

AGB COMPLICATIONS



Patients can experience complications after the gastric band procedure. Most complications are not serious but some may require hospitalization and/or re-operation. Patients may have one or more adverse events, ranging from mild, moderate, to severe.

The most common post-operative complications include: nausea and vomiting , gastroesophageal reflux (regurgitation), band slippage/pouch dilatation, and stoma obstruction (stomach-band outlet blockage).

Adverse events that are considered non serious include: abdominal pain, abnormal healing, abnormal stools, asthenia (fatigue), bezoar (food ball), cardiospasm (an obstruction of passage of food through the bottom of the esophagus), chest pain, cholecystitis (gall stones), constipation, contact dermatitis (rash), dehydration, diarrhea, dysmenorrhea (difficult periods), dyspepsia (upset stomach), edema (swelling), eructation (belching), esophageal ulcer, esophagitis (inflammation of the esophagus), fever, flatulence (gas), gastritis (inflammation of the stomach), hematemesis (vomiting of blood), hernia, hiatal hernia (some stomach above the diaphragm), hypochromic anemia (low oxygen carrying part of blood), incision pain, incisional hernia, infection, pancreatitis (inflammation of the pancreas), paresthesia (abnormal sensation of burning, prickly, or tingling), pouch dilatation, reflux esophagitis, spleen injury, stomal stenosis (narrowing)/obstruction, wound infection.

Other complications may include: allergic reactions to drugs and medications; malnutrition due to low vitamins, minerals, and/or protein; nausea; vomiting; food intolerances, no weight loss or weight regain, epigastric pain, and heartburn. (Some patients have more nausea and vomiting than others. You should see your physician at once if vomiting persists.)

Port problems include: Port and/or tubing problems include leakage, breakage/disconnection of tubing, flipping or tipping of port, infection (minor to severe) which may result in removal of port, tubing, and/or band. X-ray may sometimes be needed in order to perform the adjustment of the gastric band. A procedure may be necessary to correct the position of the port.

Gastric band problems include: Spontaneous deflation due to leakage coming from the band, the reservoir, or the tubing that connects them; band slippage; stomach slippage; stomach pouch enlargement; stoma (stomach outlet) blockage; erosion of band into the stomach with subsequent re-operation for removal of the band and later revisionary surgery; the rare occurrence of gastric prolapse with possible gangrene and stomach perforation requiring emergency surgery;

Unforeseen problems: Although this procedure has been performed for over ten years, there may be long-term problems not known at this time.

Complications can occur anytime following surgery. Many of these complications may not become apparent until several years post-operatively.

Be sure to ask about any of these complications you have questions about, or medical terms that you don't understand.