Current pathways on the management of post-operative bariatric emergencies in the United Kingdom – a national survey

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CONFLICT OF INTEREST DISCLOSURE

I have no potential conflict of interest to report.



Introduction



Bariatric and metabolic surgery is increasingly performed globally especially with the rise of medical tourism.



Patients who undergo bariatric procedures can develop complications and may present with an acute abdomen to the emergency department.



Management of these patients may pose unique challenges to the on-call general surgeon due to their atypical, insidious presentation and altered gut anatomy.



Aims

 To evaluate current pathways on the management of post-operative bariatric emergencies in the United Kingdom and general surgeon's confidence in managing these



How are patients managed on the general surgery acute take?



Are general surgeons, regardless of subspecialty, confident in managing bariatric complications?

Methods



Online national survey



Consultants, fellows & trainees in general surgery



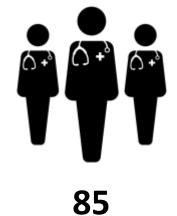
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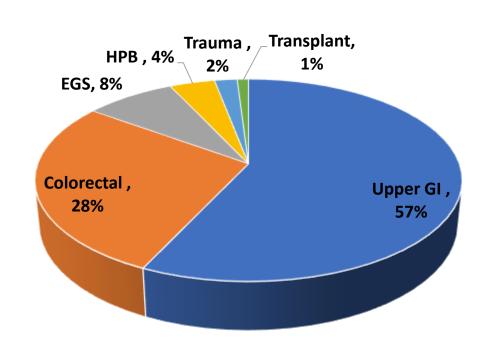


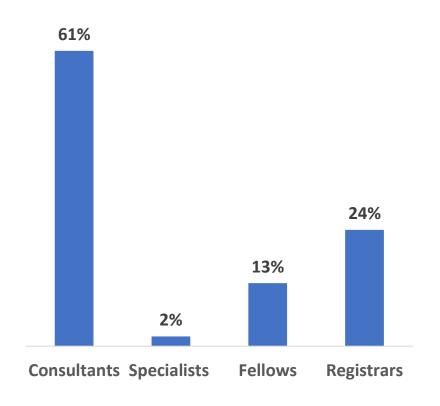
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respondents









68%

have specialist bariatric surgery services

52% work at high volume units

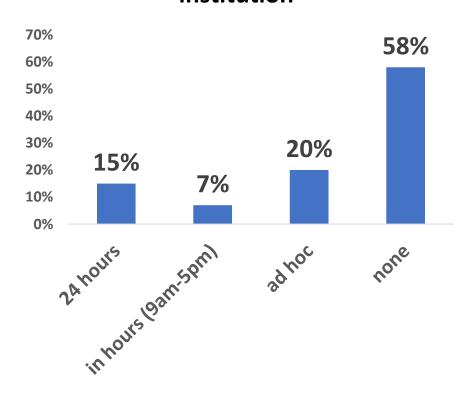
95%

have managed post-op bariatric emergencies on the acute take

Median number of 5 patients/ year



Provision of bariatric on-call services by institution



Chi square analysis on subspecialty and general surgeons' confidence in managing bariatric emergencies

Upper GI, n=48

Other subspecialties, n=37

Internal hernia (p=0.0175)

Intra-abdominal sepsis (p=0.0251)

Gastric balloon complications (p=0.0001)

Post-op bleeding (p=0.0015)

Bleeding marginal/ anastomotic ulcer (p=0.0001)



62%

Perceive a need for dedicated bariatric on-call services within their region





Early re-intervention rates

Support of multidisciplinary team

Overall improved quality of care



NAPOLI 2027

Funding required

True emergencies can be managed by 'damage control' principles

Low incidence of post-operative bariatric emergencies per unit per year

Limitations

- Sampling and selection bias
- Not truly representative of nationwide practice in the UK

Conclusion

The provision of bariatric surgery on-call service is variable across the United Kingdom. A national audit or registry for patients presenting with post-operative bariatric emergencies is required to adequately inform a need for dedicated bariatric on-call services.

Thank you



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