

Effect of Early Use of Covered Self-Expandable Endoscopic Stent on the Treatment of Postoperative Stapler Line Leaks

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Abstract

Background

Postoperative leaks are a dreaded complication after bariatric surgery (BS). Its treatment is based on nutritional support and sepsis control by antibiotics, collections drainage and/or prosthesis, and/or surgery.

Objectives

The aim of this study is to report our experience with coated self-expandable endoscopic stents (SEES) for leaks treatment.

Setting

This study was performed in a University Hospital, (censored).

Methods

We performed a retrospective analysis of our BS database from January 2007 to December 2013. All patients with leak after BS treated with SEES were included.

Results

We identified 29 patients; 17 (59 %) were women, with median age of 37 (19–65) years, and preoperative body mass index of 40 (28.7–56.6) kg/m². Nineteen (65.5 %) patients had a sleeve gastrectomy and 10 (34.5 %) a Roux-en-Y gastric bypass. All patients had a leak in the stapler line. Median time from surgery to leak diagnosis was 7 (1–51) days, and SEES were installed 8 (0–104) days after diagnosis. Twenty-one (72 %) patients also had abdominal exploration. Median length of SEES use was 60 (1–299) days. Patients who had SEES as primary treatment (with or without simultaneous reoperation) had a shorter leak closure time (50 [6–112] vs 109 [60–352] days; $p = 0.008$). Twenty-eight (96.5 %) patients successfully achieved leak closure with SEES. There were 16 migrations in 10 (34 %) patients, 1 (3 %) stent fracture, 1 opening of the blind end of alimentary limb (3 %), and 5 patients (17 %) required a second stent due to leak persistence.

Conclusions

SEES is a feasible, safe, and effective management of post BS leaks, although patients may also require prosthesis revision and abdominal exploration. Primary SEES placement is associated with a shorter leak resolution time.