Information for patients

Gastric bypass operation

Weight-loss surgery
Gastric Bypass Operation

Introduction
The gastric bypass operation is a highly effective procedure. It helps overweight patients to achieve a substantial weight loss. To help you understand your operation, it may be useful to have some knowledge of the digestive system.

Understanding Digestion
Food is taken in through the mouth and passes through the food pipe (oesophagus) into the stomach, where it is broken down into a semi-solid form. After several hours food continues into the small bowel, which is a long, coiled tube-like organ where further digestion and absorption of nutrients takes place. What remains then continues into the large bowel and eventually will be passed from the body as faeces.

Is a gastric bypass for me?
The gastric bypass works best for people where large portion sizes and snacking are contributing to their weight.
Normal bowel (Digestive System)
How does a laparoscopic gastric bypass operation work?

The word 'laparoscopic' means that the procedure is done through 5-6 very small cuts instead of one large cut on your abdomen. It is referred to as keyhole surgery.

Sometimes, the operation cannot be done via keyhole, and a larger incision has to be made. If this happens, you may have more discomfort after the operation. You will need to stay in hospital longer and it may be longer before you can return to normal activities.

This procedure works by:

• Making the stomach smaller, by placing staples across the upper stomach to form a small pouch, this is approximately the size of an egg cup.

• A loop of bowel is also brought up to the new pouch to make a new stomach exit.

This means that the amount of food that you will be able to eat, will be much smaller and you will feel full more quickly. Also, the length of small bowel that the food is passing through is greatly reduced, so fewer calories are absorbed. This is therefore a restrictive and a malabsorptive procedure.

These changes may also cause something known as 'dumping', which is a result of eating sweet food such as chocolate, jam and fruit juice. This may cause a feeling of dizziness and nausea and sometimes diarrhoea. It will therefore help you to stop eating foods with high sugar content. You may also experience intolerance to fat which may cause diarrhoea.

There is no point considering this procedure unless you are fully committed to following the dietary and lifestyle advice provided.
What diet will I have to follow once I have had the operation?

After the operation the dietitian will give you a diet booklet. This will explain the dietary changes you will need to make. Remember that portions will be much smaller and food will have to be pureed in the early stages after your operation.

Initially, portion sizes will be two to three tablespoons of smooth pureed food per meal. Eating more than this, may make you vomit.

You will not be able to take food and fluid together as this will overfill your new stomach and make you sick. You will need to wait 30 minutes before or after a meal to drink fluids.

From about four to five months after your operation, you should be able to manage up to a tea-plate sized portion of normal textured food for each meal.

In addition to the smaller portion sizes, it is likely that there will be some foods that you will be unable to manage in the long term.
These include:

• white bread
• pizza
• boiled rice
• pasta
• meat
• steak
• nuts
• fibrous fruits and vegetables such as oranges and pineapple, green beans and mushrooms

You may vomit if:

• you eat too much
• choose the incorrect texture of food
• take food and fluid together or
• eat too quickly.

The diet may appear to be limited to begin with, however patients who have had the operation have reported that they become more confident in trying different foods after the first 3-9 months following the operation.

What are the benefits of having a gastric bypass?

This operation will help you to achieve effective, long term weight loss.

Reduces health related problems:

• Type 2 Diabetes
• Osteoarthritis
• Hypertension (high blood pressure)
• Coronary heart disease
• High cholesterol level
What are the risks, consequences and alternatives associated with having a gastric bypass?

Most people get through their operation with few problems, however in some cases there may be difficulties.

As with any operation, there is a risk of serious complications such as heart attack or blood clot. Extremely rarely, there is a risk of not surviving due to problems related to the operation.

Specific risks associated with the gastric bypass operation include:

- A breakdown in the joins between your new stomach and bowel.
- A blockage or a narrowing in the joins between your stomach and bowel.
- A hernia, which occurs when your bowel pushes through a weakness in the abdominal wall.
- Wound site infection.
- Nutritional deficiencies such as Vitamin B12, iron and calcium.

