

Abdominal pain after gastric bypass surgery

A patient guide from Southern Weight Loss

Introduction

Abdominal pain after gastric bypass surgery can be unsettling.

Most post-operative discomfort is **normal and self-limiting**. However, gastric bypass changes your internal anatomy more significantly than sleeve surgery, and certain pain patterns require prompt assessment.

This guide explains:

- What pain is expected
- Common causes
- Unique bypass-related risks
- Red flag symptoms
- When to contact us or attend hospital

If you are unsure, call. Early assessment is always the right decision.

Understanding your surgery

Roux-en-Y gastric bypass creates:

- A small gastric pouch
- A bypassed portion of stomach and duodenum
- A re-routed small intestine (Roux limb)

This means pain can arise from:

- The pouch
- The staple lines
- The intestinal joins (anastomoses)
- The mesenteric spaces created during surgery

Because bowel is rearranged, some causes of pain are unique to bypass patients.

Normal pain after surgery

In the first 1–3 weeks, you may experience:

1. Incision pain

- Local tenderness
- Bruising
- Discomfort with movement
- Improving steadily

2. Shoulder tip pain

Referred pain from laparoscopic gas, usually settles within days.

3. Tightness or discomfort when drinking

Common early while swelling reduces.

4. Mild cramping

Often related to intake volume or speed.

If pain is improving, you are tolerating fluids, and you feel otherwise well — this is reassuring.

Common causes of abdominal pain after gastric bypass

1. Eating too quickly or too much

The pouch has very limited capacity.

Symptoms:

- Upper abdominal pressure
- Nausea
- Pain shortly after eating

Solution:

Small bites. Slow pace. Stop early.

2. Dumping syndrome

Dumping syndrome can cause:

- Abdominal cramping
- Sweating
- Palpitations
- Diarrhoea

- Light-headedness

Usually triggered by high-sugar intake.

Management involves dietary adjustment.

3. Marginal ulcer

An ulcer can develop at the gastrojejunal join.

Risk factors:

- Smoking
- NSAID use
- Stopping acid suppression too early

Symptoms:

- Burning upper abdominal pain
- Pain after eating
- Nausea

May require gastroscopy and medication.

4. Gallstones

Rapid weight loss increases risk.

Gallstones typically cause:

- Right upper abdominal pain
- Pain radiating to back
- Nausea after fatty meals

Often months after surgery.

5. Constipation

Common and often underestimated.

Symptoms:

- Lower abdominal cramping
- Bloating
- Reduced bowel motions

Hydration and stool management are important.

Bypass-specific risks to be aware of

1. Internal hernia

Because the bowel is rearranged, small spaces are created in the mesentery. Over time, bowel can slip through these spaces.

Internal hernia can cause:

- Intermittent crampy abdominal pain
- Pain after eating
- Pain that comes and goes
- Nausea
- Sometimes severe acute pain

This can occur months or years after surgery.

This diagnosis should always be considered in a bypass patient with unexplained abdominal pain.

2. Small bowel obstruction

Symptoms:

- Severe abdominal pain
- Vomiting
- Abdominal distension
- Inability to pass wind

Requires urgent assessment.

3. Anastomotic stricture

Narrowing at the join can cause:

- Progressive vomiting
- Inability to tolerate solids
- Pain with eating

Usually treated endoscopically.

Red flag symptoms: seek urgent medical care

Go to hospital immediately if you experience:

- Severe or worsening abdominal pain
- Persistent vomiting

- Inability to tolerate fluids
- Fever
- Rapid heart rate
- Sudden severe cramping pain
- Fainting
- Black or bloody stools

In a gastric bypass patient, we take abdominal pain seriously.

Even if scans are normal, assessment matters.

Timing gives clues

First 2 weeks

Healing-related pain, swelling, dietary adjustment.

1–3 months

Ulcers, strictures, gallstones.

6 months and beyond

Internal hernia must always be considered.

Pain that is intermittent, severe, and unexplained in a bypass patient warrants evaluation.

What we may arrange

Depending on your symptoms:

- Blood tests
- CT scan (with contrast)
- Abdominal ultrasound
- Gastroscopy
- Surgical review

Clinical judgement is essential.

Practical steps to reduce common pain triggers

- ✓ Eat slowly
- ✓ Avoid high-sugar foods
- ✓ Maintain hydration
- ✓ Continue prescribed proton pump inhibitor

- ✓ Avoid NSAIDs
- ✓ Stop smoking

Reassurance: with vigilance

Gastric bypass is a safe and highly effective operation.
It delivers powerful metabolic improvement.

However, because anatomy is altered, we remain cautious with unexplained abdominal pain.

The majority of pain episodes are benign:

- Dietary
- Constipation
- Gallstones
- Ulcers

But bypass patients should never ignore severe or recurrent pain.

Our philosophy at Southern Weight Loss

You are not expected to decide whether your pain is serious.

If you are unsure contact us.

If you are acutely unwell attend hospital.

We would always rather review you early than late.

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Southern Weight Loss

Dunedin | Otago | Southland

This guide is for educational purposes only. Individual recommendations may vary. If you are acutely unwell, seek urgent medical care immediately.