



MIDWEST SURGICAL ASSOCIATION

2020 Annual Meeting

August 2 - 4, 2020 | Mackinac Island, MI
Grand Hotel

21. LAPAROSCOPIC LIGAMENTUM TERES CARDIOPEXY TO THE RESCUE; AN OLD PROCEDURE WITH NEW USE IN MANAGING REFLUX AFTER SLEEVE GASTRECTOMY

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Background: Management of severe reflux after sleeve gastrectomy (SG) often requires the conversion to Roux-en-Y-Gastric Bypass (RYGB). Patients who refuse this option have limited alternatives to control their symptoms. We performed the historical Ligamentum Teres Cardiopexy, described in 1964, laparoscopically as a rescue operation to correct this problem.

Methods: Ten female patients underwent Laparoscopic Ligamentum Teres Cardiopexy (LLTC) for management of severe reflux after SG between June 2019 and March 2020. All patients had lost weight after the SG. Eight of them started some weight gain when they developed the reflux. Their average age was 52.9 +/- 8.5 years. Their average initial weight before the SG was 242.6 +/- 40.1 lbs. and BMI of 42.3 +/- 8.1 kg/m². Their average total weight loss after SG was 66.0 +/- 32.4 lbs. Their average pre-operative BMI was 30.6 +/- 3.9 kg/m². Two (20%) patients had no reflux before the SG. Of the remaining eight patients with reflux before SG, five of them had additional procedure done at the time of the SG. In total seven (70%) patients had previous procedures to correct their reflux before LLTC. Pre-operative work up included a Barium swallow and an upper GI endoscopy with pH monitoring to confirm their reflux. The average DeMeester score was 68.5 +/- 50.4 with a range of 27-194 (normal = 14.72). Hiatal hernia repair and gastric plication, of the dilated gastric fundus, were added to all patients. Intra operative Doppler was used to confirm the viability of the vasculature of the Ligament.

Results: There were no intra-operative complications. The average operative time was 110.4 +/- 26.4 minutes. The average hospital length of stay was 1.5 +/- 0.7 days. One patient was readmitted after a week for dehydration. All patients had resolution of their reflux and stopped their antireflux medications except two who complained of recurrent mild reflux. Their repeat Barium swallow failed to show reflux.

Conclusion: Laparoscopic Ligamentum Teres Cardiopexy may be considered as a rescue operation in lieu of conversion to RYGB in managing severe reflux after SG. Long term results is needed to confirm its durable effectiveness.