NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

# Bariatric Surgery at York Hospital

Positive changes for positive health


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This information booklet is designed to give you an understanding of the different surgical weight loss options available at York Teaching Hospital NHS Foundation Trust.

We hope that after reading this booklet and talking with our team, you will have a better understanding of what is involved in weight loss surgery including the benefits and risks.

It should also help you decide which option is best for you and your lifestyle goals.

You have to be 100% committed to all that comes with having surgery.

Surgery is a tool to assist you to lose weight and live a healthier life style. If you are in any doubt about your commitment, please speak to your team for advice.

## What is bariatric surgery?

Bariatric surgery is also known as obesity surgery or weight loss surgery or metabolic surgery. It refers to operations designed to help reduce your weight.

The operations may restrict the amount of food you are able to eat, reduce the amount of food you can absorb, or both.

The term does not include procedures that remove fat from the body, such as liposuction or abdominoplasty (tummy tuck).

Bariatric surgery requires commitment.

Making the decision to request bariatric surgery is a serious step and it is important that you fully understand what it will involve and what changes you will have to make. This kind of surgery should only be considered as a last resort when all other methods have failed.

Surgery is only a tool for weight loss. Weight loss with surgery requires commitment and motivation. It is not a quick fix.

Obesity surgery is an option if you are obese, well informed, motivated, and have realistic expectations about what surgery can achieve for you.

You will gain the most success from surgery and will avoid complications if you can commit to the recommended changes to your diet, exercise, and lifestyle, and maintain them for life. This is not always easy to do but we will help you to make these changes.

## Why should I consider surgery for weight loss?

Surgery is one of the most effective methods to aid weight loss and maintenance.

You may have been dieting for much of your life. You may have lost a large amount of weight in the past but found it difficult to keep this weight off.
Alternatively, you may have never dieted before but have been referred by your GP or another specialist because surgery is considered the best option for you.

Carrying extra weight can contribute to many other health problems or affect you physically and emotionally.

## Why treat obesity?

The main concern about carrying extra weight is the impact it can have on your health. We know that being obese can increase the chance of having many other diseases such as diabetes and heart disease.

Around 6% of all deaths in the UK are related to being obese. Being obese can also shorten your life expectancy. The heavier you are and the longer you have been overweight or obese, the greater the risk. Surgery can be a way of managing your weight and preventing further health problems.

Weight loss surgery has been shown to prevent or improve conditions and diseases such as:

- Type 2 diabetes
- High blood pressure
- High cholesterol
- High triglycerides
- Heart disease
- Asthma
- Sleep apnoea
- Certain cancers such as breast, colon and endometrial cancer
- Polycystic ovarian syndrome
- Osteoarthritis and joint problems
- Infertility
- Stress incontinence

Weight loss surgery can also improve quality of life and increase life expectancy.

## Do I qualify to have surgery?

Having weight loss surgery should be looked as the very last option for someone who is struggling to lose or maintain weight loss.

It is essential you would have tried all other non-surgical options before surgery can be considered. To be accepted you should have had a prolonged period of trying to lose weight through the following Tier system:

**Tier 1 consists of:**
Self-reduction, changing your habits and perhaps using slimming clubs.
**Tier 2 consists of**:
Tier 2 weight management programmes if available, exercise on prescription, Diabetes Prevention Plan, Medication prescribed by your GP
**Tier 3 consists of**:
Dedicated MDT lead Tier 3 Weight management programme for 12 - 24 months

If you have not been through a weight management programme, you may be asked to do so before surgery can be considered.

If all of the above have proved unsuccessful and as long as you meet the NICE criteria outlined below, surgery is possible. However funding would then have to be secured before you go can move onto surgery.

## How can I be referred for weight loss surgery?

Your GP can refer you to our clinic via the NHS Choose and Book system. To be accepted for an appointment with our team, you must meet the eligibility criteria as set out by NHS England: Severe and Complex obesity surgery policy and NICE (National Institute of Clinical Excellence) guidelines. This means that you must meet the following criteria:

The individual is considered morbidly obese. Bariatric surgery may be offered to adults with a BMI between 35 kg/m2 and 40kg/m2 in the presence of multiple significant obesity related disease such as (Type 2 Diabetes, High Blood Pressure, Sleep Apnoea).

BMI greater than 40kg/m2 or more in the presence of obesity related disease.

If you have a BMI greater than 50kg/m2, we can consider surgery as a first line option (i.e. without the presence of obesity related disease).

If you meet the above criteria and have been through an established Tier 3 Weight management programme. You may however be asked to go through a Tier 3 weight management programme prior to being accepted for surgery if you have not already been through one, if one is available in your local area.

You will undergo a comprehensive, multi-disciplinary assessment before you can proceed with surgery. It also means that surgery is part of a multi-disciplinary team (MDT) service including pre-operative and post-operative support.

## What is a multi-disciplinary team (MDT)?

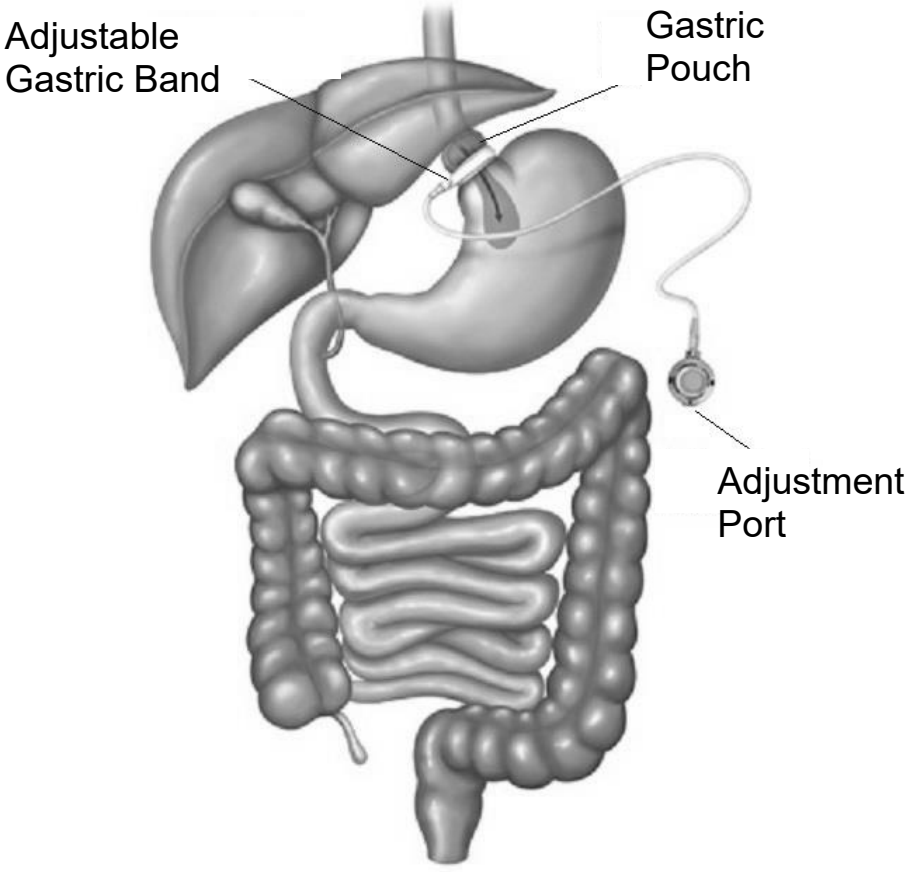
You will see a team of specialists whose main aim is to ensure you get the best treatment and lose weight safely and effectively.
These specialists together are known as the multi-disciplinary team (MDT).