These risks are small but it is important that you are aware of them and that you have all the information you need before agreeing to have the operation. The gastric bypass is both a restrictive and malabsorptive procedure. There are other types of operation available, which work in a slightly different way, also detailed in this booklet. There is always the option of not receiving any treatment at all. The consequences of not receiving any treatment are:

- Further weight gain
- Shortened life span
- Increase in obesity related diseases (as listed in the benefits above)
- Low self esteem/depression.
If you would like more information please speak to your consultant or the dietitian/nurse looking after you.

If you would like more information on counselling or weight management programmes, please speak to your GP.

**What happens before I come into hospital?**

You will be sent an appointment to attend a group information session run by the specialist nurse and dietitian. This is a chance for you to receive lots of information about your operation. This includes your stay in hospital, lifestyle changes and what happens afterwards. The dietitian will give you information about what you should and shouldn't eat after your operation.

This session is a good opportunity for you to meet other people who are also considering weight loss surgery.

If you decide you wish to be considered for surgery you will be sent an appointment to see the surgeon for a medical assessment. This consultation takes place in the outpatients department. After seeing the surgeon, you will be given a sleep study questionnaire to fill in, so that the anaesthetist can assess your risk for surgery.

**Pre Assessment Appointment**

You will be asked to attend the hospital for a pre-operative assessment. At this appointment we will ask you about your medical history, any medication you may be taking, and any operations you may have had in the past.

You may need to undergo some routine tests eg, heart trace (ECG), X-ray, blood test. You will also be weighed.

**10 Day Milk and Yogurt Diet**

Ten days before your operation date, you will be asked to follow a milk and yoghurt diet. This will shrink your liver, which becomes big and fatty in people who are overweight. It is very important
that this diet is strictly followed. A smaller liver will make it easier for the surgeon to access your stomach and reduce your anaesthetic risk.

You may also lose weight during this period. If you do not follow the diet there is the chance of your surgery not being able to be undertaken. It is very important that you are as healthy as possible before the operation and that you do your best to lose weight. You should not gain weight, as this may prevent you from having the surgery.

You will have had an opportunity to discuss the operation with the doctors in clinic and with the specialist nurse and dietitian at the group session. Hopefully, any concerns you may have will have been explained.

**Stop Smoking**

**We advise you to stop smoking before your operation. Smoking increases your anaesthetic risk.**

**What happens on admission to hospital?**

The ward is separated into bays with 4 beds in each bay. Both male and female patients are admitted to this ward, though there will only be patients of the same sex in individual bays. A nurse will check your temperature, pulse and blood pressure. The nurse will also check that nothing has changed with your health since pre-assessment clinic.

The doctors and nurses will answer any questions that you might have. Once you have been given all the appropriate information, you will be asked to sign a consent form, which gives us written permission to do the operation.

You will be asked to put on a disposable gown and pants. You will also be given some white/black stockings to wear. These promote blood flow through the deep veins in your legs, and therefore reduce your risk of developing a blood clot.
You will be asked to wear these for 6 weeks following your operation. Other health professionals may need to see you at some time before the operation, including the anaesthetist and physiotherapist. You may be asked if medical students can be involved with your care. You do not have to agree to do this, and if you refuse permission, this will not affect your care in any way. If you use a CPAP machine at night, please bring it into hospital with you.

**What sort of anaesthetic will I have?**
Your operation will be carried out under general anaesthetic, which means you will be asleep. The anaesthetist will visit you before your operation and discuss the anaesthetic with you.

**What should I expect after the operation?**
After the operation you may be on the High Dependency Unit (HDU). This is a unit which provides more intensive nursing. Patients with sleep apnoea and/or respiratory complications often go to the high dependency unit. You will have your pulse, blood pressure, breathing and wounds checked regularly by a nurse. It is usual to feel sleepy for several hours. You will be given oxygen through a face mask until you are more awake.

