

Assessing and referring complications following **bariatric surgery**

Key



GB
Adjustable
gastric
banding



RYB
Roux-en-Y
gastric
bypass



SG
Sleeve
gastrectomy

Action speed

Emergency (within 24 hours)

Urgent (1–2 weeks)

Routine

Symptoms

Possible cause

Referral

Action

Severe symptoms

First 30 days

Abdominal pain **Increasing / Severe**
Unexplained tachycardia
Pyrexia
Chest pain / Breathlessness
Continuous vomiting

Bleed from surgical site
Leak from a staple line / join
Bowel perforation
Deep vein thrombosis / pulmonary embolism

Bariatric centre

Possible re-operation
Standard deep vein thrombosis protocols

Persistent vomiting/dysphagia

First year

GB
RYB
SG

Intestinal obstruction
Thiamine deficiency
Overfilled band
Band slippage
Anastomotic stricture
Internal hernia
Volvulus of the sleeve
Sleeve stricture

Bariatric centre

Low threshold for perenteral thiamine administration and intravenous pabrinex

Bariatric centre

Band deflation
Endoscopic / surgical intervention

Bariatric centre

Endoscopy

Opinion from bariatric centre

May require surgery

At any time

Haematemesis
Anaemia
Melaena

Gastrointestinal bleeding

General surgeon +

Opinion from bariatric centre

Unclear diagnosis

Consider general surgery problems unrelated to bariatric procedure

General surgeon

Standard emergency management

Intermittent abdominal pain

Unexplained vomiting/heartburn

GB Hot/red/swollen skin around port site

Insidious presentation of the above complications

Skin flora contamination

Delayed port site infection due to band erosion into stomach

Bariatric centre

Further investigation required. Often how band slippage presents

Bariatric centre

Consider re-siting port or removing gastric band completely

Gallstone formation

+ Cholecystitis / Pancreatitis
+ Symptoms of biliary colic

Radiology

Routine ultrasonography

Anaemia

Bariatric patients are prone to dietary deficiencies

None

Measure ferritin, vitamin B12 and folate, cascading to zinc and copper

RYB / **SG (rare)**

Abdominal discomfort / Nausea
Diarrhoea / Flushing / Syncope

Dumping symptoms

None

Symptoms should improve with time. Advise:
• Small, frequent meals
• Avoid drinks with meals
• Increase fibre and protein

RYB

Loss of consciousness / Sweating
Low blood sugar readings

Insulin mediated hypoglycaemia

Endocrine specialist