



Laparoscopic Gastric Bypass

Patient information leaflet

www.londonbariatricgroup.co.uk

The London Bariatric Group was formed to provide private patients with the highest quality Bariatric Surgery available worldwide. Combining the expertise and skill of three of the most experienced and accomplished Bariatric Surgeons in central London.



Mr Andrew Jenkinson - Bariatric Surgeon



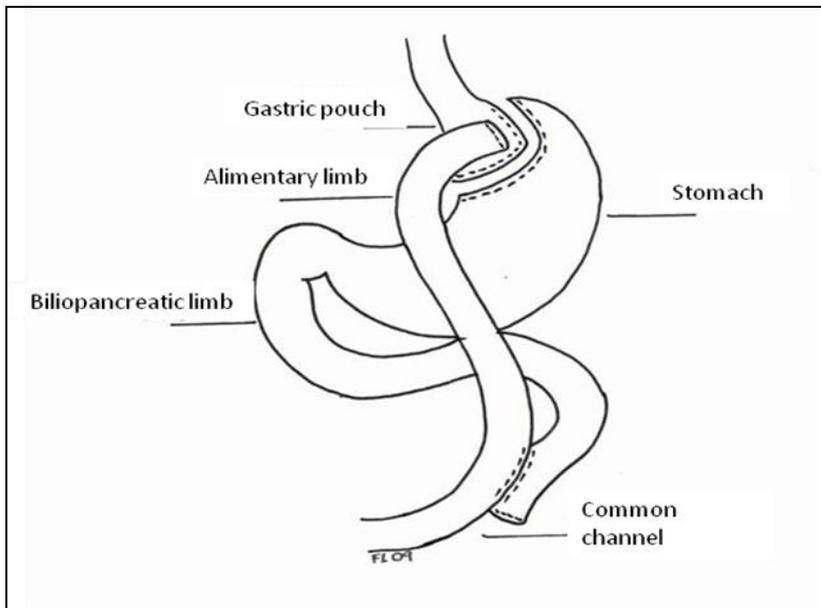
Mr Ahmed Ahmed - Bariatric Surgeon



Mr Marco Adamo - Bariatric Surgeon

The London Bariatric Group is run by doctors and surgeons only. It is the first collaborative group of medical professionals to offer weight loss and metabolic surgery in central London. We are seeking excellence through teamwork to provide world class quality, safety and satisfaction. Our surgeons have a combined experience of over five thousand laparoscopic operations performed and collaborate with an unrivalled team of experts leading their fields in Metabolism, Anaesthesia and Dietetics.

Laparoscopic Gastric Bypass



The Roux en Y Gastric Bypass

A gastric bypass is a life changing operation. It is used to help people to lose weight and improve their health. Losing weight lowers the risk of developing medical problems associated with obesity. For example, high blood pressure, diabetes, arthritis, breathing problems and asthma.

The gastric bypass makes your stomach smaller and allows food to bypass part of the small intestine. The operation will change the amount that you can eat on a permanent basis and should not be regarded as reversible. You will also need to take daily mineral; and vitamin supplements for the rest of your life.

The surgery makes it easier for you to lose weight as your appetite is reduced. It does not necessarily mean that you stop wanting to eat foods that are high in calories and therefore you must take the responsibility of eating a healthy diet.

The surgery is done laparoscopically, commonly known as “keyhole” surgery. This means that you will be up and about soon after surgery and should make a speedy recovery. Although you will have some pain after surgery this is usually not severe and easily controlled by pain killers.

How does it work?

The operation involves making a new smaller stomach and bypassing the first part of your small intestines. After the surgery the food will go into the new stomach and will then pass into the new route bypassing the rest of the stomach.

