

## Emergencies after bariatric surgery: Key points for physicians on duty

## First edition

SPANISH SOCIETY FOR THE SURGERY OF OBESITY AND METABOLIC DISORDERS (SECO) BARIATRIC SURGERY TRAINING COURSE SYLLABUS Directors: J.C. Ruiz de Adana and R. Vilallonga Puy

UNIT 1. Medical and surgical history. Anatomy and pathophysiology of surgical techniques
(bypass, sleeve, etc.) Schematic diagrams for the various techniques.

- UNIT 2. Specific aspects of the symptomology of abdominal emergencies with a recent and distant bariatric history: dysphagia, vomiting, tachycardia, dyspnea, tachypnoea, fever, hypotension, oliguria, and hemorrhage. Physical examination.
  - UNIT 3. Additional emergency examinations: analytical markers, acute phase reactants, and diagnostic imaging. Warning signs.
- **UNIT 4.** Surgical site infection. Leaks. Acute abdomen.
- **UNIT 5.** Small bowel obstruction: internal hernias, adhesions, torsion, intussusception, and abdominal wall hernias.
- **UNIT 6.** Acute gastrointestinal complications: marginal ulcers, impaction and stricture, gastrointestinal bleeding, diarrhea, proctalgia.
- **UNIT 7.** Hepatobiliary complications associated with postoperative intestinal malabsorption. Bacterial overgrowth.



- **UNIT 8.** Cardiopulmonary complications aggravated by bariatric history.
- UNIT 9. Emergencies caused by nutritional deficiencies and toxicity.

**UNIT 10.** Special cases: bariatric emergencies during pregnancy or due to endoscopic procedures. Dumping syndrome and reactive hypoglycemia.

## **CME Credits, in process**

Dates: 1 to 30 November, 2017

## **TUITION:**

Members of IFSO: 200 € Non-Members of IFSO: 300 €

Online registration, Demo Course Video, Virtual Campus: http://www.e-bariatric.com

Clinical case application included

