

10 patients who required reoperation for bleeding, 6 (60%) received blood transfusions before their reoperation. There was one death (0.13%) in our series. Patient demographics were similar in both groups in terms of age, sex, American Society of Anesthesiologists (ASA) score, comorbidities and medication use, including anticoagulants, nonsteroidal anti-inflammatory drugs (NSAIDs) and selective serotonin reuptake inhibitors (SSRIs). Mean BMI was lower in the reoperation group (48 vs. 43; $p=0.002$). The following postoperative indicators were found to be associated with reoperation: lower mean hemoglobin (126 vs. 111; $p<0.001$); decrease in hemoglobin from baseline (-12 vs. -29; $p<0.001$); higher mean heart rate (81 vs. 96; $p<0.001$); increase in heart rate from baseline (-0.2 vs. 19; $p<0.001$); and decrease in systolic blood pressure (SBP) from baseline (3 vs. -10; $p=0.006$). However, the mean postoperative SBP and proportion of cases with hypotension (SBP <90 mmHg) were not significantly different between groups. **Conclusion:** Although urgent reoperation following LRYGB and LSG are rare events in our series, they can result in significant morbidity. Postoperative hemoglobin level, mean heart rate along with changes in hemoglobin, heart rate and systolic blood pressure from baseline appear to be the most valuable clinical indicators for reoperation. Patient age, BMI, or comorbidities were not associated with an increased risk of reoperation. Further research is needed to develop a robust predictive model for reoperation following bariatric surgery.

A5097

PORTAL MESENTERIC VEIN THROMBOSIS AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY: CLINICAL PRESENTATION AND MANAGEMENT

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Introduction: Portal mesenteric vein thrombosis (PMVT) after laparoscopic bariatric surgery is rare, but has been increasing in frequency in last few years. However there has been increasing correlation between Laparoscopic Sleeve Gastrectomy (LSG) and PMVT compared to laparoscopic Roux en-Y gastric Bypass or Laparoscopic gastric Banding. The purpose of this study was to present a series of patients who developed PMVT after LSG, treated with different modalities depending on the extent of their PMVT at the time of diagnosis.

Method: This is a retrospective analysis of patients who underwent LSG between April 2005 and February 2015 who developed PMVT. Demographic data, family history of thrombophilia's and personal risk factors were analyzed in this study. DVT prophylaxis was given to all the patients as standard of care. CT scan was used for all the patients to diagnose PMVT.

Result: Four patients (%) developed PMVT after surgery. Mean age of all the patients were 51.75 years. Out of 4 patients, 2 were male and 2 were females. One had history of Deep Vein Thrombosis. All of them denied use of smoking or OC pills. All the patients were discharged on day 2 with no intraoperative or postoperative complications. Patients presented at an average of 20days (range, 10-35) post LSG with typical symptoms

(abdominal pain, nausea, vomiting) of PMVT. Each case had different severity of PMVT and thus we treated them differently. Out of 4 patients, 1 patient had stable nonocclusive PMVT and required only standard anticoagulation. 2 patients had occlusive PMVT and required more aggressive treatment like thrombectomy with TPA along with anticoagulation. Bowel ischemia was seen in 3 patients and required additional bowel resection. Out of four, three were discharged on anticoagulation for longer time while fourth patient died due to Acute Respiratory Distress and multiple organ damage.

Conclusion: PMVT is relatively uncommon complications in bariatric population. However familiarity with this dangerous entity is important. Prompt diagnosis and treatment is critical and needs a high index of suspicion. Standard anticoagulation should be reserved for stable patients while combination of anticoagulation with thrombectomy and TPA should be given for more serious patients with concern of bowel ischemia. Our technique would hopefully, enable a swift and favorable resolution.

A5098

VALUE OF ROUTINE CONTRAST RADIOGRAMS FOLLOWING LAPAROSCOPIC GASTRIC BYPASS AND SLEEVE GASTRECTOMY.

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Background: Laparoscopic bariatric stapling procedures (LBSP), namely laparoscopic Roux Y gastric bypass (LRYGB) and laparoscopic sleeve gastrectomy (LSG) remain the most commonly performed bariatric operations in the United States. One of the most severe complications of LBSP remains staple line and anastomotic leaks. Postoperative routine gastrografin swallow contrast radiograms (RGSCR) are frequently recommended and performed with the hope to detect and treat these complications early, thus reducing morbidity. Our study examines the benefit of RGSCR after LBSP.

Methods: Prospectively obtained and collected data was analyzed on consecutive 702 primary LRYGB and 477 LSG operations performed between August 2001 and April 2015 by a single surgeon (PG). As part of our clinical pathway since the inception of the study, RGSCR were performed on the first postoperative day on the initial 100 LRYGB patients. After this period, selective use of RGSCR was adopted (SGSCS). The same protocol was later followed for LSG procedures.

Results: All patients were offered laparoscopic surgery and there were no conversions to open procedure. There were no perioperative mortalities. RGSCR revealed one early leak in the first 100 patients undergoing LRYGB. This patient presented with early clinical signs of leak. There was one late leak in the SGSCS group detected clinically and confirmed radiologically. In the LSG groups there were no leaks in either group as well as no reoperations.

Conclusion: Overall value of RGSCR is low. When a surgeon's leak rates remain low, the transition from routine to selective utilization of RGSCR appears clinically favorable and cost efficient.