



GASTROJEJUNOSTOMY STENOSIS. ENDOSCOPIC DILATATION WITH TTS BALLOONS IN 107 PATIENTS.

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INTRODUCTION: The Gastric Bypass with Roux and Y are one of the gold standards to treat morbid obesity. One of its possible complications is the gastrojejunostomy (G-J) stenosis. **AIM:** Evaluate a series of G-J stenosis endoscopic dilatation with Trough The Scope (TTS) balloons. **CONTENT:** Between dec-2001 and feb-2005, retrospective data about 1992 patients submitted to lap gastric bypass with a calibrated G-J to 11-12mm were analyzed to see the incidence of stenosis and the output of its treatment with endoscopic TTS balloons. The dilatation criteria were to find a G-J with diameter less than 10mm in patients submitted to an upper endoscopy due to symptoms that suggests stenosis. All of this patients were dilateted with a TTS until reaches 12mm for 5min at maximum pressure allowed. **RESULTS:** G-J stenosis was 5,4% in 107 p. 58p were dilateted between 10 and 40d (early) e 49p between 41d and 1,5a (late). The mean of dilatations were 2 session varying between 1 to 6 sessions. The estimated diameter of G-J was on 1 to 10mm range (M = 4mm). The length of the G-J varied in a 2 to 10mm range. The patients who significantly needed more than 2 sessions of dilatation ($P > 0,05$) were the ones with early dilatation and with an anastomosis length with more the 5mm. No perforations happened in this series and 3 patients on the group of early dilatation referred abdominal pain needing to be medicated but without radiological signs of perforation. **CONCLUSIONS:** Endoscopic dilatations with TTS balloons is a safe and effective option on calibrated G-J stenosis with minimum complication range and no perforation