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## **Delayed Takedown of the Short Gastric Vessels in Laparoscopic Sleeve Gastrectomy**

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**Introduction:** Division of the short gastric vessels during laparoscopic sleeve gastrectomy can be a source of potential technical error leading to blood loss and thermal injury to the stomach. This study analyzes a novel technique with delay takedown of the short gastric vessels after division of the stomach to the angle of His.

**Method:** A single surgeon series of patients undergoing laparoscopic sleeve gastrectomy for weight loss was reviewed. Delayed takedown of the short gastric vessels was employed in each case. Estimated blood loss, length of operative time, length of hospital stay, and complications were evaluated.

**Results:** Operative details of 33 consecutive patients revealed average blood loss 11cc (range 1-50). Average operative time was 61 minutes, including simultaneous hiatal hernia repair (n=14), cholecystectomy (n=5), and ventral hernia repair (n=3). There were no cases requiring use of a suction catheter device (0%) validating minimal blood loss. There were no cases of thermal injury/leak or postoperative bleeding. Average length of hospital stay was 1.3 days.

**Conclusion:** Delayed takedown of the short gastric vessels following gastric transection to the angle of His is a safe technique that avoids potential bleeding or gastric thermal injury during laparoscopic sleeve gastrectomy.