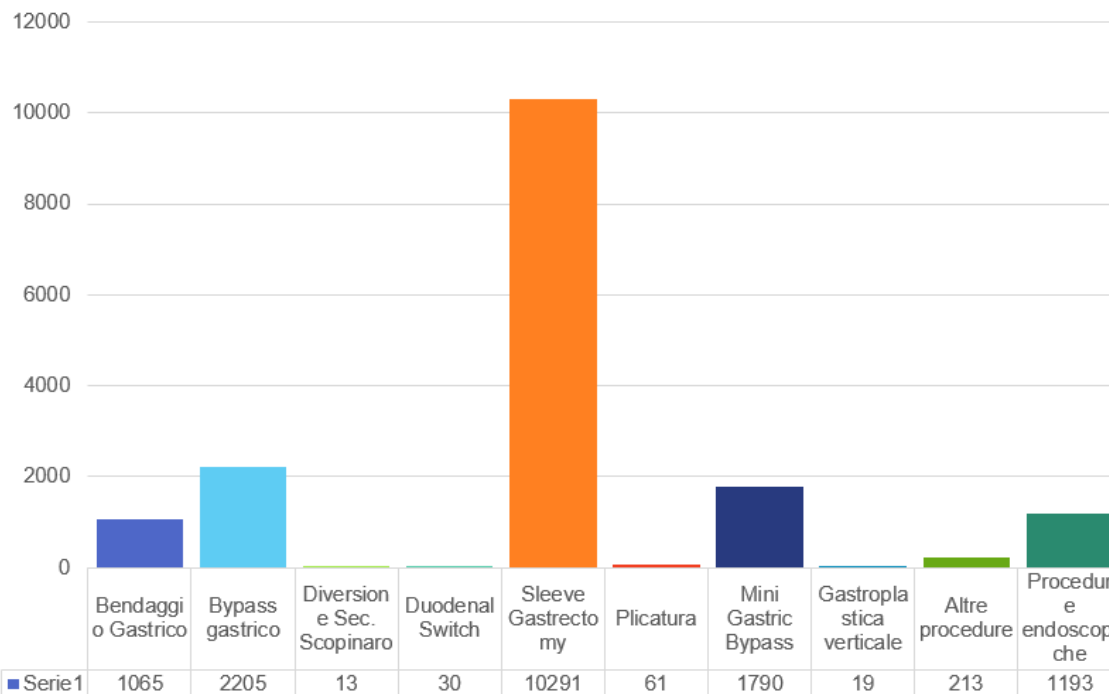
Dati aggiornati al 1 aprile 2020



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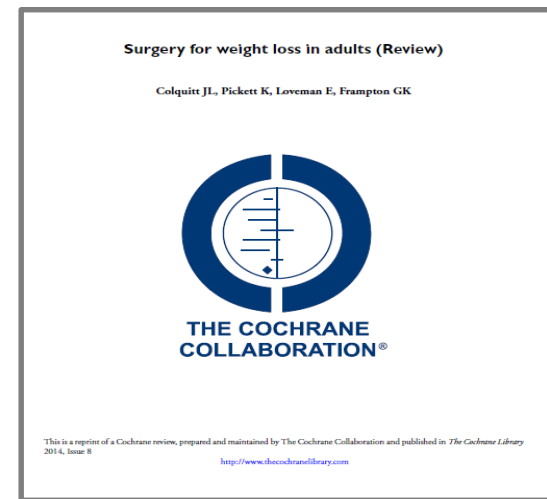
Tipologia delle procedure eseguite nel 2019

