



Laparoscopic Revision of Gastric Bypass for Gastrojejunal Anastomotic Stenosis and Trans-mesocolic Defect: Video Report

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Abstract

Purpose Laparoscopic gastric bypass (LRYGB) is considered as the gold standard procedure for morbid obesity because of sustainable weight loss and coexisting conditions improvements (Sjostrom L et al. *The New England journal of medicine* 351(26):2683-93, 2004 [1]; Thereaux J et al. *Surg Obesity Related Dis: Off J Am Soc Bariatric Surg*, 2014 [2]). However, there are some concerns with the late risk of gastrojejunal anastomotic stenosis and of small bowel obstruction (Hamdan K et al. 98(10):1345-55, 2011 [3]).

Materials and Methods We present the case of a 46-year-old woman (70 kg, 1.67 m) with a body mass index (BMI) of 25.1 kg/m² who had undergone LRYGB, 3 years ago (initial BMI 45 kg/m²). She was referred to our tertiary care center for dysphagia and abdominal pain.

Results In this multimedia video, we present a step-by-step laparoscopic revision of a LRYGB for gastrojejunal anastomotic stenosis associated with trans-mesocolic defect. Procedure included dissection and resection of the strictured anastomosis, redo gastrojejunal circular anastomosis, and closure of the trans-mesocolic defect. No adverse outcomes occurred during the postoperative period.

Conclusion Gastrojejunal anastomosis stenosis should be managed under laparoscopy. All abdominal surgery in patients with a history of LRYGB, especially with trans-

mesocolic alimentary limb, should include inspection of potential meso-defect.

Keywords Gastric bypass · Revisional procedure · Anastomotic stricture

Conflicts of Interest Jérémie Thereaux, Charles Roche, and Jean-Pierre Bail have no conflicts of interest or financial ties to disclose.

Statement of Informed Consent and Compliance to Ethics Standards Informed consent was obtained from all individual participants included in the study. Study has been approved by the appropriate institutional committee.

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