

Bariatric emergencies: what should know the general surgeon

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Abstract

Background: bariatric surgery presented a dramatic increase due to the obesity epidemics and the laparoscopic approach. General surgeons might face acute or chronic complications of bariatric surgery, considering the increasing figures of obesity procedures performed every year in USA, as well as in Europe. **Aim:** to present the possible surgical emergencies after bariatric surgery.

Methods: laparoscopic adjustable gastric banding is the most widely performed bariatric procedure in Europe. Acute anterior /posterior slippage of the gastric wall is the most frequent complication, and needs emergency treatment: band's deflation, laparoscopy for repositioning/removal. Intra-gastric band migration is diagnosed at the radiological or endoscopic controls and usually does not represent a surgical emergency. Anastomotic marginal ulcer may appear after gastric bypass GBP or bilio-pancreatic diversion BPD (with/without duodenal switch DS), and can be complicated by bleeding or rarely by perforation. Small bowel obstruction due to internal hernia after GBP or BPD represents major emergency that can be caused as well by trocar site hernia, intussusceptions, adhesions, strictures, kinking or blood clots. Correct diagnosis and immediate treatment are mandatory. Rapid weight loss after bariatric surgery can cause gallbladder diseases and cholelithiasis that can be difficult to treat after gastric bypass procedures. **Conclusions:** General surgeon has to know the most diffuse bariatric procedures and their complications and to treat them as other gastrointestinal surgical procedures. Minimally-invasive approach should be considered in most of the cases, but the approach depends on the general surgeon's experience.

Key words: bariatric surgery, bariatric complications, surgical emergencies, laparoscopy

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