to the exposed staple line of the biliopancreatic limb of the enterostomy. Since employing this technique, we have prevented readmission and reoperation to correct this postoperative complication in over 200 consecutive patients.

Results: Dumping syndrome relieved and discharged one week after surgery. But the patient still complained of nausea and vomiting during one year follow-up. Taking proton pump inhibitor (PPI) was helpful to relieve these symptoms.

A653

REVISIONAL SURGERY: FROM LAGB TO MGB/OAGB
Nunzio Velotti1; Mario Musella1; Katia Di Lauro1; Antonio Vitiello1; Giovanna Berardi1; Domenico Manzolillo1; 1University of Naples “Federico II”, Naples

Background: Here we present the case of a 43-year-old female patient who underwent one-step revisional procedure: LAGB removal and MGB/OAGB realization. The patients had a pre-LAGB BMI of 40.1 kg/m²; one year after LAGB positioning, she reached a BMI of 28 kg/m² but after 5 years a BMI of 42.6 kg/m² was reached. For this reason, the patient was scheduled to receive an MGB/OAGB. Additionally, in the pre-operative evaluation, the patient was found to have a new-onset type 2 diabetes mellitus (HbA1c = 7.2%).

A655

ACCIDENTAL STAPLING OF TEMPERATURE PROBE DURING SLEEVE GASTRECTOMY
Rana Pullatt1; Benjamin White2; 1Medical University of South Carolina, Mt Pleasant SC; 2Medical University of South Carolina, Charleston SC

Background: This Video demonstrates a case where accidental stapling of the temperature probe occurred during performance of a Laparoscopic Sleeve gastrectomy. The temp robe was released after sharp dissection and we closed the resulting gastrostomy in two layers and secured omentum over the repair. The patient has done well in the postoperative period. While our institution and OR team has a long-standing policy of no placement of esophageal temperature probes, or naso- or orogastric tubes during any bariatric or foregut case that will require stapling. In this particular case, the anesthesia resident was a CA-1, and this happened to be his first GI surgery case. Since this case we have instituted an education program for anesthesia residents and nurse anesthetists, and have started an intraoperative “time out” prior to stapling that ensures there is nothing in the esophagus that we are not aware of.

A656

CHEMICAL PYLOROPLASTY DURING SLEEVE GASTRECTOMY: TECHNIQUE AND OUTCOMES
Jessica Zaman1; Tyler Robinson1; teijnder Singh1; Vladimir Davidyuk1; 1Albany Medical Center, Albany NY

Background: Post-operative nausea and vomiting (PONV) is common after laparoscopic SG. We present a novel technique of ante-rior CP during laparoscopic SG that improves PONV.

Methods: SG is performed laparoscopically or robotically based on surgeon preference. SG is performed over a 36-40 Fr bougie is inserted using buttressed staples. CP is performed using 100 U