The operation also alters some of the hormone signals from the stomach and intestine to parts of the brain that control appetite, satiety and body weight: many patients report that following this operation they feel less like eating and feel fuller sooner and for longer after a meal. As the size of your stomach has been reduced the size of your meals will need to be reduced to be appropriate for your new small stomach. Your reduced portion size combined with low fat, low sugar choices and exercise will help you to lose weight and maintain the weight lost.

How much weight can you expect to lose?

You can expect to lose between 55% and 85% of your excess weight in the first 12–18 months following surgery: However an excess weight loss of 100% or more is not uncommon in patients who do intensive exercising.

A man who weighs 146 kg (22 st 13lbs) and is 1.85 m (6' 1") tall has a BMI of 42 kg/m²

- The upper limit of the ideal BMI (25 kg/m²) would give him a weight of 85.6 kg (13 st 6lbs)
- 70% excess weight loss = 42.3 kg. Total body weight = 103.7 kg (16 st 4lbs) BMI 30 kg/m²
- A 50% excess weight loss = 30.2 kg, with a weight of 115.8 kg (18 st 3lbs) (BMI 34 kg/m²)

The amount of weight you are able to lose and keep off after surgery will depend also on the lifestyle changes that you make, such as increasing the amount of exercise you take and eating a healthy diet. It is important to remember that the operation will not stop

from you from craving certain foods or eating what you fancy.

What are the risks of a Gastric Bypass?

As with all major surgery gastric bypass has some risks. These risks vary according to your age and other illnesses you may have.

The risk of death within the first 30 days after surgery is estimated to occur in less than 0.5% (or 1 in every 200 patients) having this operation. This number does not reflect the experience of our surgeons but it is calculated on national and international averages on the base of large multicentre databases.

Other complications, listed below, happen in less than 5% of patients (or 1 of every 20 patients).

Complications that can occur soon after surgery

- **Wound infection:** this can usually be treated with a course of antibiotics and does not require hospital admission.
- **Bleeding:** You will be monitored carefully for signs of bleeding. If occurs, it can be often managed conservatively and occasionally it may require transfusions. Exceptionally the surgeon will need to perform surgery to stop the bleeding.
- **Blood clots in the legs or the lungs (DVT/PE):** To prevent blood clots from forming you will be given special stockings, an injection to thin the blood. During and immediately your operation you will also wear special boots to prevent clots from occurring. You need to continue to wear the stockings for few weeks after your operation.

Smoking significantly increases the risk of clotting. If you are a smoker, you will be advised to stop smoking before surgery.

- **Leaks from staple lines:** This postoperative problem is rare but serious and may require emergency surgery. A leak is usually caused by a failure of the natural healing process as all staple lines are checked at the end of the operation. If this happens, your hospital stay will be longer. Sometimes this will heal without further surgery. In the worst case scenario your surgeon may decide to take you back to theatre to control the leaking.
- **Dysmotility:** very occasionally the new stomach may respond to surgery with frequent spasms and a temporary intolerance to food and even liquids. This is a rare and unpredictable event which may require temporary tube feeding.

Long term complications after Gastric Bypass surgery

Long term problems are uncommon but can include:

- port site hernias of the abdominal wall
- narrowing (stricture) of the joining between the new stomach and the bowel which can make eating and drinking more difficult. This will usually settle on its own although sometimes it will need to be stretched with an endoscopy
- Hair loss or thinning in the first six months. This is a temporary side effect of the rapid weight loss and it will re-grow
- Gallstones
- Worsening of symptoms of Irritable Bowel Disease (IBS)

How should you prepare for the procedure?

- Prepare a list of written questions for your surgeon
- Read information on UK patients' group websites such as BOSPA and Weight Loss info.
- Discuss the operation with your close friends and family.
- Meet other patients
- Make healthier changes to your lifestyle
- Two weeks before the operation you will be required to follow a low calorie liquid diet. This will help shrink the liver and make the operation easier for the surgeon and safer for you.

