Assessing and referring complications following bariatric surgery

### Action speed
- **Emergency (within 24 hours)**
- **Urgent (1–2 weeks)**
- **Routine**

### Symptoms
- **Severe symptoms**
  - Abdominal pain (Increasing/Severe)
  - Unexplained tachycardia
  - Pyrexia
  - Chest pain / Breathlessness
  - Continuous vomiting
  - First 30 days

- **Persistent vomiting/dysphagia**
  - Haematemesis
  - Anaemia
  - Melaena
  - First year

- **At any time**
  - Hot/red/swollen skin around port site
  - Unexplained vomiting/heartburn
  - Intermittent abdominal pain

- **Unclear diagnosis**
  - Cholecystitis / Pancreatitis
  - Gallstone formation
  - Symptoms of biliary colic

### Possible cause
- Bleed from surgical site
- Leak from a staple line / join
- Bowel perforation
- Deep vein thrombosis / pulmonary embolism
- Intestinal obstruction
- Thiamine deficiency
- Overfilled band
- Band slippage
- Anastomotic stricture
- Internal hernia
- Volvulus of the sleeve
- Sleeve stricture
- Gastrointestinal bleeding
- Consider general surgery problems unrelated to bariatric procedure

### Referral
- Bariatric centre
- General medicine
- General surgeon

### Action
- Possible re-operation
- Standard deep vein thrombosis protocols
- Drip and suck, Investigate cause
- Low threshold for perenteral thiamine administration and intravenous pabrinex
- Band deflation
- Endoscopic / surgical intervention
- Endoscopy
- May require surgery
- Standard emergency management

### Possible cause
- Insidious presentation of the above complications
- Skin flora contamination
- Delayed port site infection due to band erosion into stomach

### Referral
- Bariatric centre
- General surgeon

### Action
- Further investigation required. Often how band slippage presents
- Consider re-siting port or removing gastric band completely

### Possible cause
- Gastrointestinal bleeding

### Referral
- General surgeon

### Action
- Standard emergency management

### Possible cause
- Bariatric patients are prone to dietary deficiencies

### Referral
- Bariatric centre
- None

### Action
- Routine ultrasonography
- Measure ferritin, vitamin B12 and folate, cascading to zinc and copper
- Symptoms should improve with time. Advise:
  - Small, frequent meals
  - Avoid drinks with meals
  - Increase fibre and protein

### Possible cause
- Dumping symptoms

### Referral
- General surgeon

### Action
- Endoscopy

### Possible cause
- Insulin mediated hypoglycaemia

### Referral
- Endocrine specialist

### Action
- Routine ultrasonography
- None

### Possible cause
- Gallstone formation

### Referral
- Radiology

### Action
- Measure ferritin, vitamin B12 and folate, cascading to zinc and copper
- Symptoms should improve with time. Advise:
  - Small, frequent meals
  - Avoid drinks with meals
  - Increase fibre and protein