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Case report

The Dangers of Broccoli

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Limiting oral intake in terms of portion size is one of the means by which weight loss operations such as the gastric bypass are successful. Patients are instructed on learning to improve food selections and how to approach eating after surgery. We present a case of a patient who developed a gastrointestinal perforation after consuming a healthy meal.

Case report

A 33-year-old woman had undergone an uncomplicated laparoscopic retrocolic, retrogastric Roux-en-Y gastric bypass with a linear stapled gastrojejunostomy. Her preoperative weight had been 316 lb with a body mass index (BMI) of 56 kg/m^2. Her perioperative course was uncomplicated. At 3 months after surgery, the patient presented to an outside hospital with a 1-day complaint of worsening abdominal pain after dinner with her family at a buffet. She denied nausea or vomiting, but she reported significant abdominal discomfort. On physical examination, she appeared uncomfortable. Her initial blood pressure was 60/40 mm Hg, with a heart rate of 127 beats/min. With fluid resuscitation, her blood pressure improved to 103/60 mm Hg, but she remained tachycardic with a heart rate of $\geq$120 beats/min. Emergent computed tomography scan of the abdomen was obtained that revealed evidence of a visceral perforation with small specks of intraperitoneal free air and fecalized material at the jejunojejunostomy (Fig. 1). The surgical staff was contacted, and the patient was taken emergently to the operating room.

Laparoscopic exploration revealed a small (<1 cm) perforation at the site of the jejunojejunostomy. When explored and extended, the site contained full chunks of broccoli, whole lima beans, and other green leafy vegetables. The contents were extracted from the jejunojejunostomy. The vegetable were almost completely fully formed without evidence of having been chewed. After all the contents of this site had been removed, the extended surgical site was closed. An additional loop jejunojejunostomy was also created to allow for a secondary path for decompression should there have been additional contents in transit. The peritoneal cavity was copiously irrigated, and additional exploration revealed no other pathologic features.

Postoperatively, the patient progressed slowly and developed an ileus. This led to distension of the gastric remnant and necessitated percutaneous decompression. After the return of bowel function, the patient was discharged home without any additional issues. The percutaneous drain was removed during an outpatient office visit.

Discussion

With the increase in weight loss procedures for the management of morbid obesity, many postoperative complications have been well documented. Although obstruction is a well-known complication, the present case is somewhat unique. Obstructions and subsequent complications are generally discussed in reference to adhesions or internal hernias. Obstructions and perforation produced as a result of a failure to chew food is certainly not a standard thought in the regimen of postoperative complications.

Patients evaluated for weight loss surgery are taught to take time to eat meals slowly. Bariatric patients are generally instructed to chew food 20–25 times before swallowing. The consistency of the food bolus is an issue that is often discussed. This instruction is often repeated in the preoperative period so that patients should be continuing a learned behavior postoperatively. This case certainly punc-

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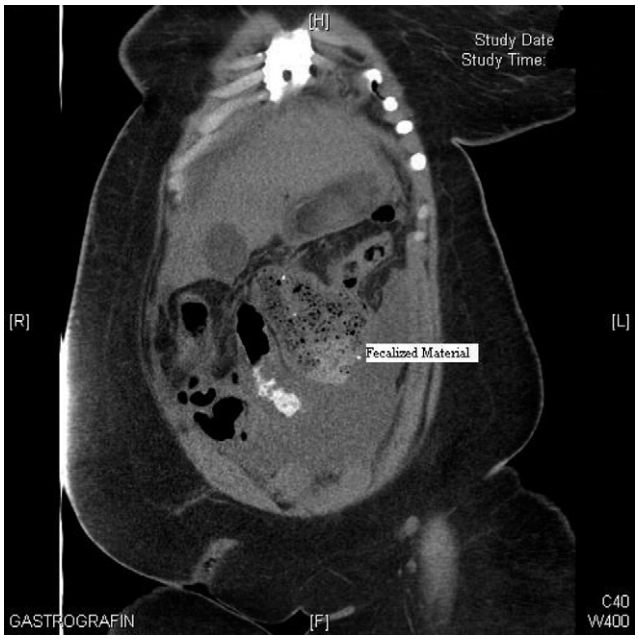

Fig. 1. Fecalized material at jejunojejunostomy.

tuates the importance of these preoperative and continued dietary instructions. Gastrointestinal obstructions and/or perforations from accidental or intentional ingestion of foreign bodies have certainly been published [1–3]. Reports have also been published of obstructions occurring with foods such as mushrooms and chilies [4,5]. A complication such as this, occurring acutely after a healthy meal is certainly notable in this setting.

Some of the dietary instructions that we have given patients in the past have centered primarily on patient comfort and reducing nausea and vomiting from poorly sized portions. Now, we can also speak to the importance of mastication training in preventing potentially devastating postoperative complications. Although this was not an issue with the present patient, attention should be given to a patient's oral health to also help in this regard.

Disclosures

The authors have no commercial associations that might be a conflict of interest in relation to this article.

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