

THE MOUNT SINAI HOSPITAL STANDARD: WORKFLOW	SUBJECT NO. EM #
Departments: Emergency Medicine	
Subject: Patients with a history of gastric bypass surgery and/or suspected ischemic bowel	
<u>CROSS-REFERENCE:</u> Chain of Command Policy GPP-520	

Original date of issue: 08/14/2019

Reviewed:							
Revised:	10/2019	12/2019					

## POLICY

Bariatric surgery is increasingly being used in medically complicated obese patients to achieve significant weight loss and correct obesity-related illnesses. Patients with a history of bariatric surgery may present in either the early or late post-operative period with an apparently “benign” abdominal exam and yet in fact have serious acute intra-abdominal pathology, including ischemic bowel. Any patient with abdominal pain or vomiting and a history of bariatric surgery, as well as any patient with concern for ischemic bowel (independent of bariatric or other surgery), should have a timely surgical consultation.

## SCOPE

All adult and pediatric patients with 1) abdominal pain or vomiting and a history of gastric bypass surgery and/or 2) suspected bowel ischemia

## PROCEDURE

1. Any patient with abdominal pain or vomiting and a history of bariatric surgery, as well as any patient with concern for ischemic bowel (independent of bariatric or other surgery), should have a timely surgical consultation. In patients with a history of bariatric surgery, abnormal vital signs (e.g., tachycardia, tachypnea) may be the only sign of serious intra-abdominal pathology.
2. Surgical consultation should not be delayed pending results of laboratory or imaging studies. The ED team should call the surgical consultant as soon as a history of bariatric surgery is elicited

or ischemic bowel is suspected. And the surgical consultant should evaluate the patient as soon as possible, regardless of whether laboratory or imaging studies have resulted.

3. In general, patients with abdominal pain or vomiting and a history of gastric bypass surgery, or concern for ischemic bowel, require fluid resuscitation, laboratory testing (including a lactate), and an abdominal CT scan.

4. Delays in evaluation, management, or disposition should be escalated in accordance with the Chain of Command Policy (GPP-520).