



We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

To use the Text Relay service, prefix all numbers with 18001.

اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید۔

ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮے ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪاً ਕਰ کے ਇਸ ਨੰਬਰ 'ਤੇ فون کرو: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

**Ashford Hospital**  
London Road  
Ashford, Middlesex  
TW15 3AA  
Tel: **01784 884488**

**St. Peter's Hospital**  
Guildford Road  
Chertsey, Surrey  
KT16 0PZ.  
Tel: **01932 872000**

Website: [www.ashfordstpeters.nhs.uk](http://www.ashfordstpeters.nhs.uk)

# Bariatric Surgery

## Your Guide to our Service



---

### Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email [asp-tr.patient.advice@nhs.net](mailto:asp-tr.patient.advice@nhs.net). If you remain concerned, the team can also advise upon how to make a formal complaint.

---

**Author:** Mr. Samer Humadi / Debbie Moyse

**Department:** Bariatric

**Version:** 3

**Published:** June 2018

**Review:** June 2020

- Mindful eating, mindful life. Thich Nhat Hanh & Dr Lilian Cheung. Savor
- Mindfulness for Health. A practical guide to relieving pain, reducing stress and restoring wellbeing. Piatkus. Vidyamala Burch and Danny Penman.

## **INTRODUCTION**

We fully understand at Ashford and St. Peter's Hospitals that taking the decision to have surgery, to help with weight loss, is a major decision. In appreciation of this, we have designed this guide to inform you of the different types of surgery available, but also what you can expect on your visits.

### **Referral**

To qualify for assessment for surgery you are required to have attended and completed a Specialist Weight Management Service. Below are the NICE guidelines with regard to suitability for bariatric surgery.

### **Guidelines**

- BMI of 35kg/m<sup>2</sup> or above, with co-morbidities such as diabetes, high blood pressure, heart disease etc.
- BMI of 40 kg/m<sup>2</sup> or more with or without any co-morbidities.
- Have first attended and completed a specialist weight management course (Tier 3 programme).
- You must be able and willing to see our various specialists
- You must be fit for surgery and anaesthesia
- You understand the need for long term follow up and commitment, both before and for 2 years after surgery.
- You have tried and failed with conventional dieting, exercise, and medication to lose and maintain weight

### **Why surgery?**

It is known conventional weight loss measures often result in a 10% loss of initial body weight. Although this has been scientifically proven to lower cholesterol and death rates, for people with a BMI greater than 35 kg/m<sup>2</sup>, this still does not reduce

your risk factors enough. With all types of surgery, we would expect the extra weight that you carry (your excess weight) to reduce by 50 - 70%, thereby helping medical conditions and improving your quality of life.

## Which Surgery?

Determining which surgery is best for you is always going to be difficult and will be dependent upon many things. Useful questions to consider when deciding are:

### 1. How much weight do I want to lose?

Realistically the Sleeve Gastrectomy can help you lose 50 - 60% of your excess weight, whilst the Bypass can result in 60 - 70% excess weight loss at 12 -18 months. However, it is not unknown for Sleeve patients to do just as well as Bypass patients

### 2. How quickly do I wish to lose weight?

For most people with the Bypass and Sleeve gastrectomy, weight loss is immediate and quick for the first 6 - 9 months then slows and stabilizes between 12- 18 months after surgery.

### 3. How limited is the diet after the operation?

Due to the restrictive nature of all the surgical options, certain foods may cause difficulties. All should reduce your meal size. With the Bypass, there may be unpleasant side effects if you eat high sugar and fatty foods.

**All operations involve making long term changes to your eating and lifestyle habits to ensure that surgery is successful.**

## Additional Information

There are many websites and books on weight loss surgery. Below are some sources of information you may find helpful. You may find some of the information contradictory; if you are ever in doubt please contact our team to discuss this.

