Complications in Bariatric Surgery: a 12-year Retrospective, Observational Study by a Single Surgeon

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ROYAL THAI AIR FORCE

INTRODUCTION

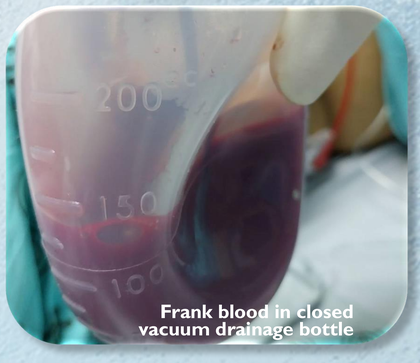
Over the past decade, weight loss surgery has drastically increased in popularity globally, despite a temporary decline during COVID-19 pandemic. As these surgeries became more accessible in Thailand, reports of complications began to emerge. Although uncommon, such complications can substantially increase in morbidity and mortality.

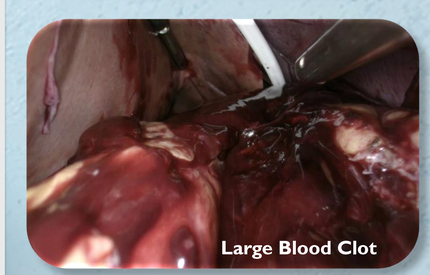
OBJECTIVE

To evaluate the incidence and pattern of early and late postoperative complications within 30 days following bariatric surgery performed by a single surgeon over a 12-year period at a tertiary military hospital in Thailand.

METHODS

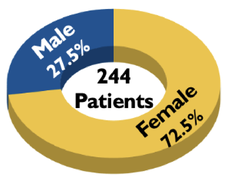
We conducted a retrospective observational study of bariatric surgery patients (LSG with/without PJB, and RYGB) from August 2013 to August 2025 at Bhumibol Adulyadej Hospital, RTAF, Thailand, all performed by a single surgeon. Data collected included demographics (age, sex, BMI), metabolic comorbidities (diabetes mellitus, hyperlipidemia, hypertension), OSA, hospital stay, and 30-day readmission. Complications were classified as early (≤30 days: leakage, hemorrhage, cardiorespiratory, thromboembolic, wound, abscess, death) or late (>30 days: fistula, marginal ulcer, stricture, internal hernia, death). All patients underwent upper GI study before discharge to exclude anastomotic leakage.

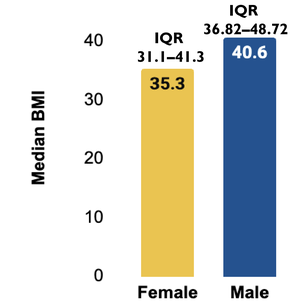

Frank blood in closed vacuum drainage bottle

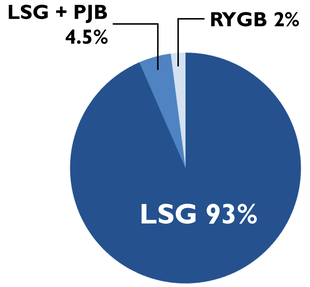

Large Blood Clot

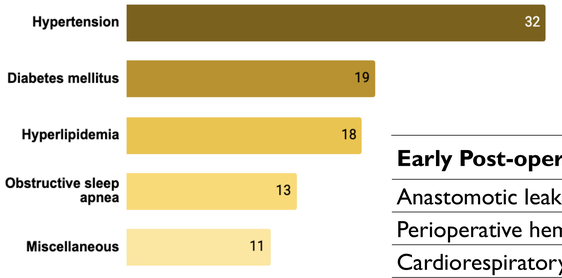

Bleeding from Staple Line

RESULTS









No intra-abdominal abscess or late complications were identified.

Clinical Outcomes	Result
Median Hospital Stay	4 days (IQR 4-5)
30-day readmission	1.2% (3/244) 95%CI 0.25-3.6

Early Post-operative Complications	% (95% CI)
Anastomotic leak	0.8% (0.1–2.9)
Perioperative hemorrhage	1.2% (0.25–3.6)
Cardiorespiratory complications	0.8% (0.1–2.9)
Thromboembolic events	0.4% (0.01–2.3)
Wound complications	0.8% (0.1–2.9)
Mortality	0.8% (0.1–2.9)

CONCLUSION

Bariatric surgery is effective for obesity and comorbidities, with lower perioperative mortality than other major surgeries. While complications are uncommon, their potential impact the importance of vigilant perioperative care, careful patient selection, and standardized follow-up.