ISMETT Istituto di Ricovero e Cura a Carattere Scientifico

UPMC LIFE CHANGING MEDICINE

La gestione delle complicanze bariatriche: come scegliere la strategia di intervento.

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#intro

- Chirurgia dell'obesità: incremento del numero di interventi con incidenza di complicanze in progressivo aumento.

- Complicanze chirurgiche post-bariatriche (sanguinamenti, leaks e stenosi): 10 - 13 % dei casi.

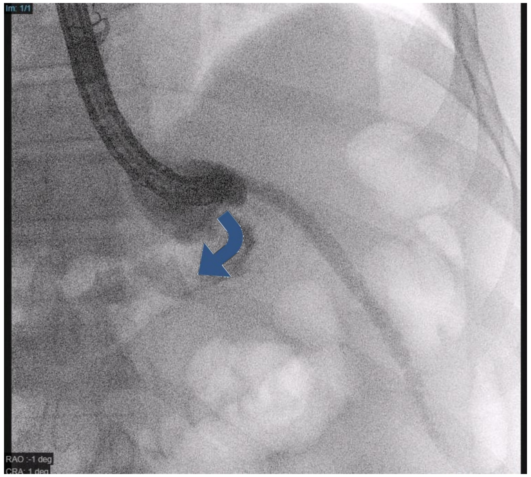
- Fattori di rischio:
    - età
    - ASA score
    - sesso maschile
    - chirurgia open
    - revisione chirurgica
    - BMI >50.

Christophorou D et al. Endoscopic treatment of fistula after sleeve gastrectomy: results of a multicenter retrospective study. Endoscopy. Nov 2015.

leak_post_sleeve

- vascolare
  - ridotta perfusione nel tubulo gastrico

- meccanica:
  alta pressione sul versante prossimale della sutura
  - angolo troppo acuto del tubulo gastrico
  - substenosi del tubulo gastrico



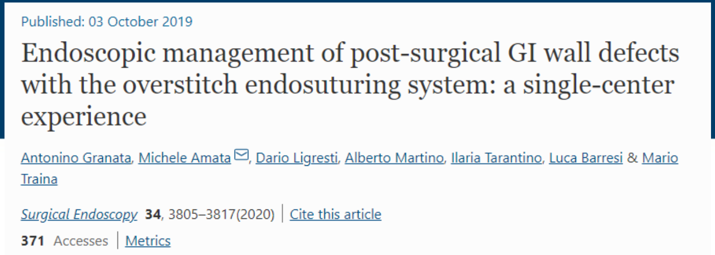
#trattamento

Il goal del trattamento non è guarire, ma promuvere i meccanismi riparativi che portano alla guarigione del tessuto nel minor tempo possibile

I principali fattori da gestire sono:

- nutrizione
- differenza di pressione endo, extra-luminale
- trofismo tissutale
- infezione

#flowchart



Published: 03 October 2019

Endoscopic management of post-surgical GI wall defects with the overstitch endosuturing system: a single-center experience

Antonino Granata, Michele Amata, Dario Ligresti, Alberto Martino, Ilaria Tarantino, Luca Barresi & Mario Traina

