

Post-overseas Bariatric surgery: responsibility, follow-up, and medico-legal considerations

Guidance for New Zealand General Practitioners

It is increasingly common for New Zealand GPs to manage patients who have undergone bariatric surgery overseas, often in settings where long-term follow-up is limited or absent. When complications arise and the operating surgeon is not contactable, uncertainty around responsibility can create anxiety for both patient and clinician. The following guidance aims to clarify what sits appropriately within primary care, when referral is indicated, and how GPs can reduce medico-legal risk while ensuring safe patient care.

Who is responsible when complications occur?

In New Zealand, **clinical responsibility rests with the clinician currently providing care**, regardless of where the original surgery was performed. This does not mean that GPs are expected to manage complex bariatric complications independently.

The GP's responsibility is to:

- **Recognise complications early**
- **Initiate appropriate investigations**
- **Refer promptly to secondary or tertiary services**

Responsibility for **definitive management of surgical complications** lies with the relevant specialist service once referral has occurred.

Importantly, GPs are not responsible for:

- The quality of the original overseas surgery
- Complications arising from technical aspects of that surgery
- Reconstructing undocumented operative details

When overseas surgeons are not contactable

It is common for overseas providers to be unreachable, unresponsive, or unable to provide meaningful postoperative guidance. In this setting:

- **Do not delay assessment or referral** while attempting overseas contact
- Manage the patient based on **current clinical presentation**, not assumed intent of the original surgeon
- Document attempts to obtain operative information, but proceed pragmatically

In practice, imaging and clinical assessment are often more reliable than overseas correspondence.

Unclear follow-up responsibility: practical approach

Many patients return to New Zealand assuming their GP will “take over” long-term follow-up. A clear and documented shared-care approach is essential.

What is reasonable for GPs to manage

- Routine blood monitoring
- Nutritional supplementation prescriptions
- Management of uncomplicated reflux or gallstone disease
- Early recognition of concerning symptoms

What should prompt referral

- Persistent abdominal pain or vomiting
- Suspected anatomical complications
- Severe nutritional deficiencies
- Reflux refractory to medical therapy
- Any deterioration outside expected recovery patterns

GPs should feel comfortable stating to patients that **specialist input is required** for ongoing safety.

Medico-legal exposure: key principles for GPs

From a medico-legal perspective, risk arises primarily from **delay, omission, or failure to escalate**, rather than from lack of specialist expertise.

To reduce exposure:

1. Avoid managing beyond scope

Attempting to manage complex bariatric complications without specialist input increases risk. Early referral is defensible and appropriate.

2. Document uncertainty clearly

- Note when operative details are unavailable
- Record that anatomy is unclear
- Document rationale for investigations and referrals

3. Use objective triggers for referral

Refer based on symptoms and findings, not assumptions. Red flags should prompt same-day escalation regardless of surgical history.

4. Communicate limits of care

Patients should understand that overseas surgery may limit access to structured follow-up. Clear communication protects both patient and clinician.

5. Involve local services early

Early engagement with a New Zealand bariatric or general surgical service demonstrates appropriate escalation and shared responsibility.

Key message for GPs

Caring for patients after overseas bariatric surgery is increasingly unavoidable in New Zealand primary care. GPs are not expected to manage surgical complications independently, nor to assume responsibility for care gaps created overseas.

Your role is to **identify risk, initiate assessment, document clearly, and refer early**. When done appropriately, this approach protects patients, reduces harm, and provides strong medico-legal protection.

Southern Weight Loss welcomes GP referrals for advice, clarification, and shared care when managing post-overseas bariatric surgery patients.