CASE PRESENTATION

- 52F presented with acute central abdominal pain nausea and loose bowels; LABG placed 2 years prior
- CXR, AXR - air fluid levels, distended bowel loops → LABG fluid removed
- Urgent CT A/P: SBO (adhensional) with closed loop obstruction
- Proceed to emergency laparoscopy → Successful adhesiolysis and LABG removal
- Noted internal hernia secondary to connecting tube forming dense adhesions to the jejunum

BACKGROUND

- Obesity - one of the greatest public health problems in industrialized countries:¹
  - huge healthcare costs
  - detrimental health effects²
- Most Follow-up studies for LAGB have not highlighted SBO related to connection tubes as frequent complication or at all ³,⁴

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DISCUSSION

- Two types of SBO from band complications described: 5
  1. Band erosion and subsequent migration to cause SBO 6, 7
  2. SBO around the connecting tube → leading to closed loop obstruction and bowel necrosis

- Mills et al - elude to long length of tubing being responsible for SBO:
  → Increased tube redundancy with >60kg of weight loss 8

- Traditionally, connecting tube left as long as possible:
  - Facilitate revision surgery in cases of infection
  - Prevent tension on the band from the anterior abdominal wall 9
- Aim:
  - Short tube in the supra-colic compartment
  - Minimal length in infra-colic compartment where strangulation could occur 8

- Interestingly, majority of case reports have been female
CONCLUSION

- Rare but important complication:
  - Only the fourth reported case in Australia

- Most case presentations have non-specific clinical history and examination

- As bariatric surgery continues to rise, these patients may present unannounced to any emergency department

- Should be managed as a closed loop obstruction with immediate resuscitative and surgical management instituted.

- Improving outcomes could involve:
  - Close post-operative follow-up
  - Consideration if redundant tubing should be secured to the abdominal wall

REFERENCES