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All surgical procedures carry risks. Your surgeon will explain all possible complications of bariatric surgery, both short-term and long-term, and will answer any questions. What are the most common postoperative risks and side effects associated with bariatric surgery? Some risks of bariatric surgery include: Acid reflux anesthesia-related risks chronic nausea and vomiting Expansion of the esophagus Inability to eat certain foods Infection Obstruction of gastric weight gain or inability to lose weight bariatric surgery Long-term risks of bariatric surgery carries some long-term risks for patients, Including: Dumping Syndrome, a condition that can lead to symptoms such as nausea and dizziness Low blood sugar Malnutrition Bowel Ulcers Hernia Hernia Review bariatric surgery risks and complications under the procedure risks and side effects vary depending on the bariatric procedure. The following list is not comprehensive, but summarizes the risks of gastric bypass surgery and gastric sleeve. Your bariatric surgeon will make sure that you understand the risks and complications of your particular procedure. Risks of gastric bypass surgery: Burning Gallstones Breakdown Syndrome (risk increases with rapid or substantial weight loss) Herniated Internal bleeding or copious bleeding of surgical wound Leak Perforation of the stomach or bowel sac /anatomical obstruction or bowel obstruction of protein or calorie malnutrition pulmonary and/or cardiac problems of the spleen separating the skin or other organs of the stomach or bowel injury: Gallstone blood clots (risk increases with rapid or significant weight loss) Hernia Internal bleeding or copious bleeding of surgical wound Leak Perforation of the stomach or bowel division of the skin Stricture Vitamin or iron deficiency Reduction risk of bariatric surgery You can help reduce some risks and possible side effects: Our presurgical Lifestyle program can help you prepare for bariatric surgery. Bariatric Surgery Additional Resources Back Matter Some potential complications of bariatric surgery that may occur after any abdominal surgery (including, but not only bariatric surgery) may include: Cut painInfectingInedingcislningic HerniaBlod clots in the legs (DVTs)Heart attacksPneoniaumObstructions (difficulty with food, In the BMCC we have specifically designed effective Other possible complications and considerations that are more specific to bariatric surgery may include: Leaks in surgical sitesUlcers (to combat this, avoid ulcer-causing substances: nicotine, caffeine, alcohol, drugs, and or protein malnutrition (you'll need a lifelong commitment to vitamin/protein intake as a directed)Excess skinInternal hernia hernia syndrome Gallstones can form after bariatric surgery. However, recent studies have shown that the risk of developing this problem after bariatric surgery is not higher than in the general population. Because of this, most bariatric practices (including BMCC) healthy gallbladders are not usually removed during bariatric surgery. Finally, weight recovery is always an option with any surgery, so maintaining a strong commitment to the postoperative pathway is crucial. Special considerations for each surgical variant: Surgical OptionSpecial ConsiderationsApecial Responses LAP-BAND® Complications-Internationally High Removal Rate (25-40% in the first 5 years alone)-Not a good surgical option for most patientsAstral sleeve Complications -- Increased reflux/heartburn-Careful patient selection based on the severity of reflux-hiatal hernias repaired during surgery-Antacids are used when neededGastric Complications Bypass-Slightly Higher Risk Syndrome-Dumping-Nutritional Deficiencies-Elimination of Ulcer-Causing Substances: Use antacids-Avoid sugar-containing foods-specific vitamin/protein protocol and testingLoop Duodenal Switch (SADI-S) Complications-Increased reflux (similar to sleeve)-Nutritional deficiencies-loose or oily stool (about 2 chairs per day)-Hiatal hernia repair, and antacids when indicated-specific vitamin/protein protocol and testing avoid fatty foods Dr. Long and your team at the BMCC are perfectionists who carefully work out the details of your care before, during and after surgery. Careful planning has produced excellent results for our patients and minimizes your chances of experiencing the complications listed above. However, most patients should actually expect some excess skin after surgery. How often do complications of bariatric surgery occur? Although bariatric surgery is more complex than minor abdominal surgery, the good news is that in the right hands your surgery should not carry a significant additional risk of serious complications. It is very important that you choose a center that is fully accredited as a comprehensive MBSAIP center, that you choose a very careful bariatric surgeon, and that you choose to practice with a comprehensive on-site care team. Dr. Long's experience and careful planning have created his practice as an industry leader in bariatric surgery. BMCC is a comprehensive MBS'IP center that brings some best practices to the national level and is recognized as a leader in bariatric surgical quality results. As a result, our patients did exceptionally well and lead the country by achieving very low rates of complications with superior weight loss. How Does BMCC Handle Bariatric Surgery Complications? In the Dr Long believes in handling bariatric surgery complications before they occur. Because of this, both Dr. Long and your team at the BMCC have extensive protocols (and education) before, during and after surgery to prevent most complications. It has also created models that identify additional differences in risk in patients. The whole team works very hard to

