

## Complications for Different Approaches

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### Complications for Different Approaches

Presenter Name: Lawrence E. Tabone

As previously disclosed, these are the companies with which I have a financial or other relationship(s):

Company Name(s)	Nature of Relationship(s)
None	N/A
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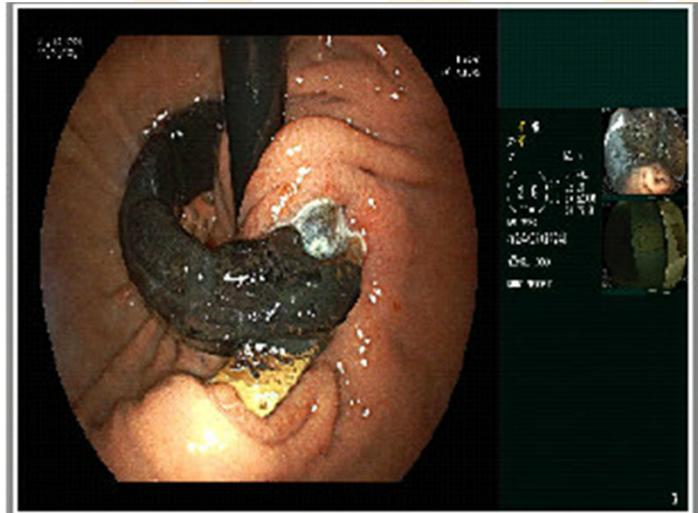
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## CASE 1

- Patient in her early 30's referred to clinic for gastric band erosion.
- Laparoscopic Gastric Band placement over 10 years ago.
- Developed sharp epigastric pain about 5 years ago that would last for 1 or 2 days every month.

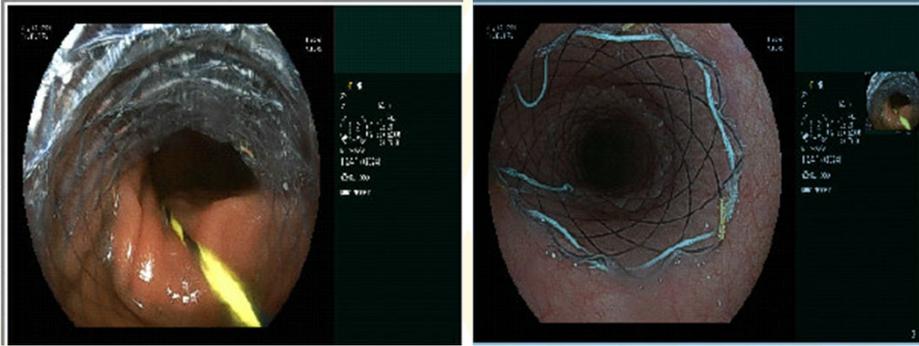


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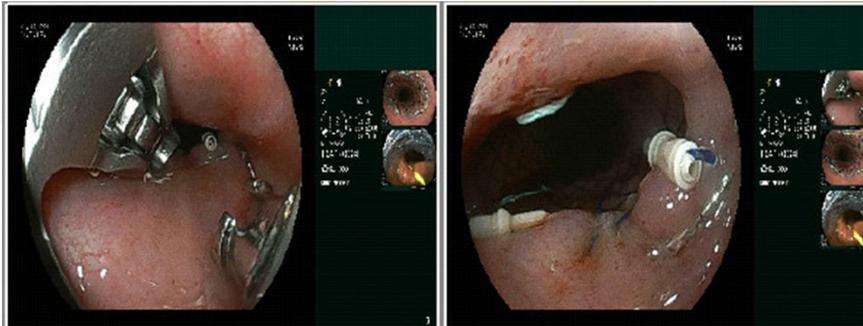
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## FULLY COVERED STENT PLACEMENT