Surgical Endoscopy **34**, 3805–3817(2020) | Cite this article

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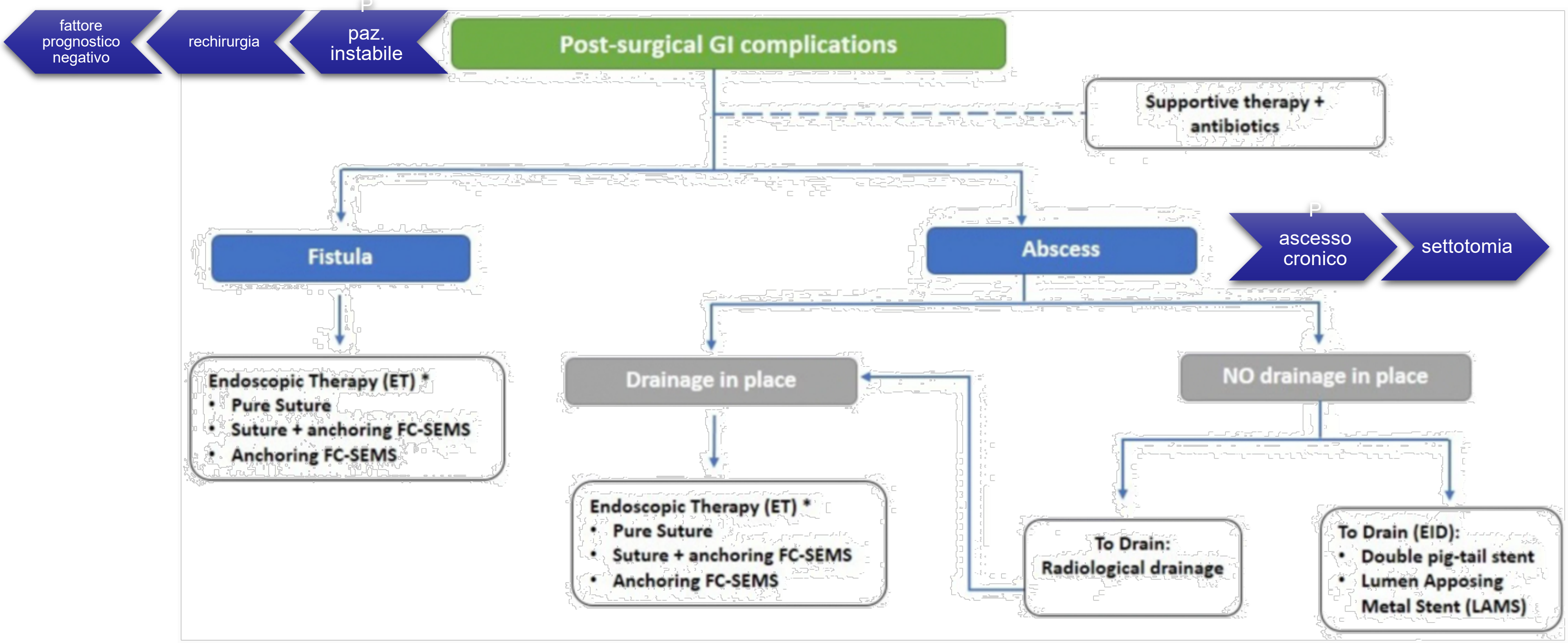


fattore prognostico negativo

rechirurgia

paz. instabile

Post-surgical GI complications

Supportive therapy + antibiotics

Fistula

Endoscopic Therapy (ET) *
- **Pure Suture**
- **Suture + anchoring FC-SEMS**
- **Anchoring FC-SEMS**

Abscess

assesso cronico

settotomia

Drainage in place

Endoscopic Therapy (ET) *
- **Pure Suture**
- **Suture + anchoring FC-SEMS**
- **Anchoring FC-SEMS**

