

CONVERGENCES ENTRE  
ENDOSCOPIE ET  
ONCOLOGIE DIGESTIVE



ORGANISÉ PAR  
MEETING-PRO

18 Juin 2021  
9h - 17h30

# Traitement des complications de la chirurgie bariatrique

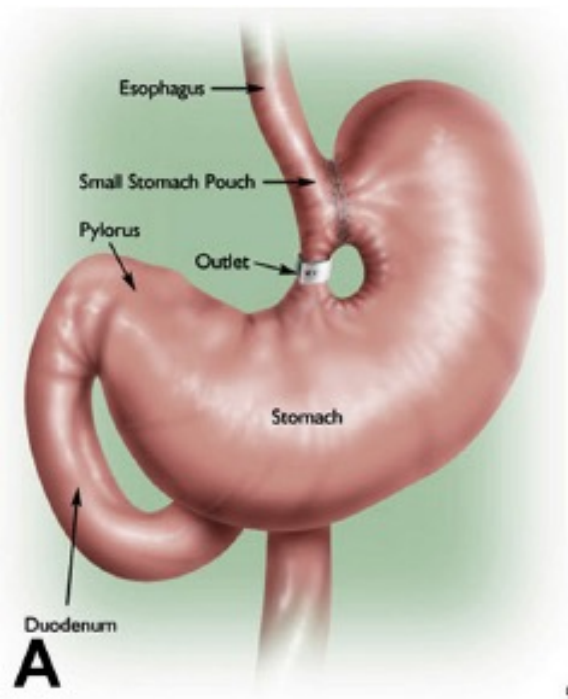
Sarah LEBLANC

[s.leblanc@gelmad.fr](mailto:s.leblanc@gelmad.fr)

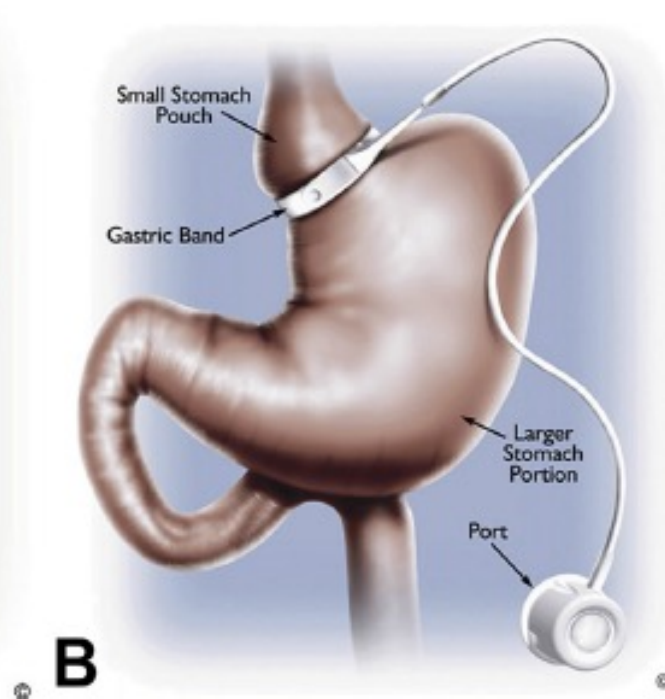
Hôpital Privé Jean Mermoz – Médipole Lyon Villeurbanne

# Matériel

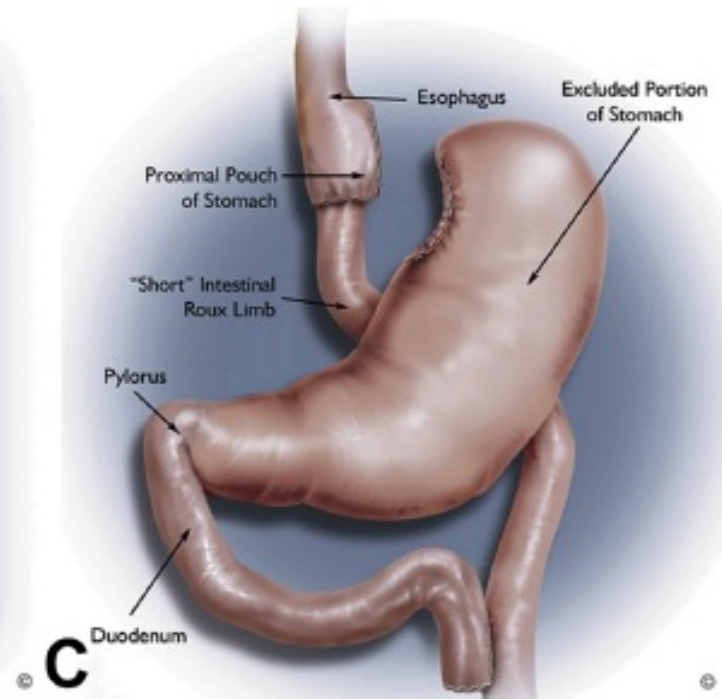
- Patient intubé, table de scopie
- Gastroscope
- +/- cap
- Insufflation CO2
- Pompe de lavage
- Matériel de drainage/prothèse... et le reste...



