GASTRIC DECONTAMINATION IN POISONED PATIENTS OPERATED FOR BARIATRIC SURGERY
Personne M.  Westberg U.
Swedish Poisons Information Centre, Stockholm, Sweden

Objective: The number of patients that have undergone surgery for obesity is increasing, and occasionally they present at emergency units due to acute overdosing of pharmaceuticals. This has created a need for poison centres to outline practical guidelines for initial treatment of these patients. The general indications for gastric lavage are currently restricted, but the procedure can still be considered in special circumstances where there has been a recent, potentially lethal, intake of highly toxic substances.

Methods: All telephone inquiries to the Swedish PC involving overdoses in patients operated with gastric bypass surgery were analyzed during a six month period in 2013.

Results: A total of 19 patients were registered.

- 3 (29-68 years)
- 16 (23-54 years)

- Gastric lavage was performed in four cases with very poor result. In one of these patients, the procedure caused a minor gastric bleeding.
- Activated charcoal was given in several instances without any apparent complications.
- Whole bowel irrigation was used in two cases (lithium and iron overdose).

Discussion: Globally, gastric bypass seems to be the preferred technique for weight-reducing surgery. All different methods substantially reduce the functional size of the gastric remnant. This implies that the anatomical conditions for a successful gastric lavage are lacking. There is also a risk that the large bore tube will cause perforation injuries to the blind gastric pouch created by the surgery. Furthermore the ingested pills will rapidly be distributed into the jejunum and hence be inaccessible to extraction by a gastric tube. There is no room for the fluid volumes normally used in the gastric lavage procedure. Therefore, the risk of regurgitation and subsequent aspiration to the lungs also increases.

Conclusion:
- Gastric lavage is not indicated in a patient that has undergone gastric bypass surgery.
- Activated charcoal can be given, but preferably divided into small portions of less than 100 ml.
- Whole bowel irrigation can be considered in exceptional cases where large amounts of toxic slow-release preparations have been ingested.
- If accessible and judged relevant, an early abdominal CT-scan may provide valuable information on how to proceed with the GI-decontamination.