NO drainage in place

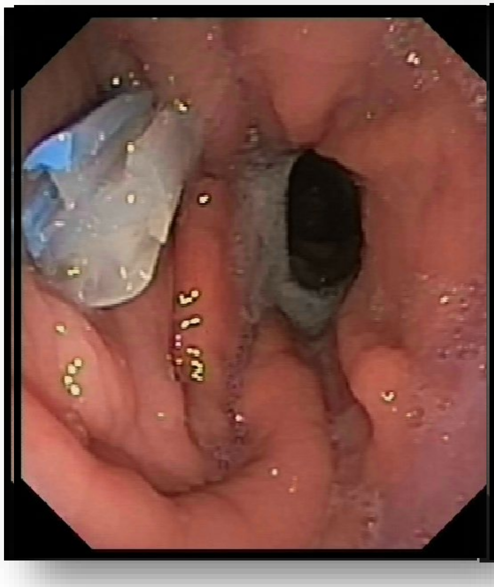
To Drain: Radiological drainage

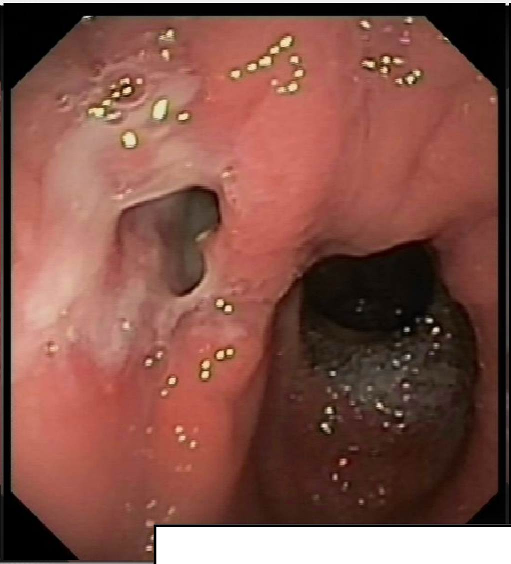
To Drain (EID):
- **Double pig-tail stent**
- **Lumen Apposing Metal Stent (LAMS)**

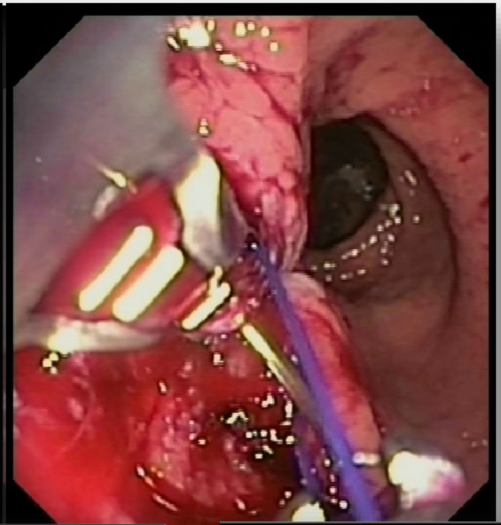
Proposed therapeutic algorithm. Percutaneous drainage should be preferred especially in case of Large size (> 5 cm) or infected collections, delayed endoscopic treatment or referred late (> 30 days), first endoscopic treatment in unspecialized hospital, gastro-bronchial fistula, easy radiologic access. *FC-SEMS* fully covered self-expandable metal stent, *EID* endoscopic internal drainage, *ET* endoscopic therapy

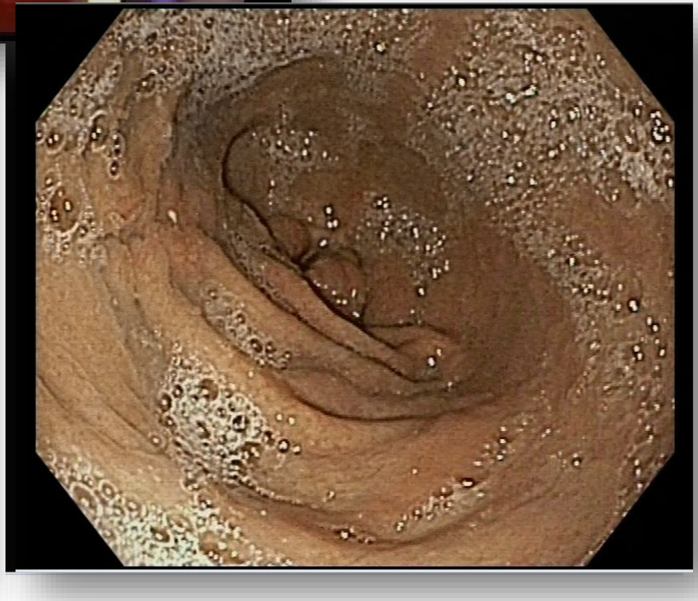
#doppio_pigtail

#solo_sutura









#full_treatment

sutura + necrosectomia + fc-sems (ancorato) + taglio sutura + rimozione stent

#which_stent?

