Case Report

• 43 year old man with excessive weight loss and vomiting six months after sleeve gastrectomy for morbid obesity
  • Barium swallow – two areas of stenosis
  • Transient success with endoscopic balloon dilatation: plan to revise to Roux-en-Y gastric bypass

• At laparoscopy, a twist of the gastric sleeve along its long axis was found with adhesions to the underside of the left lobe of the liver (No omentopexy at initial surgery)
  • The two stenoses seen on Ba swallow corresponded to laparoscopic findings.
  • Adhesiolysis restored “normal” sleeve configuration
  • Suture omentopexy performed along the length of the sleeve staple line

• The patient noticed immediate improvement of food tolerance post-operatively.


Discussion

• There is no consensus on technique for laparoscopic sleeve gastrectomy, including the place of omentopexy.
• Reasons for surgeons performing omentopexy include preventing torsion, decreasing risk of staple-line leak and decreasing gastrointestinal symptoms.
• OVID Medline search on keyword “omentopexy” and “sleeve gastrectomy” found one relevant article\(^1\)
  - RCT of 60 patients comparing omentopexy vs. no omentopexy.
  - No significant difference for omentopexy reducing post-operative GI symptoms.
• As the rate of stenosis and staple-line leak following sleeve gastrectomy is low, a randomised trial on the role of omentopexy would require a very large study.
• Further variations in surgical technique may introduce confounding to the result, making it a difficult question to investigate.

Conclusion

• The literature describing the benefit of omentopexy in sleeve gastrectomy is sparse.
• In this case report, twisting of the gastric sleeve followed a procedure where no omentopexy was performed. It is possible that omentopexy at the original sleeve gastrectomy may have prevented this symptomatic twisting of the gastric sleeve from occurring.

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