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## Bleeding after gastric bypass surgery: The possibility of using balloon enteroscopy in the postoperative period

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One of the possible complications after bariatric surgery is bleeding. In the majority of cases bleeding in the later stages of the postoperative period are intraluminal, with clinical manifestations of high gastrointestinal bleeding. Among all bariatric procedures, the development of this complication is more common after Roux-en-Y gastric bypass. Upper endoscopy is the diagnostic and treatment method of choice, but only bleeding in the gastric pouch or in the gastroenteroanastomosis can be stopped in this way. If localization of bleeding is in the remnant stomach or duodenum and small intestine, it is necessary to use more advanced endoscopic procedures. Male patient, 44 years old with BMI 43 kg/m<sup>2</sup> and comorbidities (Diabetes Mellitus type 2, decompensated in patient receiving hypoglycemic drugs), was undergone laparoscopic Roux-en-Y gastric bypass in October 2014. During the year %EWL was 81%, there was compensation of diabetes without medication (HbA1 4,9%). In January 2015 he was hospitalized in a clinic in St. Petersburg with signs of upper gastrointestinal bleeding. He has a history of melena during the last 5 days with an episode of syncope in the hospital day. Hemoglobin was 88 g/l. Upper endoscopy and colonoscopy were performed without identification of source of bleeding. Drug therapy was conducted. A few days later the patient was transferred to our hospital with no signs of ongoing bleeding. Balloon-assisted enteroscopy was performed. Duodenal ulcer with no signs of bleeding was visualized. Endoscopic hemostasis wasn't needed. The patient was discharged the next day. Course of anti-ulcer therapy performed. During follow-up there was no recurrence of bleeding.

**Conclusions:** The use of a balloon-assisted enteroscopy is possible to identify the unidentified sources of bleeding by upper endoscopy. This method allows viewing distal small intestine and all parts excluded of gastrointestinal digestion. It also allows performing therapeutic measures if necessary.

### Biography

Solovyova Maria O., born in 1983. She graduated from Volgograd State Medical University, medical faculty in 2007. From 2007 to 2008 passed internship on "Surgery" at the emergency hospital. In 2008-2010, she studied in clinical internship on a specialty "Surgery" St. Petersburg State University, Faculty of Medicine. From 2008 to 2010 she worked as a general surgeon. Since 2012 works as an operating surgeon at The Federal State Budgetary Institute «The Nikiforov Russian Center of Emergency and Radiation Medicine», Saint-Petersburg, Russia. 32 scientific works published. She has PhD degree and is a member of the International Federation of Surgery of Obesity (IFSO), a member of the Russian Society of Bariatric Surgeons. Point of interest: bariatric surgery, re-do bariatric procedures, mini-gastric bypass, complications of bariatric procedures.

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