

## General Surgery

# Sleeve Gastrectomy: The Surgical Procedure

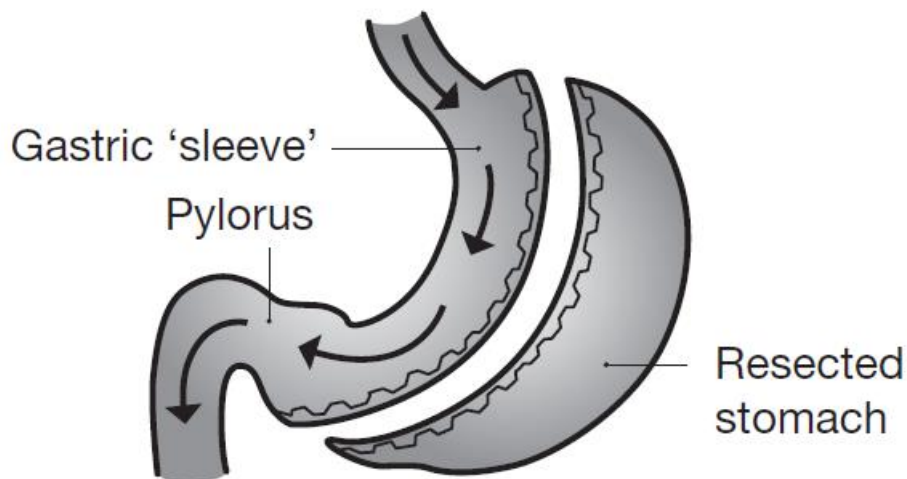
### What is a sleeve gastrectomy?

It is a procedure which is designed to help you manage your food intake by removing the main part of the stomach and leaving a smaller sleeve-shaped portion of the stomach which holds approximately 100mls. It also reduces your appetite by removing some of the Ghrelin hormone, which is produced in the top portion of the stomach. The remaining stomach function is unaltered. This procedure is **not reversible**.

### What does the procedure involve?

This operation is performed using keyhole (laparoscopic) surgery, by making approximately 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. The gas will be removed at the end of the operation.

### Sleeve gastrectomy



## Patient Information

This operation involves converting the stomach into a long, thin sleeve-like tube. It is done by placing staples along its length which cuts off approximately three quarters of the stomach. The excess stomach is removed and sent to the laboratory for testing.

After the operation, food will enter and leave the stomach in the same way as it did before. But now the stomach is smaller you will feel full eating smaller amounts of food. Eating healthily and eating less food promotes weight loss.

It is important to be aware that in a small number of cases the operation cannot be completed by keyhole surgery. In these cases, the surgeon will need to proceed to an 'open' operation. This will require a larger incision in your abdomen and will result in a longer hospital stay.

### **How long will I be in hospital?**

Normally a stay of one to three days is required, but this depends upon your surgery and recovery.

### **Intended benefits of the procedure**

Having this procedure done by keyhole surgery reduces the recovery time and length of hospital stay. The procedure aims to:

- Help you lose approximately 60% of your excess weight if you eat a healthy diet and exercise.
- Improve some weight related health problems such as diabetes and high blood pressure.
- Provide a gradual weight loss.
- Nutrients and vitamins are less likely to be required.
- Can occasionally be converted to a gastric by-pass at a later stage.

### **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.

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However, overall, this is a very safe operation. You should be aware that there is a small possibility of the following risks at the time of surgery:

- Air in the chest cavity (pneumothorax)
- Bleeding
- Conversion to open surgery (making a large cut in the abdomen)
- Leak from staple line
- Injury to stomach, bowel, or other abdominal organs
- Infection (chest, wound, urinary)
- Deep venous thrombosis (DVT) or pulmonary embolism (PE)

The following risks may occur over the next few years:

- Constipation/diarrhoea
- Vitamin and mineral deficiencies
- Failure to lose the desired weight
- Heart problems
- Developing gastro-oesophageal reflux
- Hernia (muscle weakness) at the site, which can be repaired by further surgery
- Excess skin (currently excess skin removal has restricted funding under NHS)

### **General rules for eating after weight loss surgery**

Detailed dietary advice will be given by a Dietitian but please make sure you are given the leaflet: '**Dietary advice following a Sleeve Gastrectomy**'.

It is important that you:

- Eat slowly and chew your food **very** well.
- Smooth liquid diet (no bits) (milk, liquid yoghurts, Complan, Actimel, probiotic drinks, sieved/strained soups) for first 3 weeks.
- Stop as soon as you feel satisfied, not over full (it is important not to stretch your stomach).

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- Choose a variety of healthy foods including protein (meat, fish, eggs, lentils, beans, Quorn) and fruit/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.

