

# Laparoscopic revision of gastrojejunostomy stricture after roux en y gastric bypass

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# Acknowledgements



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# Disclosures



- No commercial disclosures
- Video presentation accepted into SAGES video library  
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# Objectives



- To review strategies for managing gastrojejunostomy strictures after laparoscopic roux en y gastric bypass
- Review surgical technique used in the management of gastrojejunostomy stricture presented in this case



# Gastrojejunostomy strictures



- Incidence ranges from 5-27% of cases
- Typically within 90 days from surgery
- Manifests as persistent postprandial vomiting with or without pain
- May be caused by ischemia, excessive scar formation, marginal ulceration, tension or malposition of the anastomosis and surgical technique.

# Gastrojejunostomy strictures



- Endoscopic balloon dilation is preferred diagnostic and therapeutic procedure
- Up to 67% of cases will respond to first dilation
  - 3-8% will require three or more dilations
- Endoscopic stenting also a consideration
  - Limited experience
  - Stent migration may be an issue
- Intralesional injection with triamcinalone acetonide
  - Limited experience/efficacy

# Gastrojejunostomy strictures



- Surgical management
  - Only required in 0.05% of cases
  - Reserved for persistent stenosis despite repeat dilations or complication of dilation
- Resection/revision of GJ anastomosis
- Restoration of original anatomy (OA)

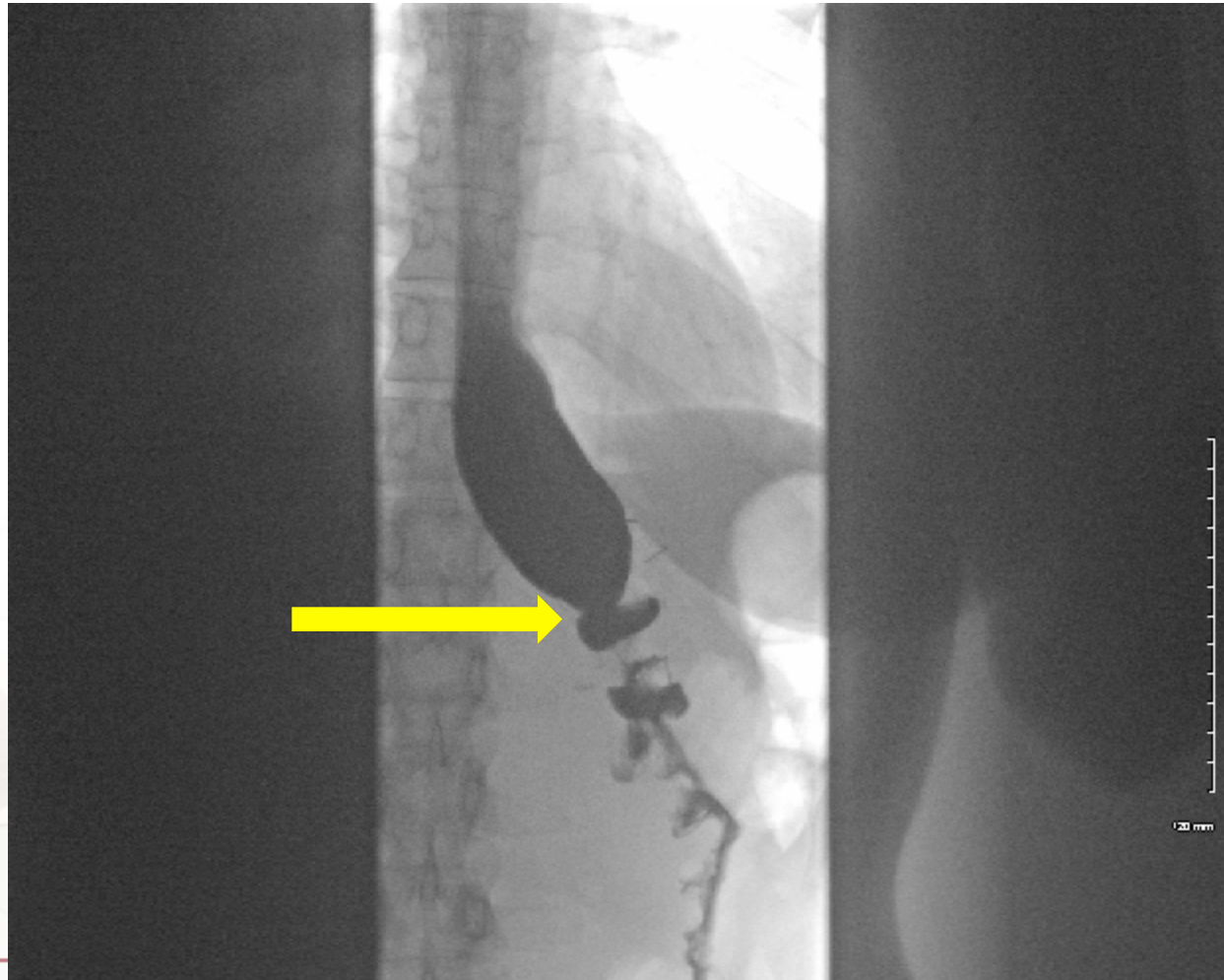
# Case Presentation



- 34 y.o. Female
- Laparoscopic roux en y gastric bypass one year previous
- Gastrojejunostomy stricture requiring serial dilations







