



S.I.C.O.B.

XXXII CONGRESSO
NAZIONALE SICOB

23 - 25 MAGGIO 2024
G I A R D I N I
N A X O S



ENDOSCOPIC MANAGEMENT OF BARIATRIC-METABOLIC SURGERY COMPLICATIONS: EXPERIENCE OF THREE SICILIAN CENTERS

ANTONINO GRANATA

BUCCHERI LA FERLA
HOSPITAL, PALERMO

ENDOSCOPIC MANAGEMENT OF BARIATRIC-METABOLIC SURGERY COMPLICATIONS: EXPERIENCE OF THREE SICILIAN CENTERS

Granata A. (1), Graceffa P. (1), Capodicasa L. (1); Callari C. (2), Cartabellotta F. (3), Piazza L. (4), Carrozza L. (5); Rizzo G.E.M. (5), Traina M. (5)

(1) Interventional Endoscopic Unit, Buccheri La Ferla Hospital (Palermo);

(2) Center of Excellence in Bariatric Surgery, Buccheri La Ferla Hospital (Palermo); (3) Department of Internal Medicine, Buccheri La Ferla Hospital (Palermo);

(4) Department of Surgery, ARNAS Garibaldi (Catania); (5) Endoscopy Unit, Department of Diagnostic and Therapeutic Services, IRCCS-ISMETT (Palermo)

Background: Obesity has reached pandemic proportions worldwide, driving a surge in bariatric and metabolic surgeries (BMS) as the most effective treatment for sustained weight loss and improvement of associated comorbidities. Despite advancements in surgical techniques, complications such as leaks and fistulas post-BMS present significant clinical challenges.

Methods: We conducted a retrospective observational study, conducted across three Sicilian tertiary centers between October 2017 and September 2023, aimed to evaluate the efficacy of endoscopic management strategies for gastrointestinal wall defects following BMS.

Results: 39 patients, with a mean age of 43.6 years (± 11.45), predominantly female ($n=30$, 76.9%), were included in the study. The majority presented with a mean time of the defect's evidence from surgery of 7 days (IQR 7.25), with leaks being the most common indication for endoscopic intervention (75%). The types of BMS procedures varied, with sleeve gastrectomy being the most frequently performed (79.5%). Endoscopic treatments ranged from stent placement to suturing systems, with the goal of promoting healing of the defect. Technical success was observed in 94.9% of cases (n 37/39). Early clinical success, defined as a significant clinical/humoral response and a significant reduction of the related collections at 7 days post-endoscopic intervention, was possible to evaluate in 36 patients and was observed in 27/36 pts (75%). Long-term clinical success, defined as complete resolution of the wall defect and of the related collections at 3-month of follow-up, was possible to evaluate in only 30 patients and was observed in 100% of patients following endo-surgery intervention. Re-surgery post endoscopic intervention failure was observed only in 1 patient.

Discussion: The management of post-BMS complications emphasizes the importance of a multidisciplinary approach, involving collaboration among surgeons, endoscopists, radiologists, nutritionists, and anesthesiologists. Early recognition of complications, prompt clinical stabilization, and appropriate selection of endoscopic techniques are critical for optimizing patient outcomes. Notably, endoscopic interventions offer several advantages over traditional surgical approaches, including minimally invasive procedures, reduced morbidity, and shorter hospital stays. The choice of endoscopic treatment modality depends on various factors, including defect characteristics, tissue quality, and the presence of associated complications such as abscess formation. Techniques such as stent placement, endoscopic internal drainage, and suturing systems provide effective options for defect closure and healing. However, careful consideration of each patient's unique clinical scenario is essential to tailor the treatment approach accordingly.

Conclusion: This study underscores the effectiveness of endoscopic management strategies in treating complications following BMS. Despite the challenges posed by leaks and fistulas, a systematic and multidisciplinary approach, coupled with the judicious selection of endoscopic interventions, can lead to favorable long-term outcomes for patients. Further prospective studies are warranted to validate these findings and refine treatment algorithms in this complex clinical setting.



XXXII CONGRESSO
NAZIONALE SICOB

23 - 25 MAGGIO 2024
G I A R D I N I
N A X O S



Grazie