

# LUI LO FA COSI! (FATEGLI LE BUCCE) VIDEO: endoscopia

Treatment of a necrotic collection after tangential gastric resection by using an automated endoscopic debridement catheter

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## **BACKGROUND I**

- Complications happen to those who operate

- For decades surgery has been the main actor when managing endoscopic failures...and still is
- Differently, first choice treatments for post-surgical complications traditionally included salvage surgery and interventional radiology
- The huge technical and technological evolution of the last years have led to the development of a new branch of endoscopy: the treatment of post-surgical complications

# **BACKGROUND II**



remove EID



- In a recent retrospective study on 1020 patients with bariatric surgery complications an algorythm for endoscopic management has been proposed and applied
- Clinical success achieved in 751 (81.6%) patients
- A 1% increased risk of redo-surgery every 10 days of delay to the first endoscopic treatment was reported

## **VIDEO CASE-REPORT**

- 59-years-old woman undergoing proximal subtotal gastrectomy for a gastric stromal tumor
- Fifteen days after surgery, the patient presented at the E.R. with sepsis, fever and abdominal pain

#### At c.e. CT scan



## At endoscopy



## **VIDEO CASE-REPORT**



# DISCUSSION

- The availability of new devices, new techniques and of a higher degree of expertise suggest a major role for endoscopy when managing surgical complications

- Endoscopy and surgery are complementary disciplines: the intervention at the right time of one or the other may ensure clinical success for the patient

- For the endoscopist: when managing non-ordinary situations, remember all the tools at you disposition...and think outside the box

