

Just as there may be some expected benefits from the Laparoscopic Gastric Bypass procedure, all medical and surgical procedures, including Laparoscopic Gastric Bypass involve risks.

Complication

Description

Allergic Reaction

All kinds of allergic reactions are possible, from minor reactions such as rash to a sudden overwhelming reaction that can cause death.

Anesthetic Complications

Anesthesia used to put you asleep for the operation can be associated with a variety of different complications up to and including:

- * ARDS (Adult respiratory distress syndrome)
- * Myocardial infarction (heart attack)
- * Cardiac rhythm disturbances
- * Congestive heart failure
- * Atelectasis, Pneumonia
- * Pulmonary edema (fluid in the lungs)
- * Pleural effusion
- * Stroke
- * Kidney failure
- * Death

Bleeding

Surgery involves incisions and cutting that can result in bleeding complications, from minor to massive, that can lead to the need for emergency surgery, transfusion or death.

Blood Clots

Also called Deep Vein Thrombosis (DVT) and Pulmonary Embolism can sometimes cause death. I understand that I need to get out of bed the evening after surgery and move and flex my feet and legs to help prevent clots from forming in my legs.

Infection

Including wound infections, bladder infections, pneumonia, skin infections and deep abdominal infections (abscess), SIRS (systemic inflammatory response syndrome), and encephalopathy that can sometimes lead to death.

Narrowing (stricture)

Narrowing (stricture) or ulceration of the esophagus or pouch can occur after the operation which could require endoscopy and dilation of the outlet, emergency surgery, intensive care and can sometimes lead to death. To protect your new pouch from ulcers, you must never again take aspirin, or aspirin like products such as Motrin, Ibuprofen, or other similar drugs.



Complication

Description

Indigestion, Acid Reflux or Ulcers
Nausea

The operation can sometimes lead to severe nausea, vomiting, indigestion, abdominal pain, gastritis or ulcers. This can be severe and can last for days, weeks and possibly even longer. This is especially likely if you have had previous problems with nausea, abdominal pain or ulcers. Esophageal, pouch or small bowel motility disorders may occur although uncommon.

Bowel Obstruction

Any operation in the abdomen can leave behind scarring and adhesions that can put the patient at risk for later bowel blockage or obstruction. The bowel can twist, obstruct and even perforate leading to serious complications, even death.

Dumping

Following surgery some patients experience an intolerance to certain food types, usually refined simple sugars, fatty, greasy foods; which may cause unpleasant symptoms such as sweating, nausea, weakness, and shaking which may last from a few minutes to a few hours. This is an after effect that is useful in reinforcing good dietary choices.

Vomiting

Occurs with the inability to eat certain foods, especially with improper eating habits.

Cold Intolerance

A possible side effect with weight loss is the inability to tolerate cold temperatures.

Low Blood Sugar

Hypoglycemia (low blood sugar) may occur after surgery. Good food choices and nutritional counseling will help with this.

Laparoscopic Surgery Risks

Laparoscopic surgery uses punctures to enter the abdomen and this can lead to abdominal injury, bleeding and even death. Esophageal perforation may occur during anastomosis and lead to re-operation and even death.

Side Effects of Drugs

All drugs have inherent risks and complications and in some cases can cause a wide variety of side effects, reactions and in some cases death.

Risk of Transfusion

Including Hepatitis and AIDS from the administration of blood and / or blood components. These illnesses are severe and can be fatal.

Incisional Hernia, Internal Hernia

Cuts and incisions in the abdominal wall can lead to hernias after surgery. Hernias can lead to pain, bowel blockage, obstruction, and even perforation and death in some cases. Treatment of hernias usually requires another operation. Wound dehiscence or evisceration is possible but uncommon in laparoscopic surgery.

Hair Loss

Many patients develop hair loss for a period after the operation. When this occurs, it usually starts at 3-4 months following the surgery and resolves at 7-9 months. This usually responds to increased oral intake of protein and vitamins but it may be permanent.



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Vitamin and Mineral Deficiencies

After Bariatric surgery there is sometimes a lack of vitamins and minerals. Patients **MUST** take vitamins and mineral supplements forever to protect themselves from these problems. You also need to have yearly blood tests to measure the blood levels of these vitamins and minerals. Common deficiencies following this surgery are iron, calcium, B12, thiamine, and folate. Uncorrected deficiencies could lead to anemia, neuro-psychiatric disorders and neuropathy and bone disease.

