

TREATMENT OF NON-ADHESIVE BOWEL OBSTRUCTION FOLLOWING GASTRIC BYPASS

David Lauter MD

Institute for Laparoscopic Surgery, Kirkland, Washington

Bowel obstruction secondary to internal hernias following laparoscopic and open gastric bypass are well reported. The number of gastric bypasses being performed in the US continues to increase. As many patients undergo surgery at centers geographically distant from their home, increasing numbers of patients will present to their local emergency rooms with abdominal complaints that will need to be addressed by general surgeons not performing bariatric surgery. Over a 2 year period, 8 patients requiring operative intervention presented to our practice with non-adhesive bowel obstruction following both open and laparoscopic bariatric surgery. The cause of their obstructions included cicatricial narrowing in the Roux limb at the transverse mesocolon defect (1 patient) and internal hernias through the transverse mesocolon (4 patients), Peterson's hernia (2 patients), and at the jejunojejunostomy (1 patient). Seven patients were treated laparoscopically and one required open surgery. Our diagnostic and operative approach is described.

Conclusion: General surgeons not performing bariatric surgery will be treating more patients with abdominal complaints following gastric bypass in the future. When surgery is required, most of these patients can be treated laparoscopically. Accurate pre-operative diagnosis of non-adhesive bowel obstruction after gastric bypass aids in the operative planning. However, operative intervention may be indicated in the absence of positive diagnostic studies based on the clinical picture.