

Recognizing Bariatric Surgery Medical Malpractice

By Bonnie Blake and Peter Schmit

We have all heard of the success stories: a person suffering from morbid obesity who just cannot get their weight under control miraculously loses hundreds of pounds. Though bariatric weight loss surgery has helped many people lose weight and improve their general health and wellness, however, these procedures are not without risk. The surgeries are technically demanding to perform and, in the wrong hands, can lead to lengthy illness, hospitalization and even death.

Understanding Bariatric Surgery

Bariatric surgery is an umbrella term for a number of different procedures that change the anatomy of a patient's digestive system to limit the amount of food that can be eaten and digested. The two basic types of weight loss surgery are restrictive surgeries and malabsorptive/restrictive (by-pass) surgeries. Restrictive surgeries work by physically restricting or reducing the size of the stomach and slowing down digestion. Vertical banded gastroplasty and laparoscopic adjustable gastric banding are the two most popular restrictive procedures. Malabsorptive/restrictive surgeries are more invasive. In addition to restricting the size of the stomach, these surgeries bypass a segment of the small intestine to make it harder for the body to absorb calories.

Risks and Complications of Bariatric Surgery

Within the last decade a number of bariatric surgery risks and complications have become recognized. Some of these include failure to provide appropriate vitamin and nutritional support following bariatric surgery, failure to timely diagnose perforation or leakage of the bowel connections after surgery and failure to diagnose pulmonary embolism. Each complication can cascade into a potentially life-changing or even life-ending event.

Failure to provide appropriate vitamin and nutritional support following bariatric surgery

Bariatric surgery can often lead to nutritional deficiencies that may cause severe health complications including life-threatening neurological conditions. These conditions either result from a

reduction in food intake and the inability to absorb nutrients following surgery or inadequate post-operative nutritional supplementation. Diagnoses that indicate inadequate nutritional support include:

- **Peripheral or Polyneuropathy** — nerve damage that causes burning pain, numbness or tingling in hands, feet and other parts of the body. Inadequate levels of Vitamins E, B6, B12, and B1 (niacin) can cause widespread damage to nerve tissue.
- **Wernicke's encephalopathy/Korsakoff Syndrome** — degenerative brain disorders caused by the lack of thiamine (vitamin B1). The acute and chronic phases of the same condition, Wernicke's/ Korsakoff syndrome causes confusion, short-term memory and vision loss and loss of muscle coordination.
- **Other nutritional deficiencies** — deficiencies of B12 and copper, calcium, phosphate, vitamin D, iron, folate, riboflavin, thiamine and vitamins A, E and K, together or alone may lead to irreversible nerve injury, memory loss and other neurological complications.

Failure to timely diagnose perforation or leakage of the bowel connections after surgery

Complications can occur when the surgeon refastens the bowel to its new location during gastric bypass surgery. If the surgical connection does not form a complete seal, fluid can leak from the bowel and cause infection and abscess formation. Serious and potentially fatal complications resulting from these kinds of leak include peritonitis (inflammation of the smooth transparent membrane that lines the cavity of the abdomen and covers the organs within the abdomen) and sepsis, a serious medical condition in which the body is fighting a severe infection that has spread via the bloodstream. If a patient becomes "septic," they will likely be in a state of low blood pressure termed "shock." Septic shock can compromise the kidneys, lungs, brain, and hearing, and can even cause death.



Failure to Diagnose Pulmonary Embolism

Pulmonary embolism is a leading cause of death following bariatric surgery for morbid obesity. Pulmonary embolism occurs when a blood clot in the leg breaks off and travels to the lungs. Although these can occur at any time, they are more likely in overweight patients, especially likely at the time of and soon after surgery. Certain conditions like a smoking, family history or sleep apnea may put a patient at a higher risk of developing a pulmonary embolism. In addition to identifying high-risk patients, there are other preventative measures physicians can take to minimize the risk of pulmonary embolism.

Conclusion

It is the responsibility of surgeons and staff to educate the patient and family on the symptoms of postoperative complications. Early recognition of these complications and meticulous attention to details are crucial for bariatric surgeons. When it goes well, weight-loss surgery is a marvel of modern medicine that can transform lives for the better. When the surgeon is inexperienced or fails to recognize complications, however, bariatric surgery can lead to a life-changing catastrophe.



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