- <https://www.amazon.co.uk/Living-Bariatric-Surgery-Managing-weight/dp/113217123>
- [www.bomss.org.uk](http://www.bomss.org.uk) - The British Obesity and Metabolic Surgery Society
- The Weight Loss Surgery Workbook: Deciding on Bariatric Surgery, Preparing for the Procedure, and Changing Habits for Post-Surgery Success. Develop Your Personal Plan for Weight Loss Surgery Success. 2011. Doreen Samelson. New Harbinger Publications.
- The Diet Trap: feed your psychological needs and end the struggle with weight loss using Acceptance and Commitment Therapy. 2014. Jason Lillis, JoAnne Dahl and Sandra Weinland. New Harbinger Publications.
- Weight Escape Workshop Book. Stop fad dieting, start losing weight and reshape your life using cutting edge psychology. 2014. Joseph Ciarrocci, Ann Bailey and Russ Harris. Penguin books. <http://www.theweightscape.com/>
- Susan Albers. Eat, drink and be mindful. <http://eatingmindfully.com/>

9) Patients are expected to attend post-surgery follow up appointments for 2 years to avoid any serious complications and to achieve your personal goals.

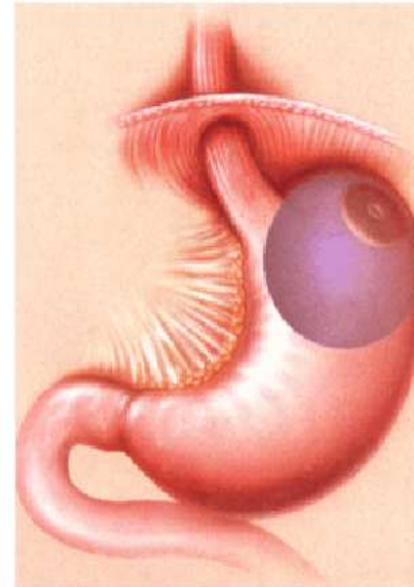
We strongly advise you to disclose relevant information regarding your medical, social, psychological, physical and other conditions which will help us to provide you with the best care possible.

Failing to disclose any information may have deleterious effects on the outcome of your surgery.

## Surgery Options

### Gastric Balloon (Temporary Weight Loss Procedure)

Sometimes the surgeon may suggest that you have a gastric balloon inserted as a temporary measure. This is often to help you lose weight prior to surgery to reduce your surgical risks or if the surgeons can't operate due to shape of your abdomen. It will also provide an idea of the expected restrictions with other surgery.



Gastric Balloon Technique

This is a silicone balloon, which is fitted in the stomach via the mouth (endoscopically) as a day case. This is usually under light general anaesthetic or sedation.

As with the other bariatric procedures, you will be expected to follow a special post-operative diet whilst your body adapts to the balloon.

It is only a temporary measure and has a lifespan of 6 months. After 6 months it will be removed, with the aim that a more permanent operation will be possible two months following removal of gastric balloon.

## The Benefits and Drawbacks of a Gastric Balloon.

### Benefits

- You can expect to lose 20 - 30% of your excess bodyweight in 6 months provided you adhere to a healthy lifestyle and dietary guidelines
- Losing weight should reduce your medical and surgical risks, thereby making further surgery easier and safer
- It gives you an impression of the lifestyle changes expected for all other bariatric surgery without undergoing the risks involved with these
- You are expected to return to 'normal' textures and healthy eating within 2 weeks of insertion

### Drawbacks

- The weight and presence of the balloon can cause the stomach to become irritated causing nausea and vomiting, which can last for 7-10 days depending on how strictly you follow instructions
- Usually it takes a few days for nausea and vomiting to reduce
- It is only a temporary solution
- You still need to make healthy eating and lifestyle choices
- The balloon can rupture, but it is filled with a blue dye. If this happens your urine will turn a blue / green colour. If this occurs, please contact us urgently.
- Oesophagus, stomach or duodenum rupture is a rare (1;10,000) complication caused by the endoscopy or balloon itself. If this occurs it may require an emergency operation.

## General advice to our patients undergoing weight loss surgery:

- 1) We advise patients to attend all their pre-surgery appointments to avoid delay in their assessment process.
- 2) We do not offer surgery to any one actively smoking (need to have stopped smoking at least 6 months prior to the offer of surgery)
- 3) Continue to be abstinent from smoking after surgery otherwise there is an increased risk of ulcers, stricture and malabsorption
- 4) Alcohol consumption prior to surgery should be within 14 units per week, as per national guidelines
- 5) Avoid drinking alcohol for a year after surgery
- 6) For female patients, we advise conversion of oral contraceptives to non-oral form following discussion with their general practitioners. **We strongly advise to avoid pregnancy for 18 months after surgery as it may have very serious effects on the mother and foetus (death)**
- 7) **Adhere to Healthy eating and Vitamin & mineral supplement guidelines to avoid serious complications due to lack of vitamins and minerals in the body.**
- 8) We encourage our patients to contact the bariatric office should there be any concern with your health after surgery.

your surgery. You will find the patient support group an invaluable resource for learning from other patients and your success will, in turn, inspire other people considering surgery.