Gallstones, Kidney Stones, Gout

Reducing the amount of food intake can reduce the amount of bile secreted by the gallbladder. This can lead to accumulation of bile in the gallbladder, which can cause formation of gallstones. Gallstones can be painful and require surgery to remove the gallbladder. This can also lead to inflammation of the liver and / or pancreas. Although uncommon, kidney stones or gout may occur with improper diet and hydration.

Fatty Liver Disease

Obese patients are prone to have a preexisting condition known as Non-alcoholic fatty liver disease (NAFL). Surgery may or may not improve this condition or progression of this disease.

Inadequate Weight Loss

WARNING: Remember that you may not lose weight after the operation.

There are patients that will fail any type of weight loss surgery. Inadequate weight loss is a risk of all types of surgery and all types of weight loss treatment.

I recognize that the Laparoscopic Gastric Bypass is not by any means a perfect treatment and that one of the risks is a real possibility of inadequate weight loss following my Laparoscopic Gastric Bypass surgery.

By continual overeating, the anastomosis and or pouch may become unnaturally stretched, causing the loss of the restrictive effect, resulting in unsatisfactory weight loss.

When choosing a balanced menu high in protein content, eating at normal times, and incorporating exercise into my daily routine, I will lose weight. However, it is possible to defeat the purpose of surgery by continuous drinking of high caloric liquids and or snacking throughout the day.

Excessive Weight Loss

Some patients sustain excessive weight loss after the operations and may require reversal of the bypass to prevent severe malnutrition, nausea, or vitamin and mineral deficiencies or death.

Diminished Alcohol Intolerance

Post surgery patients have a diminished tolerance for alcohol. I understand that I will not drink alcohol for 6 months after surgery and then only responsibly thereafter. I also understand that alcohol is not a good nutrition choice and may impede my weight loss.



Complication

Description

Complications of Pregnancy

I understand that the deficient nutrition in pregnancy carries with it a high risk of fetal damage or loss. Maternal malnutrition during rapid weight loss may impair normal fetal development and that complications could include death. In view of the uncertain effects on fetal development of rapid weight loss, secure birth control methods should be used during my weight loss. Women who become pregnant after gastric bypass surgery will need special attention from their clinical care team to ensure adequate nutrition is provided to meet the increased nutritional requirements of pregnancy. I understand that I should not plan any pregnancy for at least two years following my surgery. Fertility may improve with weight loss.

Cancer

Cancer can occur in anyone. Many cancers are more common in obese as compared to thin patients. Overweight men have a significantly higher rate of prostate cancer. Obese women have higher risks of developing breast cancer and cancer of the uterus and ovaries. It is expected, but not certain, that with weight loss you will have an overall decrease in your risk of cancer.

Breathing Difficulty

Patients can develop pneumonia or other breathing problems requiring prolonged need for ventilator. Patients are strongly encouraged stop smoking at least 1 month prior to the procedure. Smoking may contribute to adverse outcomes.

Diarrhea or excessive flatulence

Patients can experience diarrhea or excessive gas or constipation, bloating and cramping. This may be experienced early or late. Malodorous gas, especially with improper food habits.

Loose Skin

It is common for persons who experience extensive weight loss to have loose skin in areas which were previously much larger. For cosmetic reasons, you may desire to have additional procedures to remove the excess skin. Intertriginous dermatitis may occur due to loose skin.

Depression

Depression and anxiety are common medical illnesses and have been found to be particularly common after the operation. Dysfunctional and social problems or worsening of preexisting problems may occur, including divorce.

Leak

In a small number of cases, perforation of the stomach or leakage of stomach contents at staple lines or anastomosis between the stomach and upper small intestine may occur within the first few days after surgery. This is a serious complication and may require immediate re-operation to close the perforation leak. These may also lead to enteroenteric (stomach to bowel) or enterocutaneous (stomach, bowel, or colon to skin) fistulas.



Complication

Description

Injury to Adjacent Structures

In a small number of cases injuries to adjacent structures including the spleen, liver, diaphragm, pancreas, and colon is possible, and removal of the spleen may be necessary.

Death

This is a major and serious operation. It may lead to death from complications. While uncommon, you must be aware that death can occur following this procedure, just as any other procedure.



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