Traitement chirurgical des gastroparésies réfractaires

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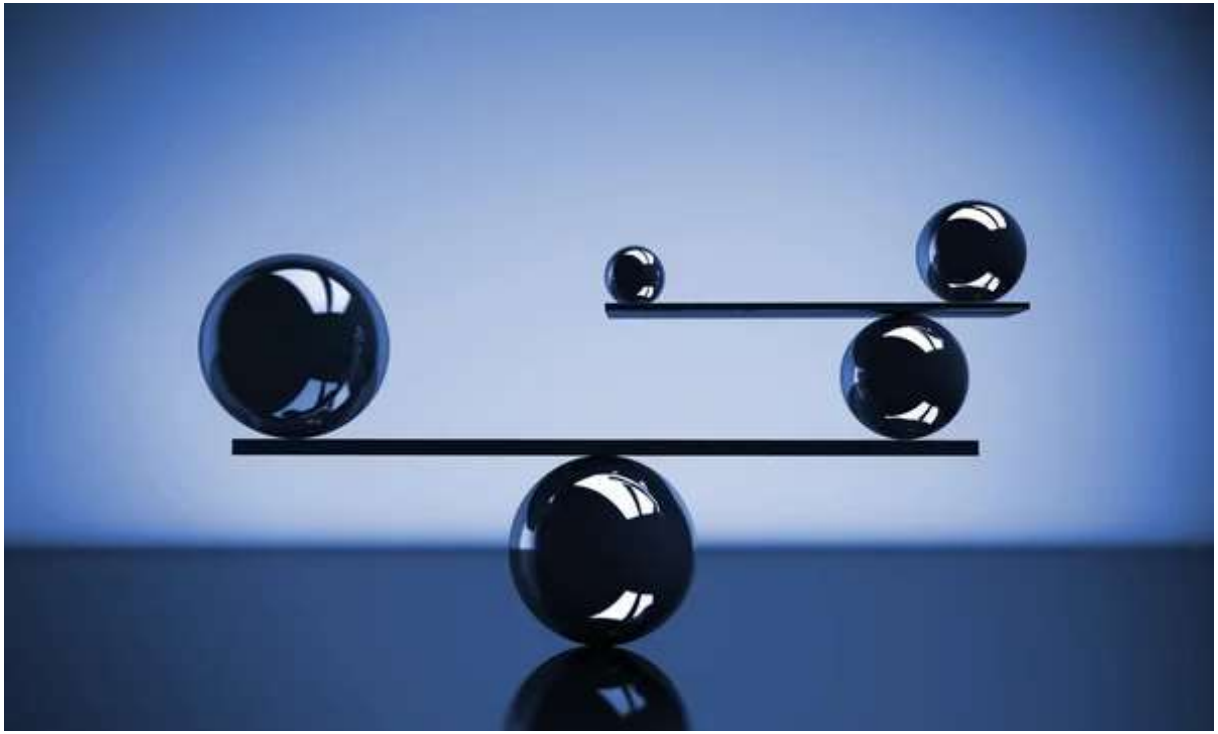
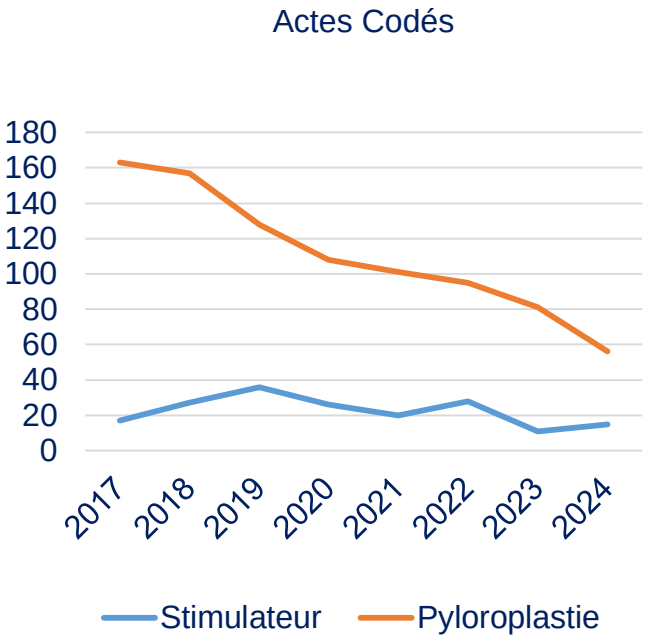
Chirurgie fonctionnelle?

