

Bariatric Surgery

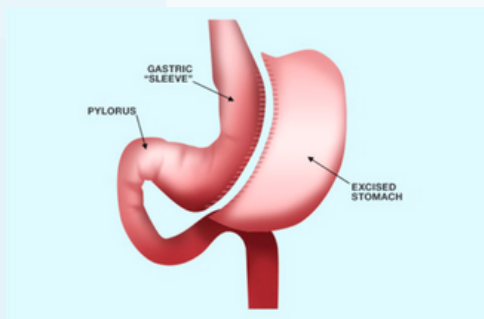
Patient Information Brochure

What is bariatric surgery?

Bariatric surgery can act as a tool to assist people with obesity to improve their health outcomes and lose weight. There are two main procedures that are used for bariatric surgery. Your surgeon will assist you in choosing a procedure that is tailored to your anatomy and needs. These surgeries are below:

1. Sleeve Gastrectomy (SG)

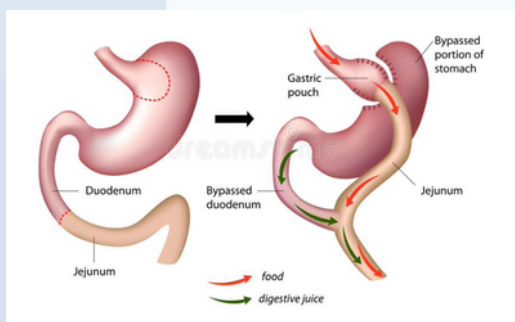
This operation removes 90% of your stomach, and you will end up with a much smaller stomach size. It is commonly called a 'restrictive' procedure, as it will restrict how much you can eat. This surgery will reduce the speed that you eat and help you feel full quicker, meaning you will eat less food.



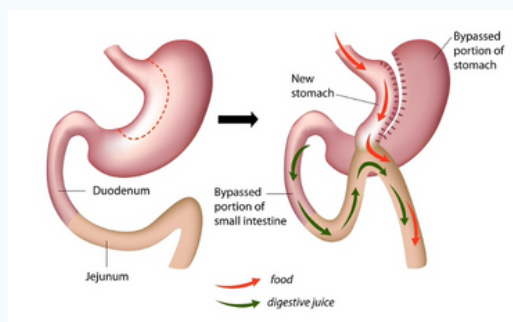
2. Gastric bypass

There are two different types of gastric bypass. The most common is the roux-en-Y gastric bypass, and also the single anastomosis gastric bypass. They both have a 'restrictive' component like the sleeve gastrectomy, but the gastric bypass also 'diverts' food as it bypasses some of your small intestine. This 'diversion' reduces the contact your food intake has with your small intestine (where we absorb our nutrition) and therefore you do not absorb as much of what you eat. Like the sleeve gastrectomy, this procedure reduces the speed that you eat and it will help you feel full quicker, meaning you will eat less food.

In the first weeks to months after your surgery your body will restrict your intake without you having to intentionally restrict yourself. This will lead to weight loss early after surgery, however over time your body can adapt, and you may feel less restriction. Therefore it is important before surgery, that you work on developing healthy knowledge and habits around eating and exercising to then be able to implement these after your surgery. This will help you to achieve whatever outcome you want for yourself and your health.



Roux-en-Y Gastric Bypass (RNY)



Single anastomosis gastric bypass

Bariatric Surgery

Benefits and risks of surgery

Bariatric surgery can help you lose weight which can have many health benefits. In particular, it may significantly improve your diabetes. Many patients report an improved quality of life after bariatric surgery.

As with any surgery there are risks that need to be understood. Your risk profile will be discussed with your surgeon. Surgery recovery can be complicated with things such as bleeding and infection. Your surgical team will promptly take care of such issues with the assistance of their multidisciplinary team.

Longer term risks can be related to nutrition, with the most common nutrition risk being vitamin deficiencies. This can be due to both the reduction in food and also the change in anatomy of the gastro-intestinal tract. You will need close monitoring of your vitamin and mineral levels in your blood to check for these deficiencies.

