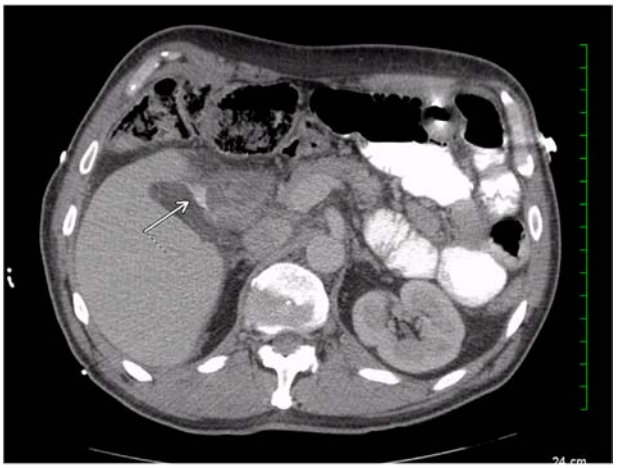

CT of a perforated peptic ulcer in a patient s/p gastric bypass, with extravasated contrast and free air.

7 years. Presenting complaints included abdominal pain (100%), nausea (67%), vomiting (33%), shock (17%), and renal failure (17%). 83% were treated laparoscopically, and 17% via laparotomy.

Conclusion: The rate of post-operative perforated ulcer in the bypassed stomach and duodenum is at least 0.19%. Due to loss to follow up, however, many cases may not have been captured; thus, rates may be higher. Symptoms of a perforated peptic ulcer in the bypassed stomach or duodenum are similar to those encountered in a marginal ulcer. Such an ulcer should therefore be included in the differential diagnosis of an acute abdomen following Roux-en-Y gastric bypass. There is a paucity of literature on the subject, and further research on this topic is warranted.

A5109

IS THE PREVALENCE OF LAPAROSCOPIC TROCAR SITE HERNIAS AS LOW AS REPORTED IN THE LITERATURE?

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Background: We have found a high prevalence of trocar site hernias during abdominal plastic surgery of patients that had previously undergone laparoscopic bariatric surgery, and our findings are in disagreement with reports in the literature.

Methods: This prevalence study included 40 consecutive patients that underwent abdominal plastic surgery from July 2006 to June 2010 and who had previously undergone bariatric surgery using laparoscopy only. We analyzed possible associations of the occurrence of laparoscopic trocar site hernias with sex, age, body mass index (BMI) before bariatric surgery and BMI at time of plastic surgery, as well as sensitivity and specificity of ultrasound examination of the abdominal wall and physical examination for abdominal pain or mass suggestive of laparoscopic trocar site hernias.

Comparison between groups with and without laparoscopic trocar site hernias at time of abdominal plastic surgery

	With hernia (n = 15)	*Without* hernia (n = 25)	P
Age (years)	43.7 ± 11.7 [26.0 to 61.0]	33.3 ± 8.3 [21.0 to 48.0]	0.006[a]
Men [n (%)]	6 (40.0)	2 (8.0)	0.036[b]
BMI before Bar_Surg (kg/m^2)	47.7 ± 6.1 [39.9 to 65.1]	45.4 ± 5.3 [37.3 to 56.1]	0.225[a]
BMI at Plast_Surg (kg/m^2)	29.3 ± 5.5 [21.7 to 40.4]	26.7 ± 3.3 [19.9 to 33.6]	0.115[a]
Hernia detected by preoperative ultrasound	3 (20.0)	0 (0.0)	0.046[b]
Pain at palpation suggestive of hernia	6 (40.0)	2 (8.0)	0.036[b]
Mass at palpation suggestive of hernia	2 (13.3)	0 (0.0)	0.135[b]

Data are described as mean ± standard deviation, [minimum and maximum], or counts (%). BMI = body mass index; Bar_Surg: bariatric surgery; Plast_Surg: plastic surgery P: statistical significance; a Student t test; b Fisher exact test

Results: Of the 40 patients included in the study, 15 had laparoscopic trocar site hernias (prevalence=37.5%; 95%CI, 22.8 - 54.2). There was a significant association with age. The rates of sensitivity of abdominal wall ultrasound examination, pain at palpation and palpable mass suggestive of trocar site hernia were 20%, 40% and 13.3%.

Conclusions: Our study found a prevalence of laparoscopic trocar site hernias greater than the rates previously reported in the literature, as well as a significant association with age. Low sensitivity of the physical examination for pain and mass suggestive of hernia, as well as of ultrasound examination of the abdominal wall, may have contributed to the low rate of detection of laparoscopic trocar site hernias along the years. Further studies should be conducted to investigate other possible associations.

A5110

POSTOPERATIVE HEMOPERICARDIUM WITH TAMPONADE: HIGH INDEX OF SUSPICION FACILITATES EARLY DIAGNOSIS AND SUCCESSFUL NONOPERATIVE MANAGEMENT

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Intro: With the increased use of laparoscopic skills to address intraabdominal pathology, we must become familiar with the complications associated with these procedures. Although rare, there is a potential for a cardiac injury with peri-hiatal surgery and the use of tackers.

Description: Presenting a 31-year-old female with a history of a Fobi pouch gastric bypass in 2003 that presented to us with recurrent morbid obesity. The patient underwent a laparoscopic distal gastric bypass with incidental hiatal hernia repair with mesh, which was secured using a laparoscopic tacking device. On POD1, the patient had clinical decline to include tachycardia, hypotension, and apnea. Work-up included an emergent bedside