

Outcomes and options in the management of leak and gastric fistula after sleeve gastrectomy.

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Leak and gastric fistula after sleeve gastrectomy remains one of the most feared and difficult complications to deal with after sleeve gastrectomy. The incidence in the published literature ranges from 2-5% and is increased in revisional surgery. Over the last 6 years we have performed over 850 sleeve gastrectomies and have had leaks in 24 patients, (3%) in addition there have been 19 infected perigastric haematomas in which no leak was demonstrated. Management of these patients can be divided into early, middle and late. All patients required early laparoscopic lavage and drainage. Immediate control of leak by oversew or restapling was possible in only two patients . Twenty two patients went on to develop chronic gastric fistulas with spontaneous resolution in 14. Eight patient have required delayed open gastrectomy or Roux en y internal fistula drainage as a salvage procedure for Chronic leaks. There has been one late death in this group during surgery at 6 months post leak. Weight loss in the leak group is comparable to uncomplicated patients. Use of additional manouveres including stenting, gluing , feeding jejunostomy, percutaneous drainage, Botox and plugging will be discussed.

Conclusion: Leak after sleeve gastrectomy is a devastating complication that can be difficult to manage. Using a sequential and logical approach the situation can be successfully managed with resolution of the leak and good outcomes.