**BACKGROUND**

LSG consists of three steps: decompression, sleeve sizing, and leak testing. Using a different intraluminal tube for each step interrupts OR workflow and increases clinical risks. The aim of this study was to evaluate a suction calibration system (SCS) that integrates said steps in LSG compared to a bougie.

**MATERIALS & METHODS**

Enrolled patients were randomly assigned to receive either the 36 Fr. SCS or bougie. Adenosine triphosphate (ATP) swab testing was performed prior to time-out. The insertion and removal times of tubes were recorded. Intraoperative pictures of stomachs before the first staple firing were recorded. The frequency of tube movements was documented.

**RESULTS**

**CONCLUSIONS**

ViSiGi 3D™ is a safe and effective tool for LSG.

- **Comparison 1** – SCS effectively integrates multiple steps in one device with controlled suction capability and significantly reduces each step of a sleeve gastrectomy during LSG.
- **Comparison 2** – SCS safely reduces the chance of improper sterilization, therefore decreases the chance of cross-contamination in hospitals.
- **Comparison 3** – SCS consists of fewer intraluminal tubes compared to the bougie system, which may reduce the chance of inadvertent tube stapling.
- **Comparison 4** – SCS reduces the frequency of tube movement and potentially decreases the chance of risk in esophageal perforation.

**Acknowledgement and References**

- Cost of treatment due to perforation, Oyasiji, Tolutope. “Esophageal Perforation: Etiology, Outcome and Cost Analysis Over a Decade in a Community Teaching Hospital.” SAGES 2012 Annual Meeting
- Clark, Cheryl. “Hospital’s Surgical Tool was Improperly Sterilized.” UT San Diego. June 13, 2006.
- This study was supported by Boehringer Laboratories, Inc.
- Special thanks to all OR personnel of St. Luke’s Health Network and all supporting staff of Boehringer Laboratories, Inc.