

Is the long staple line reinforcement needed or not during laparoscopic sleeve gastrectomy?

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Purpose: To evaluate the effect of staple line reinforcement during laparoscopic sleeve gastrectomy (LSG).

Method: Between April 2009 and September 2010, we did LSG for morbidly obese 81 patients. Staple line reinforcement was not done for early 30 patients (group 1) and was done late 51 patients (group 2). We compared the outcomes according to bleeding, leak, stricture or obstruction. Result: There were no differences in age, sex, preoperative weight and body mass index. Mean operation time was 129 minutes (group 1) & 103 minutes (group 2). ($p=0.027$) Staple line related complication was observed in 3 cases (1, leak/2, obstruction due to kinking) only in group 1. ($p=0.048$) There was no complication in group 2. Re-operation was done in a leak case and there were no in-hospital mortality. Conclusion: Although there are some limitation for retrospective analysis and learning curve, we conclude that long staple line reinforcement was effective to prevent staple line related complications.