

**Submission to the Canadian Association of Bariatric Physicians and Surgeons Annual  
Meeting, May 9-10, 2025, Toronto**  
**Oral report**

**Title:** Management of chronic abdominal pain after bariatric surgery: A case study report.

**Authors:** Susan Wnuk<sup>1,2</sup>, Stella Paterakis<sup>1</sup>, Patti Kastanias<sup>1</sup>, Sasha-Ann Winchester<sup>1</sup>, Kristina Axenova<sup>1,3</sup>, Katie Warwick<sup>1</sup>

**Author Affiliations:**

<sup>1</sup>Bariatric Surgery Program, University Health Network,  
Toronto Western Hospital, 399 Bathurst Street, Main  
Pavilion 4th Floor, Room 325, Toronto M5T 2S8, Canada

<sup>2</sup>Department of Psychiatry, University of Toronto, 250  
College Street, Room 814B, Toronto, ON M5T 1R8, Canada

<sup>3</sup>Department of Psychology, York University  
4700 Keele St., Toronto ON M3J 1P3 CANADA

**Aim:** This study examines the clinical challenges in addressing unexplained chronic pain after metabolic and bariatric surgery with the purpose of developing an assessment and treatment pathway that involves collaboration between surgical, medical and psychosocial clinicians.

**Methods:** A case study design using chart review was chosen to examine the complicated post-RNY course of a female patient in her 40s who underwent surgery in 2018. Her pre-operative BMI was 45.49 and she was motivated for surgery to treat significant complications from type 2 diabetes including neuropathy and nephropathy and other obesity-related medical conditions. She presented with a significant psychiatric history, including trauma for which she had received treatment, and she underwent comprehensive pre-surgical psychosocial assessments. The surgery proceeded without complications. At 3 months her BMI was 34.54 and she was able to reduce her need for exogenous insulin. However, she developed persistent abdominal pain, diarrhea, severe nausea, vomiting and had poor oral intake.

**Results:** A marginal ulcer was found and treated but the abdominal pain and other symptoms persisted, leading to a reversal in 2021. Unfortunately, the patient continues to experience these problems and is closely followed by members of the interdisciplinary team, including psychiatry, dietetics, and internal medicine.

**Discussion:** Chronic abdominal pain post-surgery is a concern for about 10% of patients. When efforts to identify and treat the pain so that it remits are unsuccessful, bariatric specialists are tasked with developing strategies that help patients learn to manage their pain and enhance quality of life.