

Case Report

WhatsApp assistance in Bariatric Surgery

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Abstract

Post-operative bariatric patient monitoring is essential to detect early serious complications. Pulse rate and temperature are the most important parameters. Using simple “WhatsApp” technology to link patient and surgeon makes such monitoring very easy and reliable.

Key Words: WhatsApp assistance; Bariatric monitoring; Pulse rate; Temperature

Introduction

Monitoring of bariatric patients is essential not only during the early postoperative period, but also after discharge from the hospital. Mason [1] in 1995 wrote one of the best papers of bariatric surgery by addressing that heart rate is the most important postoperative clinical sign in the morbidly obese patient. As hospital stays are getting shorter, a patient in a “fast-track” (early discharge) program usually stays less than 36 hours, but then appropriate follow-up is still vital in the post-operative period. Gagnière [2] has recently stated that no patient should be discharged with tachycardia.

Other authors have stated that close monitoring after bariatric surgery are very important [3-6] in all type of bariatric surgery situations but none had addressed that a simple test using current simple monitoring with WhatsApp assistance after discharge can be easily performed.

We have designed a simple bariatric telemedicine technique to be used right after discharge with the aim of monitoring the patient’s vital signs. It is practical and simple way is to get reports of the vital indicators, especially pulse and temperature. Until now this was a complex procedure because the patient was, perhaps, unreliable or unable to complete it or had to visit a clinic frequently [7].

Method

We ask the bariatric patient to buy and bring to the hospital,

before the operation, two simple tools to ensure that he knows how to use them properly:

blood pressure device with digital screen where the important **pulse rate** (the most important) and blood pressure are indicated and also a digital thermometer to check his **temperature**. (Figure 1)

With the use of a cell phone camera the patient informs us every four hours reliably with pictures of both parameters. The patient doesn’t need to go to a health center to have it checked frequently and just by pressing a button the surgeon has the data on his cell phone. The time at which the measurements are made is also reported.

We also require that the patient checks daily:

1. Presence of chills

2. Ask the patient to drink 20 c / c. of Methylene blue daily and monitor the Baker drainage bag (the patient is trained to remove the drain himself on the seven day post-op day).

As the wounds of laparoscopy are small, we leave wounds exposed the same day, the patient takes a shower and we remove



Figure 1: digital thermometer

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the stitches at 36 hours, and then the wound edges are covered with a transparent adherent strip until the seventh day when the patient himself removes the drainage and applies a dressing for 3 more days.

The presence of any abnormality of these four signs means that the patient should make a direct contact and visit with the surgeon in charge.

A Clinical example

A 49 year-old female, with a Body Mass Index (BMI) of 43 kg/m² had a Vertical Banded Gastroplasty (VBG) done 29 years earlier with full separation with staplers of the vertical suture line (3). She regained weight with time, has BMI of 47 and a condition of metabolic syndrome (Glucose-242, HbA1c-8.3, Cholesterol-240, Triglycerides 539 and hypertension). She had surgery on December 16th, 2015. The planned procedure was a laparoscopic DS but after two hours dissection she had to be converted to an open DS due to adhesions and bleeding. The procedure was completed without any difficulty. She was discharged asymptomatic on the fifth post-op day and with two Blake drains in place close to the gastrectomy staple-line. She followed the instructions and reported her vital signs correctly.

Seven days post-op, she was asymptomatic and sent her first report in the morning that showed a 123 pulse rate. She was re-admitted immediately and a CT scan showed an un-drained abscess and a leak at the esophagogastric junction. The drains were not collecting the leak. The drains were replaced and the leak properly drained the same day. A removable stent was inserted 10 days later. By February 2016 the drains became clear, the drains were removed and the stent by endoscopy. Her current BMI at 4 months post-op is 35, %EWL-48, %EBMIL-56, her glucose and HbA1c become normal and she is eating regular food.

Conclusion

A simple use of current technology may allow patients to be discharged home safely since the most important signs of bariatric complications can be followed as efficiently as in the hospital setting.

Disclosures

The author has nothing to disclose. There is not any possible conflict of interest in this submitted manuscript.

References

1. Mason EE (1995) Diagnosis and treatment of rapid pulse. *Obes Surg*, 341
2. Gagnière J, Slim K (2012) Don't Let Obese Patients Be Discharged with Tachycardia After sleeve gastrectomy. *Obes Surg*, 22: 1519–1520.
3. Baltasar A (1989) Modified vertical banded gastroplasty. Technique with vertical division and serosal patch. *Acta Chir Scand* 155:109-112.
4. Gagnière J, Slim K, Launay-Savary MV (2011) Previous gastric banding increases morbidity and gastric leaks after laparoscopic sleeve gastrectomy for obesity. *J Visc Surg*, 148: 205–209.
5. Baker RS, Foote J, Kemmeter P (2004) The science of stapling and leaks. *Obes Surg*, 14: 1290–1298.
6. Sabbagh C, Verhaeghe P, Dhahri A (2010) Two-year results on morbidity, weight loss and quality of life of sleeve gastrectomy as first procedure, sleeve gastrectomy after failure of gastric banding and gastric banding. *Obes Surg*, 20: 679–684.
7. Sánchez-Santos R, Masdevall C, Baltasar A (2009) Short- and mid-term outcomes of sleeve gastrectomy for morbid obesity: the experience of the Spanish National Registry. *Obes Surg*, 19: 1203–1210.