Totale **16.880** interventi

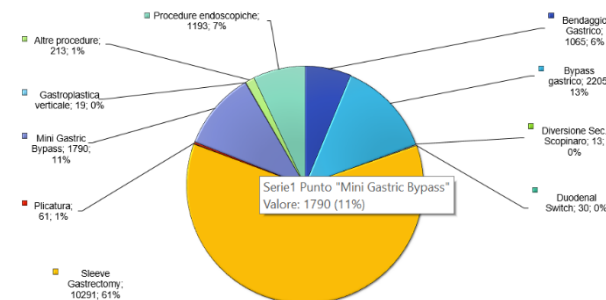


Dati Ufficiali SICOB - aggiornati al 1 aprile 2020

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6% SAGB
13% GBP
61% SLEEVE



Management of late postoperative complications of bariatric surgery

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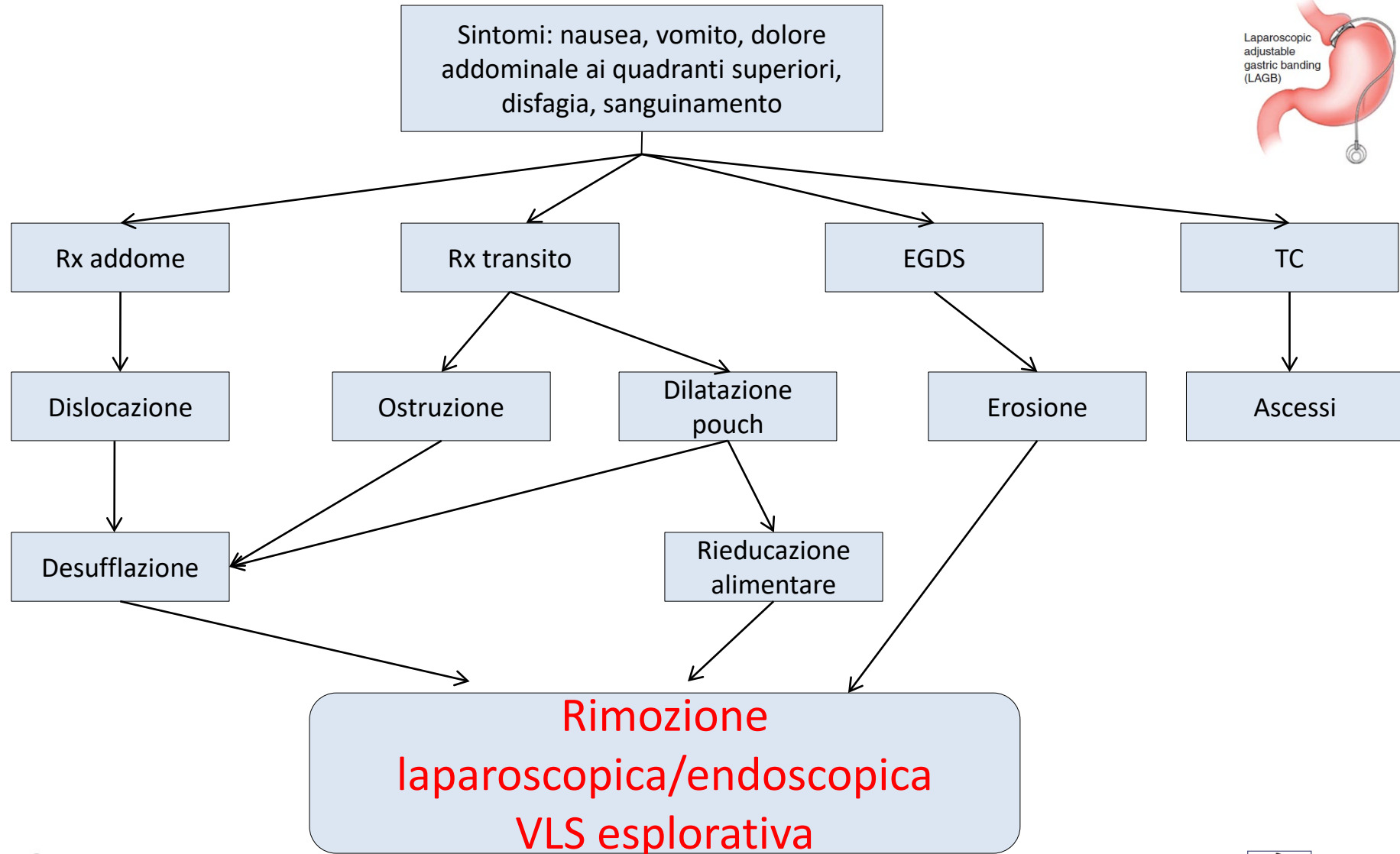
³Department of Surgery, Basingstoke and North Hampshire NHS Foundation Trust, Basingstoke, UK

