



Leakage and internal herniation are the most common complications after gastric bypass

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INTRODUCTION

The aim is to report the diagnostic strategy, clinical findings and treatment in patients admitted on suspicion of early or late complications associated with a previous laparoscopic Roux-en-Y gastric bypass (LRYGB).

MATERIAL AND METHODS

Patients admitted in 2011-2012 to our department with the International Classification of Diseases 10 code DZ980C (condition with a gastric bypass) were identified using the Hospital register system. Patient data including co-morbidity, time between LRYGB and the actual admission, body mass index development, diagnostic strategy, clinical findings and treatment of complications. Early and late complications were defined as </> 30 days post-operatively.

RESULTS

Among 186 patients, the primary early complication was leakage or unexplained abdominal pain. Internal hernia or unexplained abdominal pain was observed most frequently as a late complication. The majority of patients had a computed tomography performed as their first diagnostic procedure. 19% of patients who were operated for internal hernia underwent a re-operation. Among patients undergoing laparoscopy, 72% had internal hernia and 20% had a leak. The length of stay was 18 days for patients with leakage compared to three days for patients with internal hernia.

CONCLUSION

In conclusion, the primary early complication of LRYGB patients was leakage, and internal hernia was the most frequent late complication. A substantial number of the patients who are readmitted after LRYGB suffer from unexplained abdominal pain that should be managed by specialised centres.

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