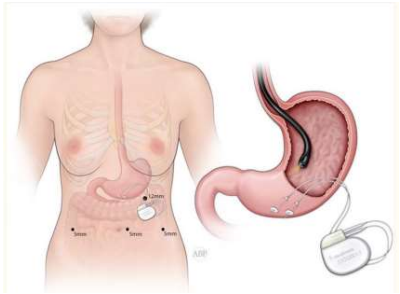
APE ?

Etude SOS…

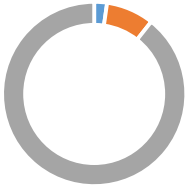


Ordre de grandeur





Actes 2024

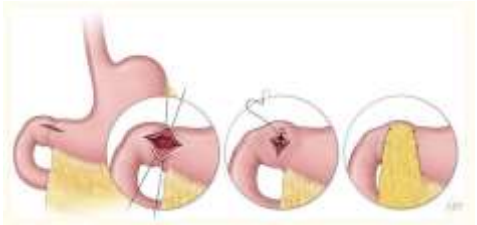


n=15

n=56

n=808

Stimulateur Pyloroplastie Dilatation endoscopique



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Ressources
Scan santé, ATIH, (Codes HFLC900, HFMA004, HFEAE001)

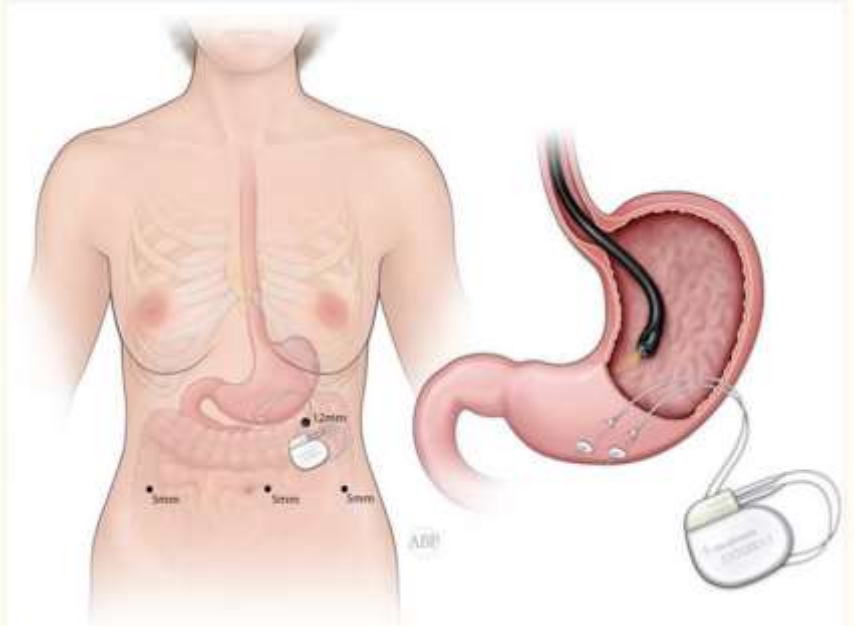
Endoscopic and Surgical Treatments for Gastroparesis: What to Do and Whom to Treat?

Technique Chirurgicale

- Coelioscopie, laparotomie, robotique
- Endoscopie peropératoire?
- Post antrectomie et chirurgie?
- Pose de jejunostomie concomitante?