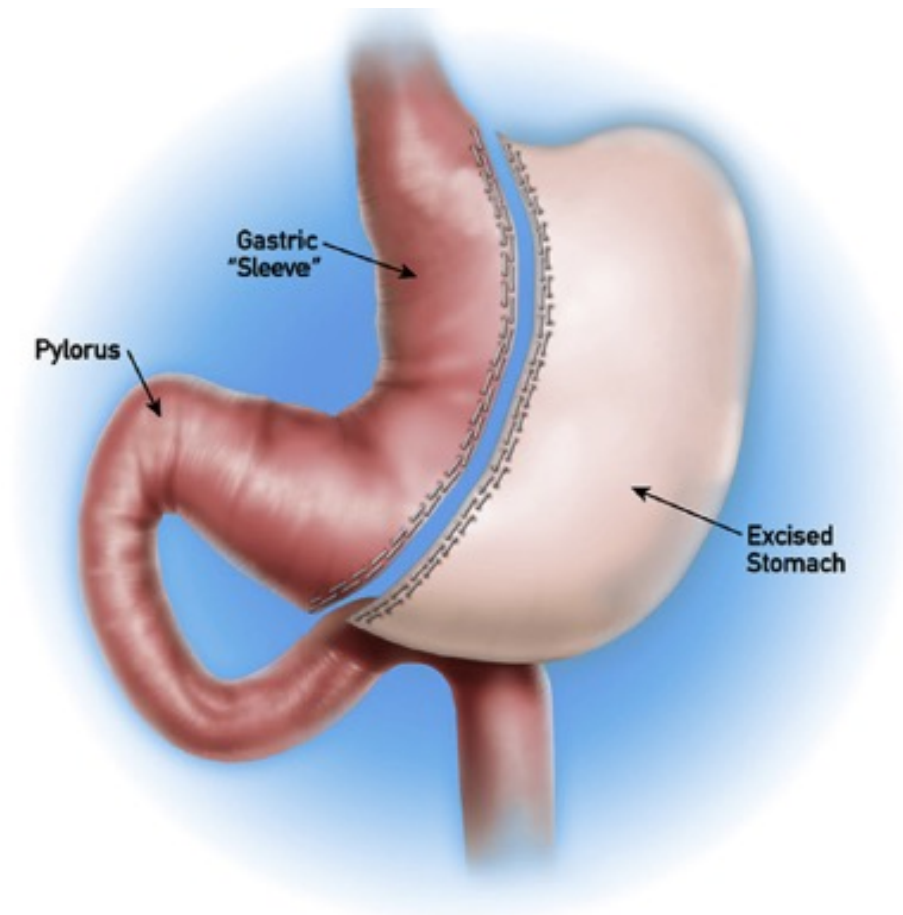
GVC



Anneau



RYGB

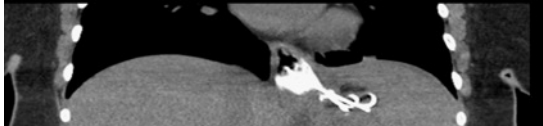


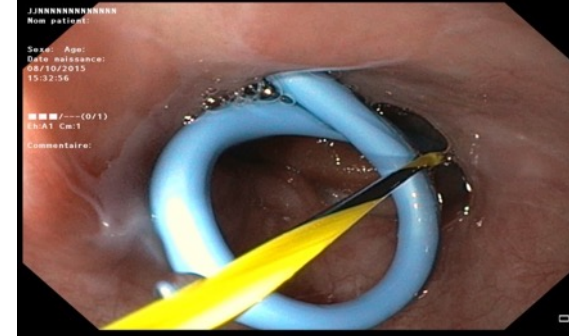
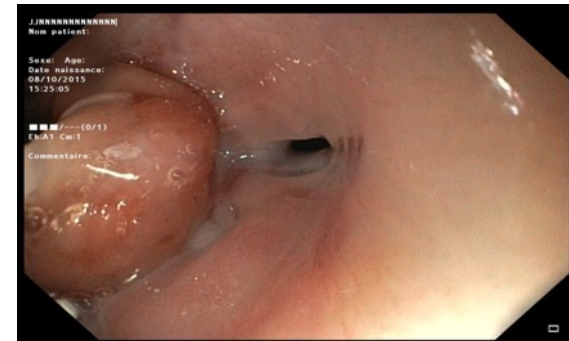
Sleeve

