



V-096 - ROBOTIC REMOVAL OF A DISPLACED VERTICAL GASTRIC CLIP WITH CONCOMITANT SLEEVE GASTRECTOMY DUE TO INSUFFICIENT WEIGHT LOSS

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Resumen

Introduction: The vertical gastric clip has been used as a reversible treatment for morbid obesity, based on the standard of *sleeve* gastrectomy. Displacement of the clip has been observed in 4,46% of cases in the longest series, with a slippage classification that justifies the manifestation of symptoms or absence of weight loss.

Case report: A 31-year-old male with a maximum body mass index (BMI) of 42 kg/m² underwent laparoscopic placement of a vertical gastric clip in December 2018. Initially, the patient achieved a nadir BMI of 26 kg/m² but experienced weight regain, resulting in a current BMI of 36 kg/m² after 5 years. Upper gastrointestinal series revealed a lateral, asymptomatic displacement of the clip, classified as type IIIC, leading to insufficient weight loss. Given this scenario, the decision was made to remove the clip and perform a definitive restrictive procedure through *sleeve* gastrectomy. The surgery was performed using robotic assistance with the DaVinci Xi platform. Four 8 mm robotic trocars and one 12 mm assistant trocar were placed. The gastric clip was identified on the lesser curvature of the stomach, displaced from its original position and covered with a layer of fibrosis. The fibrosis was released at the front of the clip, and the stitches fixing it to the anterior and posterior gastric walls were separated using robotic monopolar energy. The open clip was then removed through the 12 mm assistant trocar. Subsequently, *sleeve* gastrectomy was performed using a posterior approach dissection with six 60 mm purple Endo-GIA staplers, calibrated with a 36 Fr Foucher tube. No leaks were observed following the methylene blue test. Operative time was 153 minutes without any intraoperative complications. Patient had uneventful postoperative course and was discharged on the first postoperative day. In the first month post-surgery, the patient showed no symptoms of reflux or pain and achieved a BMI of 32 Kg/m².

Discussion: This case shows the use of a robotic platform to remove a displaced gastric clip and perform a *sleeve* gastrectomy as a definite surgery in a patient with weight regain. The robotic system provides enhanced precision and visualization, facilitating the safe and effective removal of the displaced gastric clip.