Endoscopic Management of Bleeding after Gastric Bypass – A Therapeutic Alternative

Article *in* Obesity Surgery · June 2004

DOI: 10.1381/096089204323093552 · Source: PubMed

5 authors, including:

Myriam Moretto
Pontifícia Universidade Católica do Rio Grande do Sul
22 PUBLICATIONS **703** CITATIONS
SEE PROFILE

Cláudio Corá Mottin
Pontifícia Universidade Católica do Rio Grande do Sul
91 PUBLICATIONS **2,023** CITATIONS
SEE PROFILE

Alexandre Padoin
68 PUBLICATIONS **1,822** CITATIONS
SEE PROFILE

Giuseppe Repetto
Pontifícia Universidade Católica do Rio Grande do Sul
17 PUBLICATIONS **1,386** CITATIONS
SEE PROFILE

Correspondence

Endoscopic Management of Bleeding after Gastric Bypass – A Therapeutic Alternative

To the Editor:

Bleeding from staple-lines uncommonly occurs in bariatric surgery.[1-3] Conservative treatment with fluid replacement and blood transfusion are usually effective. However, some cases with bleeding from the entero-enteric anastomosis after Roux-en-Y gastric bypass (RYGBP) will not respond, and require surgery.[1] We bring to your attention a case in which endoscopy was successfully used for bleeding at the jejuno-jejunostomy after RYGBP, avoiding a more invasive procedure.

A 40-year-old male, with a BMI of 51 kg/m^2, underwent open RYGBP with an entero-enteric anastomosis, performed with a linear stapler (blue load). The gastro-jejunal anastomosis was performed so that the Roux limb (alimentary limb) of 150 cm was passed transmesocolic, to the right of Treitz' ligament and retrogastric. On the 9th postoperative day, bleeding was diagnosed because of postural hypotension and abdominal discomfort, followed by melena. The patient was re-admitted to hospital and required blood transfusion. Because the clinical picture did not improve, an upper gastrointestinal (GI) endoscopic examination was performed, with easy visualization of the bleeding site at the jejuno-jejunostomy anastomosis. The bleeding stopped after an epinephrine and ethanol injection. The procedure was repeated after 2 days, due to a recurrent episode of bleeding. An endoscopic examination was performed after 5 days, with no further signs of bleeding.

GI bleeding is uncommon after bariatric surgery, but may be found at the staple-lines of the gastro-jejunostomy, gastric pouch, jejuno-jejunostomy and in the bypassed stomach.[1] Cases which will not cease with clinical support and transfusion, require surgery.[1] The therapeutic use of upper GI endoscopy is a common procedure for patients with digestive bleeding without previous surgery. However, its use after bariatric surgery may have not been attempted because of concerns of damaging an anastomosis or staple-line. Another concern is that the anastomotic site would not be accessible through the endoscope or that the bleeding could originate from the bypassed stomach.

Steffen, in a Letter to the Editor,[4] suggested the use of upper GI diagnostic endoscopy with a therapeutic option for management of bleeding after bariatric surgery. In response, Nguyen commented on the technical difficulties of the endoscopy to reach the jejuno-jejunostomy with a Roux limb >150 cm.[4]

In our case, the endoscopy was safe and effective, allowing clear identification of the bleeding site, a sometimes difficult task during reoperations. The endoscope could reach the entero-enteric anastomosis without difficulty, even with a 150-cm loop, because the transmesocolic passage was made to the right of Treitz' ligament with retrogastric passage for the gastro-jejunostomy, close to the transmesocolic passage opening, thus aligning the lumen of the gut for easy passage of the endoscope.

We propose that initial endoscopic management can be an effective measure for postoperative bleeding at the anastomotic site after bariatric surgery, even at the entero-enterostomy, and should be considered as an option before undertaking open surgery.

Myriam Moretto, MD; Cláudio C. Mottin, MD; Alexandre V. Padoin, MD; Diovanne Berleze, MD; Giuseppe Repetto, MD
Centro da Obesidade Mórbida, Hospital São Lucas
PUCRS, Porto Alegre, Brazil
E-mail: alexandre@padoin.med.br

References

1. Nguyen NT, Rivers R, Wolfe BM. Early gastrointestinal hemorrhage after laparoscopic gastric bypass. Obes Surg 2003; 13: 62-5.
2. Papakonstantinou A, Terzis L, Stratopoulos C et al. Bleeding from the upper gastrointestinal tract after Mason's vertical banded gastroplasty. Obes Surg 2000; 10: 582-4.
3. Fobi MA, Lee H, Holness R et al. Gastric bypass operation for obesity. World J Surg 1998; 22: 925-35.
4. Steffen R. Early gastrointestinal hemorrhage after laparoscopic gastric bypass (Correspondence). Nguyen NT: Reply. Obes Surg 2003; 13: 466-7.