Laparoscopically assisted transgastric endoscopy in Roux-en-Y gastric bypass: a modification of the technique

Laparoscopically assisted transgastric endoscopy is a well-accepted strategy to access the papilla of Vater in patients with a bypassed duodenum, as after Roux-en-Y gastric bypass [1–3]. In this technique the endoscope is introduced into the abdomen through a trocar and is advanced to the duodenum via a gastrotomy. Using this technique however, gastric fluid and endoscopic insufflated air might escape from the gastrotomy during manipulation of the endoscope. The presence of gastric contents inside the peritoneal cavity might cause peritonitis or abscess formation. The presence of insufflated room air in the peritoneal cavity could cause dangerous gas embolisms [4,5].

We present a modification of laparoscopically assisted transgastric endoscopy that reduces the risk of these complications. The patient is placed in supine position. Four trocars are introduced as in routine foregut surgery. An additional 15 mm trocar is placed at the left upper quadrant. The first modification is to achieve mobilization of the greater curve of the antrum ( Fig. 1a ) until it can reach the anterior abdominal wall during pneumoperitoneum ( Fig. 1c ).

Next, as in the original technique, a purse-string is fashioned about 5 cm proximal to the pylorus and a gastrotomy is performed. In second modification, the 15 mm trocar itself is guided into the gastrotomy into the mobilized antrum ( arrow on the left ). Purse-string with needle ( arrow on the right ). Antral pouch lifted up to the anterior abdominal wall.

Endoscopy_UCTN_Code_TTT_1AT_2AF

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References

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Endoscopy 2009; 41: E190
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

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