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Efficacy of novel reduced volume oral contrasted computed tomography protocol for detection of early leaks after sleeve gastrectomy for obesity

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Obesity is a modern world epidemic and 50% of European population between 35-65 years are either overweight or obese. Sleeve gastrectomy gained popularity as a practical obesity surgery technique. One of the most drastic complication after sleeve gastrectomy is staple line leak, occurring between 1-3% of patients. Prompt management of staple line leak is essential in avoiding prolonged hospital stay and mortality. Recent studies showed that radiologic contrast agent upper gastrointestinal examination has low sensitivity for detection of leaks. In case of clinical suspicion of a leak, computed tomography scan with oral contrast agent is recommended. But there is not enough prospective data on efficacy and methodology (timing, volume of oral contrast, etc.) of routine computed tomography after sleeve gastrectomy. Our objective in this study is to prospectively evaluate the efficacy of upper abdomen computed tomography on postoperative day 3 after sleeve gastrectomy using only 50 cc oral contrast agent in 500 cc of drinking water. Patients were instructed to drink the last 50 cc of water just before lying on gantry. For this purpose, 168 patients who underwent laparoscopic sleeve gastrectomy were included in the study. Patients were started with oral feeds if computed tomography was negative for a leak and discharged. They were followed as outpatient on 1st, 3rd, 6th and 12th months. None of the patients with a tomography negative for a leak had a clinically manifest leak on follow up (Sensitivity 100%). Our study showed that using minimal amount of only oral contrast agent, accurate timing and only with upper abdomen sections leaks can be detected with very high accuracy.

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