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13
 Gastric remnant twist in the immediate post-operative period following laparoscopic sleeve gastrectomy

Gokulakrishna Subhas, Anupam Gupta, Mubashir Sabir, Vijay K Mittal

Abstract

Twist of stomach remnant post sleeve gastrectomy **2** is a rare entity and difficult to diagnose pre-operatively. We are reporting a case of gastric volvulus post laparoscopic sleeve gastrectomy, which was managed conservatively. **2** Thirty eight year old lady with a BMI of **12** 54 underwent laparoscopic sleeve gastrectomy. Sleeve gastrectomy was performed over a 32 French bougie using Endo-GIA tri-stapler. On post-operative day 1, patient had nausea and non-bilious vomiting. An upper GI Gastrografin study on post-operative days **2** 1 and 2 revealed collection of contrast in the fundic area of stomach with poor flow distally, and she vomited gastrografin immediately post procedure. With the suspicion of a stricture in the mid stomach as the cause, the patient was taken back for a exploratory laparoscopy and intra-operative endoscopy. We found a twist in the gastric tube which was too tight for the endoscope to pass through. This was managed conservatively with a long stent to keep the gastric tube straight and patent. The stent was discontinued in 7 days and the

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