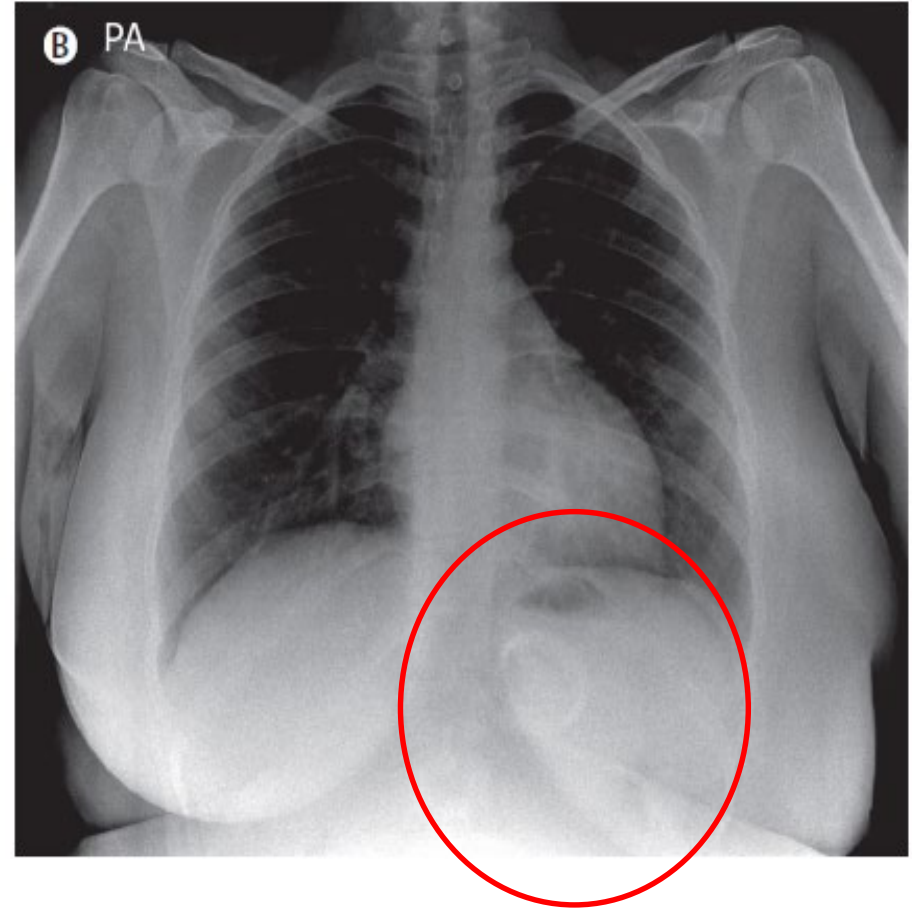
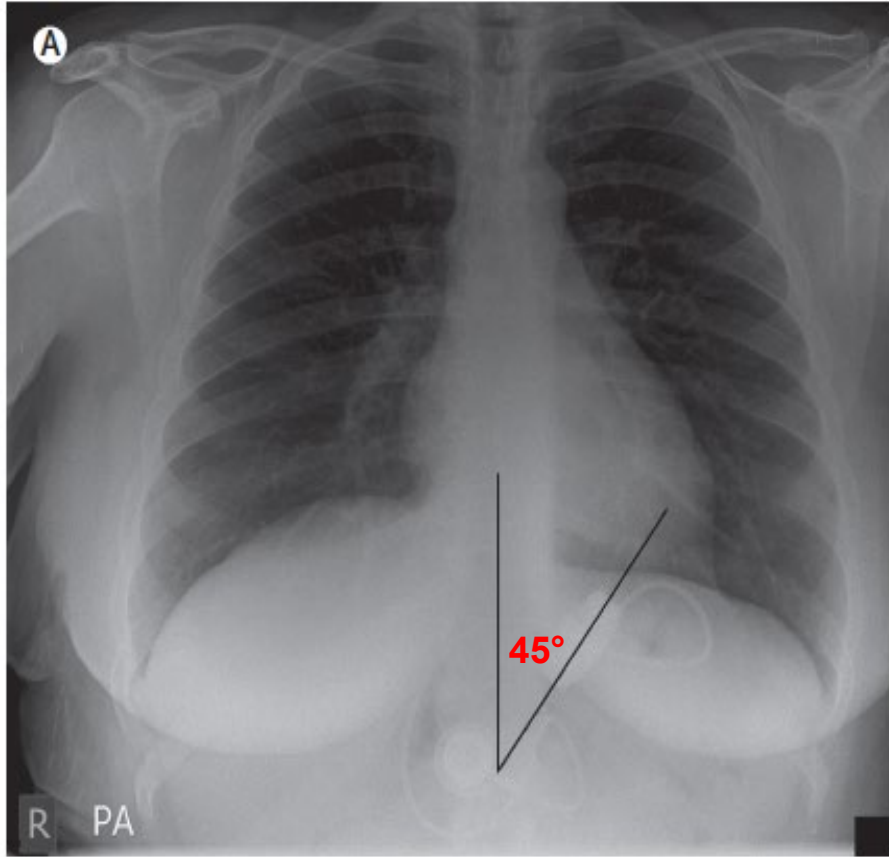
Correspondence to: Mr K. Hamdan, Digestive Diseases Unit, Brighton and Sussex University Hospitals, Eastern Road, Brighton BN2 5BE, UK
(e-mail: k.hamdan69@yahoo.co.uk)

