

General Surgery and Specialist Weight Management Services

Gastric Bypass Surgery: The Surgical Procedure

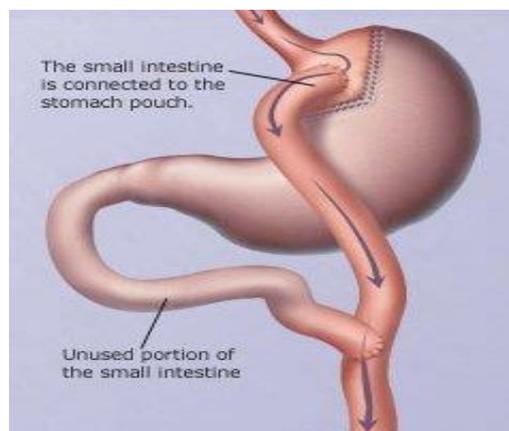
What is gastric bypass surgery?

A gastric bypass is a type of weight loss operation which reduces the size of your stomach and digestive tract. This means that you will not be able to eat so much food and it will bypass the stomach and part of the small intestine so the food won't be fully digested. However, this procedure also relies upon you changing your eating and lifestyle habits.

What does the procedure involve?

This operation is usually performed using key-hole (laparoscopic) surgery, by making approximately five small cuts (incisions) in the abdomen to insert a telescope (camera) and some instruments. The abdomen is filled (inflated) with gas to allow access and visibility of the organs. This gas is removed at the end of the operation.

This operation involves dividing the stomach to make a small pouch separate from the rest which is not actually removed. The food then bypasses the upper intestines (this is where food is mainly absorbed) through to the lower intestine.



Patient Information

There is always a small possibility (less than 5%, one in 20 patients) of having to

convert to an 'open' operation making a larger wound, which will result in you staying in hospital for a longer period of time.

After the bypass you must follow a special diet for at least seven weeks and then adhere to some specific dietary rules that ensure the bypass works well. As the body adjusts to the bypass, dietary intake involves staged progression from a liquid diet to a normal diet as follows:

- Fluid diet for: three weeks
- Liquidised /blended diet for: two weeks
- Soft diet for: two weeks
- Normal diet (solid): after 9-10 weeks

The above time scale is only a guide. Initially **solid food should not be eaten** as it may stretch the new smaller stomach and cause a staple line leak and prevent healing where the intestines have been joined. Your dietitian will give you a detailed information sheet to follow.

How long will I be in hospital?

Normally a stay of approximately two - three days is required, but this depends upon your surgery and recovery.

Intended benefits of the procedure

Having key-hole surgery reduces the recovery time and length of hospital stay. The procedure aims to:

- Help you lose approximately 70-80% of your **excess** weight;
- May improve some weight related health problems such as diabetes and high blood pressure;
- Provide a gradual weight loss.

What are the risks?

As with all operations, there is a small chance of complications. The risk of these is assessed on an individual basis depending upon each patient's fitness and this should be discussed with your specialist prior to surgery. However, overall this is a very safe operation.

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At the time of surgery you should be aware that there is a small possibility of:

- Bleeding;
- Leak from staple line;
- Injury to stomach, bowel or other abdominal organs;
- Infection (chest, wound, urinary);
- Deep venous thrombosis (DVT) or pulmonary embolism (PE);
- Heart problem;
- Death.

Other risks which may occur during the first few years following surgery include:

- Dumping syndrome;
- Constipation/diarrhoea;
- Deficiency in Vitamins and minerals such as iron, Vitamin B12 and Calcium;
- Hernia (muscle weakness) at the operation site which can be repaired by further surgery;
- Excess skin: currently, funding for removal of excess skin is assessed on an individual basis by your GP and requires a referral from the GP to a plastic surgeon.

General rules for eating after weight loss surgery

It is important that you:

- Eat slowly and chew your food **very** well;
- Stop as soon as you feel satisfied, not over full (It is important not to stretch your stomach);
- Choose a variety of healthy foods and make sure you get your five fruit and vegetables per day;
- Eat small portions.

Your Dietitian will provide you with clear instructions for eating following your surgery, if you are not sure please ask your Dietitian.

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When will my surgery be?

The consultant's secretary will post the date of your operation to you.

Before your operation

Please **follow the pre-operative diet sheet for bariatric surgery for at least two weeks before** your operation.

Please follow your **fasting instructions**.

CPAP (Continuous Positive Airway Pressure)

If you are currently using a CPAP machine please bring your machine with you to hospital.

On the ward

Before your operation you will be requested to wear a gown and anti-embolism stockings. The stockings will reduce the risk of any blood clots developing in your leg (DVT). You will be asked, if you possibly can, to empty your bladder immediately before going to the operating theatre, so as to reduce the risk of injury during surgery. If this will be difficult for you, discuss it with your specialist or a nurse. Depending on your mobility you may walk to the operating theatre, if this is not possible a wheelchair or bed will be provided.

In the operating theatre

The Anaesthetist, Operating Department Practitioners and nurses are likely to be present. An intravenous drip may be inserted. Monitoring devices will be attached to you, such as a blood pressure cuff, ECG leads (heart monitoring leads) and a pulse oximeter. A pulse oximeter is a peg with a red light, which is placed on your finger. It shows how much oxygen you have in your blood and is one of the monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe.

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After the operation

- You will wake up in the recovery room after your operation. You will have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- After this procedure, most people will have a small, plastic tube (cannula) in one of the veins of the arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to drink by yourself.
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to the ward or Enhanced Care Unit.
- Sometimes, people feel sick or vomit after an operation, especially after a general anaesthetic. If you feel sick it is important to tell the nurse who will give you medicine to make you more comfortable.
- Immediately after the operation there will be discomfort in your shoulders from the inflation of your tummy by the gas used during your operation. There will also be discomfort from the small cuts in the skin of the tummy, but this is well controlled with simple pain-killers. All the wounds are closed with stitches/skin clips/ paper strips. To prevent any clots developing in your leg you will be given a blood thinning injection once a day in hospital and for approximately two to four weeks after surgery.