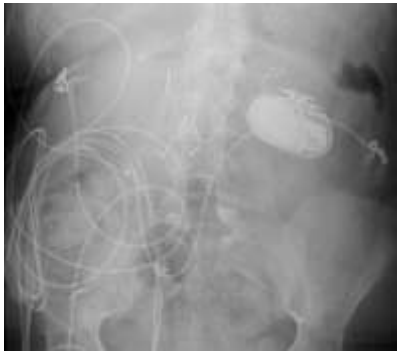
Morbidité chirurgicale précoce

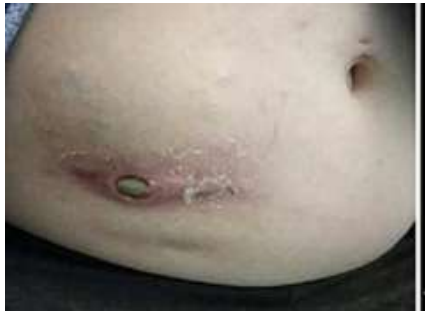
- Hémorragies
- Hématomes
- Abcès
- Gène et douleurs !!

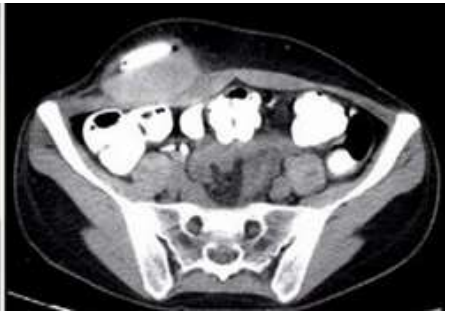


Patients fragiles

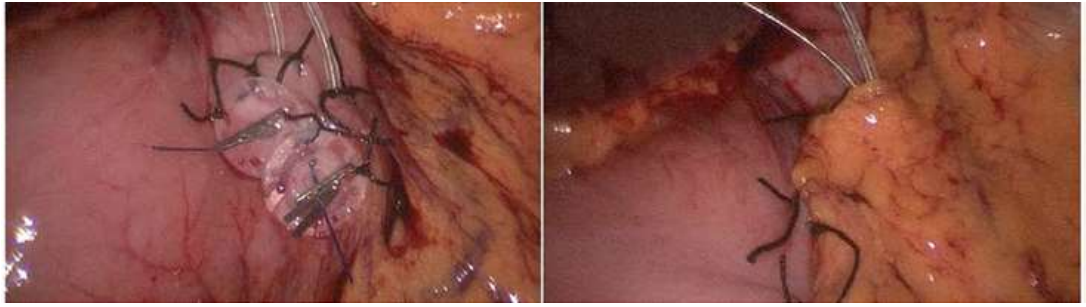
Morbidité tardive

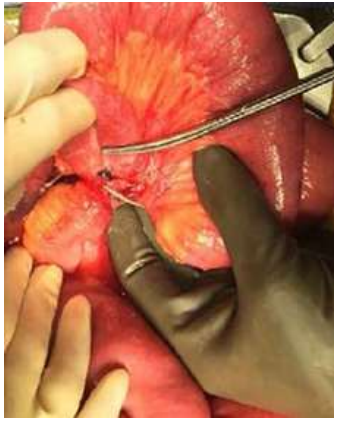






- ✓ Rupture d'électrode
- ✓ Migration d'électrode
- ✓ Infection du boitier
- ✓ Occlusion du grêle
- ✓ Stimulation pariétale
- ✓ Changement de pile ?





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Endoscopic and Surgical Treatments for Gastroparesis: What to Do and Whom to Treat?

Roman V Petrov [1], Charles T Bakhos [2], Abbas E Abbas [2], Zubair Malik [3], Henry P Parkman [3]

Clinical Outcomes of a Large, Prospective Series of Gastric Electrical Stimulation Patients Using a Multidisciplinary Protocol

Douglas J Cassidy [1], William Gerull, Valerie M Zike, Michael M Awad

157 patients, 24 reprises chirurgicales

- 12 changements de batterie
- 7 problèmes d'électrodes (3 déplacements; 4 fractures)
- 5 explantations (1 Infection; 4 mauvais résultats)