The day of the operation

You will usually be admitted to the hospital on the day of your operation. You must not have anything to eat or drink (this includes chewing gum and calorie free mints) from 8 hours before your surgery, although you may drink plain water up until 2 hours before. In doubt please ask the practice manager.

Once your admission is complete you will see your surgeon and the anaesthetist and a written informed consent will be signed. You will then go to theatres where the anaesthetist put you to sleep. You will also be given an intravenous drip so you can have fluids during the operation.

What should you expect after the procedure?

The first few hours after the operation

You will wake up in a recovery room where nursing staff will monitor you for any complications. You will

have a drip and may have a urinary catheter and a drain into the wound. You will also be wearing stockings and have a pumping device on your legs to prevent blood clots. As soon as you are fully awake and comfortable, you will be transferred to either the surgical ward or the intensive care unit where your relatives can visit you. You will receive painkillers to control any pain. Your surgeon will instruct you when you may start to drink water, it is important you do not have anything to drink until your surgeon feels it is appropriate for you to do so. You will be encouraged to get out of bed as soon as possible after surgery. This helps to reduce the chance of post operative complications such as blood clots in the legs or chest infections.

The day after the operation

If you have been looked after in Intensive Care you will be transferred to the ward.

The amount you may drink will be increased every couple of hours until you are able to take at least one glass of water every hour. Your drip will be removed when you are drinking enough to keep you hydrated.

The following one-two days after the operation

You should start to feel better very quickly after the operation and will be able to move around on your own. You need to drink one 125ml glass of smooth fluid every hour when you are awake. For example you may have tea and coffee, milky drinks and soup with no lumps. Two to three days after surgery you will be able to go home.

At discharge

Pain and medication

Gastric bypass is usually not a painful procedure. You will be given a supply of soluble painkillers to take home with you; these should be taken regularly for the first few days. If you have no pain gradually reduce the number of tablets you are taking. Allow soluble tablets to stop fizzing before you drink them. You will also be prescribed an anti-acid sublingual tablet (lansoprazole fastab) to be taken daily for at least three months after your surgery. If you have been taking medication to control your blood pressure or diabetes, these will be reviewed before your discharge. In most cases these can be reduced or sometimes stopped all together. Please make sure you are clear about this before you leave the hospital.

Please note: Do not take any large tablets for first two weeks as they may get stuck and damage the staple line. All tablets have to be crushed or taken in soluble form. If in doubt please ask your surgeon

Wounds

The small incisions made for your surgery will be more or less healed by the time you leave hospital. The steri-strips (paper stitches) should be left to come off by themselves. Any stitches will be soluble. You will only need to go home with dressings if one of the wounds is oozing. If this is the case the ward nurse will ask you to visit the nurse at your GP surgery. If any concerns, please remember that you can always refer to your surgeon

Anti-emboli stockings

You should take these home with you and continue to wear them until you are walking about on a regular basis. If you flying within six weeks from surgery, you should wear them during the flight.

Eating and Drinking

You will be given a diet information sheet. You should have this with you at all times so you know what to drink and are familiar with the stages of food introduction in the next few weeks. In case of doubt you are advised to contact your dietician.

Washing

You can have a shower but do not soak in the bath for at least a week after surgery.

Driving

You may drive as soon as you can comfortably wear a seat belt and are able to perform an emergency stop (independently assessed by a close relative or a friend). You should check with your insurance company for their specific advice about driving after keyhole (laparoscopic) surgery.

Other Activities

You will be able to walk straight after surgery. Try to go for a walk every day, gradually increasing the distance as you feel able. You will probably need at least 2 weeks off work but please check with your surgeon. It is advisable to avoid heavy lifting for at least 1 month after abdominal surgery, if you are unsure discuss with your surgeon. You may resume sexual activity as soon as you feel comfortable.

Women of childbearing age must not become pregnant for at least one year following gastric bypass surgery. After one year: if you are planning a pregnancy please contact your dieticians for nutritional advice.

CONTACT DETAILS

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