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A Single Suturing Cancels the Twist

Nehmeh WA, Gharios J, Alameh A and Noun R

Department of Digestive Surgery, Faculty of Medicine, Saint Joseph University, Damascus Street, Bayrut, Lebanon

Abstract

Laparoscopic Sleeve Gastrectomy (LSG) is the main bariatric system performed around the world. Turning of the remainder gastric cylinder stays a genuine intricacy that could prompt deadly outcomes. We intend to introduce a productive and successful strategy to fix the leftover cylinder. Gastric remainder tube after LSG can be situated in its ordinary transformed "C" shape with a solitary point obsession to the inward stomach divider inside under 2 min.

Pathogenic changes in FGFR2 and TWIST qualities are distinguished in most of people with Crouzon, Pfeiffer, Apert, and Saethre-Chotzen disorder. Interestingly, changes have been recognized seldom in instances of nonsyndromic, single stitch craniosynostosis. As of late, two examinations affirming substantial mosaicism with nearby articulation of a FGFR change have been accounted for. This examination researches whether substantial mosaicism could represent nonsyndromic, single stitch craniosynostosis. Eight people with single stitch craniosynostosis who were contrary for known transformations in FGFR1-3 and TWIST in the wake of screening in their leucocyte DNA were tried for the nearness of pathogenic changes in stitch cell-determined DNA. Five had sagittal synostosis, two had metopic synostosis, and the other unicoronal synostosis. Osteoprogenitor cells from carefully extracted combining stitches and a neighboring open stitch were refined. DNA from the refined cells developed to section 3 was then analyzed for fundamental FGFR and TWIST changes. No transformations inside the exons of the FGFR or TWIST qualities examined were recognized in any stitch cells. This investigation found no proof to help the idea that mosaicism for FGFR or TWIST transformations, regularly connected with syndromal types of craniosynostosis, happen in single stitch craniosynostosis. Along these lines, any basic hereditary deformities must happen in districts outside those ordinarily embroiled in syndromal craniosynostosis, or this issue could emerge as a result of some other epigenetic change.

Keywords

Laparoscopic sleeve gastrectomy; Twisting, Single point fixDtLon Two minutes method

Introduction

As of late laparoscopic sleeve gastrectomy has become the main surgery for dismal corpulence. An ongoing review indicated that the quantity of LSG performed is 546,368 with a rising frequency arriving at 171 548 medical procedures in 2013 with an expansion of 37% in rate every year since 2003 [1]. In 2016 LSG has become the most regularly bariatric strategy acted on the planet [2]. He most genuine entanglements of LSG are draining and release related basically to stapling and to the gastric cylinder shape. Spillage can happen anyplace on the staple line with the most incessant site at the proximal 33% [3]. Hub turn is prompted much of the time Dier the recovery of the Faucher tube even with an ideal edge control while stapling. Numerous strategies are depicted in the writing to fix the gastric cylinder so as to forestall turning and further entanglements [4]. We present the instance of a solitary point fixDtLon of the remainder gastric cylinder with the internal surface of the stomach divider.

Case Presentation

This the case of a 26 years old obese female with a BMI of 35 kg/m2 known to have uncontrolled dyslipidemia and hypertension. He patient underwent LSG at our center where an axial rotation of the gastric tube was LdentLfied Dier Faucher tube retrieval and then fixed with a single suture between the twisted gastric tube and the inner abdominal wall. He patient course in hospital was uneventful; and she was discharged on post-operative day 2.

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Discussion

He stomach is fixed by the gastro-splenic, gastro-hepatic and gastro-colic ligaments. When performing a LSG all those boundaries are lost. Even with a good stapling direction, a gastric tube without boundaries can easily twist immediately when retrieving the faucher. Twisting can also be induced and aggravated Dier food consuming [5]. In fact, authors recommend fixDtLon of the remnant gastric tube when rotation is noted Dier LSG.

When suturing both fixDtLons the staple line was inverted [5]. A retrospective study published in July 2016 has shown important results Dier fixDtLon of the remnant stomach. Two groups were compared in this study with a number of 252 patients in total. One group was operated of LSG without fixDtLon (n=124) and the other group with suturing the remnant stomach to the transverse mesocolon (n=128). He procedure showed sLJnLficDnt dLُerence in bleeding (p=0.02), axial rotation (p=0.006) and hospital re-admission (p=0.005). Operative time was shorter in the group without fixDtLon (p=0.04) [4].

Herein we present a simple fixDtLon method that reverses the axial rotation and restores the anatomical gastric shape by less than 2 minutes. Unlike the fixDtLon to the greater omentum which is a mobile structure our technique oُers the correction of axial rotation with a solid bond “the abdominal wall”. In addition our technic oُers a safe and rapid fixDtLon away of important structures like the colon and the pancreas.

Conclusion

We offer a rapid and simple technique to cure axial rotation Dier LSG in order to prevent severe complications such as necrosis and fistulae A single point fixation from the remnant stomach with the lateral facing abdominal wall is sufficient. This is a single proposition; comparative studies need to be done on this technique in order to evaluate outcomes.

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Email: billanehme@gmail.com

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