RESULTS

At 5 Years Postop

79% Satisfied with symptom relief

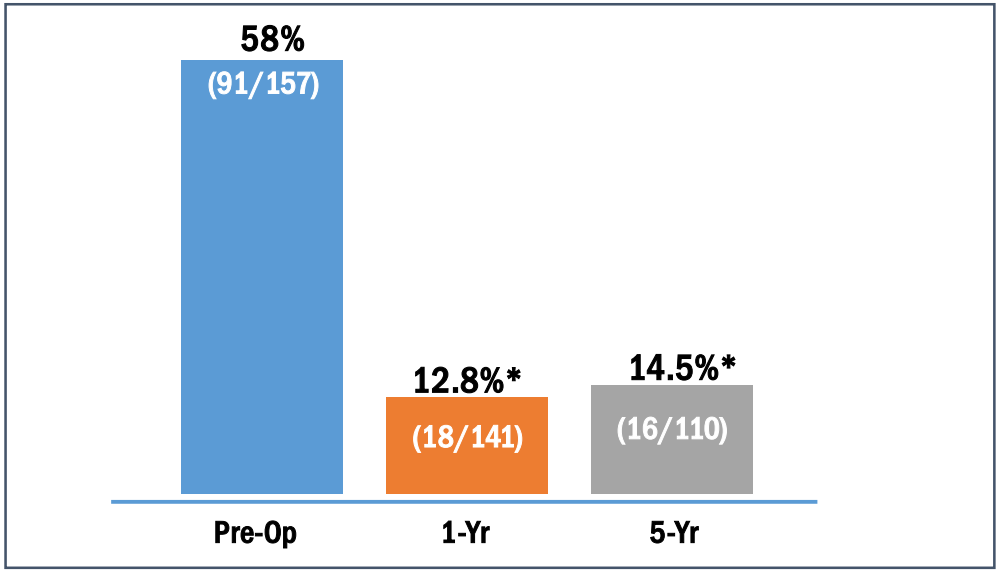
Gastroparesis Cardinal Symptom Index (GCSI) Score

3.7 Preop → **1.3** 5-Years Postop

No. of Hospitalizations in the Past Year

3.7 Preop → **1.6** 5-Years Postop

% of Patients Hospitalized for GP in past year



*P<0.05 compared to pre-operative values

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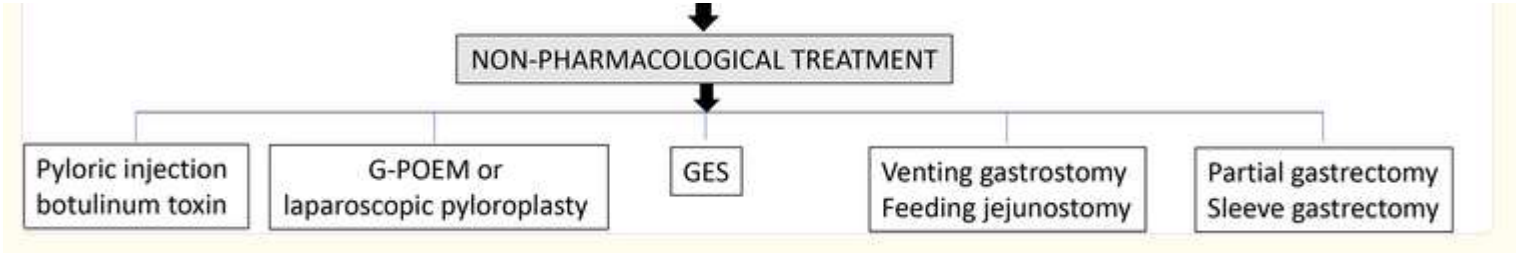
ACG Clinical Guideline: Gastroparesis

Michael Camilleri [1], Braden Kuo [2], Linda Nguyen [3], Vida M Vaughn [4], Jessica Petrey [4], Katarina Greer [5], Rena Yadlapati [6], Thomas L Abell [4]



38% Gastric electrical stimulation
13% Plyoric botox injection
28% Plyoric ensocopic myotomy
18% (partial) Gastrectomy

United European Gastroenterology (UEG) and European Society for Neurogastroenterology and Motility (ESNM) consensus on gastroparesis