# Fistules

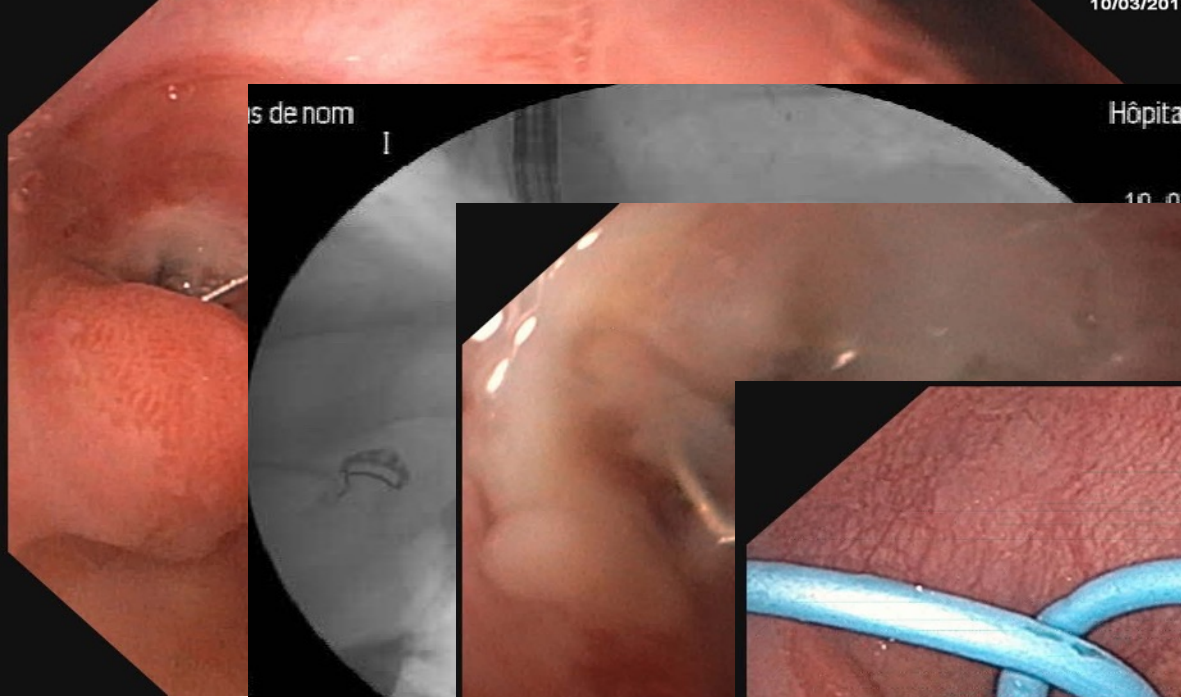
- Identifier **l'orifice** de fistule (cap)
- Identifier **le trajet**: fil guide + opacification
- Favoriser le **drainage interne** par QDC
- Se méfier des fistules multiples +++

