

Risks of Surgery

Potential Early Complications

Thrombophlebitis or Blood Clots in the Legs: These clots may sometimes travel to the lungs. When this occurs, this life-threatening problem is called pulmonary embolism. *Early walking, beginning the evening after surgery and pneumatic intermittent leg compression hose make this complication very rare. Low dose blood thinner is also given to help prevent this problem.

Atelectasis(lung collapse) and/or Pneumonia: These problems are lessened by discontinuance of cigarettes, frequent deep breathing exercise and coughing postoperatively. Use of an Incentive Spirometer device to encourage deep breathing and early ambulation the evening after surgery also help prevent these complications.

Wound Infection and Wound Separation: Perioperative antibiotics help prevent this.

Peritonitis (following leakage from the stomach pouch of intestine): This is an extremely unusual but very serious complication which would require a secondary operation and a prolonged hospital course up to several weeks.

Obstruction of the New Stomach Pouch Outlet: Sometimes edema, or swelling of the anastomosis or stitch lines, occur in the early postoperative period. This may result in the need for one to stay on liquids or blended foods or intravenous feeding for a prolonged period, until the edema resolves.

Enlargement of the Pouch or Enlargement of the Outlet Channel: The stomach pouch and channel are made very small in order to limit your consumed calories. However, with consistent overeating to the point of pain or vomiting, the pouch may gradually enlarge., allowing one to eat more and have weight gain, after an initial weight loss. It is theorized that prolonged drinking of carbonated beverages may cause the pouch to gradually enlarge over time and thus allow the patient to eat more and regain weight.

Small Bowel Obstruction for Adhesions: This is unusual, but, if it occurs, it may require an operation for correction.

Risks of Surgery Cont.

Spleen Injury: Repair of the splenic injury or a splenectomy is a very rare complication, but sometimes it does occur because the spleen is located in the immediate area where the operation is done. Some patients develop an increased vulnerability to infection such as pneumonia, after the splenectomy. Certain precautions should be taken by anyone requiring a splenectomy, including vaccination every 5 years.

Death: Any operation carries with it the possibility of postoperative death.

Skin Sag: In the very obese, especially those over 40, the skin of the abdomen, breasts, underarms, legs and buttocks may sag after the patient has lost a considerable amount of weight.

Family Members: Family members may have difficulty adjusting to the patient's new appearance

Ulceration:

Gastritis (irritated stomach tissue):

Gastroesophageal Reflux or heartburn:

Dysphagia (difficulty swallowing):

Polyneuritis: This can occur from Vitamin B1 deficiency. Taking your recommended vitamins and eating a balanced diet should prevent this from occurring.

Anemia: Usually after Bypass only. This can occur from iron deficiency, B12 deficiency, or folic acid deficiency. You **MUST** have an annual blood count to check for this problem. A balanced diet and taking the appropriate vitamins can help prevent this.