Jolien Schol, Lucas Wauters, Ram Dickman, Vasile Drug, Agata Mulak, Jordi Serra, Paul Enck, Jan Tack and the ESNM Gastroparesis Consensus Group

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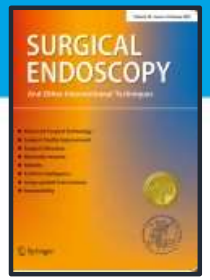

Minimally invasive surgical approach for the treatment of gastroparesis

Joerg Zehetner · Farrokh Ravari · Shahin Ayazi · Afshin Skibba · Ali Darehzereshki · Diana Pelipad · Rodney J. Mason · Namir Katkhouda · John C. Lipham

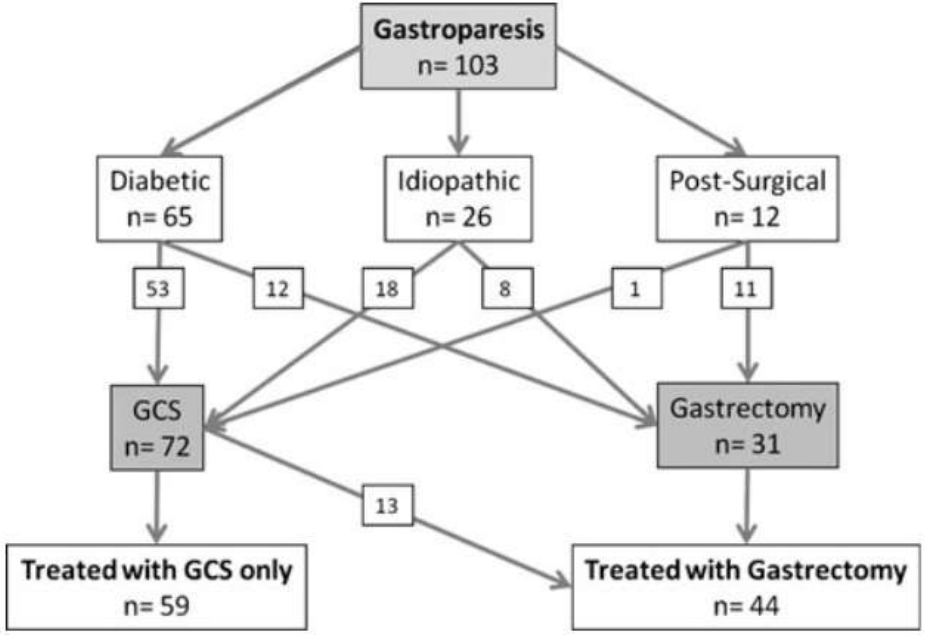

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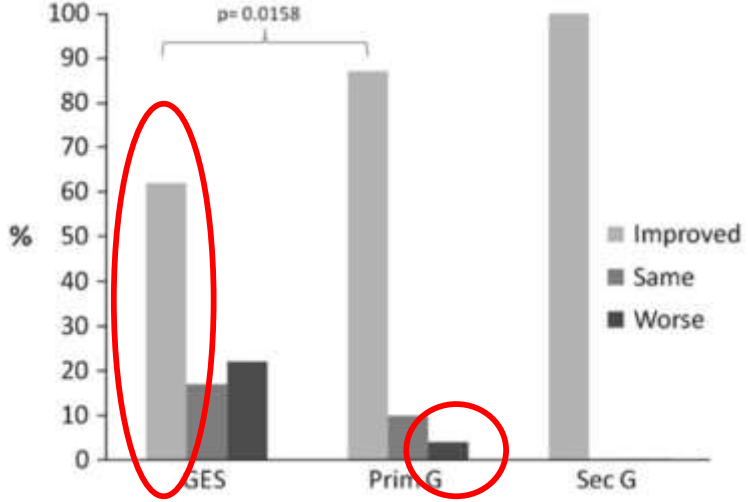
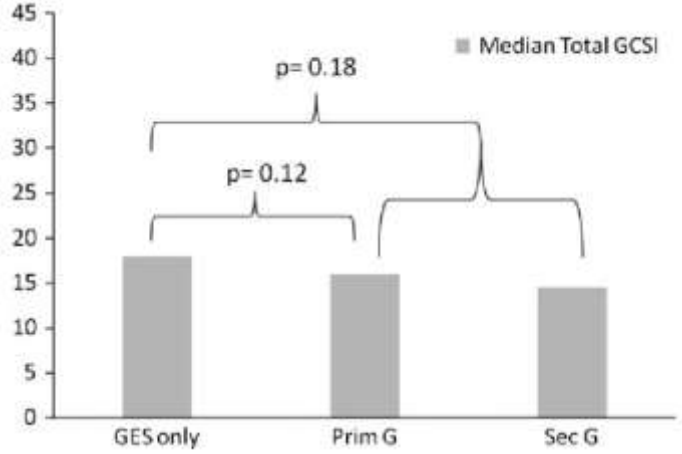
Table 3 Postoperative complications

