

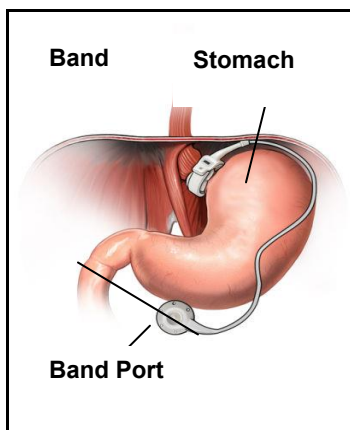
## General Surgery

# A Guide to Surgical Weight Loss Options at UHCW

### Introduction

This leaflet briefly outlines surgical weight loss options available at UHCW

### Gastric band



#### Surgery involves:

- Operation time: approximately 45 minutes;
- 0 – 1 night stay;
- Keyhole surgery.

#### Diet:

- Small portions/normal food with a few restrictions.
- Nutritional deficiencies are rare.



## Patient Information

### Potential side-effects and complications:

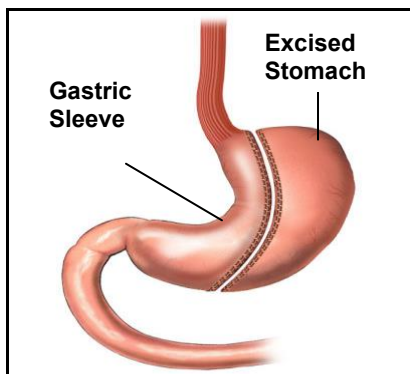
- Slippage;
- Band erosion;
- Leakage;
- Port site infection;
- Reflux;
- Hernia;
- Deep vein thrombosis/pulmonary embolism.

This procedure is **reversible** but can have associated complications listed above, therefore requires lifetime maintenance.

**Expected weight loss in one to two years:** 30-50% of excess weight and requires long term commitment.

**Follow-up band adjustments:** four in first year; couple of times in the second year; and may require further maintenance thereafter.

### Sleeve gastrectomy



### Surgery Involves:

- Operation time: Approximately 1–2 hours
- 1-2 nights stay;
- Keyhole surgery

## Patient Information

### Diet:

- Small portion size (100mls)
- Nutritional deficiencies unlikely but will need to take daily vitamin and mineral supplements, vitamin D and calcium

### Potential side-effects and complications:

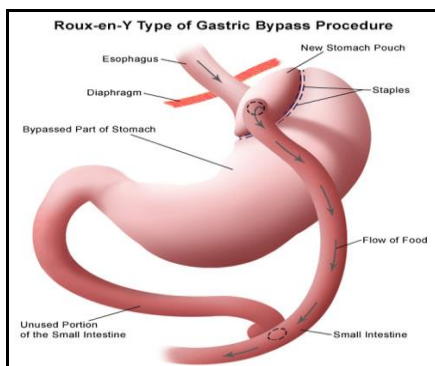
- Vomiting;
- Bleeding;
- Staple-line break;
- Infection;
- Deep vein thrombosis/pulmonary embolism;
- Reflux;
- Incisional hernia.

**Permanent** – this procedure is not reversible.

**Expected weight loss in one to two years:** 60-70% of excess weight and requires long term commitment.

**Follow-up:** six monthly to annually.

## Gastric bypass



## Patient Information

### **Surgery involves:**

- Operation time: approximately 2-4 hours;
- 2-3 nights stay;
- Keyhole surgery.

### **Diet:**

- Small portion size;
- Potential nutritional deficiencies. Must take daily vitamin and mineral supplements, iron, vitamin D, calcium;
- Vitamin B12 injection every three months.

### **Potential side-effects and complications**

- Vomiting;
- Bleeding;
- Staple-line leak;
- Infection;
- Deep vein thrombosis/pulmonary embolism;
- Change of bowel habits;
- Dumping syndrome;
- Internal hernia;
- Kidney stones.

**Permanent** – this procedure is not reversible.

**Expected weight loss in one to two years:** 70-80% of excess weight and requires long term commitment.

**Follow-up:** six monthly to annually.

## Patient Information

### **Following discharge:**

- Liquid diet for two weeks, gradual increase in food consistency;
- Return to usual pre-operative mobilisation;
- Blood thinning injection for four weeks;
- Anti-embolism stockings;
- Pain killers, anti-sickness, acid reducing tablets, laxatives;
- OPD Dietitian/Nurse Group after 2 weeks;
- Telephone contact by Bariatric Nurse after 4 weeks;
- OPD Nurse-led clinic after 8 weeks;
- OPD Dietitian approximately 12 weeks;
- OPD Medical, Nurse/Dietitian 6 and 12 months.

### **For further information contact: 024 7696 4000**

**Bariatric Coordinator:** Ext 26994

**Surgeons:** Mr Menon – Secretary Ext 26994  
Mr Lam – Secretary Ext 26994

**Dietitian:** Ext 26155

**Specialist Nurse:** Ext 26168

Jenny Abraham - Bleep 2660,

Laura Hollingsworth - bleep 4811

**Pre-Anaesthetic Assessment Centre:** Ext 26393

**Respiratory Sleep Studies:** Ext 26734

**SODA (Surgery on Day of Admission):** Ext 25640

## Patient Information

**British Obesity Surgery Patient Association** [www.bospauk.org/](http://www.bospauk.org/)

**Weight Loss Surgery Info website** [www.wlsinfo.org.uk/](http://www.wlsinfo.org.uk/)

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 6994 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

### **Document History**

Department:	Bariatric Surgery
Contact:	26168
Updated:	October 2019
Review:	October 2022
Version:	4
Reference:	HIC/LFT/1656/13