## Which types of weight loss surgery does York Teaching Hospital NHS Foundation Trust offer?

The procedures we undertake include gastric banding, gastric bypass, and sleeve gastrectomy. All our operations are performed laparoscopically (keyhole surgery) where possible.

## What do the different surgical options involve?

### 1. Laparoscopic Adjustable Gastric Banding (LAGB)



Gastric banding is a purely restrictive procedure in which a band is placed around the top part of the stomach .This creates a small pouch above the band, with the main part of the stomach below.

The band creates a narrowing between the top and bottom part of the stomach. The band is filled with fluid via a port (small chamber) placed under the skin. The band stops the food from passing quickly into the stomach, keeping food sitting in the pouch. The food stimulates the nerves at the top of the stomach to give you a feeling of fullness.

You should fill up quickly, and stay full for longer, even after only a small amount of food.

The stomach and intestines are not cut, stapled, or removed when placing the band; therefore digestion and absorption are not affected.

The band is not filled with fluid at the time of surgery. Your first band fill will usually be about four to six weeks after surgery. This is performed in the X-ray department.

You may need your band tightened multiple times to create the correct amount of restriction from the band. Your surgeon or Bariatric nurse practitioner will discuss this with you, based on your food intake, eating patterns and weight loss.

## Expected weight loss

You will tend to lose weight slowly and steadily over two years following surgery. On average, people lose between 30 to 50% of their excess body weight. There is, however, a large variation in results and weight loss is not guaranteed.

Adherence to dietary advice is necessary to achieve these results. The dietitian will discuss with you what changes you would need to make to your eating patterns to have the best weight loss results.

## Advantages

- The amount of food you can eat is restricted
- You may feel fuller quicker and can stay fuller for longer
- The band can be adjusted to increase or decrease the restriction via the access port under the skin on your stomach
- You can lose on average 30-50% of your excess weight
- Relatively short procedure, but this can vary from person to person
- The stomach and intestines remain intact so food is digested and absorbed as normal
- The surgery can be reversed (although you will probably regain the weight); this is also felt to be a disadvantage

## Disadvantages

- Weight loss is slower than other procedures
- Weight loss may not be immediate. It may some time to begin seeing weight loss.
- The surgery will not always create the feeling of fullness.
- Complications of the procedure (see below)

There can be many complications after surgery.

- The access port may come loose so the band becomes inaccessible for band fills or defills: you may require another operation to correct the problem.
- The band or port may become infected and need to be removed
- The port or band may leak and deflate, which may require another operation to correct the problem.
- The port will feel more prominent with significant weight loss in about 2.5 - 6% this can cause a concern for patients
- Statistically the band may move or slip (2 to 25% of cases); you may need to have all the fluid urgently removed from your band and will probably need another operation to remove or replace it.
- The band may erode through the stomach wall and need another operation to remove it. This can be a difficult procedure depending on the severity of the erosion. This can happen in 1 to 10% of cases, it is an unpredictable and severe complication.
- Pouch dilation happens in 12% of patients, often due to over eating and may require surgery to correct band position.
- You may suffer from worsening gastro-oesophageal reflux (heartburn), ulceration, gastritis, bloating, difficulty swallowing, dehydration and constipation at least 7%
- Nausea and vomiting may occur, particularly in the first few days after surgery. Vomiting is also common if you eat too quickly or eat too much
- Over 10% of people fail to lose the expected amount of weight with the band
- One in five bands are removed
- One in seven bands require further surgery due to a complication with in the first year after surgery and corrective surgery can carry a higher risk than original band placement.

For successful weight loss, you will have to follow dietary changes and have self-control.

As with all dramatic weight loss, you will probably have loose excess skin. Should you require any other type of emergency or elective surgery in the future, the gastric band should not cause any problem. However, the surgeon performing the operation must be informed about your gastric banding prior to surgery.

## Gastric band fills

You will be contacted by telephone within a few days post discharge by the Bariatric Surgical Nurse Practitioner to see how things are. The dietitian will also call you a week after discharge. Your first appointment will be four to six weeks following surgery in the X-ray department where you will have a special swallow test to look at the band and fill it for the first time. Further band fills will be dependent on your progress when seen in clinic by your surgeon or the Bariatric Nurse Practitioner.

We are guided by the list in the next section when deciding if more fluid is needed within the band.

We will not always perform a fill or defill. We are guided by the list in the next section when deciding if more or less fluid is needed within the band.