	GES ($n = 72$)	Gastrectomy ($n = 31$)	p
Morbidity (<30 days)	3 (4.2 %)	6 (19 %)	0.02
Atrial fibrillation	1	1	
Wound infection		2	
Small bowel infarction	1		
Cardiac failure/MI	1	1	
Sepsis		2	
Morbidity (>30 days)	3 (4.2 %)	1 (3 %)	1.00
GES infection	3		
Small bowel obstruction		1	
Total morbidity	6 (8.3 %)	7 (23 %)	0.06
Mortality (<30 days)	2 (2.7 %)	1 (3 %)	1.00





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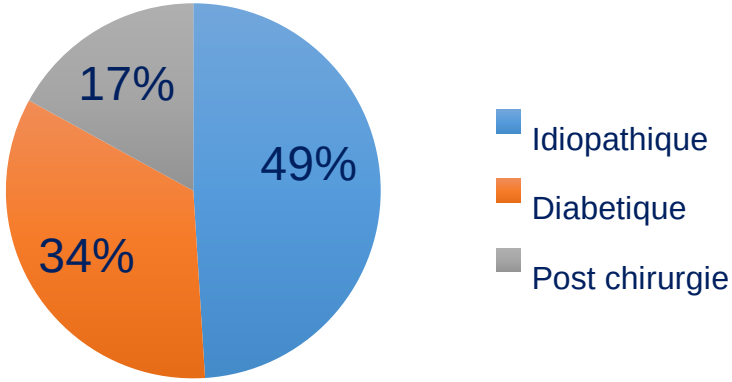
Patient factors influence surgical options in gastroparesis

Jon S. Thompson [a], Alexander Hewlett [b], Elizabeth Lyden [c], James R. Scott [a], Corrigan McBride [a]

- 95 patients,105 procedures
- 20 ans
- Scintigraphie de vidange gastrique anormale à 4 H
- Symptomes
- Bilan endoscopique et radiologique

25% BMI > 35
48% RGO

- ❑ Stimulateur
- ❑ Pyloroplastie
- ❑ Stimulateur et pyloroplastie
- ❑ Sleeve
- ❑ Bypass
- ❑ Gastrectomie totale.



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Grades de sévérité

Grade I (mild gastroparesis)
Traitement medical occasionnel et diététique

Grade 2 (compensated gastroparesis)
Traitement medical journalier et complements alimentaires

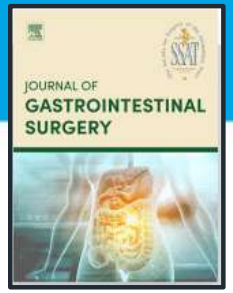
Grade 3 (gastric failure)
symptomes non controlés
Hospitalisations, alimentation enterale ou parenterale

