

IDabstract	52
Speaker	Palumbo                      Valentina                      under40 <input checked="" type="checkbox"/>
ARGOMENTO	Tecnologie emergenti in chirurgia bariatrica
<b>TITOLO DEL LAVORO</b>	<b>Fluorescence angiography during laparoscopic sleeve gastrectomy: could be helpful to evaluate risk of leak?</b>
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RELATORE	
INTRODUZIONE	Sleeve gastrectomy is the most performed operation in bariatric surger, showing good early outcome. The most frequent post-operative complication is gastric leak with an incidence of 0.5 – 6 %, reported in the literature. The purpose of this study is to present our experience with the use of the indocyanine green fluorescence (IGF) in laparoscopic sleeve gastrectomy. It could be useful in predicting the risk of gastric leak, evaluating tissue perfusion and performing vascular mapping during laparoscopic surgery.
METODI	We retrospectively identified 62 patients underwent laparoscopic sleeve gastrectomy with the use of the IGF, between October 2018 to November 2020. All patients undergo with indocyanine green intraoperative fluorescence angiography pre and post – packing of the gastric tube. A laparoscopic high-definition camera system (SPIES TM, Storz) was used. It equipped with a specific filter for detection of the near – infrared fluorescense immediately after infusion of an indocyanine green solution. The surgeons can easily switch from standard light to the NIR mode by pressing a pedal. All the procedure was been performed by the same surgical team with the same standardized surgical tecnique.
RISULTATI	After dissection of the greater curve sleeve, we perform a first infusion of the 2.5 mg of indocyanine green solution in a peripheral vein to evaluate the gastric perfusion by the full visualization of the blood supply in the gastric fundus. After the completion of gastrectomy, performed using a linear articulated stapler, a second dose of supplementary 2.5 mg of solution is injected to ensure that all the pertinent blood vessels were preserved to preventing ischemia related leaks. A regular perfusion was observed along the entire gastric sleeve; we especially verified the optimal perfusion of the esophago-gastric junction. Neither clinical leak nor other complications occured postoperatively.
DISCUSSIONE	IGF allows to obtain a real-time image of tissue perfusion and vascularization, so IGF could be helpful to prevent gastric leak. This could play not only a prognostic role, identifying which patients have an icreased risk of leak formation, but also a therapeutic indication, because the ischemic area could be reinforced with sealants, omental patches or overcoat.
BIBLIOGRAFIA	
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Accettazione	Non ancora definito