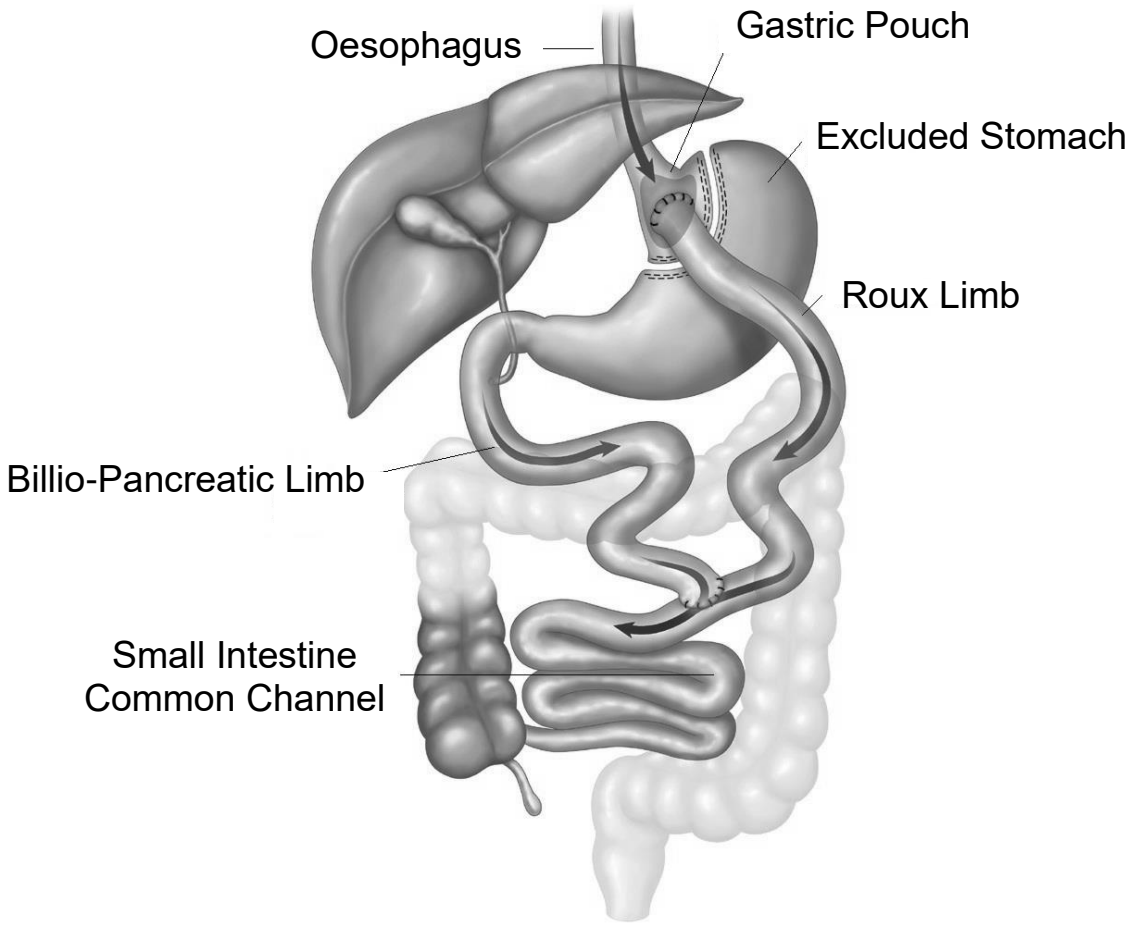
## Adjustment of your band

**Band too loose**
- Able to eat solid, crunchy foods
- Able to eat large meals
- Hungry between meals; snacking
- Gaining weight, not losing weight

**Band just right**
- Able to eat solid, crunchy foods
- Satisfied eating small meals
- Not hungry or snacking between meals
- Losing one to two pounds a week

**Band too tight**
- Only able to eat soft or sloppy diet
- Unable to eat food because it sticks and will not go through band
- Suffering from heartburn
- Not losing weight or losing too much weight

## 2. Laparoscopic Roux-en-Y Gastric Bypass




The gastric bypass is a combined restrictive and malabsorptive procedure.

During the first step of the surgery, the surgeon creates a pouch of a similar size to that created with the gastric band using metal staples. The stomach will be cut through so that the pouch is no longer attached to the rest of the stomach. The top section of the stomach (the pouch) will hold your food.

The surgeon will measure down 60 to 150cm from the top of your small intestine and divide it. They will then bring up the end that is not attached to your remaining stomach and attach it to the pouch.

Food will now travel from the pouch straight into the small bowel. The divided end of the small bowel that is connected to the remainder of your stomach is then connected 100 to 150cm below where the other end is joined to the gastric pouch. This allows the digestive juices (gastric and pancreatic juices) to enter the small intestine and digest the food.

The main effect is that the amount of food you are able to eat is much reduced. Therefore you will fill up quickly and stay full for longer (after only a few mouthfuls of food but remember, you must stick to a healthier food intake). Most people find that they do not get the same feeling of hunger that they did before the surgery.

The bypassed portion of stomach and intestine does not affect the absorption of most of the nutrients that you eat. However, it may reduce the amount of protein, vitamins, and minerals that you absorb. To avoid developing a deficiency, we will prescribe vitamin and mineral supplements, which you must commit to taking for life. We will also take regular blood tests to ensure you do not develop any nutritional deficiencies.

## Expectations of weight loss

Most people lose weight quite quickly over the first year following bypass surgery. Your weight will generally plateau out towards 18 months after surgery.
On average, people lose 70 to 80% of their excess body weight. As with any weight loss surgery, there is variation in the amount of weight that people lose following surgery.

You are key to losing weight and keeping it off. Adherence to dietary advice will result in greater weight loss and better weight maintenance. The dietician will discuss with you what changes you would need to make to your eating patterns to have the best weight loss results.

But please remember that as with any weight loss surgery you can regain weight. Once your weight has slowed down and you are past the quick weight loss period (also known as the honeymoon period) if you turn away from healthy balanced living you may well put weight back on. People's weight will fluctuate naturally however if you manage to eat the way you did prior to surgery weight gain will be inevitable. Remember it is 10% your surgery and 90% your decision making.

