



Gastrointestinal Complications of Bariatric Surgery

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The stomach is a slave that must accept everything that is given to it, but which avenges wrongs as slyly as does the slave.

—Émile Souvestre

7.1 Introduction

Prevalence of bariatric surgery is on increasing trend all over the globe due to sustainable weight loss, improvement in quality of life, and comorbidity resolution. Therapies for obesity can be divided broadly into four groups: behavioural (primarily diet and exercise), drugs, devices (intra-gastric balloon), and surgery. The complications of bariatric surgery include gastrointestinal complications, venous thromboembolism, and nutritional complications. The overall complication rate is low ranging from 0.29% to 0.78% [1], which is similar to most elective abdominal operations like cholecystectomy. The reported common early complications include leak, bleeding, obstruction, venous thromboembolism while the late complications include internal hernias, dumping, nutritional deficiencies, and gastro-oesophageal reflux. In this chapter, we will discuss the common metabolic GI complications specific to each procedure. Hormonal and physiological changes following bariatric surgery are covered in another chapter and therefore, will not be discussed here. The delayed and long-term surgical complications like Internal hernia, obstruction, stenosis etc. will also not be discussed as the focus of the book is on metabolic complications. Additionally, liver complications, nesidioblastosis, and nutritional complications have been discussed in other chapters and will not be discussed.

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