## Drainage interne : Queues de cochon

- Prothèse dans le trajet fistuleux
  - Gastroscope, Cathéter + fil guide
  - 7 Fr, 4 - 7 - 10 cm, atraumatique
- **Remplacer le drainage externe par un drainage interne**  
(dérivé traitement PK)
- Réaction à corps étranger : fermeture fistule et rétraction de la cavité
- Nutrition +++







s de nom  
I  
PHILIPS BV Pulsera

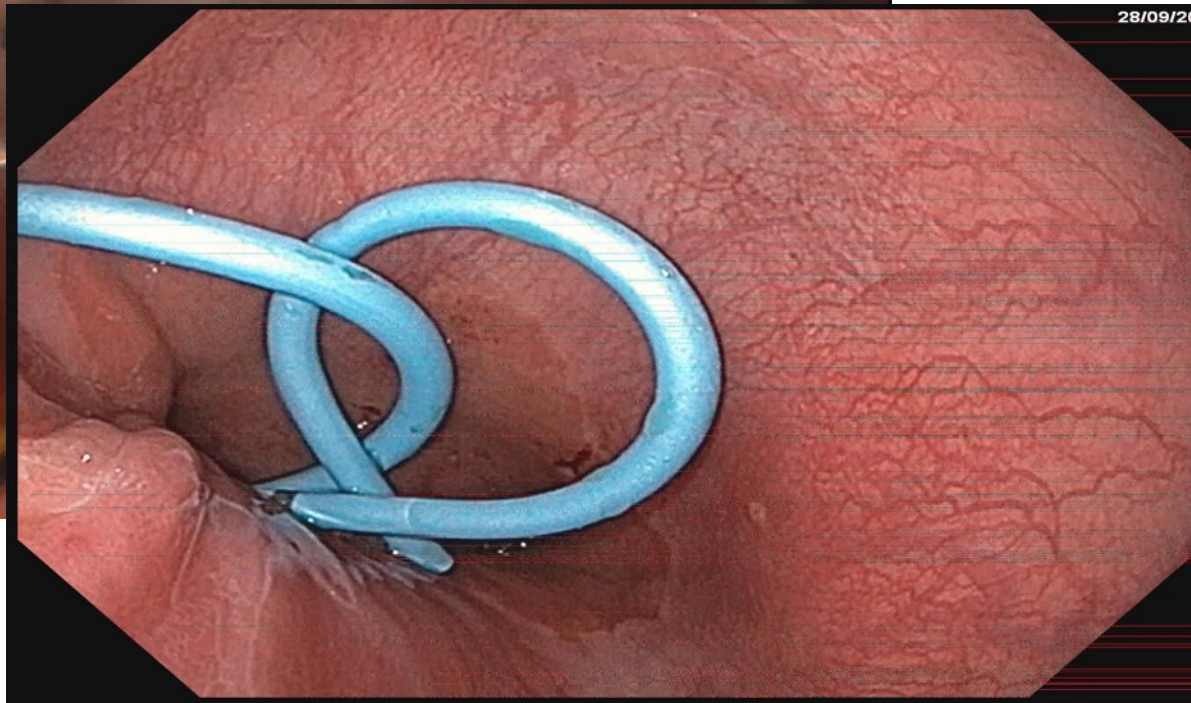
Hôpital

10/03/2016

10.0



10/03/2016



28/09/20

- F, 65ans
- Anneau gastrique -> GVC -> By pass
- Collection sous diaphragmatique G à J5