Anaesthetics can sometimes make people feel sick. It is important you inform the nurse immediately if you feel sick. They may offer you an injection which will help to settle it. You will have a catheter in your bladder to monitor your urine output. You will have a drip (intravenous tube) running into a vein in your arm/hand, which will give you fluids until you are well enough to drink orally. Within the first 24 hours of your operation you will be able to sip fluids and you will be given an information book and advice from the dietitian about how to slowly increase your intake.
From day three you will start on a diet of pureed food. You will be able to choose your meals from a special menu sheet, designed for patients who have had weight loss surgery. This allows any swelling around the new joins to settle. Taking solid food too early may result in vomiting and this may cause problems with your new stomach.

Following your operation, the dietitian will help you adjust to your new diet, particularly in the first few months. You will be given a detailed diet and information sheet to help with this and your diet and weight will be checked regularly, to make sure it is adequate.

**Will I have stitches?**

Wounds are usually stapled with metal clips to keep them together while they heal. Clips will be removed after 10 days. You will have dressings/large plasters covering your wounds.

**Will I be in pain?**

Most patients having this operation experience some pain. If you have pain, it is important to tell the nurses, who will give you drugs to help. You may have a patient controlled analgesia device (PCA), whereby you press a button and a machine gives you a small dose of a painkilling drug. This will be explained to you before your operation and is very safe and easy to use. Or, you may have a small tube in your back, which can be used to give you painkilling drugs.

**How soon should I get out of bed after the operation?**

You will be encouraged by the nursing staff and physiotherapists to get up and move around as soon as possible after your operation. This is important to reduce the risk of blood clots and to prevent problems with your chest.
When can I go home?
You will be able to go home approximately 3-4 days after your operation. Everyone is different and some people need to stay in hospital longer than others.

How will I feel when I get home?
You are likely to feel tired and need to rest during part of the day but this should improve with time. You may also not feel like eating. It is important that you have small, regular meals 3 times per day.

What should I look out for?
Check your wound for signs of infection-redness, pain and heat. If any of these occur, see your GP as you may need a course of antibiotics.

Your abdominal area is likely to feel bloated and sore for a few weeks. This is normal. Take either the pain killers you were given from the hospital or a mild pain killer such as paracetamol - (follow the manufacturers instructions and do not exceed the stated dose).

When will my stitches be removed?
These will be removed after 10 days by your district/practice nurse.

How long will I need to be off work?
You will need to take about 3-6 weeks off work, depending what job you do.

When can I return to normal activities?
We would normally expect you to take about 3-4 weeks to get back to normal activities. You should avoid heavy lifting for 2-4 weeks.
**Can I drive my car?**
Do not drive until you can wear your seat belt comfortably and feel able to perform an emergency stop. Your insurance company may refuse to meet a claim if they feel you have driven too soon.

**Will I be able to exercise?**
As you start to feel better, it is important to introduce gentle exercise such as walking. As you start to lose more weight, you will find that you feel more energetic and are able to undertake more vigorous exercise. This will also help you to lose weight and to tone muscles.

**Will I need any different medication?**
You will be sent home with a 10 day supply of a blood-thinning drug called clexane. This will be given through a small injection into the skin on your abdomen. This helps to prevent blood clots.

Some tablets are going to be too big for your new stomach. Your GP may already have changed these to chewable, dissolvable or syrup form. If not, the Ward Pharmacist will do this where possible. In some cases the medication doses may change or you may be advised to stop taking some of your medication.

If you are on medication for diabetes, you may need to have regular checks with your GP or practice nurse in order to monitor your diet and medication.

**Vitamin and Mineral Supplements**
You will need to supplement your diet with a vitamin and mineral supplement every day, for the rest of your life. This ensures that you are receiving all the essential nutrients. Initially,
chewable or dissolvable vitamin and mineral supplements will be required to ensure that they can pass through the new stomach. There is currently no chewable or dissolvable vitamin/mineral supplement available on prescription.

