



البحث الثامن

عنوان البحث باللغة الإنجليزية: Gastropexy after sleeve gastrectomy.

الملخص باللغة الانجليزية:

Gastrocolic, gastrophrenic, gastrosplenic and posterior gastric attachments are cut during Laparoscopic Sleeve Gastrectomy (LSG), increasing the possibility of turning, twisting or folding. In some cases, the fixation of the stomach keeps it in the correct position. Gastric twist can be suspected in those complaining of any degree of obstructive symptoms in the postoperative course. The aim of this study was to evaluate the value of gastropexy after LSG to the pancreatic fascia and its impact on intraoperative and postoperative morbidities. This prospective randomized study conducted in Kasr El Aini and private Hospitals from May 2018 to November 2018. Forty patients were subdivided into two groups. Group A included cases with LSG, while Group B included cases with LSG with sleeve reattachment to the pancreatic fascia. Assessment of intraoperative twisting, bleeding, time consumed, postoperative vomiting, epigastric pain, gastrografin meal and upper gastrointestinal endoscopy was done.

The study revealed statistically significant difference regarding vomiting ($P=0.003$), epigastric pain ($P=0.035$) and operative time ($P<0.001$) was noticed between both groups.

As a conclusion, adding pancreatic attachment to the procedure posed no harm and did not increase any surgical morbidity. It reduced postoperative gastric pain and vomiting.