Once you are fully awake you will be taken to the ward to recover. Do not expect to feel completely normal immediately.

Eating and drinking

Please make sure that you have the leaflet '**Dietary Advice for patients having a Gastric Bypass**' available from your Dietitian, **you will start on a smooth liquid diet for 3 weeks.**

Do I need vitamin and mineral supplements?

You will be asked to start taking ~~Calcium~~ and a complete A-Z multivitamin/mineral supplement which includes Iron, two to three weeks before the operation. These can be obtained from your local chemist.

Calcium and Vitamin D: please take 2 daily. Supplements are particularly important in women to reduce the risk of osteoporosis (weakening of the

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bones). Your multivitamin/mineral supplement will not provide you with sufficient amounts and you must take the supplements lifelong unless otherwise indicated.

Multivitamins: You will need to take **two** complete A-Z multivitamin/mineral supplements for the long term such as Forceval (from GP) Centrum, Sanatogen Gold or a good quality A-Z vitamin and mineral supplement that will give 80-100% of your daily requirements. Please make sure the supplement you choose has Iron, B12, Folate (folic acid) Vitamins A and D. It is very important that you do not stop taking these supplements.

Medication

Medication can be taken in tablet, liquid, soluble form or crushed until a solid diet is tolerated. The pharmacist will advise you of the best way to take your medications. If you have any queries or concerns, please see your GP or pharmacist.

What about my Diabetes medication?

Patients with diabetes will note that their requirement for insulin or diabetes tablets falls very early after the surgery. You will be advised to adjust your dose and we recommend you take regular blood glucose readings at home or arrange for regular checks at your GP or diabetes clinic after leaving hospital.

What about my Blood Pressure medication?

Patients with high blood pressure may over time note that their requirement for blood-pressure lowering tablets falls after the surgery. You will need to arrange for regular checks of your blood pressure at your GP surgery after leaving hospital.

Pain relief

You will be advised to **take regular painkillers** such as paracetamol, or codeine phosphate for the first few days; this is important to achieve a good recovery from your operation. Always read the medicine patient information leaflets.

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Shoulder tip pain is best relieved by changing position and gentle movements; this is normally caused by some gas left behind following surgery and will gradually disappear within four to five days.

Activity

You will be encouraged to get out of bed and walk around, on the day of your surgery. This will reduce the risk of complications such as clots in your leg, and chest infections. It also helps to get rid of any remaining gas that was pumped into your abdomen during surgery. Please continue to wear the anti-embolism stockings provided until normal mobility is resumed.

Discharge home

When will I go home?

Most people leave hospital within a few days of their operation; this will be decided by your consultant and whether any further tests are needed. The actual time that you stay in hospital will depend on your general health and how quickly you recover from the procedure.

You will need to be accompanied home and have a responsible adult to be there for you for at least three to four days.

When can I resume normal activities including work?

It will then take 7 to 14 days to recover at home and most people are back to their normal activities within three weeks and return to work in approximately 8 weeks. A doctor's sick note will be given to you before you go home and your GP will provide any additional sick notes.

Driving: you should **not drive** for approximately **seven days** after surgery, and you must be confident in performing an emergency stop.

How do I care for my wound?

- If your dressings are shiny, these are waterproof and you can bathe/shower without removing them. However, please remove woven material dressings in 48 hours, but **do not remove the narrow paper strips**.

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- Keep your wounds clean and dry, by bathing or showering every day. Please dry your wounds carefully; a “cool” hair-dryer works well, if you have one.
- Do not apply any ointments or talcum powder to the wounds.
- Most stitches do not need removing. The narrow paper strips will need to be gently peeled off in five days.
- You will be advised if you have skin clips to be removed. These will be removed either by the Practice nurse or the bariatric nurse at the hospital, who will be advised at the time of discharge.

Will I have a check-up?

- You will have a group outpatient appointment to see the Bariatric Nurse and Dietitian approximately 7-10 days
- You will have an outpatient appointment to see the nurse approximately 8 weeks after surgery.
- You will have an appointment to see your Dietitian 12 weeks after surgery.
- You will need to make an appointment with your practice nurse to have your wounds checked if necessary.
- You will receive a telephone call from a nurse within five weeks following discharge
- Keep or make any diabetic specialist nurse appointment, as required.

What if I have any problems at home?

If you experience any of the following problems whilst you are at home please immediately contact the Surgical Admissions Unit (SAU) Ward 22 on 024 7696 6186.

- Abdominal pain (this can be the first sign of serious complications in the first week)
- Vomiting more than twice
- Fever (39°C)
- Abdominal swelling
- Poor urine output
- Reluctance to drink

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For the following symptoms:

- Infection
- An oozing wound

Please contact your own GP for these or other minor wound problems, sick notes or queries.

If you would like further advice regarding your diet please contact the Dietitians on Tel: 024 7696 6155.

As a team we would recommend that if you have any concerns or are unwell you attend University Hospitals Coventry and Warwickshire for your care.

If for any reason you are admitted to another hospital please contact us immediately to discuss your management.

Please tell us about your experiences from your stay

We are committed to improving our services and would like to hear your experiences about your stay with us. If you would like to offer any comments, compliments or complaints regarding our services at the hospital please use this web link:

www.uhcw.nhs.uk/contact-us

You can also write to us or telephone us. Tel:024 7696 4000.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact us at 024 7696 6051 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

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