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## ENDOSCOPICALLY SUTURED



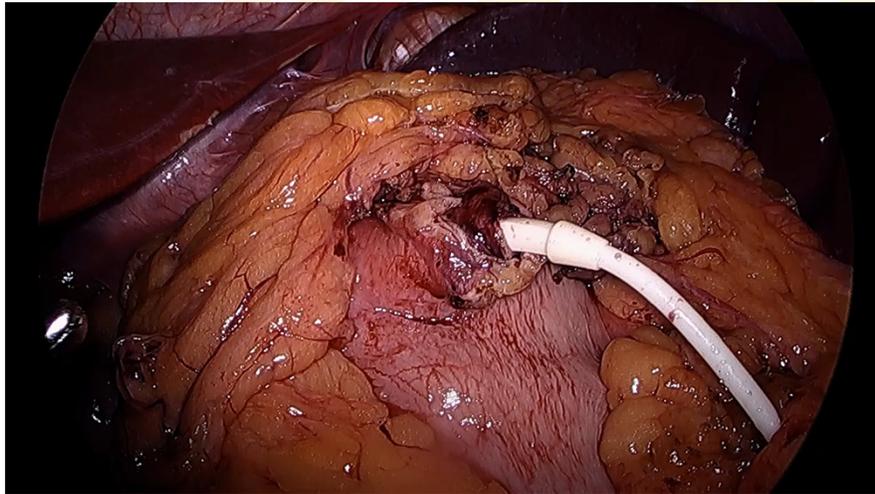
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## STENT INTOLERANCE

- Patient with vomiting, intolerance of liquids, and retching.
- Underwent stent removal the following day.

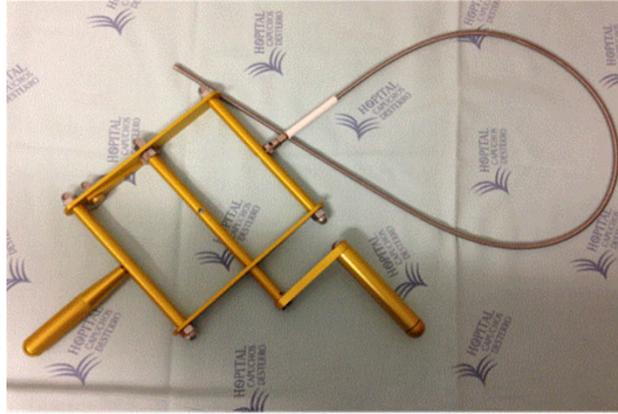


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## LITHOTRIPTOR



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## POST-OP

- Discharged home on POD #1.
- Symptoms completely resolved.



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## CASE 2

- Patient in her 60's with a history of VBG from over 30 years ago with daily vomiting, dysphagia, and GERD.
- Lost 20 lbs. in the last year.
- BMI 24 kg/m<sup>2</sup>