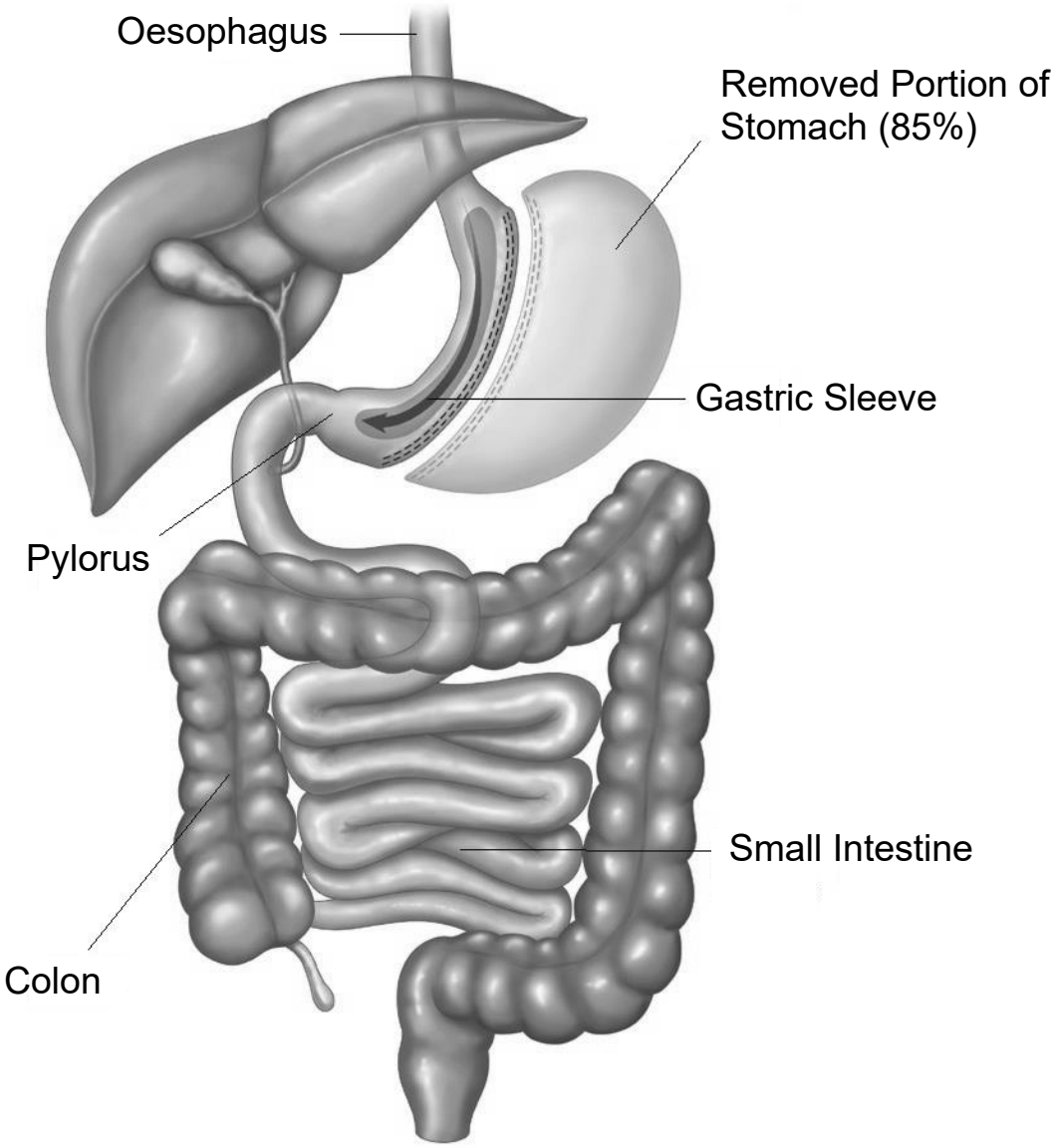
## Advantages

- The amount of food you can eat is restricted
- You are likely to feel fuller quicker and stay fuller for longer
- Weight loss tends to be faster than some other surgeries
- You can lose 70 to 80% of your excess weight
- The average weight loss after surgery tends to be higher than after a purely restrictive procedure (e.g. the gastric band, sleeve gastrectomy)
- The gastric bypass procedure is particularly effective at reducing medication requirements (and improving blood sugar control for patients affected by Type 2 Diabetes Mellitus, reducing need for high blood pressure tablets as well as other conditions. It also helps to reduce need for therapy for conditions such as Sleep Apnoea and Arthritis.

## Disadvantages

- The surgery is the “Gold Standard” for weight loss procedures but has more potential risks at the time of surgery than other procedures because it is a longer procedure and the stomach and intestines are cut which means a risk to life of 1 in 100 to 200 (0.5 to 1%).
- There is a possibility that you could leak from the join that attaches your small bowel to your new pouch. This could mean further surgery or staying in hospital for a longer period.
- Obstruction can occur where the new joins are created further down the intestine. This may require further surgery to allow food to travel through at the correct rate.
- You could develop an internal hernia, this happens in 2 to 5% of patients.
- You may be at risk of developing a anastomotic stricture (a narrowing of the join attaching small bowel to the pouch) this will need to be investigated and treated with endoscopy, this can happen in 5 to 15% of patients.
- You will need to take daily supplements that will be prescribed to you to maintain your health because you are at greater risk of suffering from nutritional deficiencies if you do not.
- Your hair may thin and you may lose some, although this is temporary while losing weight at a rapid rate. This can happen straight away or sometime after surgery.
- You may develop gallstones due to rapid weight loss; it may be necessary to undergo a further operation to remove your gallbladder, although recent research suggests it is about 8-13% of patients.
- You may experience Dumping Syndrome, a condition that occurs because you have eaten too much sugar, fat, or alcohol, or large amounts of food. It is not considered a health risk, but can be very unpleasant with symptoms including nausea, vomiting, diarrhoea, sweating, faintness, weakness, and increased heart rate. It is easily avoided by adhering to the dietary and lifestyle information we have given you and that you have developed since surgery.
- Nausea and vomiting may occur, particularly in the first few days after surgery. Vomiting is also common if you eat too quickly or eat too much.
- You will have better results if you follow the dietary changes advised by your team and have self-control.
- As with all dramatic weight loss, you will have loose excess skin.

## 3. Laparoscopic Sleeve Gastrectomy




The sleeve gastrectomy is a purely restrictive operation. In this procedure, the surgeon creates a narrow tube from the stomach and removes the rest. The surgeon uses an instrument which staples and cuts through the stomach.

The new stomach tube, or pouch, is about 50 to 100mls in size. Unlike a gastric bypass where food enters a small pouch and then passes straight into the small bowel, the route that food takes following a sleeve gastrectomy is the same as it took before surgery.

The sleeve gastrectomy can be performed as a single operation. Most people will lose up to 60% of their excess weight. Weight loss is generally quite fast, as with the bypass procedure, however because you have a slightly larger stomach capacity, and the intestines are not bypassed, most people do not lose as much weight as with the gastric bypass.