Fit for lumen:

- As small as possible
- As short as possible

Remove:

- as soon as possible

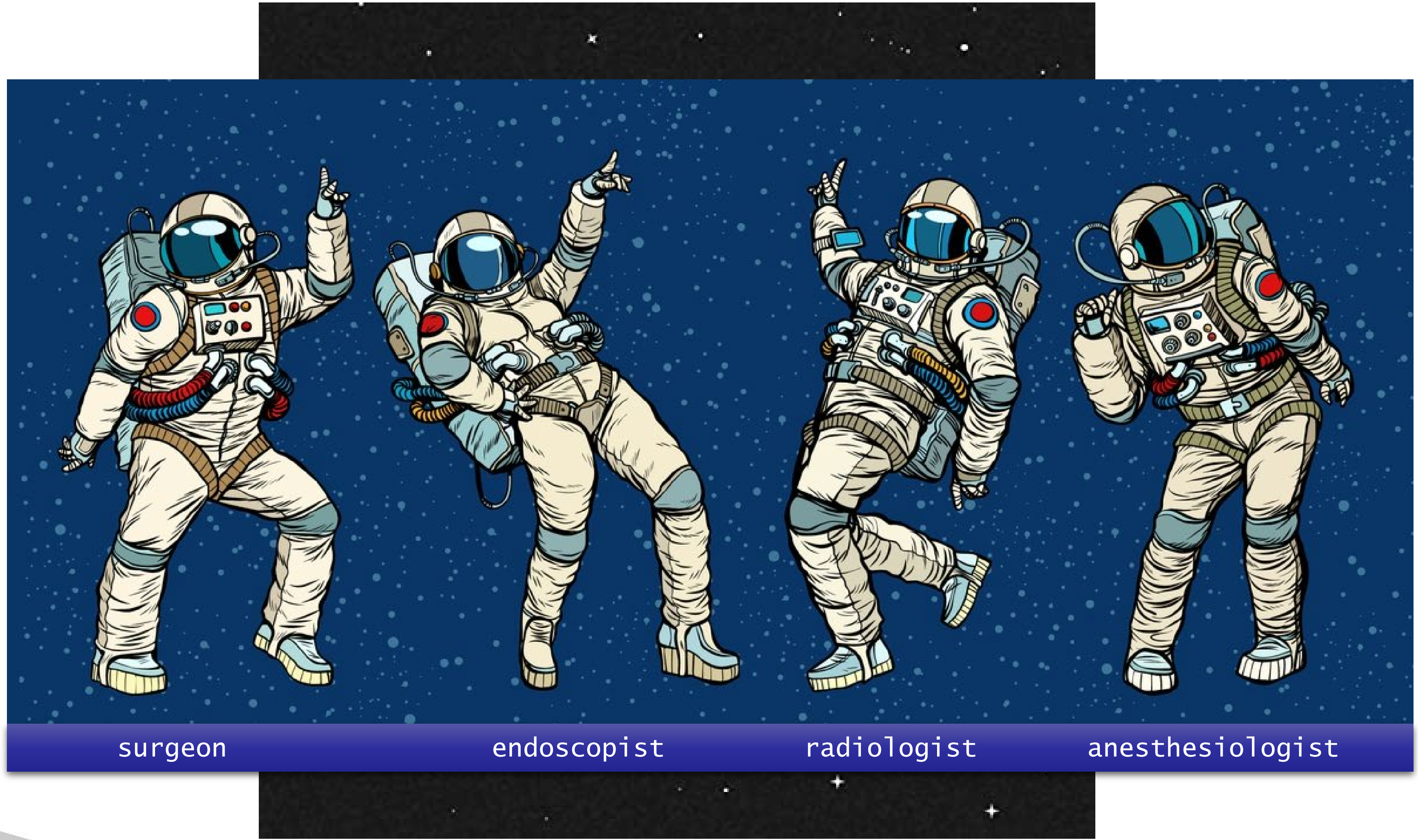
- Less is more!