Reference	Type of study	Arm	n	Band slippage/pouch dilatation (%)	Band erosion (%)	Bowel obstruction (any cause) (%)	Marginal ulcer (%)	Incisional/port-site hernia (%)	Gallstone disease (%)
Biertho <i>et al.</i> ⁶ (2003)	Retrospective	LAGB	805	2.5	0	0.2	0	0.4	0
		RYGB	456	0	0	3.3	0	0.2	0
Chapman <i>et al.</i> ⁷ (2004)	Systematic review	LAGB	8506	5.6	0.59	0.26	0.01	—	0.19
		RYGB	9413	—	—	5.87	4.1	—	1.7
Jan <i>et al.</i> ⁸ (2005)	Retrospective	LAGB	154	16	0	0	0	1.9	0
		RYGB	219	0	0	4.6	1.4	3.2	0
Mognol <i>et al.</i> ⁹ (2005)	Retrospective	LAGB	179	20	0.6	0	0	0	0
		RYGB	111	0	0	10	3.6	0.9	0
Cottam <i>et al.</i> ¹⁰ (2006)	Case-controlled	LAGB	181	7.2	0	0	0	0	0
		RYGB	181	0	0	1.7	0	0	0
Galvani <i>et al.</i> ¹¹ (2006)	Retrospective	LAGB	470	14	0.2	0	0	0	0
		RYGB	120	0	0	5.8	0	0	0.8
Rosenthal <i>et al.</i> ¹² (2006)	Retrospective	LAGB	152	1.3	1.3	2.6	0	0	0
		RYGB	849	0	0	1.4	1.4	0.2	0
Jan <i>et al.</i> ¹³ (2007)	Retrospective	LAGB	406	8.1	0.7	0.7	0	0.2	1.7
		RYGB	492	0	0	1.6	2.4	2.2	2.0
Christou <i>et al.</i> ¹⁴ (2009)	Retrospective	LAGB	147	2.7	4	0	—	0	0
		RYGB	886	—	—	4.2	—	0.7	0.7
Nguyen <i>et al.</i> ¹⁵ (2009)	Randomized controlled	LAGB	86	2.3	1.2	2.3	0	0	0
		RYGB	111	0	—	19	1.8	2.7	0
Aosta (2020)	Retrospectivo	SAGB	90	20	2,2	10	-	-	-
		RYGB	469	-	-	6	-	-	0,4

Complicanze tardive del bendaggio gastrico

d





Complicanze tardive del bendaggio gastrico

		slippage	Erosioni
Hamdan K et all	Br j Surg 2011	15-20%	4%
Skipworth et all	Obes Surg 2015	24 %	-
Cai J et all	Surg Lap End Perc Tech 2016	6.3%	1.6-3%
Aosta	2020	20%	2,2%

REVIEW ARTICLE

Endoscopic Management of Bariatric Surgery Complications

Jennifer X. Cai, MD, MPH, Michael A. Schweitzer, MD,† and
Vivek Kumbhari, MD**

Laparoscopic Adjustable Gastric Band Slippage Rates Following Laparoscopic Gastric Band Insertion: a Single Centre Experience

