

## The early complications after Bariatric surgery

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Complications occur after bariatric surgery. The obese patients differ from the general surgical patient as complications may present with minimal physical sign and symptoms. The patients can be difficult to evaluate due to body habitus, may deteriorate rapidly and has little reserve to weather a catastrophic illness. Anastomotic dehiscence is a feared postoperative complication with an incidence ranging between 0-7%. Pulmonary embolism is the major cause of death. The overall complication rate following RYGB is 10-15%. The American Society for Bariatric Surgery Centers of Excellence Program reports a 90 day readmission rate of 4.7% and re-operation rate of 2.6%. In our patients the overall complication rate after the first 500 RYGB was 12%. The most common complication was bleeding. Serious complications occurred in 5% of the patients and leakage in 1.4%. No patients had pulmonary embolism, and there is no mortality.

CT scan, X rays etc, are often negative in case of anastomotic leakage. If the patient has persistent tachycardia above 110 b/min and abdominal pain, sometimes with referred pain to the shoulder or dyspnoea and no radiological sign of pneumonia, we do exploratory laparoscopy and do not wait the time by other investigations. We believe the best opportunity to improve outcome is within the first 6-12 hours, and after 24 hours the morbidity and mortality and escalates rapidly.