#follow_up

- rialimentazione precoce sicura
- antibioticoterapia (infettivologo)
- tempismo nella gestione dei drenaggi chirurgici e/o percutanei → rimozione precoce sicura (valutazione radiologica e clinica)
- mantenere in sede i dispositivi protesici meno possibile 2-4 settimane → rimozione precoce sicura (valutazione radiologica e clinica)

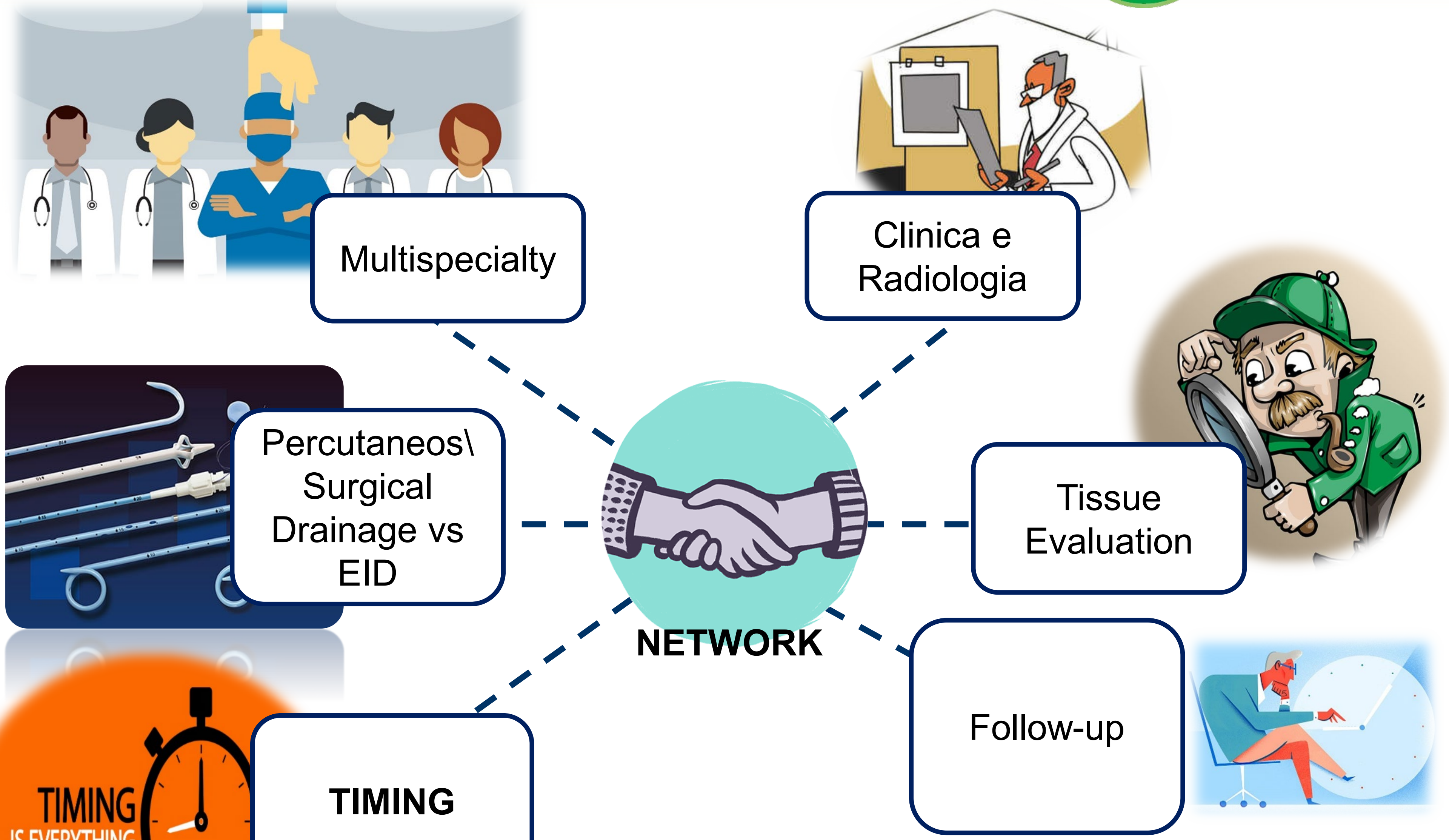
#septotomy #endoluminal_surgery

Teamwork? Mandatory!



surgeon endoscopist radiologist anesthesiologist

NOSTRA STRATEGIA



NETWORK

- Multispecialty
- Clinica e Radiologia
- Percutaneos\ Surgical Drainage vs EID
- Tissue Evaluation
- TIMING
- Follow-up

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