Post-operative ileus with knotless barbed sutures V-Loc™ post bypass surgery: case report and review of the literature

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OBJECTIVE

Gastric Bypass is nowadays a well-established and a common surgical procedure for obese patient. Important steps of this surgery are the gastrointestinal barbed sutures. V-Loc™ sutures were shown to be quick, secure and effective to perform such anastomoses. Unidirectional and knotless sutures have greatly reduced the suturing steps. However, some complications have been reported in the literature. We describe here a case of small bowel obstruction caused by a barbed suture performed during laparoscopic gastric Bypass surgery for morbid obesity.

METHODS

A 25-year-old female presented with abdominal pain and severe nausea 7 days after laparoscopic gastric Bypass for morbid obesity. Clinical examination revealed an epigastric tenderness without any sign of peritonitis and laboratory results were normal. CT-scan of the abdomen showed severe small bowel obstruction at the level of the Y-connection anastomosis requiring a surgical re-intervention (Fig 1).

RESULTS

Explorative laparoscopy has been performed revealing an strong adhesion between the tail of the thread and the omentum causing small bowel obstruction and gastric dilatation (Fig 2a). Careful manipulation of the the adhesion at the proximal suture permitted to isolate and cut the V-Loc™ tail which solved the problem without any further action (Fig 2b).

CONCLUSION

Barbed sutures have been well evaluated in prospective studies and their efficacy and efficiency are nowadays well established. However, some cases of small bowel obstruction have been reported after gastric bypass surgery or other operations utilizing such barbed sutures. In this particular case, the uncovered part of the thread was causing a mechanical obstruction which forced us to do a re-intervention. In order to avoid such complications the tail part of the thread ought to be covered and placed in a safe location when ever possible.

REFERENCES