

In two recent studies published May 2007 in the Journal of Surgery For Obesity And Related Diseases, 71 patients who underwent sclerotherapy for a dilated gastro-jejunal anastomosis were studied. Seventy-five percent of patients who underwent the procedure maintained or lost weight in the 12 month follow-up period, and had an average weight loss of 12 lbs. There were no admissions or complications related to the procedure. Repeated therapy was performed in only 28% of the patients (The procedure can always be repeated if necessary to make the opening tighter, if the first treatment was not completely effective).

The second study published in the same journal looked at 118 gastric bypass patients who also received Endoscopic sclerotherapy between 2001-2006 for a dilated gastro-jejunal anastomosis. In this study, 73% of patients lost weight or stopped gaining weight, and the author concluded that Endoscopic Sclerotherapy provides weight loss or stabilizing of weight in most patients with a dilated gastrojejunostomy after gastric bypass.

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LONG-TERM RESULTS OF SCLEROTHERAPY FOR DILATED GASTROJEJUNOSTOMY AFTER GASTRIC BYPASS.

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Background: One potential contributor to weight gain after gastric bypass has been dilation of the gastrojejunostomy. Endoscopic sclerotherapy of the gastrojejunostomy has been demonstrated to result in decrease in diameter of the gastrojejunostomy and provide weight loss or cessation of weight gain in 6 month follow-up. We now report the results 6 months to 5 years after sclerotherapy.

Methods: Endoscopic sclerotherapy by single surgeon was performed on 118 gastric bypass patients from 2001 to 2006. The procedure was performed by endoscopic measurement of gastrojejunostomy. If greater than 10 mm in a patient with no evidence of staple line disruption, sclerotherapy was performed. Sodium morrhuate was injected in 1 cc increments circumferentially around in gastrojejunostomy in the muscular wall of the stomach. Percent excess weight loss was measured before and serially after this procedure for 6 months to 5 years after the procedure.

Results: The procedure was performed on 118 patients over the study period. The mean pre-procedural diameter of the gastrojejunostomy was 15mm (range 11-24 mm). The mean increase in percent excess weight loss was 1.63% (range was decrease of 4.0% to increase of 8.6%). 73% of patients lost weight or stopped gaining weight.

Conclusion: Endoscopic sclerotherapy provides weight loss or stabilizing of weight in most patients with a dilated gastrojejunostomy after gastric bypass.

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SCLEROTHERAPY AT THE GASTROJEJUNOSTOMY FOLLOWING GASTRIC BYPASS TO MANAGE WEIGHT REGAIN.

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Background: Gastric bypass is effective treatment for morbid obesity with 60-80% excess weight loss in 18 months. It has been reported that 10-15% weight regain occurs in these patients. There are few options available to prevent this weight regain. Injection of morrhuate sodium (sclerotherapy) has been suggested to decrease the diameter of the gastrojejunostomy (GJ) anastomosis.

Methods: A retrospective study was performed of patients receiving scleroinjections at their GJ from July 2004 to August 2006. Charts were reviewed, and follow-up data including weight checks were obtained.

Results: There were 71 patients who underwent sclerotherapy at their GJ. Average age was 45, and all but four patients were women. These procedures were done an average of 33 months after GB and the average weight loss prior to injection was 85 lbs (EWL of 52%). Diameter of GJ was 2.5 cm average. An average of 13cc morrhuate sodium was injected circumferentially. Repeated therapy was performed in 28%. There were no admissions or complications related to the procedure. Seventy-five percent of patients maintained or lost weight in the 12 months follow up period. Average weight loss was 12 lbs.

Conclusion: Sclerotherapy at the GJ is safe and effective to treat weight regain after dilatation of GJ anastomosis in gastric bypass patients and is moderately successful for weight loss.

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