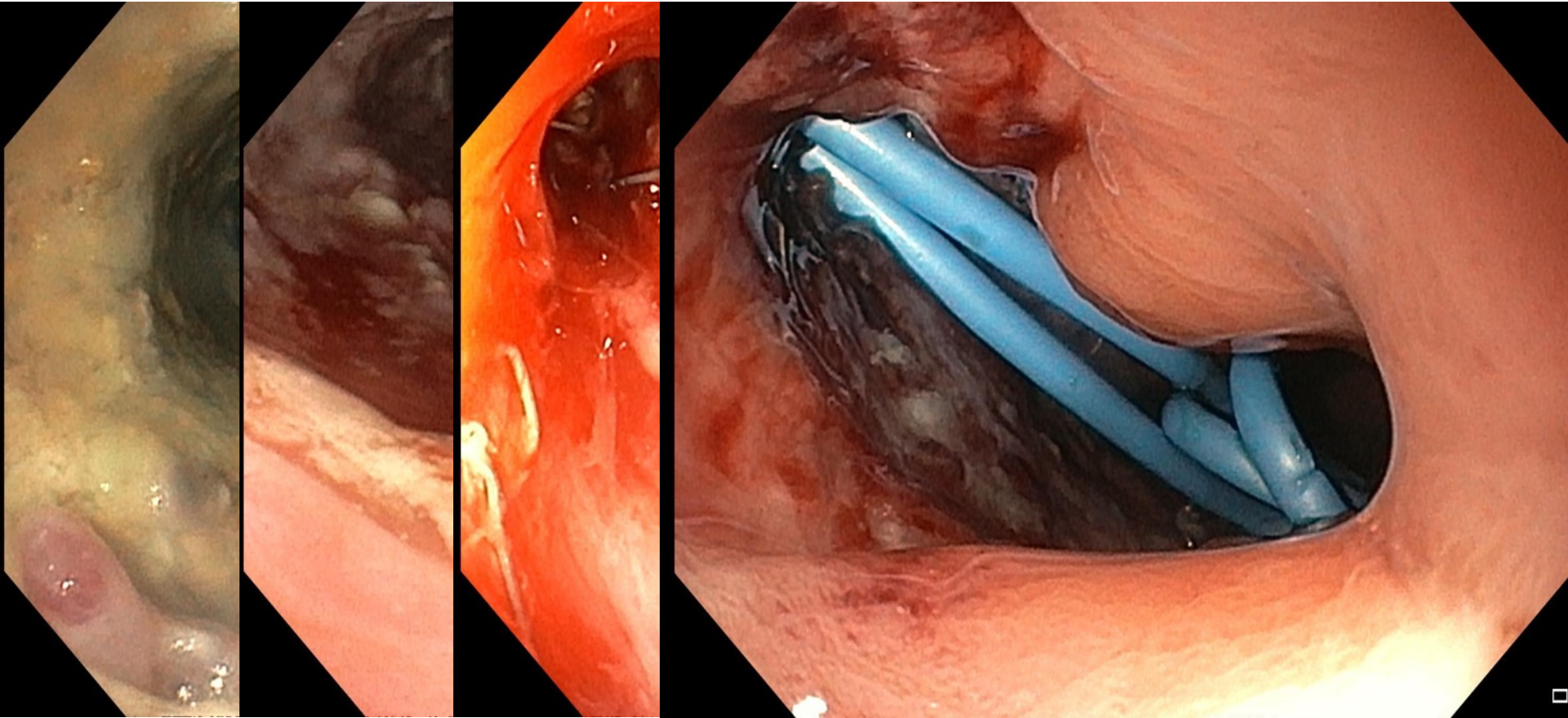
# 1<sup>ère</sup> endo: « classique »

- AGJ ulcérée, pas fistule
  - Fistule en sous cardial, sur la ligne de suture verticale de la poche gastrique
- > QDC X 2, 7Fr – 4cm
- > sepsis sévère à J3

2<sup>ème</sup> endo



# 3<sup>ème</sup> endo: ablation de la prothèse à S4



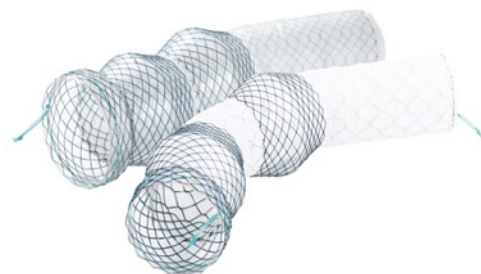
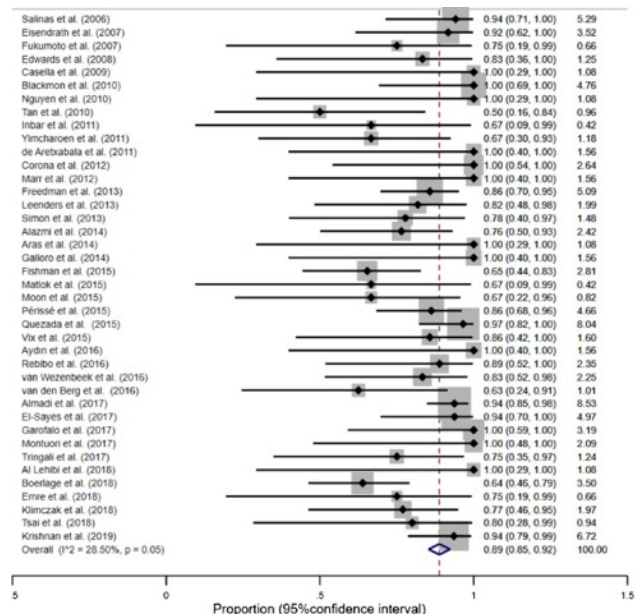
# Prothèses