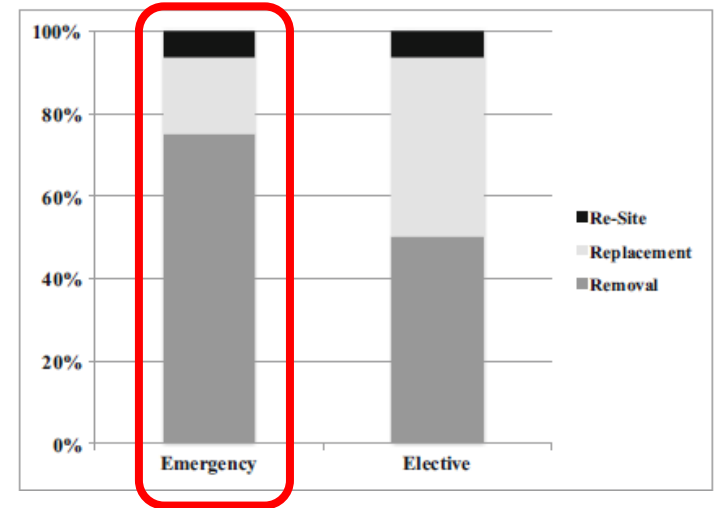
J. R. A. Skipworth¹ • A. E. Fanshawe¹ • M. Hewitt¹ • D. A. Raptis^{2,3} • E. Efthimiou¹ • W. J. B. Smellie¹

Novembre 1999- Dicembre 2012

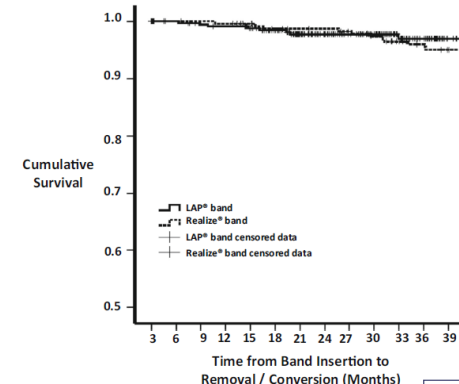
719 LAGBs

22 slips (rate 3,1%)

