

## Bariatric Revision Surgeries

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### Abstract

#### Introduction

REAL complications associated with the operation and SIDE EFFECTS associated with the alteration in the upper GI anatomy.

The preoperative mortality of bariatric surgery was 0% and worldwide is usually associated with

1. Anastomotic leaks with peritonitis (75%) or
2. Pulmonary embolism (25%).

#### Method

##### REVISION INDICATIONS - GASTRIC BAND SURGERY

- Port Site Complications after GB
- Port Leakage- Cracking of the kink-resistant tubing or Tube Disconnection
- Port Site Pain
- Port Dislodging or Flipping
- Bulging of the Port through the Skin
- Infection of the Fluid within the Band
- Infection of the Port - Either at Surgery or Band Fill or Erosion

##### REVISION INDICATIONS - SLEEVE GASTRECTOMY SURGERY

- Pouch Enlargement
- Staple Line Dehiscence
- Stomach Perforation
- Stricture
- Volvulus

##### REVISION INDICATIONS - GASTRIC BYPASS SURGERY

- Pouch Enlargement
- Staple Line Dehiscence
- Stricture
- Perforation
- Infection
- Psychological
- Associated Disease

#### Analysis

##### Early postoperative complications

- PULMONARY EMBOLISM is the leading cause (1% to 2%) of perioperative death in bariatric surgical patients.
- The incidence of MAJOR WOUND INFECTION after gastric bypass ranges from 1% to 3%.
- GASTROINTESTINAL BLEEDING within the 30-day perioperative interval may have a variety of causes.
- Small bowel obstruction (SBO) ranges from 1% to 2%
- ACUTE GASTRIC DISTENTION

The incidence of intraoperative complications in our series 1.4%

Late complications

- Incisional hernia (most common)
- Symptomatic gallbladder disease ranges from 3% to 30%.
- Vomiting.
- The incidence of Late Staple-line breakdown varies from 2% to 23%.
- Gastro-gastric fistulae after transection ranges from 1% to 2%.
- The incidence of marginal ulcer after RYGB ranges from 3% to 10%.

Conclusion

Complications following Bariatric Surgeries can be reduced to negligible if great care is taken Pre-Intra-and Post-operative period.