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WHAT IS THE BEST STRATEGY TO TREAT COMPLICATIONS AFTER BARIATRIC SURGERY?

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INTRODUCTION: Management of gastric fistulae after bariatric surgery remains difficult and potentially lethal. Usually, it requires revision surgery, treatment of sepsis, withholding oral feedings for a long time. Endoscopic treatment with nitinol devices (clips and stent) gained a relevant role in the recent past, in order to minimize treatment invasiveness. Herein we describe a brief series of different management of 7 patients with fistulae secondary to bariatric procedures.

MATERIALS AND METHODS: Between December 2008 and April 2012, seven patients experienced gastric fistulae after bariatric surgery (5 sleeve, 2 gastric banding removal). Three patients had revision laparotomic surgery because of the rapid worsening of clinical conditions (1 acute and 1 chronic fistula after sleeve, and 1 fistula after gastric banding removal). One patient was treated conservatively only with parenteral nutrition because of the absence of clinical symptoms and good general conditions. The other three patients were successfully treated endoscopically, aspirating the extraluminal abscess, then closing the fistula by means of nitinol clip, and finally diverting by endoluminal gastrointestinal nitinol stenting. The fistulae were multiple in two cases (28%) and complex in three cases (43%).

RESULTS: A preliminary endoscopic drainage (naso-fistula catheter) was carried out in four patients (57%). In 3 cases the fistula orifice was closed by applications of clips. A diversion by endoluminal nitinol silicon covered stent was used in three patients. No mortality or major morbidity were reported. Migration of the stent occurred in two cases (66%), and required repositioning. The average number of endoscopic sessions was 2 (range 1-3 sessions). Primary closure after one session was obtained in one case. In three cases endoscopic control four weeks later the initial procedure, demonstrated complete closure of the fistula. In 1 case surgery was needed because of the worsening of the patient’s clinical conditions.

CONCLUSION: Whether could be the best therapeutic approach to treat gastric fistula after bariatric surgery remains unclear. Modern nitinol devices show an innovative superelasticity and shape memory that seems to be effective, especially if they are used as soon as fistula is detected. Total parenteral nutrition remains the recommended initial approach for small asymptomatic acute fistula, while the role of endoscopic management in promoting fistula healing is not yet well defined. More studies are required to better identify the right therapeutic approach, before fistula aspect changes into complex or chronic, for which re-surgery is very often the solution.