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Emergency and Semi-Elective Surgical Presentations after Bariatric Surgery at a Regional Non-Index Center: A Real-World Descriptive Cohort

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Abstract

Background: Post-bariatric complications increasingly reach emergency centers that did not perform the index operation, but real-world data from non-index receiving centers are scarce.

Methods: Retrospective, descriptive, episode-level study at a regional emergency center performing no bariatric surgery. We included 45 keyword-identified emergency or semi-elective presentations (March 2021-May 2025) of patients operated elsewhere, recording demographics, index procedure, operation-to-presentation interval, workup, management, diagnosis, and short-term outcomes.

Results: Of 45 episodes (33 emergency, 12 semi-elective), 73% involved women; median age 44 years, median BMI 36 kg/m²; SG was the index procedure in 84% (sleeve-type anatomy 89%). The interval exceeded 90 days in 56%. The spectrum was led by biliary/pancreatic disease (27%; 9 of 12 semi-elective), foregut leak/fistula (16%), obstruction/hernia (16%) and foregut stenosis/mucosal/reflux-like disease (22%). Invasive management was used in 80%, intensive care in 20%; 11 episodes (24%) met the severe-course composite and 7 (16%) the narrower high-acuity definition, all in the emergency stream. One in-hospital death occurred (2.2%).

Conclusions: The cohort showed two streams: a predominantly biliary, semi-elective stream, invasive but without severe clinical course, and an acute stream carrying all observed severity. Reflux-like symptoms after bariatric surgery may mask structural disease. These proportions describe referral case mix, not incidence.

Keywords: bariatric surgery, sleeve gastrectomy, surgical emergencies, cholelithiasis, gastroesophageal reflux