## Expectations of weight loss

Most people lose weight quite quickly over the first year following a sleeve gastrectomy. Most people lose between up to 60% of their excess body weight, although this can vary and some may lose more. Adherence to dietary advice will result in greater weight loss and better weight maintenance. The dietitian will discuss with you what changes you would need to make to your eating patterns to have the best weight loss results.

## Advantages

- Surgery can be offered to patients who are at a high risk for the gastric bypass
- The amount of food you can eat is restricted
- You are likely to feel fuller quicker and stay fuller for longer
- Weight loss tends to be faster than following the gastric band
- You can lose up to 60% of your excess weight
- As with the band, your intestines remain intact so food is digested and absorbed as normal
- The surgery can be followed by conversion to the gastric bypass or duodenal switch resulting in further weight loss, though this is a very rare occurrence as funding is usually not provided for second procedures.

## Disadvantages

- The surgery itself has more risks than the gastric band because it is a longer procedure and the stomach is cut. This carries a 1 in 500 risk of death.
- You are at risk of developing a leak from the staple line of your new gastric sleeve. This can happen to 1.5 in 100.
- You may be at risk of developing a stricture (a narrowing of the sleeve) this will need to be investigated and treated with endoscopy this happens in 5% of patients.
- You could develop an internal hernia, this happens in 2 to 5% of patients.
- Approximately 10% of patients may not lose as much weight as they want or expect.
- Approximately 15 - 30% of patients will regain weight. This if often due to poor commitment in changing lifestyle and eating habits.
- Your hair may thin; this is temporary while losing weight at a rapid rate.
- You may develop gallstones due to rapid weight loss; it may be necessary to undergo a further operation to remove your gallbladder this happens in roughly 12% of patients.

- Most of your stomach is removed; this is a permanent procedure.
- Nausea and vomiting may occur, particularly in the first few days after surgery. Vomiting is also common if you eat too quickly, or eat too much.
- You will need to have injections of Vitamin B12 and take iron tablets for life because removing part of the stomach prevents you from getting these from your food.
- You may need to take a tablet daily to reduce stomach acidity and encouraged to take a complete A-Z multivitamin and mineral.
- You will have better results if you follow dietary changes and have self-control. Like with any weight loss surgery you may be at more risk of regaining weight.
- As with all dramatic weight loss, you will probably have loose excess skin.

## General possible complications

Obesity surgery may be associated with complications that are common to any abdominal gastrointestinal surgery including:

- **General anaesthesia:** patients who are obese are at greater risk of surgical anaesthetic complications.

- **DVT (deep vein thrombosis):** this condition occurs when a blood clot develops in the leg. To help prevent this, you will be put on blood thinning medication (Dalteparin also known as Fragmin) for 28 days after surgery and given compression stockings while in hospital which you will need to wear for six weeks following surgery. You will also be encouraged to get out of bed and walk as soon as possible after surgery.

- **Pulmonary embolism:** this condition occurs when a blood clot in the leg (DVT) breaks off and travels to the lungs. Sometimes this can cause sudden death but most patients develop sudden shortness of breath. This occurs in about 1% of patients. To help prevent this, you will be put on blood thinning medication (Dalteparin also known as Fragmin) for 28 days after surgery and given compression stockings while in hospital which you will need to wear for six weeks following surgery. You will also be encouraged to get out of bed and walk as soon as possible after surgery.

- **Infection:** the risk of infection is generally low. Chest infections are rare if you follow post-operative respiratory and mobility physiotherapy instructions. Urinary infections are rare and can be treated with antibiotics. Wound infections are infrequent and may need antibiotics. Open surgery patients are more prone to infection due to the large wound.

- **Leaks:** leaks from the gastrointestinal tract can occur where bowel or stomach is stapled or sewn. If a complete seal does not form, bowel contents can leak into the abdomen causing a serious infection. This occurs in about 1 to 3% of cases of gastric bypass and sleeve gastrectomy. If a leak is suspected, you will need X-ray testing and emergency surgery may be necessary.

- **Heart attack:** obese patients are at increased risk of developing a heart attack due to the higher cardiovascular risk (such as high blood pressure, Type 2 diabetes, high cholesterol).

- **Bleeding:** can occur in 3 to 5% of cases and is usually resolved by stopping the blood thinning medication (heparin) which prevents blood clotting and pulmonary embolism. Occasionally surgery may be needed to stop the bleeding.

- **Bowel obstruction:** bowel obstructions can be caused by scar tissue in the abdomen, kinking of the bowel, or the development of an internal hernia .It can occur in up to 5% of cases and a further operation may be needed to correct it.

- **Spleen injuries:** these are rare but have occurred during surgery. In some cases, you may have to have your spleen removed.

- **Incisional hernia:** this occurs more frequently in the open surgery technique and is rare when using the laparoscopic ‘keyhole’ technique. It usually requires an operation to repair the hernia.

- **Death:** there is about 1% risk of death associated with the surgery although this varies depending on the surgical procedure carried out and your clinical conditions.

# Making the right choice, which operation is right for me?

There is no straightforward answer to this question. It is likely that you will have an idea of the procedure you would prefer when you first attend the clinic. This may be based on your own research or from talking to other people who have had surgery. It is our job to provide you with the information based on our clinical experience to help you decide. It will be a joint decision between you, the surgeon, and the rest of the team.

Some things to consider when deciding on the right operation for you are:

## 1) How much weight do I need to lose?

You are likely to lose different amounts of weight depending on the type of surgery you choose. With a band, you are likely to lose 30 to 50% of your excess weight, the sleeve gastrectomy up to 60% and with the bypass 70 to 80% of your excess weight.

It is important to remember that surgery will not necessarily get you back within the healthy weight range (BMI of 20 to 25 kg/m2), but will get you closer to it.

## 2) How quickly do you need to lose weight?

It is worth considering that the different types of surgery will make you lose weight over different time periods. With the bypass and sleeve, the weight loss tends to be rapid with most of the weight lost over the first 12 months. After this, it slows down and most people reach the expected target after 18 months. Following the band there is a slower more steady weight loss over two years and sometimes longer.

## 3) What other health problems do you have?

If you have other health problems that are linked to your weight, such as diabetes, high blood pressure, high cholesterol, or sleep apnoea, losing weight with surgery will help improve them. A bypass has a higher success rate than bands and sleeve in placing diabetes into remission so may be a better choice. Generally, the greater the weight loss, the higher the chance of reversing health problems caused by obesity.

Certain health problems may place you at a greater risk when undergoing long anaesthetics. If this applies to you, further discussion with your surgeon is required.