40%

- ✓ Jejunostomie 24%
- ✓ Gastrostomie 9%
- ✓ APE 7 %

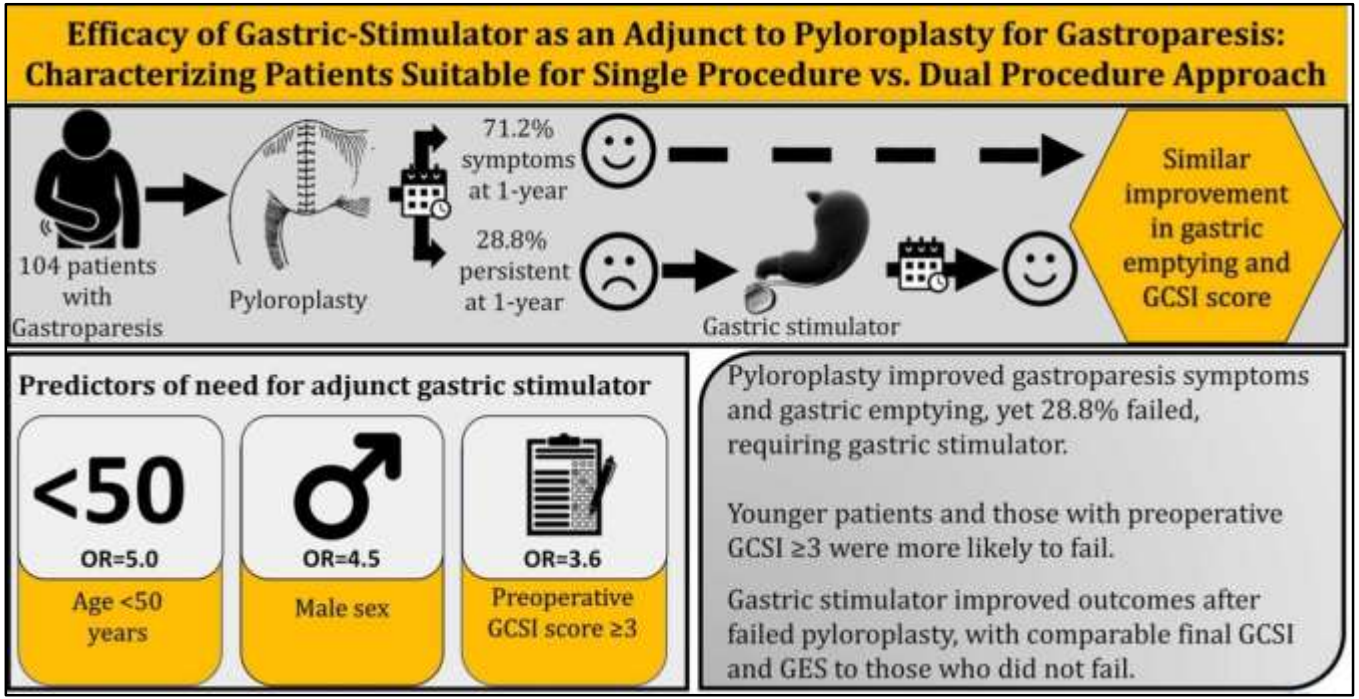
Table 5. Symptom severity and patient outcomes.

	GES	Pyloroplasty	GES and Pyloroplasty	Sleeve Gastrectomy	Gastric Bypass	Gastrectomy	P
Number	36	13	18	18	6	4	
Improved	18(50%)	3(23%)	11(61%)	14(78%)	3(50%)	1(25%)	
No Change	16(44%)	7(54%)	5(28%)	3(17%)	1(17%)	3(75%)	
Worse	0(0%)	3(23%)	0(0%)	1(5%)	2(33%)	0(0%)	
Unknown	2(6%)	0(0%)	2(11%)	0(0%)	0(0%)	0(0%)	



Efficacy of gastric stimulator as an adjunct to pyloroplasty for gastroparesis: characterizing patients suitable for single procedure vs dual procedure approach

Sven E. Eriksson [a b], Margaret Gardner [a], Inanc S. Sarici [a b], Ping Zheng [a], Naveed Chaudhry [a], Blair A. Jobe [a b c], Shahin Ayazi [a b c]



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Stimulateur gastrique

- Réversible
- Faible morbidité
- Efficacité ~ 60%

- Difficultés d’accès
- Non remboursé
- Place /t gestes pyloriques