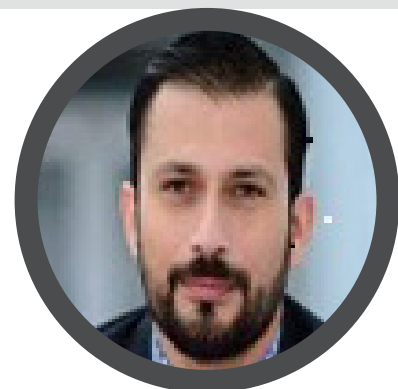


April 12-13, 2018
Amsterdam, NetherlandsJose Antonio Castaneda Cruz, J Obes Eat Disord 2018, Volume: 4
DOI: 10.21767/2471-8203-C1-007

CONVERSION FROM GASTRIC BYPASS TO DUODENAL SWITCH SECONDARY TO DUMPING SYNDROME: A CASE REPORT

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Introduction: According to the Mayo Clinic Staff's description¹. Dumping syndrome is a condition that can develop after bariatric surgery (gastric bypass) also called rapid gastric emptying, dumping syndrome occurs when food, especially sugar, moves from the stomach into the small bowel too quickly. ²Most people with dumping syndrome develop signs and symptoms, such as abdominal cramps and diarrhea, 10 to 30 minutes after eating, also present tachycardia, diaphoresis, nausea, hypotension, and lipotomy. ²Other people have symptoms one to three hours after eating, and still others have both early and late symptoms. Generally this condition can be prevented by changing the diet after surgery. Changes might include eating smaller meals and limiting high-sugar foods. In more-serious cases of dumping syndrome, it may need medications or surgery. In this case was a woman 46 years old, with a history of metabolic syndrome, who underwent bariatric surgery of 1 year 3 months ago. Our patient begins with symptoms three months after the completion of her surgery, which is unknown the technique used, as well as findings during a surgical time, this because it was performed in other surgical group. Failed medical treatment and diet modification as well as present weight gain. Regarded as intractable dumping syndrome, for which she is considered as candidates for revision and surgical conversion.

Methods: Before the surgical protocol, under general anesthesia and endotracheal intubation, trocar is placed at the level of the midline, 15 cm below the xiphoid appendix, and the rest of the trocars are placed with direct vision, adding a sixth in the middle clavicular line at the level of the left ileac crest. Laparoscopic finding that left three meters of absorption surface, but debuting three months after surgery with dumping syndrome and weight gain. Laparoscopic revision procedure was performed with modified biliopancreatic diversion like to duodenal switch was performed to relieve her intractable condition.

Results: The procedure lasted 50 minutes without any intraoperative complication, the final intestinal absorption surface was 100cm, blood loss was 300 ml, the postoperative hospitalization stay was 2 days. To this day the patient is uncomplicated, metabolic syndrome is controlled, and BMI it's in normal range.

Conclusions: In this case, the syndrome could not be medically treated and required surgical intervention, in which it was necessary to modify the gastric emptying by the pyloric restitution, together with the procedure, the intestinal absorption surface is reduced in order to correct the weight gain. Obtaining metabolic syndrome and weight gain control.

Biography

Jose Antonio Castaneda Cruz studied medicine at the Universidad de Guadalajara from 1994 to 2000. He has a specialty in surgery from the Universidad Autonoma de Chihuahua, at the Dr. Salvador Zubiran General Hospital in Chihuahua. Chihuahua México from 2000 to 2005. For 2006 he travels to Barcelona Spain, to the Laparoscopic Center of Barcelona Centro Teknon, to do the sub specialty in laparoscopic bariatric surgery, by Professor Carlos Ballesta López M.D.

He returned to Mexico where he worked as a bariatric surgeon at the Instituto Mexicano del Seguro Social. In Cd, Juárez, Chihuahua, and later devoted himself to the practice of bariatric surgery in the private sector in the state of Jalisco. Since 2008 he attends the IFSO congresses that are presented every year.

In 2015, he founded Gastric Bypass México A.C. of which he is president and responsible. Taking the opportunity at the last IFSO congress to present his clinical and surgical research works, in the same way in Mexico at the XX CIAM congress. Surgeon treating the case of Juan Pedro Franco Salas, "The most obese man in the world" and Dayana Camacho "The most obese teenager in the world" in both cases with an excellent medical surgical advance.

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