## 4) How do my eating patterns affect my choice of operation?

Your eating patterns are one of the most important factors to consider when choosing a surgery as they can affect the amount of weight you are likely to lose, and how easily you will be able to keep the weight off. Consider the following:

a) **I eat lots of sweets and chocolates:** If you tend to eat lots of sweets and chocolates and find it hard to change or control this, you may be more suited to the bypass. If you have a band or sleeve and continue to eat these foods, you are not likely to lose weight.

Most people who have the bypass find that the unpleasant side effects that occur after eating sugary foods mean they start to avoid these foods altogether.

b) **I eat lots of fatty, fried foods and/or I drink alcohol regularly:** These foods are high in energy and make it hard to lose weight or keep weight off if eaten regularly. As with the sugary foods, fatty foods eaten after the bypass can give you diarrhoea which means you may end up avoiding these foods altogether. You may still be able to eat these foods following a band or sleeve, and can therefore slow down your weight loss or even gain weight again if your weight has plateaued. Consider your ability to restrict these foods from your diet.

We recommend caution with alcohol consumption after any weight loss surgery. The absorption of alcohol is unpredictable after the gastric bypass and one alcoholic drink may result in you becoming drunk. Alcohol should be avoided as it is high in calories and may slow your weight loss or even result in weight gain.

c) **I eat irregularly and can go long periods between meals:** With all procedures, you will tend to lose more weight if you can stick to a structured, regular eating pattern. It is particularly important to eat regularly following weight loss surgery because allowing yourself to become too hungry may result in eating too quickly and not chewing your food well. This can result in pain and vomiting if you overfill your pouch. You may also turn to convenience snack foods that can be high in fat and sugar which may cause you to feel unwell or hamper weight loss and even gain weight.

d) **I hardly eat anything at all:** If you already have a small intake, a purely restrictive procedure (e.g. gastric band or sleeve) is unlikely to make much difference to your intake or result in significant weight loss. You may be better suited to the bypass.

e) **I am vegetarian or lactose intolerant:** This is important to consider if you are leaning towards the bypass or sleeve gastrectomy. Although this does not stop you from having any of the procedures, it is important that you are able to get enough protein in your diet to meet your requirements. Your dietitian will discuss with you alternative foods to ensure you are eating enough protein.

f) **I comfort eat or binge eat:** you will physically not be able to do this anymore. Surgery does not stop binge eating or emotional eating or change the triggers for these. While binge eating will not necessarily prevent you from having surgery, we need to think carefully about whether it would be better to get some additional help to address this before having surgery. If you feel you will struggle to alter this behaviour you need to consider whether any type of weight loss surgery is appropriate for you, either in short term as you receive assistance or in the long term. Over eating after any weight loss surgery can lead to complications and may require some kind of intervention.

## Other important considerations include the following:

### 5) I smoke

You will be advised to stop smoking. Generally, we will not refuse surgery because you are a smoker. However, if you are actively smoking, this is associated with higher risk of a variety of complications after surgery that could endanger your life. These include anastomotic leaks, ulceration, chest infections / pneumonia and Deep Vein Thrombosis (DVT) Pulmonary Embolism (P.E.) even after you have been discharged. If you need support with this, we can refer you to the Stop Smoking Service.

### 6) I am planning to become pregnant soon

We recommend that you do not become pregnant while you are rapidly losing weight, for example following the bypass. During weight loss, your body may not be getting all the essential nutrients it needs for you and your baby to be healthy. We advise you wait 18 months to two years after surgery before becoming pregnant. If you do become pregnant, we advise you let us know so we can monitor you more closely.

It is important to remember that you are likely to become more fertile when you lose weight and so precautions need to be taken, even if you have been told you cannot have children. If you take the oral contraceptive pill, it is recommended that you change to an alternative method as the pill is less effective after surgery in gastric bypass patients. If you have had gastric band surgery, you will require the band to be loosened by removing some fluid from the reservoir. This is done in the second and third trimester of you pregnancy.

## 7) I am worried about the dangers of having surgery

Patients are often worried about the complications of major surgery. Any surgical procedure carries risks both at time of surgery and after surgery. Many have been mentioned already in this booklet and you will have had discussion with the Bariatric Nurse Practitioner and your surgeon. If you are at all unsure, the team will go over them for you again.

## 8) I have had previous abdominal surgery

Generally, you will still be able to undergo surgery. If you have had many surgeries of your abdomen, you may need open rather than keyhole surgery. Your surgeon will discuss this with you.

## 9) Is the procedure reversible?

We do not consider any of the procedures to be reversible. The Gastric Bypass and Sleeve Gastrectomy are physically irreversible and although the Gastric Band can be removed, it should be thought of as a lifetime procedure and not short-term option.

We will only remove the band if there is a complication because removal is likely to result in you regaining all your weight.

## 10) I am unable to attend regular appointments

You will need to attend regular hospital appointments before surgery for your work up tests and after your surgery to ensure everything is going well and you are losing weight safely and remain healthy .You will need to be seen every three months in the first year and then every six months for second year you will then be seen yearly if all is well. Appointments will be first with the hospital and then with your GP. You will also need regular blood tests following surgery to ensure your body is healthy. You will be seen by the dietitian and can be referred back to them should you need it. Following the band, you may need extra appointments for band fills (adjusting the fluid in the reservoir).

If you cannot or feel you cannot commit to attend these appointments you should reconsider if surgery is a realistic option for you and you may not be considered for surgery at York Teaching Hospital NHS Foundation Trust.

## 11) I snore

This will not stop you from having surgery, however it is important to know that snoring can be a sign of obstructive sleep apnoea. If you have sleep apnoea, we may need to delay your surgery until your sleep apnoea is managed so that surgery can be conducted safely.

## 12) Will my eating patterns and lifestyle have to change after surgery?

Yes. Many people believe that surgery for weight loss will force you to follow healthy eating patterns but this is not true. Surgery can help you lose weight but the amount you lose and how healthy your diet is depends on your hard work and determination.

Surgery restricts how much you can take in at a time. This helps you to limit your food intake and therefore lose weight. However, the procedures do not physically stop you from eating your favourite foods. You are still ultimately responsible for what food you choose to eat. You will need to use willpower to stop eating energy rich foods such as crisps, chocolate, biscuits etc. Even small amounts of these foods can slow down your weight loss and eventually you will gain weight. Remember as already mentioned these types of food can also make you feel very ill.