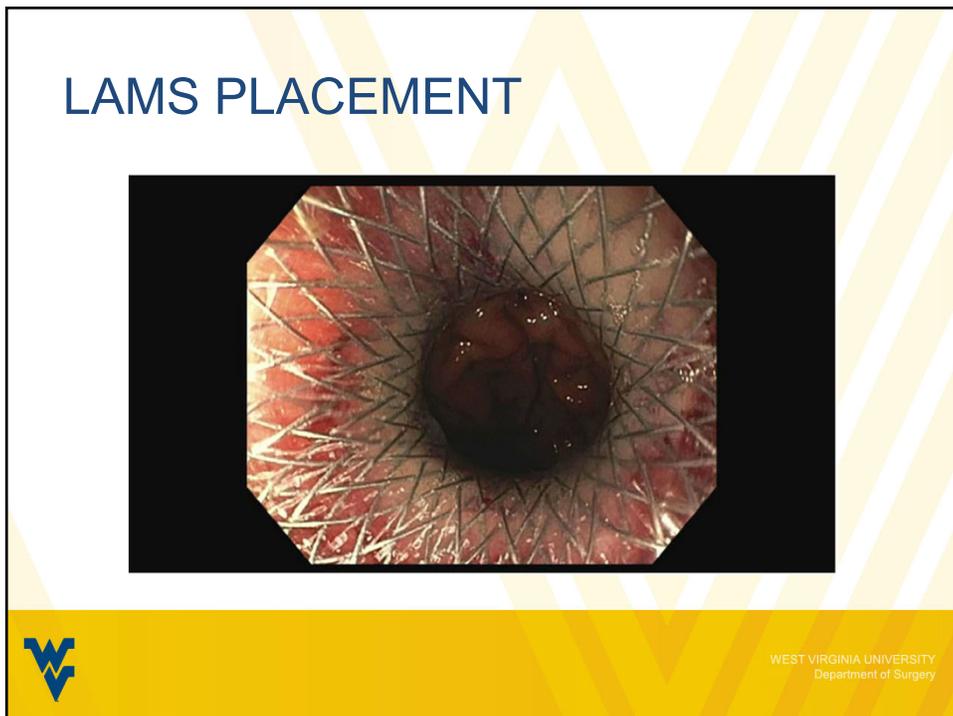


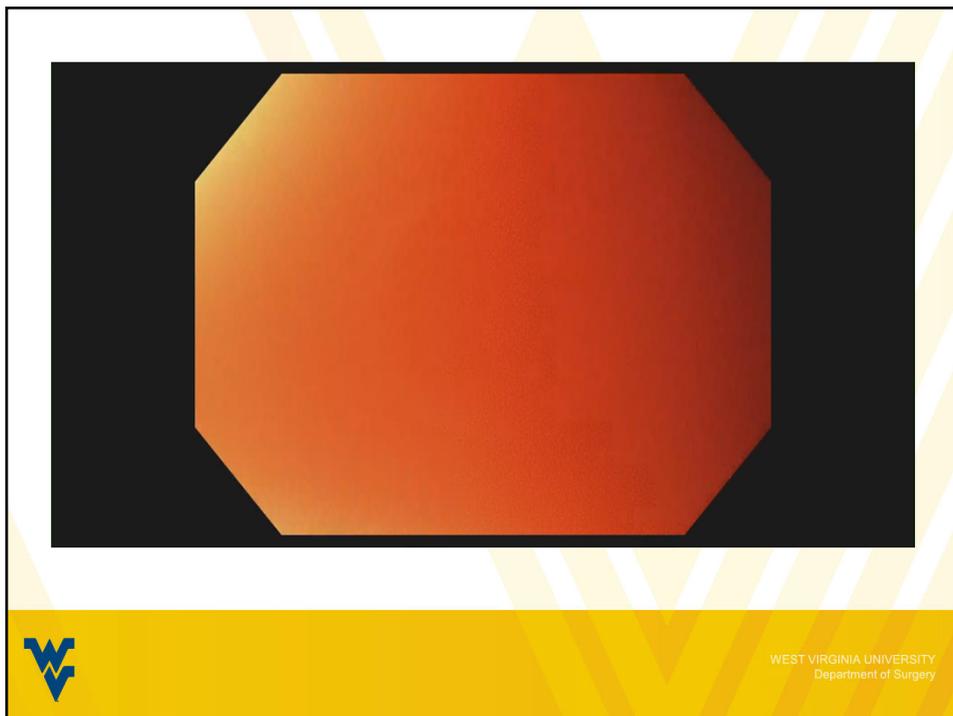
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## VBG BAND SITE – STENOSED



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## POST-OP

- Resolved her symptoms (vomiting, dysphagia, and GERD)
- Gained 20 lbs. in the last 6 months.
- BMI 27 kg/m<sup>2</sup>



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## CASE 3

- Patient in his 60's with history of VBG over 30 years ago with progressive dysphagia to liquids and solids.
- Referred to clinic after having undergone several endoscopic dilations with no relief of symptoms.



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## POST-OP

- Followed for the last year with resolved symptoms.



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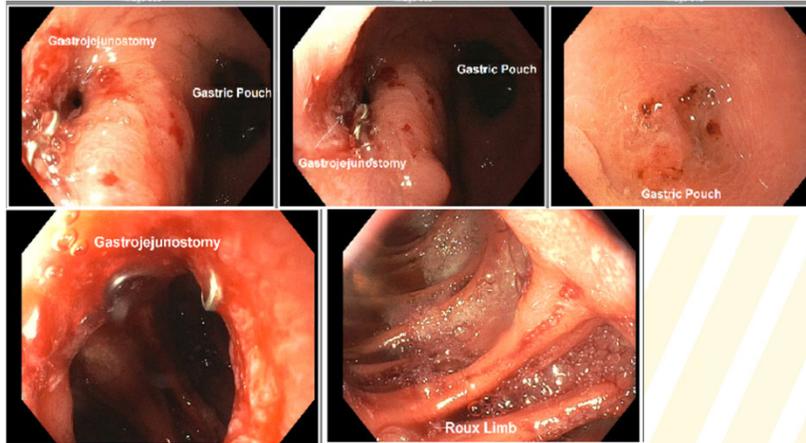
## CASE 4

- Female patient in her 40's presents with persistent vomiting weight loss down to BMI of 19 kg/m<sup>2</sup>.
- History of laparoscopic Roux-en-Y gastric bypass at an outside institution less than 1 year prior.
- Had laparoscopic revision of the gastrojejunostomy for marginal ulcer disease, concomitant hiatal hernia repair with mesh and truncal vagotomy three months prior at an outside institution that was complicated by post-operative abscesses treated with 3 month course of IV antibiotics.

