

## ORIGINAL RESEARCH PAPER

Surgery

# THE USE OF GASTROGRAFFIN STUDY POST-OPERATIVE IN BARIATRIC PRACTICE IN PRIVATE HOSPITAL SETTING IN OMAN

**KEY WORDS:** 

l-Leak

Nill

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First Hospital 90+/-20

(Gastrgraffin

done)

Second

Hospital

#### INTRODUCTION:

- Obesity had increased globally and in the Regions the GCC(Gulf Council Countries) are labeled as the highest prevalence of increasing obesity.
- Bariatric surgery in the Region had increased steadily for the last 10 years.
- Bariatric surgery in the region has been shown safe and efficient treatment for severe obesity BMI>35.
- In Oman, For the recent years there was an increase trend of bariatric surgery practice in Private Hospitals.
- However, The Use of Gastrograffin Study Post-Operative in Bariatric Practice still a common practice in Oman.

#### **OBJECTIVES:**

- To assess the benefits of the Gasterograffin study postbaratric surgery compare to the other group who did not have the Gasterograffin study.
- Is it Safe to Omit the Gasterograffin study post-bariatric patients in view of increase demand to bariatric surgery In Private practice.
- This Study is frequnetly done After Laparoscopic sleeve gastrectomy.
- To assess the side effects of the study in Application of ERAS(Enhanced Recovery After Surgery).

# METHODOLOGY:

- The retrospective data collection of 100 cases from two different private hospitals. Each Hospital is 100 patients (The first Hospital where the gasterograffin study done and Available The second hospital where the gastrograffin not done because the service is not available)
- Only patient who underwent laparoscopic sleeve gastrectomy were collected.
- The Gasterograffin study was done next day with 100 CC contrast.
- The patients were informed that they will not receive The gastrograffin study in the Second Hospital.
- The surgeon was the same in both Hospitals.

## Statistics:

## **Both Hospital sdemografics:**

The Hospital	No.Of patients			gastre	tomy + laparo-	Gastrect omy +
First Hospital	100	63 F	45+/- 5	92	5	3
		37 M				
Second Hospital	100	52 F	48+/- 5	89	7	4
		48 M				

Surgery	Hospital stay in	Complications
time	days	

# The Leak Case:

90+/-20

 23 years old Male patient with weight of 160 kg and height 180.BMI is 50 Non-metabolic Morbid obesity.

2-3

1\_2

- The gastrograffin study done in post operative day 1 and found to have no leak with normal passage through the sleeve to the duodenum.
- 2<sup>nd</sup> day post op patient wakeup complaining of severe left sided chest pain more with oral intake.
- The patient Tachycardia 110-120 and WBC was 22 with Fever of 38 and CRP of 350
- He was treated with Re-do laparoscopy and re-suturing of the leak area which was at the GOJ, 3 large drains and left sided chest tube because of large pleural effusion. Then he was stented with mega stent and stent removed after 6 weeks. He did very well after that with no further sequelae.

#### **Observations:**

- 1- The patients who received the Gasterograffin study were more worried of The leak test and kept asking about the results
- 2-The patients who received the Gasterograffin study had some nausea, vomiting, abdominal cramps in and after the procedure.
- 3- The Cost was more with the patients who received the Gasterograffin study as they waited till next day to start orally.
- 4- The patients who did not received the Gasterograffin study were more ERAS oriented as they started earlier orally and were much prepared for discharged next day of the surgery.

#### The Conclusion:

- As a routine measure for detection of leak, most surgeons obtain contrast swallow in day 1 post-surgery. Previous studies done that showed routine use of contrast swallow after SGE is not needed, moreover it has low sensitivity.
- In our study, The leak case was not detected by gasterograffin study and patient was allowed orally and the leak was suspected based on the clinical condition deterioration of the patient.
- The Routine use of Gasterograffin study is not necessary esp. in private practice as it increased the cost, low sensitivity and delay the ERAS pathway.

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