Surgical Management of Gastro-gastric Fistulas in the Roux-en-y Patient

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Background: Gastrogastric fistulas (GGF) following laparoscopic Roux-en-Y gastric bypass (RYGB) are an uncommon complication of this procedure and can present difficult surgical challenges. The purpose of this study was to review the incidence, presentation, surgical treatment, and outcomes of GGF at a single institution.

Method: A prospective database of 4500 patients was analyzed for surgically repaired GGF fol- lowing RYBG from 2001-2009.

Results: GGF were surgically repaired in 74 patients (1.6%). Mean interval of fistula diagnosis was 31 months (1-79). Most common clinical symptoms included pain (n=36, 48.6%) and weight gain (n=18, 24.3%). Endoscopic findings revealed an ulcer in 18 patients (24%). Fistula etiology was presumed related to tobacco use in 7 patients (9.5%), NSAIDs in 28 patients (37.8%), and neither in 42 patients (56.7%). Endoscopic clipping was attempted and unsuccessful in 16 patients. All surgical repairs involved either complete transection of the entire connection from pouch to lower stomach (n=42, 57%), transection with partial gastrectomy (n=30, 40%) or subtotal gastrectomy (n=2, 3%). All were accomplished laparoscopically except one patient required concurrent laparotomy for perforated ulcer. There were no significant postoperative complications or mortality. With a mean follow-up of 44 months, there have been 13 recurrences including 9/42 who had complete transection (21.4%) and 3/30 who had partial gastrectomy (10%) (P=0.09).

Conclusion: GGFs are an uncommon complication of RYGB potentially related to tobacco or NSAID use. This large data set demonstrates a lingering risk of recurrence, 10-20%, which suggests a benefit for partial gastrectomy versus complete transection.