COMPLICATIONS AFTER BARIATRIC SURGERY OCCURRING IN THE POST-ANESTHESIA CARE UNIT

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BACKGROUND AND GOAL OF STUDY

Postoperative adverse outcomes are common in morbidly obese patients undergoing bariatric surgery. The aim of this study is to identify and evaluate the immediate complications observed after bariatric procedures during the Post-Anesthesia Care Unit (PACU) stay.

MATERIAL AND METHODS

- Prospective observational study
- September 2015 to December 2015
- Data analysed with SPSS statistical software and T-test

Inclusion criteria

- Morbid obesity (BMI ≥40,0 kg/m2)
- Age 18-65
- A.S.A classification III
- Patients submitted to laparoscopic sleeve gastrectomy (LSG) or laparoscopic gastric bypass (LGB

RESULTS AND DISCUSSION

- 25 patients, mostly women (n=20)
- Age 26-59
- BMI 40,0-52,8 kg/m2
- LSG (n=10), LGB (n=15)

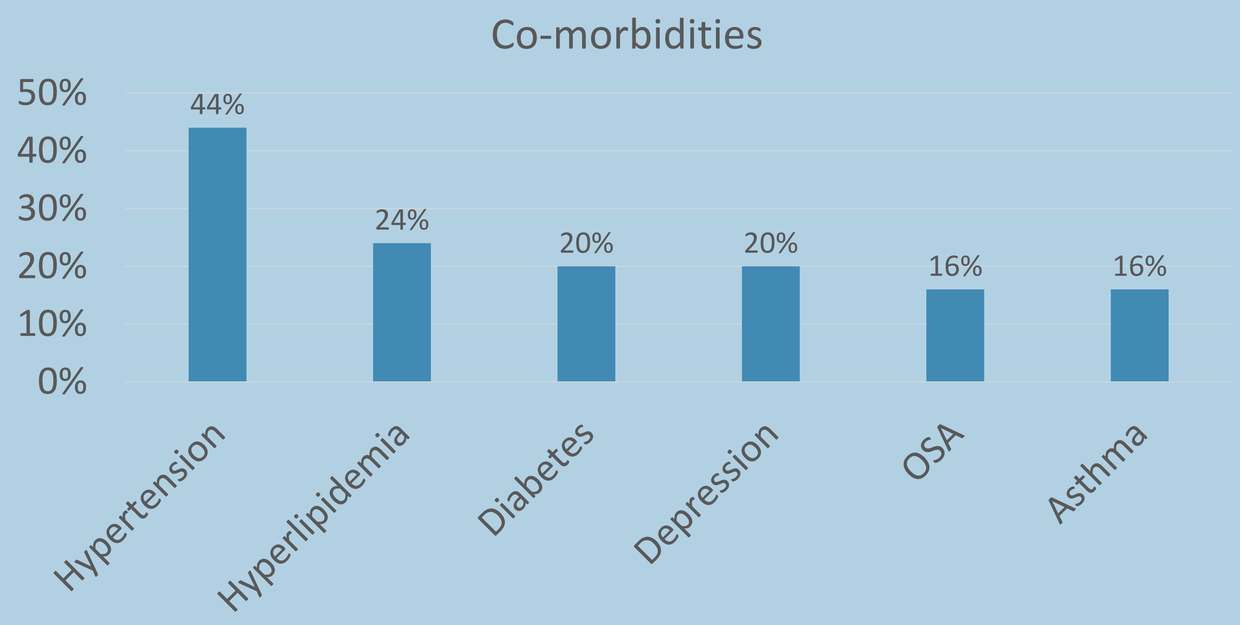
Immediate post-operative complications occurred in 76% of patients.

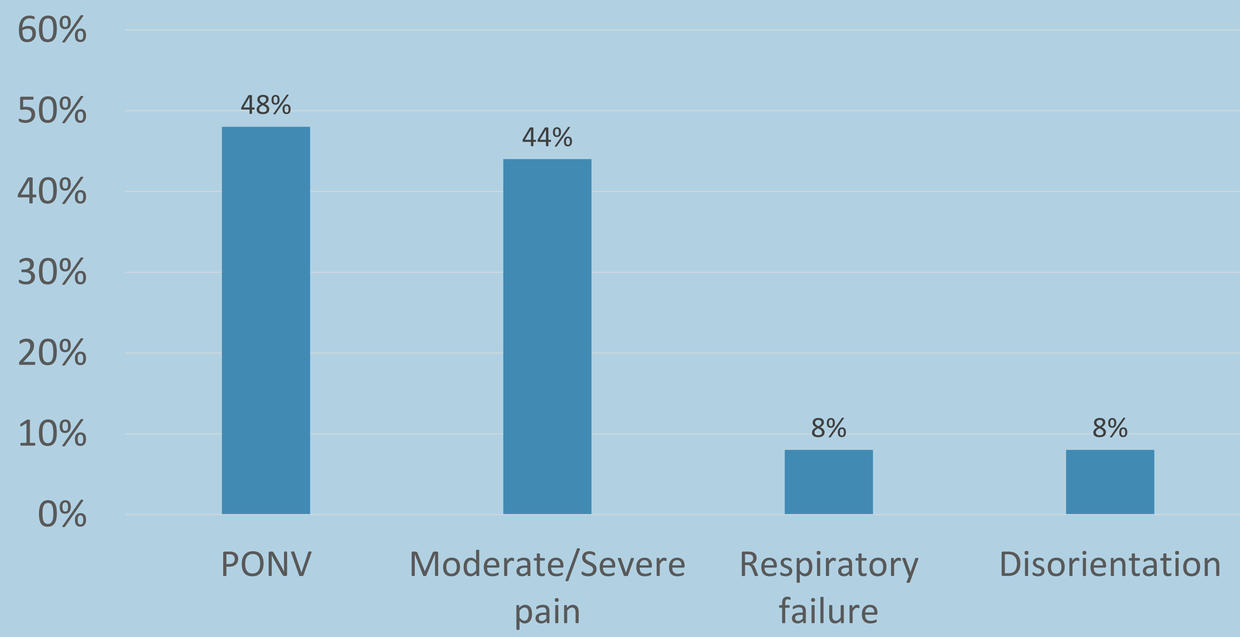
- Male: 100,00%, Female: 70,0%
- BMI < 45 kg/m²: 80,0% , >45 kg/m²: 60,0%

The average time spent in the PACU was longer in patients with complications (4h48min vs. 3h35min without complications) but the difference was not statistically significant (p>0,05).

No severe complications like hemodynamic instability, arrhythmias, cardiovascular or thromboembolic events, cardiopulmonary arrest or death were observed

*All patients did prophylaxis of gastric content aspiration, venous thromboembolism and postoperative nausea and vomiting (PONV).





CONCLUSIONS

Patients submitted to bariatric laparoscopic procedures have high risk of developing PONV despite following recommendations based on Apfel score, which could suggest different needs of this population regarding PONV prophylaxis. As there are no data available to compare the total prevalence of complications after bariatric procedures observed in PACU, more studies should be performed in order to corroborate the results and to optimize the perioperative care of a morbidly obese patient.