

META-ANALYSIS OF SMALL BOWEL OBSTRUCTION DUE TO INTRALUMINAL BLEEDING FOLLOWING ROUX-EN-Y GASTRIC BYPASS IN BARIATRIC SURGERY: INCIDENCE, RISK FACTORS, MANAGEMENT, AND OUTCOMES

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Background

- Intraluminal bleeding (ILB) causing SBO is rare but potentially life-threatening after bariatric bypass surgeries.
- ILB may lead to hemobezoar formation, resulting in mechanical obstruction, most commonly near the jejunojejunostomy (J-J).
- Objective: Evaluate the incidence, clinical presentation, risk factors, management, and outcomes of ILB-induced SBO after RYGB.

Methods

Systematic literature search conducted in PubMed, Embase, and Scopus (through July 2025).

Inclusion:

Adults (≥ 18 years) with SBO secondary to intraluminal bleeding (ILB) after RYGB.

Study types: Case reports, case series, and retrospective studies.

Extracted data: Patient characteristics, Anticoagulation / NSAID use, Timing of presentation, Diagnostic findings, Surgical management, Clinical outcomes

Review conducted according to PRISMA guidelines.

Screening and data extraction disagreements resolved by consensus.

Results

- 14 studies, 31 patients with ILB-induced SBO after RYGB; 87% presented within 72 hours postoperatively.
- Risk exposures: 93% on prophylactic anticoagulation, 42% NSAID use.
- Presentation: abdominal pain, nausea, early postoperative ileus; CT scan was the main diagnostic modality.
- Management: all required surgery, most commonly enterotomy with clot evacuation (86%); 39% conversion to laparotomy, 14% J-J revision.
- Outcomes: no perioperative mortality, 17% postoperative complications (abscess, leak); mean hospital stay 9.3 days.

Conclusion

- ILB-induced SBO after RYGB is rare but potentially serious, requiring high clinical suspicion, particularly in anticoagulated patients with early postoperative symptoms.
- Prompt CT imaging and surgical exploration are key for timely diagnosis and management.
- Enterotomy with clot evacuation is usually sufficient, and revision of the J-J anastomosis is rarely required.
- Anticoagulation and NSAID use are common contributors, but current evidence does not support changing standard protocols.