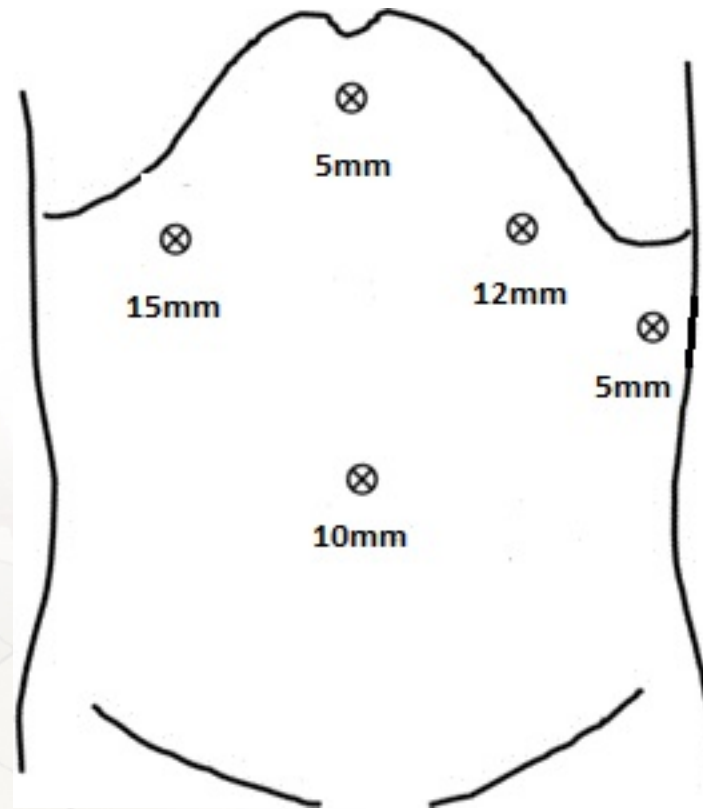
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# Case Presentation

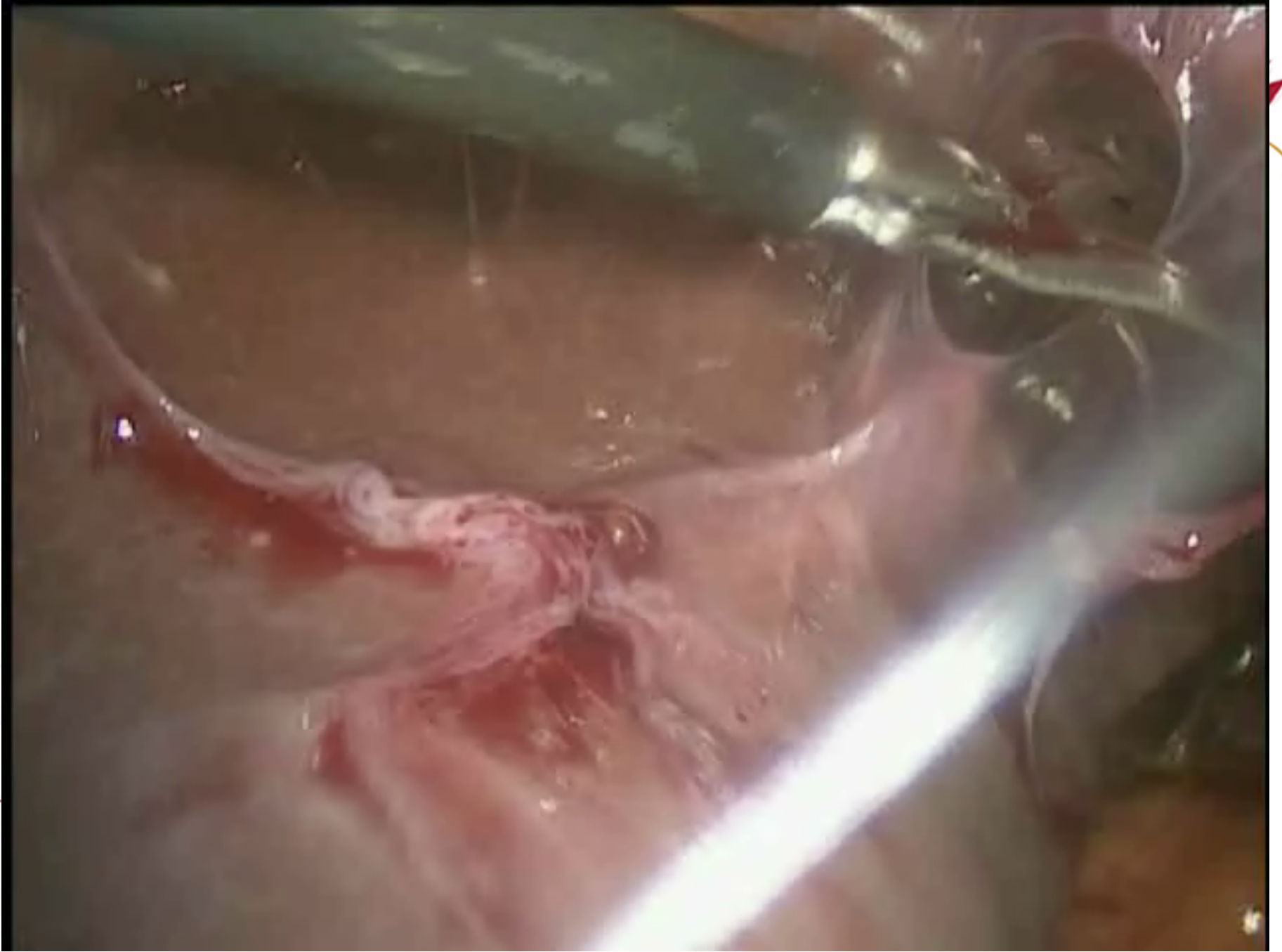


- Suffered perforation at gastrojejunostomy During dilation
- Laparoscopic lavage, drainage and insertion of gastrostomy
- Persistent nausea and need for parenteral nutrition
- Required laparoscopic revision of gastrojejunostomy anastomosis





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