know each patient and understand how each individual patient factor can contribute to risk. With this clear understanding, additional security planning provides the lowest possible risk. Dr Long is very transparent about how any additional health problems can lead to increased risk and what further steps will be needed to minimize this risk. While careful planning, technical knowledge and thoughtful care can reduce risk below the national average, it is also important to note that there is never a zero risk in any operation. If rare complications arise, Dr. Long and the BMCC do exceptional early recognition work and aggressive management to minimize exposure and further optimize good results. What is dumping syndrome? Dumping syndrome is a gastric bypass complication because it occurs when the empty stomach valve has been bypassed. This means that foods rich in sugar or carbohydrates (and very rarely deep-fried/fatty foods) quickly pass into the intestines before they are ready to take this load. These sweet foods, then draw a large amount of water into the intestines very quickly, producing some or all of the following symptoms: Sudden watery diarrheaCreming and abdominal painNausea and vomitingSudden fatigue Heart heartbeatSweatinessSudden dizziness (blood pressure can actually drop) The good news is that for almost every patient, dumping syndrome is easy to control, avoiding the products that cause in fact, this is what every patient should do in any case. In a very strange way, dumping syndrome can serve as a reminder to strengthen behaviors that will lead to better and more sustainable weight loss, as well as better long-term health. This page has been medically reviewed by Dr. Joshua Long, MD, MBA, FACS, FASMBS. Dr. Long is a double board certified bariatric surgeon and bariatric medical director at Parker Adventist Hospital. Full biography: Dr. Joshua Long, MD, MBA, FACS, FASMBS Page Updated: February 25, 2020 Please note that individual results may vary and are not guaranteed. Metabolic Complications, Nutrient Deficiency, and Drug Management Post Metabolic Surgery Pages 5-33 However, Christopher D. (et al)Volume 29, Issue 1, February 2020, 150888View Abstract Prospective Study of Conservative Management of Asymptomatic Preoperative and Postoperative Bile Disease in Bariatric Surgery. Pineda O, HG, Жмадо М, Семул,Јведа ЕМ, ѕилмерт L, Јсиноса О, Јеррвек Јинеда О, и др. Obes Surg. 2017 Јнвар153-148:(1)27;.J. two: 10.1007/s11695-016-2264-3. Obes Surg. 2017. 2017. 27324135 Complications of gastric bypass surgery: Almost never life-threatening (gastric bypass has 99.8% survival)There are up to 10% of patients (9 out of 10 patients do not experience complications)Include 20 possible issues you can often avoid with the right behavior and choicesRead sections below for everything you need to know about gastric bypass complications. TABLE OF CONTENTSClick on any of the topics below to go directly to this sectionCompare 0.22% mortality (99.8% survival) of gastric bypass surgery to other known procedures: gallbladder removal: 0.15% mortality (1)Hip replacement: 0.29% mortality (2) Caesarean section (C-section): 0.40% mortality (3) In other words, gastric bypass surgery is about as risky, as gallbladder surgery and much less risky than hip replacement or C-section.Typical gastric bypass results include : 1-year weight loss: 65% overweight, average 5-year weight loss: 60% overweight, on average, after weight gainComplete resolution or significant improvement in at least 15 obesity-related diseases, including diabetes, hypertension and sleep apnea, our gastric bypass results section for more information about weight loss and health benefits to expect. Click here to expand the table of complications research. We have several pages to help you determine the best way to reduce your risk during and after gastric bypass surgery. Follow one of the links below depending on where you are in the process: your first step is to make sure you choose the operation that is most appropriate for your situation. Different operations carry different risks for different people. Our Bariatric Surgery Types page compares and contrasts the safest and most effective procedures. If you haven't already, next review our bariatric surgery complications page. In addition to providing a complete list of definitions and treatments, it also illustrates what complications apply to each type of surgery, factors that increase risk and 10 ways to minimize the risk of complications. As mentioned above, your surgeon may have a lot to do with your result. For example, one study evaluated a surgeon over his first 300 laparoscopic gastric bypass patients (4). Below were his results as he gained experience: Click here to expand the surgeon's performance table over time. Obviously, being in the 3rd group is the most desirable. A separate and much larger study of more than 15,000 patients in Michigan had similar findings about the surgeon's experience (5): (5): solar panel tracking system project report. single axis solar panel tracking system project. solar panel sun tracking system project

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