

Obstruction of gastrojejunal anastomosis due to invagination of the jejunal loop in patients treated with laparoscopic adjustable gastric band (LAGB) over failed gastric bypass (GBP) VIDEO

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Background: The use of AGB with the aim of increasing restriction over a failed GBP, is one of the actual therapeutic alternatives, being also relatively easy and attractive.

Methods: A 27 yo female had an AGB over a failed GBP. Twelve months later she presented with sudden and complete intolerance to liquid and solids. Radiological GI series showed a horizontalized gastric band which completely blocked the pass of contrast without a clear cause. She had an emergent laparoscopic surgery where a small displacement of the band at the gastrojejunal union was found, as well as an ascending herniation of the jejunal loop between the band and the anastomosis. The loop was reduced and the band opened and repositioned through the Hiss angle. The band was secured with a non-absorbable stitch from the left lateral gastric face to the left diaphragmatic pillar to avoid a new displacement.

Results: The patient was discharged 24 hours afterwards, with an adequate oral intake and no further complications. The band was inflated at the 6th week, and radiological GI series showed the band in a correct position. Follow-up at 40 months showed a correct positioning and adequate efficacy of the band, and a decrease of 10 points in her BMI with respect to her initial BMI.

Discussion:

AGB needs a gastro-gastric plication over the band to avoid its slipping.

When ABG has to be performed over a failed GBP this plication cannot be performed. We recommend to secure it with a stitch between the left lateral face of the stomach, just under the band, and the left diaphragmatic pillar to prevent future displacements.

Link video: <http://www.youtube.com/watch?v=vbpd2vVCzvs&feature=youtu.be>