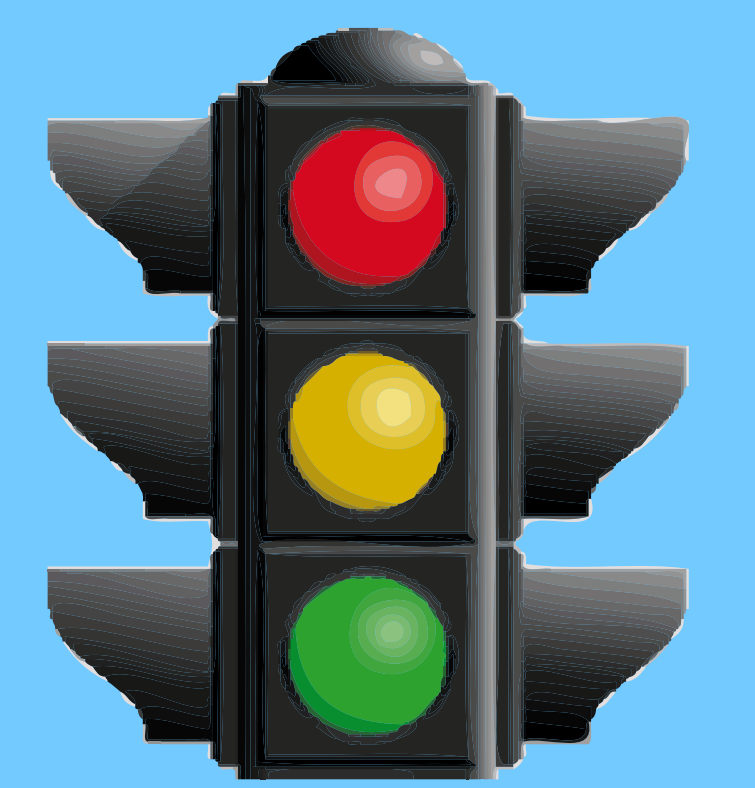




EMERGENCY DEPARTMENT MANAGEMENT OF BARIATRIC PATIENTS



OPERATION TYPES

GASTRIC BAND , GASTRIC BYPASS, SLEEVE GASTRECTOMY

PRESENTATION	THIS MAY SIGNIFY	ACTION
TOTAL DYSPHAGIA IN BAND PATIENT	ACUTE BAND SLIPPAGE (HERNIATION) - MAY REQUIRE EMERGENCY SURGERY FOR GASTRIC ISCHAEMIA EVEN IN APPARENTLY WELL PATIENT	A
GI BLEED	ANASTOMOTIC BLEED, MARGINAL ULCER. MAY NOT BE ACCESSIBLE AT ENDOSCOPY POST BYPASS PROCEDURES - MAY NEED SURGERY	A
INTESTINAL OBSTRUCTION	ANASTOMOTIC STRICTURE, INTERNAL HERNIA OR PORT SITE HERNIA	A
CHEST PAIN, TACHYCARDIA, BREATHLESSNESS	PULMONARY EMBOLUS, MYOCARDIAL INFARCTION, GASTRIC POUCH PROBLEMS, ANASTOMOTIC LEAK	B
ABDOMINAL PAIN	SUBACUTE OBSTRUCTION FROM INTERNAL HERNIA, ANASTOMOTIC LEAK	B
REFLUX SYMPTOMS, NO DYSPHAGIA TO FLUIDS	BAND SLIP, GASTROJEJUNAL STENOSIS	C
PORT SITE INFECTION IN BAND PATIENT	GASTRIC BAND EROSION / INFECTED BAND	C

A

URGENT REFERRAL FOR BAND DEFLATION AND SURGERY IF APPROPRIATE

B

INITIAL INVESTIGATIONS AS APPROPRIATE. CT MAY BE IMPOSSIBLE OR MISLEADING. EARLY DISCUSSION WITH SURGICAL TEAM ADVISABLE

C

TREAT APPROPRIATELY, URGENT BARIATRIC APPOINTMENT

REMEMBER

- BARIATRIC PATIENTS HAVE NON-BARIATRIC PROBLEMS
- ABDOMINAL PERITONISM MAY BE LESS APPARENT IN OBESE PATIENTS
- DO **NOT** INSERT A NASOGASTRIC TUBE
- BASIC SURGICAL PRINCIPLES APPLY REGARDLESS OF PATIENT SIZE
- GASTRIC BYPASS PATIENTS - WITH PROLONGED VOMITING, THIAMINE DEFICIENCY MAY DEVELOP IN A FEW DAYS. PLEASE PRESCRIBE PABRINEX AND VITAMIN B COMPLEX TO PREVENT POTENTIALLY IRREVERSIBLE NEUROLOGICAL DEFICIT

