



INCREASED GASTROINTESTINAL SURGICAL COMPLICATIONS AFTER GASTRIC BYPASS FOR SUPER OBESE PATIENTS



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Introduction

Many studies with few patients focus on short-term results as weight loss, diabetes, readmissions and subsequent gastrointestinal procedures. Few studies observe the patients in the long-term in relation to surgical, metabolic, and nutritional complications.

Objective

To assess long-term results of super obese patients submitted to gastric bypass regarding readmissions, nutritional, surgical and metabolic complications, and subsequent gastrointestinal procedures.

Methods

A retrospective study assessing super obese patients (BMI 50 to 60 kg/m²) submitted to gastric bypass by the same surgical team between 2010 and 2019 was performed. The nutritional changes were characterized as: vitamin and mineral deficiencies, hypoalbuminemia. The operatory wound changes were characterized as: incisional hernia, seroma, dehiscence or wound infection.

Results

A hundred and fifty patients submitted to gastric bypass were evaluated. 143 (95.3%) had a gastric band. 81.3% (122) presented at least one complication. 16% of the patients were submitted to a cholecystectomy posteriorly.

Results

These patients presented more nutritional changes when compared to the ones that were not submitted to cholecystectomy ($p = 0.03$). Regarding the nutritional changes, 34 (22.6%) presented at least one. Three patients died in the early post-operative time. Sixty patients (40%) presented changes in the operatory wound (dehiscence or infection).

Conclusion

The gastric bypass is a good choice in the treatment of obese and super obese patients. However, it presents complications, mainly in the long-term, and should be cautiously indicated in super obese patients due to the late evaluation.