A simple method of postgastric bypass laparoscopic-assisted endoscopic retrograde cholangiopancreatography

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The authors declare they have no conflicts of interest.

BACKGROUND

Laparoscopic-assisted endoscopic retrograde cholangiopancreatography (ERCP) is indicated and safe¹ in postgastric bypass patients where conventional ERCP has failed, and it is effective in treating biliary pathology. However, insertion of a large port into the gastric remnant can be demanding technically. We present a simple method of port placement using the VersaStep™ (Covidien, Dublin, Ireland) dilating port system and an easier method of endoscopy using a two-stage endoscopic technique.

TECHNIQUE

Following insufflation of the abdomen and adhesiolysis, a suitable midbody site for the VersaStep™ port is identified on the exposed gastric remnant. Two stay sutures are placed. The VersaStep™ needle and expandable sleeve are inserted through the abdominal wall and progressed into the gastric remnant, angling towards the pylorus. The 15mm port and trocar are inserted through the sleeve, allowing endoscopic access. A forward-viewing endoscope is used initially to negotiate the passage to the ampulla and to place a guidewire. A side-viewing endoscope is then passed to the ampulla following the guidewire and the endoscopic procedure (including large balloon dilatation and stone removal) is completed. The gastrostomy may then be closed using the preplaced stay sutures.

DISCUSSION

This method has the advantages of relatively easy placement of simple sutures. In addition, the VersaStep™ needle is able to penetrate the gastric remnant without a separate incision and the dilating sleeve prevents leakage of gastric contents. The two-stage endoscopy technique facilitates access to the ampulla.

Reference

1. Saleem A, Levy MJ, Petersen BT *et al.* Laparoscopic assisted ERCP in Roux-en-Y gastric bypass (RYGB) surgery patients. *J Gastrointest Surg* 2012; **16**: 203–208.

Figure 1 The VersaStep™ 15mm port is seen running through the abdominal wall (top) and into the gastric remnant. Closing sutures are visible

Figure 2 VersaStep™ 15mm port system