

16th International Conference and Exhibition on**OBESITY & WEIGHT MANAGEMENT**
&**17TH WORLD FITNESS EXPO** November 13-15, 2017 | Atlanta, USA**Intraoperative, early and late complications of laparoscopic sleeve gastrectomy****Rohit Kumar**

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Laparoscopic sleeve gastrectomy (LSG) is gaining acceptance among bariatric surgeons as a viable option for treating morbidly obese patients. This study describes results of a single surgeon's experience with LSG, its intra-operative, early and late complications and their management. The author retrospectively reviewed the data of patients who underwent LSG from 2006 to 2015. Patients underwent LSG as a primary procedure or as revisional bariatric surgery. The short-term morbidity and mortality were examined. All patients entering our practice, requesting bariatric surgery, were offered three procedure options: Laparoscopic gastric bypass, adjustable gastric banding and LSG. After a one-on-one consultation with the surgeon, the patients made an informed decision to undergo LSG and an informed consent was obtained. All patients were required to undergo a psychological screening, routine labs, electrocardiogram, upper gastrointestinal X-rays, pulmonary function studies and a medical evaluation. All patients were scheduled for LSG as a primary definitive procedure. All patients received intravenous antibiotics, subcutaneous unfractionated heparin and sequential compression devices preoperatively. One-stage LSG was performed. The major complications were late leakage after 4 weeks with hemorrhaging. Two patients required reoperation and one patient was treated conservatively. Furthermore, one patient had complete dysphagia and was treated conservatively. Moreover, one patient who had an injury to the lower esophagus was re-operated, intra-operatively. One patient had mesenteric injury; another patient had an NG tube stapled, while a third patient's GE junction blew up because the balloon was inflated while doing the leak test. In addition, the serosal layer of 10 patients came off while firing the first stapler. However, in spite of the presence of many such complications, only one case was aborted. In conclusion, LSG is a relatively safe surgical option for weight loss as a primary procedure.

Biography

Rohit Kumar has a vast experience in the fields of bariatric, gastrointestinal and general surgery. He is currently working at International Modern Hospital Dubai, UAE. He has undergone training in Laparoscopic Bariatric Surgery at Sir Ganga Ram Hospital, Advanced Laparoscopic Training in Greece and has done a Fellowship in Hepatobiliary and Pancreatic Surgery in Japan. He has, amongst his patients, a host of dignitaries, leaders and foreign nationals. His areas of clinical interests include laparoscopic adjustable gastric banding, laparoscopic sleeve gastrectomy and laparoscopic Roux-en-Y gastric bypass, lap cholecystectomy, laparoscopic appendix, laparoscopic hiatal hernia, laparoscopic splenectomy, laparoscopic nephrectomy, laparoscopic colectomy, laparoscopic low anterior resection, laparoscopic gastrectomy, hepato-biliary and pancreatic surgery, laparoscopic inguinal hernia repaired and laparoscopic esophagectomy. His special interests lie in minimal access bariatric surgery and gastrointestinal surgery.

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