Prothèse oesophagienne complètement couverte

Durée: 3-4 sem

Alimentation orale

Taux de fermeture: 89-92%



Béta stent

Taewoong, Corée

Endoscopic management of leaks and fistulas after bariatric surgery:  
a systematic review and meta-analysis

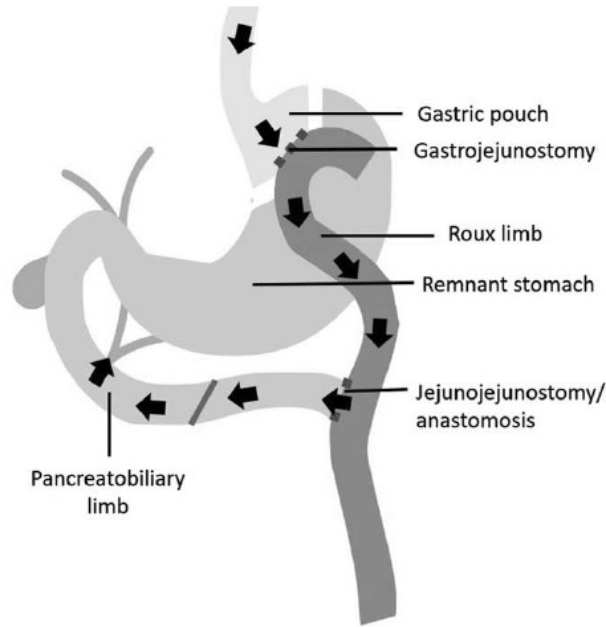
Rogalski, Surg Endosc 2021

# Hémorragie

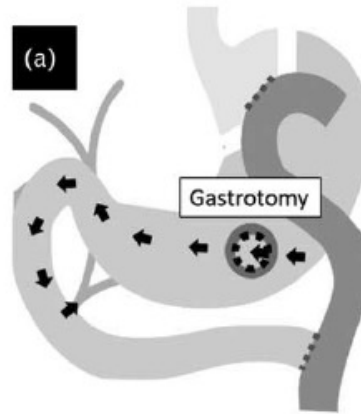
- 34 ans, sleeve gastrectomie + fistule chronique
- Reprise chirurgicale pour by pass
- J3: méléna + déglobulisation
- TDM: pas complication