FU medio 35.8 mesi



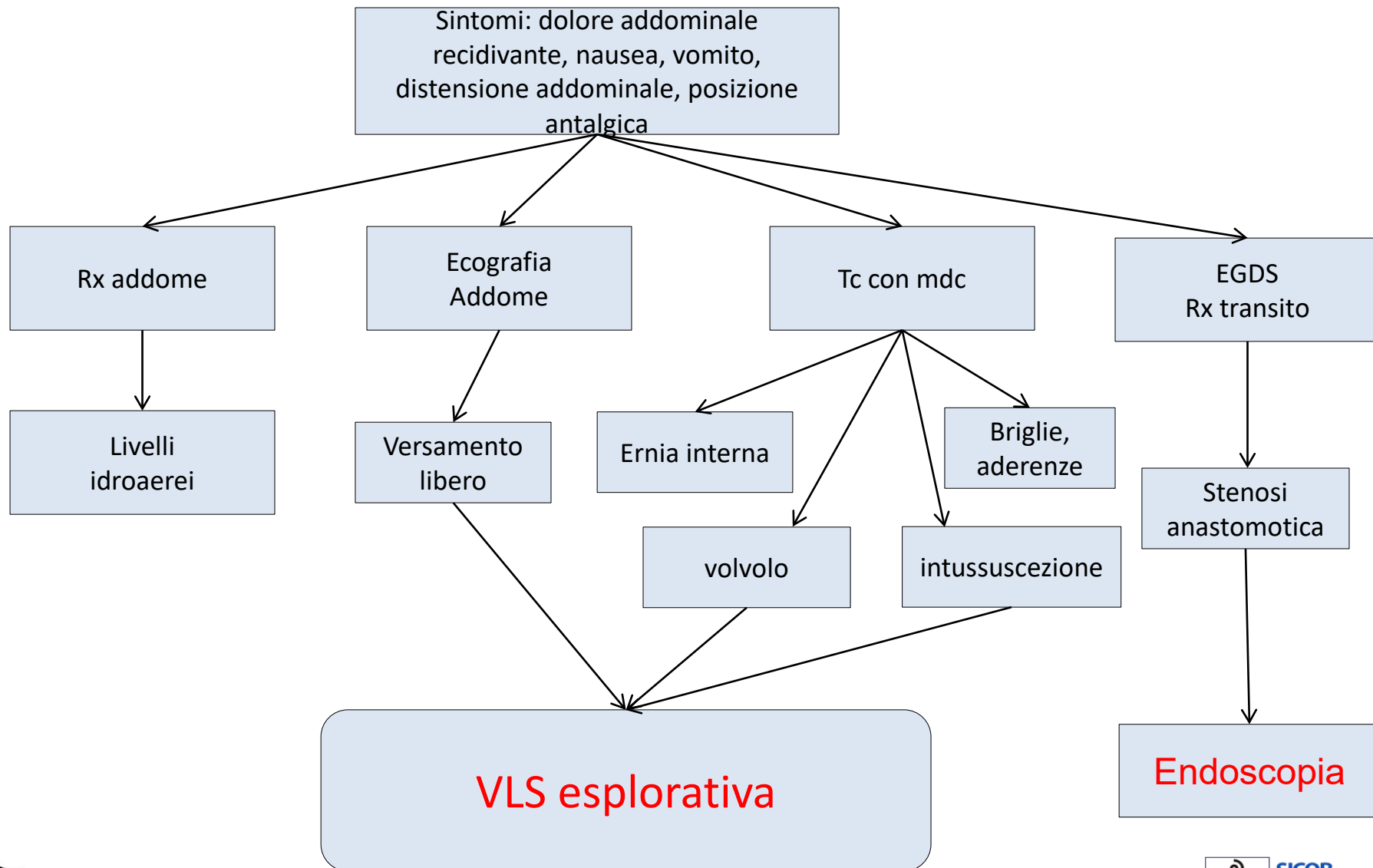
48%



Fattori predisponenti allo slippage:

- EWL medio (64% vs 36%, $p=0,000$)
- EWL medio per mese (2,4% vs 1%, $p= 0,000$)
- Età media al posizionamento del bendaggio

Complicanze tardive del bypass gastrico



	Aosta 2020	Letteratura
Stenosi anastomotiche	1%	3-28% ¹
Intussuscezione	0,2%	0,07-0,6% ²
Volvolo	0,6%	Nd ³
Ernia interna	6,2%	0-6,9% ⁴

Algorithmic approach to utilization of CT scans for detection of internal hernia in the gastric bypass patient

Maria S. Altieri, M.D., M.S.^{a,*}, Aurora D. Pryor, M.D.^a, Dana A. Telem, M.D.^a, Keneth Hall, M.D.^b, Collin Brathwaite, M.D.^b, Marlene Zawin, M.D.^c

[Surg Obes Relat Dis.](#) 2015 Nov-Dec;11(6):1207-11

Mesenteric swirl

Sens 78-100%-Spec 80-90%

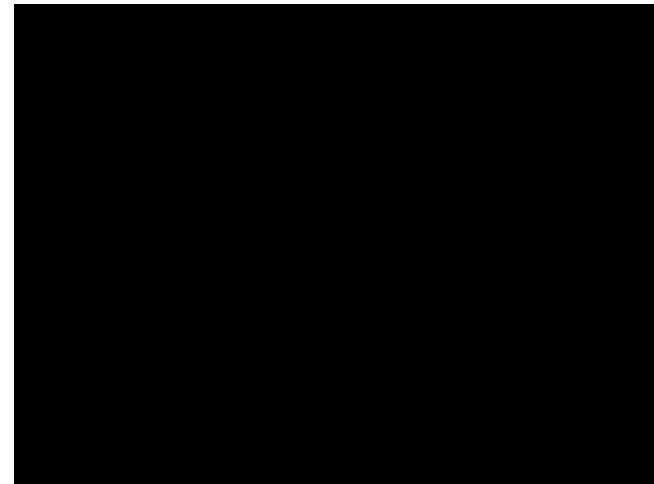
Bowel dilation/obstruction

Mesenteric edema

Free abdominal fluid

Other

No abnormal findings



1. Surg Laparosc Endosc Percutan Tech Volume 26, Number 2, April 2016

2. Obes Surg (2011) 21:253-263

3. Obes Surg (2016) 26:896-899

4. SOARD (2011) 7: 176

Meta-analysis of internal herniation after gastric bypass surgery

N. Geubbels¹, N. Lijftogt^{1,3}, M. Fiocco^{4,5}, N. J. van Leersum³, M. W. J. M. Wouters² and L. M. de Brauw¹

Meta-analysis

The incidence of IH associated with each study are presented in forest plots (Figs 2–6). The lowest IH incidence was in the antecolic group with closure of all defects (1 per cent; $P < 0.001$), followed by the antecolic group with all defects left open and the retrocolic group with closure of the mesenteric and mesocolonic defect (both 2 per cent; $P < 0.001$). IH incidence was high-

