Practice Point

Bariatric Surgery – Practice Points

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1. INDICATIONS

BMI 40 kg/m².

BMI 35 + comorbidities (T2DM, HTN, OSA, NASH).

BMI 30 + uncontrolled T2DM.

Failed structured medical therapy.

2. CONTRAINDICATIONS

Untreated psychiatric illness.

Active substance abuse.

Severe cardiopulmonary disease.

Active Crohn's (for RYGB).

Pregnancy.

3. PRE-OPERATIVE EVALUATION

CBC, LFT, RFT, HbA1c, TSH, lipids.

Iron, B12, folate, Vitamin D, Calcium.

OSA screening.

Psychological clearance.

EGD if GERD/H. pylori risk.

USG abdomen for gallstones.

4. PROCEDURE COMPARISON

Sleeve Gastrectomy (LSG):

Restrictive, decreases ghrelin, may worsen GERD.

Leak risk at angle of His.

Roux-en-Y Gastric Bypass (RYGB):

Restrictive + malabsorptive.

Best for GERD, T2DM.

Risk of dumping, marginal ulcers, internal hernia.

One Anastomosis Gastric Bypass (OAGB):

Simple, effective.

Risk of bile reflux.

BPD/DS:

Greatest weight loss.

Highest nutritional deficiency risk.

5. EARLY POST-OP COMPLICATIONS

Leak (tachycardia is first sign).

Bleeding.

VTE/PE.

Stricture.

Pulmonary complications.

6. LATE COMPLICATIONS

Iron/B12/Ca/Vit D deficiency.

Dumping syndrome.

Marginal ulcers.

Internal hernia.

GERD (post-LSG).

7. NUTRITIONAL SUPPLEMENTATION

Daily multivitamin.

Iron 45–60 mg/day.

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Calcium citrate 1200–1500 mg/day.

Vitamin D 3000 IU/day.

B12 (IM monthly or oral daily).

Protein 60 g/day.

8. EXPECTED WEIGHT LOSS

LSG: 50–60% EWL.

RYGB: 60–70% EWL.

OAGB: 65–75% EWL.

DS: 70–85% EWL.

9. FOLLOW-UP

1 week 1 month 3 months 6 months 12 months annually.

Monitor labs, supplementation adherence.

10. RED FLAGS

Tachycardia >120 bpm.

Severe abdominal pain.

Persistent vomiting.

GI bleeding.

Fever/sepsis signs.