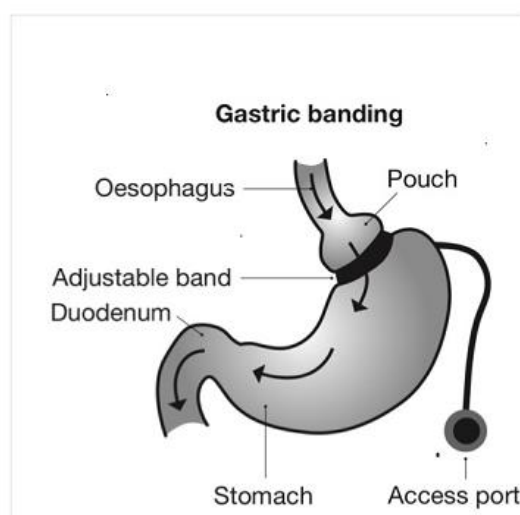


## General Surgery

# A guide to surgical weight loss options at UHCW

This leaflet briefly outlines surgical weight loss options available at UHCW.

### Gastric band



#### Surgery involves:

- Operation time - Approximately 45 minutes
- 0 to 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.

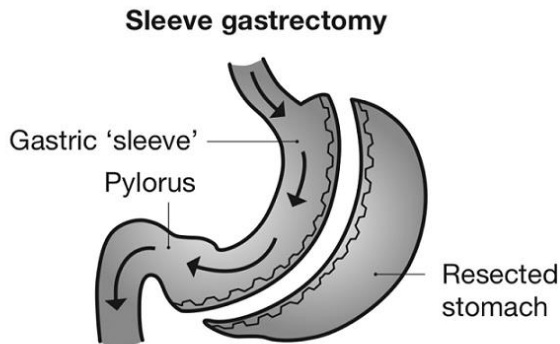
This procedure is **reversible**, but can have associated complications listed above, and therefore requires lifetime maintenance.

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

**Follow-up band adjustments:** 4 in first year, a couple of times in the second year; and may require further maintenance thereafter

## Patient Information

### Sleeve gastrectomy



#### **Surgery involves:**

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

#### **Diet:**

- Small portion size
- 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 leak
- Infection
- Deep vein thrombosis/pulmonary embolism
- Reflux
- Incisional hernia

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

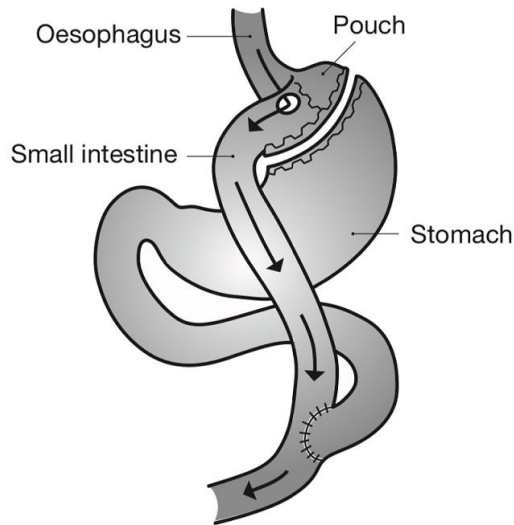
**Expected weight loss in one to two years:** 60-70% of excess weight and requires long term commitment.

**Follow-up:** One; three; five and eight weeks post-operatively (nurses and/or dieticians). Then appointments from three months up until two years after your operation.

## Patient Information

### Gastric bypass

#### Roux-en-Y gastric bypass (RYGB)



#### Surgery involves:

- Operation time: approximately 2 to 4 hours
- 2 to 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 3 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

## Patient Information

**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:** 1, 3, 5, and 8 weeks post-operatively (nurses and/or dietitians). Then appointments from three months up until 2 years after your operation.

### **Following discharge:**

- Liquid diet for 2 weeks, gradual increase in food consistency
- Return to usual pre-operative mobilisation
- Blood thinning injection for 4 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 26161

### **Specialist Nurses:**

Jenny Abraham – Bleep 2660,

Amy Wride – Bleep 4811

Zoe Noakes – Bleep 5907

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

## Patient Information

**Respiratory Sleep Studies:** Ext 26734

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

**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/)

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[www.uhcw.nhs.uk/feedback](http://www.uhcw.nhs.uk/feedback)



#### Document History

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