Clinical Pearls for Emergency Care of the Bariatric Surgery Patient

**EMERGENCY PRESENTATIONS:**

1. Unstable Vital Signs
   - Fever > 101°F
   - Hypotension
   - Tachycardia > 120 bpm, 4 hours
   - Tachypnea
   - Hypoxia
   - Decreased urine output

2. Bright Red Blood by Mouth or Rectum, Melena, Bloody Drainage
3. Abdominal Pain or Colic > 4 hours
4. Nausea ± Vomiting > 4 hours
5. Vomiting ± Abdominal Pain

**BARIATRIC COMPLICATIONS:**

- **Intra-Absdominal Bleeding**
- **Leaks and Sepsis**
- **Obstruction**
- **Pulmonary Embolism**
- **Vomiting ± Abdominal Pain**
- **Abdominal Compartment Syndrome**

**PRINCIPLES TO GUIDE MANAGEMENT OF BARIATRIC EMERGENCIES**

1. **Critical Time Frame**
   - Expose within 6 hours
   - OR within 11 hours

2. **Critical Warnings**
   - Call surgeon urgently first, call general surgeon as well
   - There are no specific abdominal surgery patients, they behave in response to symptoms and signs, and they may be more prone to develop organ system failure if not treated promptly.

   **NURSE**
   - Ask “Fast Abdominal” to rule out perforation
   - Be alert to signs of peritonitis
   - Avoid IV fluids, ASA, Meth, Saline
   - Ensure OR room setup, limits post-op need
   - Ensure intra-abdominal pressure, monitor respiratory rate, heart rate, blood pressure

3. **Thoracic:**
   - Usually general symptoms of chest pain, respiratory difficulties.
   - Can also be due to gall bladder, pericardial, peritoneal, heart failure, pulmonary embolism, etc.
   - Increase the risk of ventilation weaning.

4. **Avoid over-feeding the patient with oral fluids or enteral nutrition.”

**INITIAL ASSESSMENTS**

1. Physical exam and urinalysis may be helpful.
2. Labs
   - CBC
   - Comprehensive Chemistry Profile
   - Amylase

3. Imaging
   - Chest X-Ray
   - CT of abdomen with oral contrast
   - CT of chest with NT contrast

**HOSPITAL MANAGEMENT OF THE BARIATRIC SURGERY PATIENT**

"FAST HUG"

- **FOOD:** Establish enteral or parenteral nutrition within 4 hours
- **ABDOMEN:** Control pain for patient comfort
- **SEDATION:** Non-invasive to prevent aspiration
- **THROMBOEMBOLIC PROPHYLAXIS:** Mechanical and chemical
- **HEAD-UP-ELEVATION:** 30° for expedited care
- **UCCER PROPHYLAXIS:** Pressure pump initiated
- **GASTROCELCUS:** Tightened with glue or staples

**ABDOMINAL COMPARTMENT SYNDROME**

1. **Emergency Presentation**
   - Progressive respiratory insufficiency
   - Nausea
   - Hypotension
   - Renal failure
   - Decreased urine output
   - Associated with an anti-adhesive failure
   - Can occur with intra-abdominal sepsis, bleeding or obstruction

2. **Emergency Treatment → To Surgery**

**CLINICAL PATHWAY FOR EVALUATION OF VOMITING (VT): ABDOMINAL PAIN**

1. **Emergency Presentation**
   - Breathless, sweating, diaphoresis, hypotension
   - CT of abdomen with oral contrast
   - CT of chest with NT contrast

2. **Emergency Treatment**
   - Blood products, resuscitation
   - CT of abdomen with oral contrast
   - CT of chest with NT contrast
   - CT of head with NT contrast

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**ADJUSTABLE GASTRIC BAND**

- Normal LAGB, Band Tied Up
- LAGB Tie Tight - Normal Tie
- LAGB Sizer Bag - Posterior
- LAGB Sizer Bag - Anterior

**FOR MORE INFORMATION, PLEASE VISIT**

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