### **When will my surgery be?**

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

### **Before your operation**

It is essential to **follow the pre-operative diet sheet** for bariatric surgery for **at least two weeks before your operation**. Please follow your **fasting instructions which were given to you at Pre-operative Anaesthetic Assessment clinic (PAAC)**.

### **CPAP (Continuous Positive Airway Pressure)**

If you are currently using a CPAP machine, please bring your machine with you to hospital and to the operating theatre.

### **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 to empty your bladder immediately before going to the operating theatre, to reduce the risk of injury during surgery. 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 into your arm. 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.

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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 before going to sleep.

### **After the operation**

You will wake up and move yourself to your bed before being transferred to 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, you 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/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 and reduce the risk of a staple line leak.

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 painkillers.

To prevent any clots developing in your leg you will be given a blood thinning injection once a day in hospital and for four weeks after surgery.

Once you are fully awake you will be taken to the ward to recover before you are accompanied home by a friend or family member. Do not expect to feel completely normal immediately.

## Patient Information

### Eating and drinking

Please make sure that you have the leaflet: '**Dietary advice for patients having a Sleeve Gastrectomy**'; this is available from your Dietitian.

### When can I start eating and drinking again?

Within a few hours of surgery, you will be allowed to start slowly sipping unlimited amounts of water, tea, coffee, semi/skimmed milk, sugar free squash and Bovril the day after surgery.

- For the **first 3 weeks** after surgery, you will be on a **liquid** diet (no solid bits).
- **3 - 4 weeks** after surgery you will be on a **puréed** diet.
- **4 - 6 weeks** after surgery you will be on a **soft** diet.
- **6 - 8 weeks** you can return to a **normal healthy diet**.

The Dietitian will provide you with a detailed advice sheet regarding your diet, please follow these instructions. It is advisable to drink plenty of water and **avoid fizzy drinks** as these can make you feel bloated.

### 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 inside your abdomen (tummy) during surgery. Please continue to wear the anti-embolism stockings provided for approximately 6 weeks or until normal mobility is resumed.

### Medication on discharge

You will be advised to **take regular painkillers**, for example, paracetamol, codeine phosphate, for the first few days; this is important to achieve a good recovery from your operation. Shoulder tip pain is best relieved by changing position; this is normally caused by some gas left behind following surgery and will gradually disappear within four to five days.

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You will also be given medication for sickness, for constipation (laxatives) and (for acid reflux (antacids) and blood clots (blood thinning injection). Please follow the instructions and always read the medicine patient information leaflets.

Please continue to take your own medication unless advised otherwise by the hospital doctors and nurses.

You will be given specific instructions about diabetic medications and multi-vitamins and minerals.

## Discharge home

### When will I go home?

Most people leave hospital two days after their operation; this will be decided by your consultant and whether any further tests are needed. The length of time 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. Most people are back to their normal activities within four weeks. You will **return to work approximately 6-8 weeks** after surgery. 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 at least **7 days** after surgery, and you must be confident in performing an emergency stop before you return to driving.

## Patient Information

### How do I care for my wound?

- If your dressings are shiny you can bathe/shower without removing them. However, if the dressings are woven please remove your large dressings after 48 hours, but **do not remove the narrow paper strips**.
- Keep your wounds clean and dry, by bathing or showering every day. Please dry your wounds carefully; a 'cool' hairdryer 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 do require stitches/skin clips to be removed before discharge.
- If you have stitches/clips to be removed, please make an appointment with your Practice nurse at the GP surgery 7-10 days after surgery.

### Will I have a check-up?

- You will have a virtual appointment with the Bariatric nurse approximately 7-10 days after surgery.
- You will have a group appointment with a nurse and dietician approximately 3 weeks after surgery.
- You will receive a telephone call from the nurse approximately 5 weeks after surgery.
- You will have an outpatient appointment to see your Nurse in clinic, approximately 8 weeks after surgery.
- You will have an appointment to see your Dietitian approximately 12 weeks after surgery.
- You may wish to make an appointment with your practice nurse to have your wounds checked.
- Keep or make any diabetic specialist nurse appointments, as required.



## Patient Information

### **What if I have any problems at home?**

**If you experience any of the following problems whilst you are at home, please attend A&E department at UHCW.**

Abdominal pain (this can be the first sign of serious complications in the first week):

- Difficulty swallowing;
- Vomiting more than twice;
- Fever (39°C);
- Abdominal swelling

If you experience any of the following problems, please contact your GP practice:

- Infections;
- Constipation/diarrhoea;
- An oozing wound;
- Reluctance to drink;
- Poor urine output;

Your GP can also be contacted for queries with minor wound problems or sick notes.

**If you would like further advice, please contact the dietitians on 024 7696 6155 or the nurse on 024 7696 6188.**

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 6168 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

## Patient Information

### Did we get it right?

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



#### Document History

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