Most people find that once they have had surgery and are losing weight, it becomes easier to stick to a healthy diet and exercise. It is quite common to eat to provide comfort or to help cope with stressful or distressing situations. Realistically we cannot change the fact that you are likely to experience stressful or difficult things at some point in your life but it is very important to find alternative ways of coping with these.

If you continue comfort eating, you may find you do not lose the amount of weight you want even following surgery. Food can no longer be your way of coping if you wish to lose weight and it is important to be aware that you will need to make many adjustments.

We recommend that people start making changes to their diet and behaviour before surgery because surgery alone will not change your eating habits. You need to gradually prepare yourself for the changes ahead otherwise it can be too daunting to make all the changes at once following surgery. We will work with you to set goals and make changes prior to surgery.

## 13) Will I have to exercise?

It is essential that you increase your activity levels before (if possible) and after surgery. This will help prevent your losing muscle tissue while you lose weight. You will need to do little and often to build your levels up and then after few months can begin a more rigorous level. It will also help you to lose more weight, and prevent weight regain. We generally recommend people begin by incorporating daily walks into their lifestyle, or use a pedometer and aim to build to 10,000 steps per day.

# Preparing for surgery

## How can I start preparing for surgery?

In order for surgery to work, there are a number of ‘rules’ you will need to follow in order to lose the most amount of weight and minimise complications.
You can start preparing yourself for surgery by starting to practice the following:

- **Eating slowly** to avoid overfilling your small pouch. Overfilling can result in regurgitation (vomiting).

- **Chewing well** to avoid food pieces becoming lodged at the bottom of your pouch. This causes discomfort and can lead to regurgitation. Chewing well also helps you slow your meals down.

- **Not drinking fluids with meals:** This can overfill your pouch and lead you to regurgitate. It can also dilute your meals and push them through your pouch or band and may make you feel unwell. It also means you can eat more and not feel full. Aim to stop drinking 30 minutes before you are going to eat, and then wait 30 minutes after eating before you drink again.

- **Eating regularly:** This stops you getting too hungry and eating too fast; eating regularly also results in more weight loss than if you ate irregularly, or grazed and snacked all day.

- **Eating small portions:** It takes a while for your brain to adjust to the small size of your pouch. Using a small or side plate helps you keep your portions under control.

- **Mentally preparing:** Start to analyse your eating behaviour and any triggers for comfort eating or over-eating (e.g. particular situations, moods, times etc.). Start finding alternative ways of coping or other things that you can do at these times.

## Do I need to lose weight prior to surgery?

It may, on occasions, be necessary for you to achieve some weight loss prior to surgery. This makes surgery safer for you. Your surgeon will advise you if they feel you need to lose some weight prior to surgery. Weight loss will be achieved using diet, activity or medication. If you do not achieve the weight loss asked of you, your surgeon might not be able to perform the operation. More importantly, if you gain weight your surgery will not be performed. Weight gain increases risk of surgery and also suggests you have little commitment.

It is important that you use the time before the operation to plan ahead. You will need help at home for the first week or two as you will feel tired as the effects of the operation take time to wear off.

You need to give yourself time to prepare mentally for the changes that will occur in your lifestyle after surgery. It is important to think about coping strategies and you should begin to plan ways to change your behaviour.

We can put you in touch with other people (usually via the York Bariatric Support Group) who have had surgery to talk to them about their experiences and to ask questions. There are also patients who are happy to support you after your operation.

# Appointments

Most appointments are in the outpatients department on the ground floor of the hospital, unless you have been specifically informed otherwise.

## First appointment

- During your initial appointment, you will be assessed by our Advanced Bariatric Surgical Nurse Practitioner and one of our dietitians. They will ask you a number of questions about your medical history, weight loss history, and your eating habits.

- The Advanced Bariatric Surgical Nurse Practitioner will also explain the procedures in more detail, outlining the risks and benefits of each, and answer any of your queries regarding surgery.

- The Advanced Bariatric Surgical Nurse Practitioner will also explain the work up you will have to complete before surgery.

- Your dietitian will go through in detail the dietary changes that are necessary prior to and following surgery.

# What happens next?

After the first appointment, you will begin receiving dates for the various appointments and tests you will need to complete. These will have already been discussed with you.

- Attendance at these appointments is mandatory. You will not be considered for surgery until you have had all of these tests conducted. This is to ensure you receive the best care and that surgery is safe for you.

- You will see your surgeon three months after your first appointment. Hopefully you will have completed your work up tests. Your surgeon will answer any further questions you have, and if everything is in place, will put your case through the MDT meeting for discussion.

- Once you have been discussed at the MDT meeting, your surgeon should then be able to put you on the waiting list for surgery.

- Before your admission, you will be asked to attend a pre-operative assessment clinic. Any final checks to assess for fitness for surgery will be done here including blood tests, screening for MRSA (germs), and ECGs (to check the health of your heart).

- Stop Smoking Service: You will be advised to stop smoking prior to your surgery. If you need support with this, we can refer you to the Stop Smoking Service.

## Appointments with the Dietitian

You will meet the dietitian during your initial assessment. We may need to see you more than once before surgery to ensure you are well prepared for the dietary and lifestyle changes needed.

You will be working closely with the dietitians after surgery also, so it is a good opportunity to get to know them prior to surgery.

### Pre-operative liver shrinkage diet

This needs to be followed strictly for two weeks prior to surgery. Many people needing obesity surgery have a large fatty liver, which can cause difficulty in keyhole surgery.

It is necessary to follow a diet that is low in dietary carbohydrate and fat. This encourages the body to use up glycogen stores (carbohydrate that is stored in the liver), thus helping to shrink the size of the liver.

It is essential that you follow this diet, otherwise your liver could bleed heavily during surgery or there could be injury to other organs. If this happens, the surgeon may have to do open surgery instead of keyhole surgery. They may even stop your surgery.

Consider the liver shrinkage diet as an opportunity to kick-start your weight loss and get you into the habit of eating a healthy diet. The more weight you lose prior to surgery, the lower your risks related to having surgery.

## When will I be put on the waiting list?

You will be put on the waiting list once you have completed all of your assessments, been discussed at the Multi-Disciplinary Team meeting (MDT) and you have made a final decision on which surgery you are opting for.