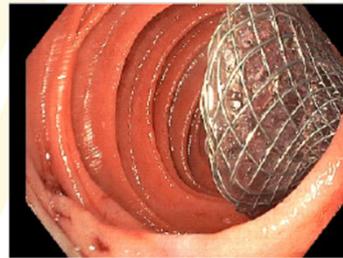


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# INITIAL ENDOSCOPY

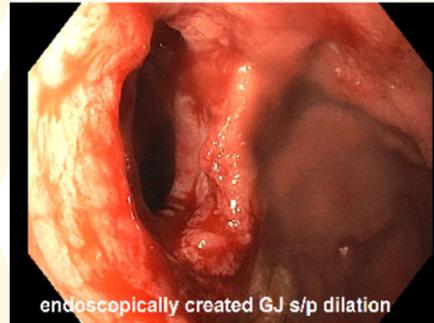


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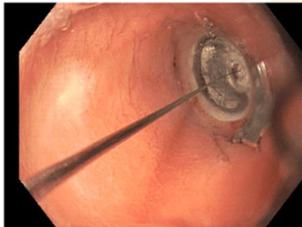
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## STENT REMOVED 3 MONTHS LATER



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## SERIAL DILATIONS



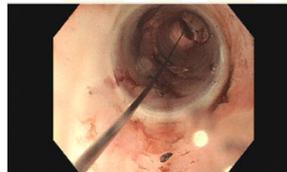
Dilated 3 months later.



Then the following month.



And the next month.

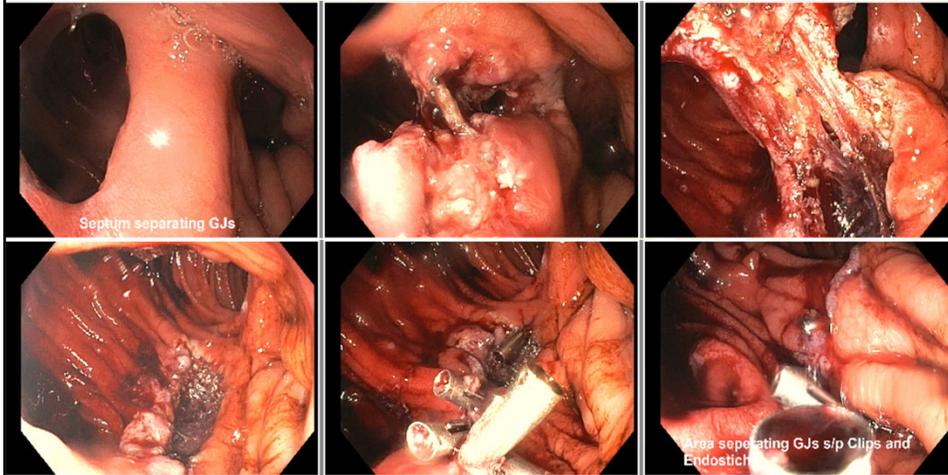


And the following month . . .



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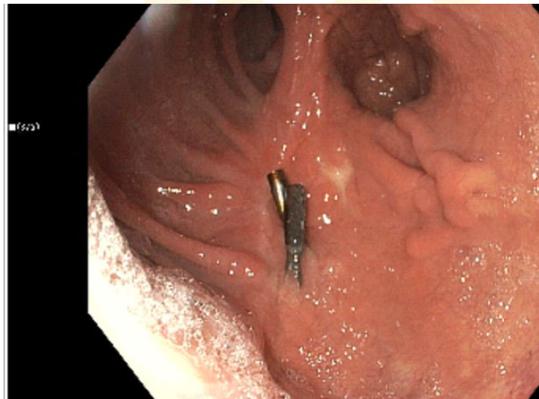
## ENDOSCOPIC SEPTOTOMY



Shah-Khan SM, Kraft M, **Tabone L**, Nasr J. Cutting the gastric septum between 2 gastrojejunal openings to manage refractory gastrojejunal stenosis in a bariatric surgery patient. VideoGIE 2020;5(7):283-5. PMID:32642612.

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## 2 YEARS LATER



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## POST-OP

- Resolved her symptoms.
- Gained weight to a BMI of 24 kg/m<sup>2</sup>



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# Thank You



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