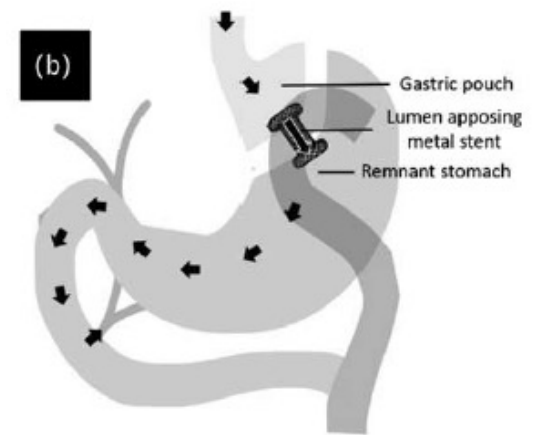
# Lithiase cholédocienne et RYGB



E-ERCP



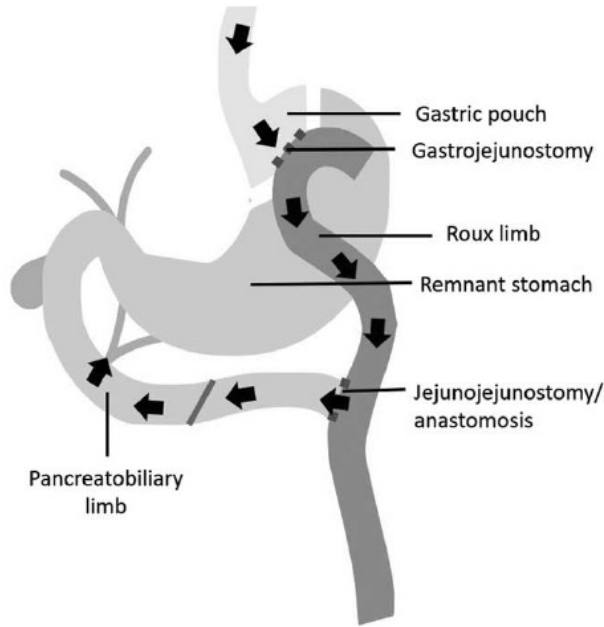
LA-ERCP



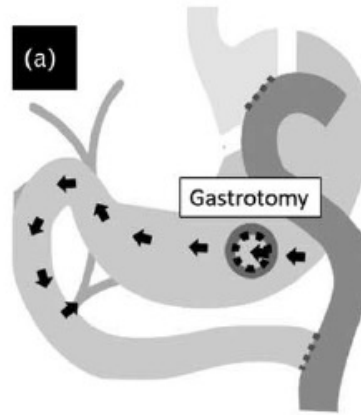
EDGE



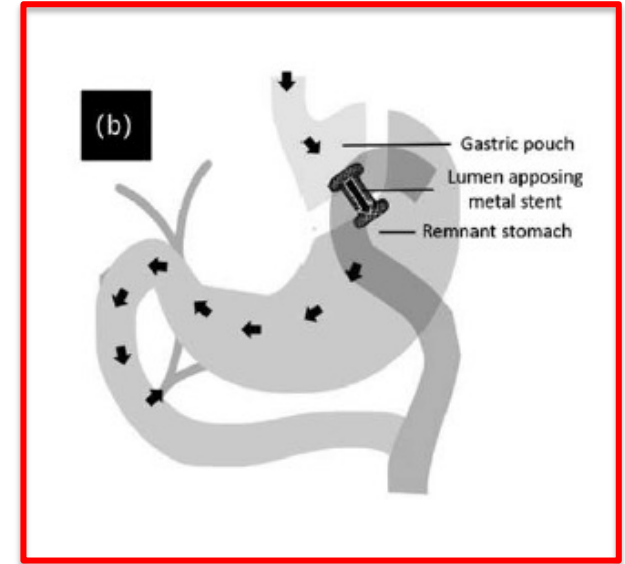
# Lithiase cholédocienne et RYGB



E-ERCP



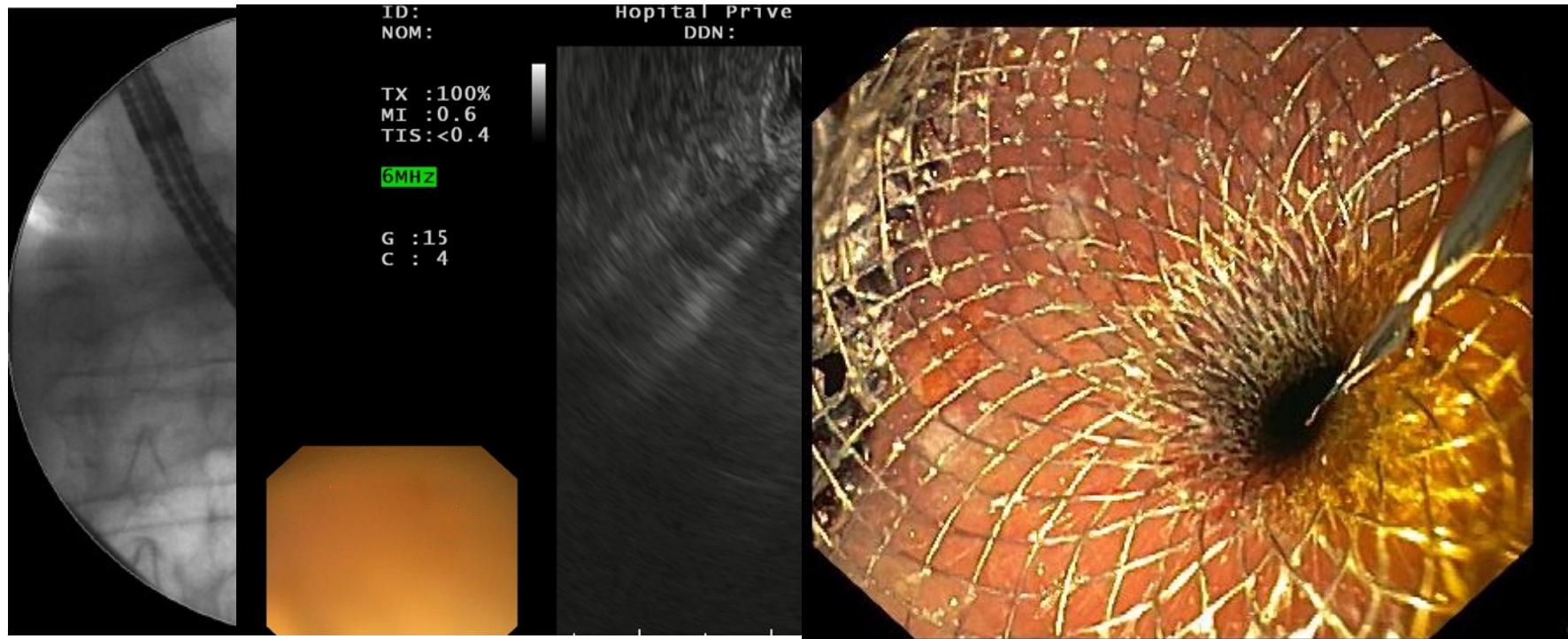
LA-ERCP



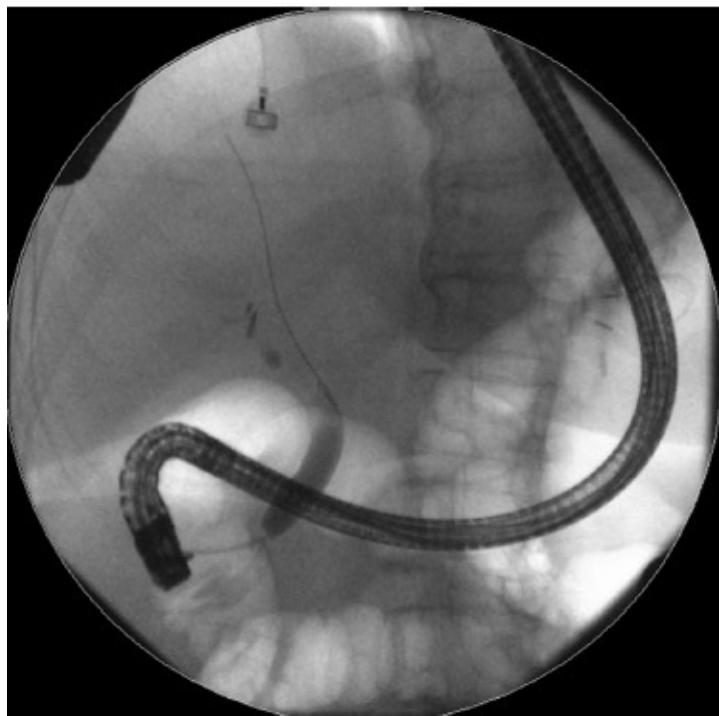
EDGE

# EDGE (EUS directed transgastric ERCP)









# Résultats

| Clinical Characteristics   | EDGE         | LA-ERCP      | P       |
|--|--------------|--------------|---------|
| Technical success of achieving excluded stomach access [n/N (%)] | 28/29 (96.5) | 43/43 (100)  | 0.40    |
| Technical success of achieving therapeutic ERCP [n/N (%)]        | 28/29 (96.5) | 42/43 (97.7) | 1.0     |
| Total number of ERCP   | 1.2 (1-3)    | 1.04 (1-2)   | 0.0544  |
| Adverse events [n/N (%)]   | 7/29 (24.1)  | 8/43 (18.6)  | 0.57    |
| Cumulative procedure time (min)                                  | 73 (24-230)  | 184 (55-393) | 0.00001 |
| Total hospital stay (d)  | 0.8 (0-5)    | 2.65 (1-12)  | 0.00008 |

Kedia, J Clin Gastroenterol 2018

|                  | EDGE<br>(n=26)                   | LA-ERCP<br>(n=18)                     | E-ERCP<br>(n=12)                   |
|------------------|----------------------------------|---------------------------------------|------------------------------------|
| Succès technique | 100%                             | 94%                                   | 75                                 |
| Complications    | 8% saigt<br>4% LAMS<br>migration | 6% saigt<br>6% PA<br>6%<br>collection | 25% saigt<br>8% infection<br>8% PA |

Kocchar, EIO 2020



GUIDELINE



## The role of endoscopy in the bariatric surgery patient

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GIE, 2015