## Preparation for surgery

- You need to ensure you prepare for surgery by following the pre-operative liver shrinkage diet. If you have not received this diet from the dietitians, please contact them and arrange to see them again before surgery.
- Ensure that you have arranged for transport to and from hospital unless you are eligible for patient transport. You may want to make sure you have someone to help at home for the first couple of weeks after surgery, especially if you have children.
- Look at your post-operative diet sheet and make some plans about what you need to buy before admission. You will need to buy or borrow a blender or liquidiser. Preparing some meals in advance and freezing them is a good way of making sure you can cope with the diet initially after surgery.
- Start to think about your coping strategies. If you cope with stress or boredom by eating, you need to think about how you can divert your focus from food onto something else (exercise, reading, hobbies).Your appointment with the psychologist will help you with this.

# During and after surgery

## Admission to hospital

- When you receive your surgery date by post, it will tell you what day you need to come to hospital. Most people are asked to arrive on the morning of surgery to Ward 27.
- You will be advised to stop taking aspirin or blood thinning medications one week before surgery.
- You should bring toiletries, loose nightclothes/tracksuits, slippers, any medications you are currently taking, and books/magazines/money to pay for TV and telephone services.
- If you use a CPAP or BiPAP machine for sleep apnoea at home it is essential that you bring this with you.
- You will be asked to be nil by mouth from 2am on the day of surgery. You may take essential medications (such as cardiac drugs) with sips of water.
- You will be seen by the anaesthetist and the surgical team before you go to theatre. They will answer any further questions and confirm that it is safe to proceed with your surgery.
- You will be either accompanied by a nurse from the ward or theatre staff member to the operating room when it is your turn.

# What happens in hospital after surgery?

- If you are having a gastric band inserted you will return to the ward after a short period in recovery. If you are having a gastric bypass or sleeve gastrectomy you will stay overnight in either our Nurse Enhanced Unit (NEU) or High Dependency Unit (HDU).

- You will be reviewed by the surgical team the day after surgery. If appropriate, we will begin increasing your oral fluids then pureed diet. The dietitian will visit you within the first 48hrs after surgery and advise you further on your diet after discharge.

# Enhanced Recovery

- We practice enhanced recovery for all major abdominal surgery. Enhanced recovery is a way of caring for people to get them as close to admission fitness as possible as soon as possible, which means a shorter stay in hospital and more recuperation at home.

- You will be getting out of bed on day one, sitting out and start walking as soon as possible. This is vital and will aid your recovery. It will help to reduce several potential postoperative complications including chest infections, blood clots such as DVT (deep vein thrombosis) and PE (pulmonary embolism). It is very important that you are active during your hospital stay; it helps you have a positive impact on your own care and makes a big difference with your recovery.

- We will give you painkillers and medication to stop you feeling sick. There are several ways and types of medications used to control pain. These will be discussed with you at various times before and after your surgery. Please let your team know if you do not feel they are working. If you have questions before surgery please contact us.

- The average length of stay is:
    - One to two days for a gastric band
    - Three to six days for a gastric bypass or sleeve gastrectomy

- You may be given a supply of medication to take home with you. You will probably not be discharged with a Multivitamin and Mineral as you should have brought in with you the chewable one already started, as advised by the dietitian. You will be given a supply of blood thinning injections to take home. The amount will depend on how long you have been in hospital for. You will be taught how to inject yourself by the ward nurse.

- You will have skin stitches or skin staples. The ward staff will give you advice on when these should come out. This will be done either by your practice or district nurse. The ward staff will discuss this with you.

- You will also receive a Discharge Information Booklet, which is full of a variety of advice. It also contains details for those you may need to contact if you have questions or concerns.

- If you need a sick certificate for your employer, please make sure you ask the medical staff so it can be provided for your discharge. For most people you will be provided with a four-week certificate. Any further certificates should be provided by your GP. You can return to work in approximately four to eight weeks depending on your occupation. This should be discussed with your team.

- You will be contacted by telephone within a few days after discharge by the Advanced Bariatric Surgical Nurse Practitioner to see how things are. The dietitian will also call you a week after discharge and see you in clinic four weeks after discharge. The follow-up appointment to see the surgeon is approximately six to eight weeks after surgery. You will then be followed up regularly by your surgical team for a minimum of two years.

# Further Support

## Hospital patient support group

The Bariatric Surgical Nurse Practitioner runs a voluntary monthly meeting for patients before and after surgery. They run once a month from 7–9 PM at The York Hospital. Please contact David Locker Advanced Bariatric Surgical Nurse Practitioner for more information.

This is a good chance to meet other patients who have had surgery or who are waiting for surgery .You are welcome to attend any or all of these sessions. Feel free to bring along a family member.

Each session will have a different theme or topic. They may include guest speakers. Contact David Locker Advanced Bariatric Surgical Nurse Practitioner for more information.

# Further information

British Obesity Surgery Patient Association
W: www.bospa.org

NHS Choices
W: www.nhs.co.uk

Obesity Surgery Advice
W: www.obesity-surgery-advice.co.uk

Association for the Study of Obesity
W: www.aso.org.uk

National Obesity Forum
W: www.nationalobesityforum.org.uk

## Our contact details

Please do not hesitate to discuss any questions or concerns you have with the team at The York Hospital.

# Bariatric Surgery and Weight management service

## The Team

Mr G V Miller, Consultant Surgeon at York Teaching Hospital
Tel 01904 725523 e-mail Louise.Thresh@York.nhs.uk

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David Locker, Advanced Bariatric Surgical Nurse Practitioner at York Teaching Hospital. David.Locker@york.nhs.uk Tel 01904 721195

Aimee Newton, Bariatric Dietitian
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Luisa Stainthorpe, Upper GI Nurse Practitioner
Luisa.Stainthorpe@york.nhs.uk

## Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact: David Locker, Advanced Bariatric Surgical Nurse Practitioner, York Obesity Surgical Department, The York Hospital, Wigginton Road, York, YO31 8HE, telephone 01904 721195 or email david.locker@york.nhs.uk

## Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

## Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

## Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

如果你要求本資 不同的 或 式提供 ，電或發電

Jeżeli niniejsze informacje potrzebne są w innym języku lub formacie, należy zadzwonić lub wysłać wiadomość e-mail

Bu bilgileri değişik bir lisanda ya da formatta istiyorsanız lütfen telefon ediniz ya da e-posta gönderiniz

Telephone: 01904 725566
Email: access@york.nhs.uk

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