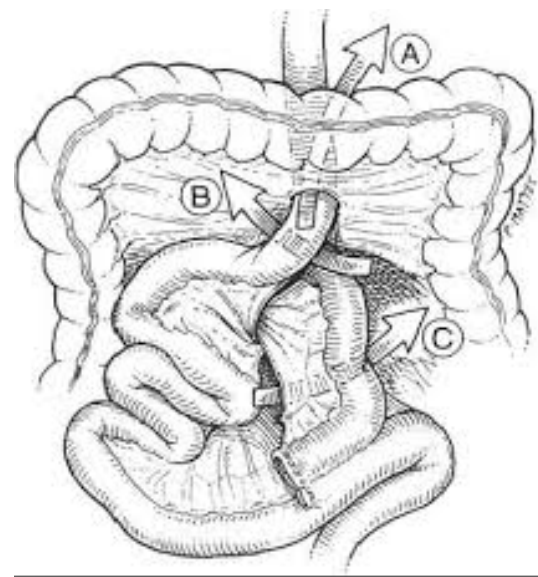


Fig. 1 PRISMA diagram showing selection of articles for review

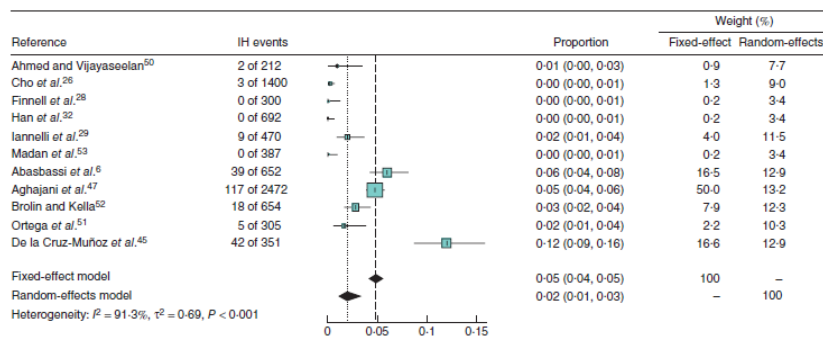


Fig. 2 Forest plot illustrating the incidence of internal herniation (IH) in 11 studies reporting on the antecolic approach with no closure of defects. Number of events was 235 in a total of 7895 patients. Pooled proportions are shown with 95 per cent c.i., calculated using both fixed-effect and random-effects models

Complicanze epatobiliari dopo BPG

Management of biliary symptoms after bariatric surgery

Joel R. Brockmeyer, M.D.^a, Brandon T. Grover, D.O., F.A.C.S.^b,
Kara J. Kallies, M.S.^c, Shanu N. Kothari, M.D., F.A.C.S.^{b,*}

1527 pts

8% sintomi legati a complicanze biliari (colecistite, coledocolitiasi, pancreatite biliare)

Table 1 Literature review of case reports of transgastric endoscopy

Publication	Transgastric endoscopy	CBD success	Complications
First author year	n	n	
Pimentel ¹⁵ 2004	1	1	None
Ceppa ¹⁶ 2007	10	4	None
Nakao ¹⁷ 2007	1	1	None
Patel ¹⁸ 2008	8	8	None
Roberts ¹⁹ 2008	6	6	None
Dapri ²⁰ 2009	1	1	None
Gutierrez ²¹ 2009	32	28	Gastrostomy leak (n = 2), pancreatitis (n = 1), wound infection (n = 1)
Peeters ²² 2009	1	1	Pancreatitis (n = 1)
Sebastian ²³ 2009	1	1	None
Badaoui ²⁴ 2010	1	1	None
Bertin ²⁵ 2011	22	20	Abdominal wall hematoma (n = 1), retroperitoneal perforation (n = 1)
Saleem ²⁶ 2012	15	15	None
Richardson ¹⁴ 2012	13	11	None
Aosta 2020	2	2	None

Conclusioni

- Conoscenza delle variazioni anatomiche post chirurgia bariatrica
- Corretto iter diagnostico delle possibili complicanze tardive specifiche di ogni intervento
- Necessità di un management precoce delle complicanze tardive della chirurgia bariatrica
- Importanza della laparoscopia come strumento di diagnosi e di trattamento di queste complicanze