Nutrition in bariatric surgery

Bariatric surgery is one step in achieving a healthier lifestyle. In addition, before surgery, it is important that you consider what changes may be needed for you to achieve healthier eating and exercise habits. You will need to use your healthy eating and exercise habits along with the surgery to improve your health outcomes long term. Please speak to your team if you feel you need to work on improving your knowledge or skills in healthy eating and exercise before surgery and they can refer you to a service that can meet your needs.

1 month pre-op and 6-8 weeks post op diet plan

Very Low Energy Diet (VLED)



You will be on a VLED for 4 weeks before surgery. This will help shrink your liver and reduce the risk of surgical complications

SURGERY



Day 1: sipping on Clear Fluids



Slowly reintroducing textures after surgery to allow your body to remain nourished and hydrated, yet allowing the surgical sites to heal and recover.

Weeks 1 & 2: Free Fluids Diet



Your dietitian will provide you with more education on this before your surgery, so you feel ready to shop, cook, eat and drink after surgery.

Weeks 3 & 4: Runny Puree Diet



Weeks 5 & 6: Soft Moist Diet



Weeks 7 & beyond: healthy eating, small portions



These surgeries also place you at risk of vitamin deficiencies, therefore you will need regular blood tests after surgery and also it is recommended that you take vitamin supplements.

Bariatric Surgery

Troubleshooting symptoms

Nausea and vomiting

Nausea (feeling sick) and vomiting can be a problem after surgery if you eat or drink too quickly or if food guidelines aren't followed. If you feel pressure or fullness in the centre of your stomach – STOP eating.

Causes of nausea and vomiting:

- Not chewing enough
- Eating too quickly
- Eating too much at a meal
- Drinking with or too close to meals
- Lying down after meals

However, if you are not doing any of the above or you cannot keep water or enough fluid down to keep yourself hydrated please call the surgical co-ordinator or present to the emergency department.

Reflux

This is when acid rises from the stomach into the oesophagus or throat and can feel very uncomfortable. It can cause a burning or uncomfortable sensation in the centre of your stomach or chest, and at times in your neck. You may also notice some regurgitation of food or fluid and/or burping. It is more common after sleeve gastrectomy. If you are noticing these symptoms make sure you avoid lying down or bending over soon after meals. Also avoid large portions of food or fluid. If symptoms continue please let your team know.

Changing bowel habits

After gastric bypass surgery you may experience loose and pale coloured bowel motions more often than usual. This is because some of your small bowel is bypassed, so not all the fat you eat will be absorbed. This is normal to start, but should improve over time.

You also may feel constipated. This can be more common after sleeve gastrectomy, but can occur in both surgeries. This can be because of dehydration and a low fibre intake. Please speak to your doctor and dietitian about this.

Dumping syndrome

Can occur more commonly after gastric bypass surgery and includes a feeling of dizziness, nausea, clammy (cold sweats), stomach pains and diarrhoea. It can happen if you have food or fluid with too much sugar or fat. The best way to avoid these symptoms is to avoid concentrated sweet or fatty foods and fluids.

Low blood sugars

Low blood glucose levels can occasionally occur after bariatric surgery. Symptoms can include sweating, shaking and feeling light-headed. This can happen after calorie-dense meals or if you are a diabetic and have not had your medication reduced after surgery. Please contact your team if this is occurring.

Bariatric Surgery

Pregnancy and contraception after bariatric surgery

It is important that women avoid getting pregnant for 18 months after surgery, or until your weight, vitamin and mineral status has stabilised and is well monitored. Weight loss can increase fertility and oral contraception may not be reliably absorbed after surgery, so please speak to the doctors about managing your contraception after surgery. If you are planning a pregnancy, please contact the team for pre-conception advice as it is essential your micronutrient status is well managed.

Weight loss target prior to surgery

If you are given approval to progress to a surgical consultation, you will be assessed on your suitability for bariatric surgery. It is possible that the surgeon will set you a weight loss goal to be achieved prior to booking you a surgery date. This decision is primarily based on your weight, as well as your weight distribution and ensures it is safe for you to undergo bariatric surgery.

Weight Loss Target: _____