You will also need to have Vitamin B12 injections once every 3 months, lifelong, following your operation. This will be given by your practice nurse.

**Will I have to come back to hospital?**

An outpatient appointment will be made for you approximately 4-6 weeks after your operation in order that the team can check on your recovery.

You will also be seen by the dietitian in clinic in order that your weight, diet and nutritional status can be carefully monitored. You will be reviewed by the dietitian/specialist nurse at 4-6 weeks, 3 months, 6 months and 12 months and 2 years.

After 2 years you will be discharged back to your GP for annual follow up.

**How will this affect my life?**

As you start to lose weight, you will feel much healthier. You must remember that these changes will affect your life in terms of eating out, going out for a drink with friends, going on holiday and buying clothes. The support of family and friends is very important, particularly if you have to prepare large meals for other family members.

Some patients have reported taste changes after the surgery and other patients have reported hair loss. It is important that you are aware of the long-term changes that will affect your lifestyle and relationships with others.
Is there any additional support?
We run a monthly weight management support group meeting. This is open to all patients who are waiting for surgery, or those who have already had it. It is a friendly, informal meeting where patients can get together to discuss their experiences with others who have gone through it, or with the appropriate health professionals. The times and dates of these group meetings are available in the outpatient clinic or from the dietitian/nurse specialist.

How much weight will I lose?
It is difficult to predict how much weight you will lose. Everybody is different and weight loss will still be dependent on your food choices and exercise.

Weight loss with a gastric bypass is expected to be about 70% of your excess body weight after 1 year - 18months.

You will still have to follow a low calorie healthy eating diet, and exercise to achieve a successful weight loss in the long-term.

What will happen to the loose skin that I will be left with?
Many patients who have lost a great deal of weight will have loose skin, particularly at the tops of their arms and legs and round the stomach. Referral to a plastic surgeon to remove the skin from these areas can be arranged through your GP, if you meet the referral criteria. It is important to remember that this will only happen when enough weight loss has been achieved and is being maintained.
**Will this operation affect any future pregnancies?**

We do not advise you to consider becoming pregnant until at least 12 months after your operation. This will allow your body time to adjust to its new condition and for you to be fully established on a varied, healthy diet.

If you are planning to become pregnant, it is important that the doctors, dietitian and midwives looking after you are aware that you have had weight reducing surgery. They will be able to monitor both you and the baby accordingly. It is important that your diet is nutritionally balanced, which will keep both you and your baby healthy.

**Who will be looking after me?**

*Consultant Surgeon:*  Mr Roger Ackroyd  
*Consultant Surgeon:*  Mr Kirt Patel  
*Specialist Dietitian:*  Mrs Nerissa Walker  
*Specialist Nurse:*  Miss Liz Govan  
*Consultant Radiologist:*  Dr Fred Lee & Dr Robert Peck  
*Radiographer:*  Chris Pridmore  
*Anaesthetists:*  Dr Paul Murray & Dr Nick Barron
Useful Contacts

Della Oldham (Secretary to Mr Ackroyd and Mr Patel)  
Tel: 0114 305 2411

Liz Govan (Nurse Specialist)  
Tel: 0114 226 9083

Nerissa Walker (Specialist Dietitian)  
Tel: 0114 226 9083

Northern General Hospital  
Tel: 0114 2434343

NHS Direct
NHS Direct is a 24 hour nurse-led, confidential service providing general health care advice and information.  
Tel: 0845 4647 or visit the web site at: www.nhsdirect.nhs.uk

Useful websites for further information:

www.bospa.org (British Obesity Surgery Patients Association)

www.wlsinfo.org.uk (Weight Loss Surgery Information and Support)

www.british-obesity-surgery.org  
(British Obesity and Metabolic Surgery Society)
Sheffield Teaching Hospitals supports organ donation.

Do you?

organdonation.nhs.uk

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