Support group dates can be found at:

<http://www.ashfordstpeters.nhs.uk/bariatric-support>

## Contact Details

For appointments or track your progress contact Bariatric Co-ordinators on 01932 722365/6153

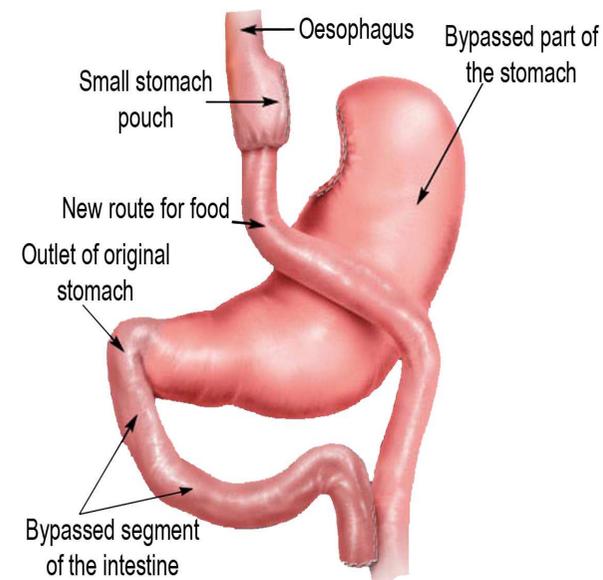
For any clinical emergencies contact: 01932 723941/3509

Bariatric Co-ordinators	01932 722365/01932 726153
Specialist Nurses	01932 722077
Dietitians	01932 722697
Mr Humadi/Irukulla secretary	01932 723380
Miss Lirosi Secretary	01932 723464
Pre-assessment	01932 722651

## Gastric Bypass

During this surgery, the surgeon creates a pouch similar in size to an egg therefore restricting the volume that can be eaten.

However, this pouch is detached from the main part of the stomach. The lower part of the small bowel is then cut, moved up to and attached to the pouch.



The bowel that has been bypassed is then attached to the small bowel, thereby allowing the digestive juices from the pancreas to be mixed with the food coming from the small pouch.

The bypass works in two ways:

It restricts the amount that can be eaten and the by-passing of some of the small bowel means that there is a reduction in the amount of calories, protein, vitamins and minerals absorbed.

To try to prevent vitamin and mineral deficiencies, you will be required to take a daily vitamin and mineral supplement for life.

You will be expected to have regular blood tests to ensure nutritional adequacy, which may require further supplements such as iron, calcium, Vitamin D, Zinc etc.

## What are the Benefits and Drawbacks of having a Bypass?

### Benefits

- You can expect to lose 60 - 70% of your excess body weight after 2 years
- Average initial weight loss is quick
- Evidence suggests that gut hormones can be altered which affects appetite
- Has a high-resolution rate of diabetes (75%)

### Drawbacks

- Has a higher mortality rate (1;250 chance) and more serious complications than other operations
- It will be necessary to take multivitamin and minerals for life. You may need to take extra supplements based on your dietary intake and blood tests
- 'Dumping syndrome' can occur after eating foods with too much sugar or fat, with symptoms including; nausea sweating, faintness, vomiting and potentially diarrhoea
- It is effectively irreversible. For example, if it were deemed an medical emergency, it could be reversed
- Medication needs to be reviewed to ensure adequate absorption
- You may not lose or maintain weight loss if you do not stick to healthy eating and lifestyle guidelines
- It is recommended you avoid alcohol for 1 year after surgery. It may be limited after this, as the side effects of alcohol can occur more rapidly after the bypass

### Follow up After Surgery

Follow up after bariatric surgery is essential for monitoring of potential complications. We expect you to attend regular follow up appointments. The clinical nurse and/or surgeon and Dietitian will try to see you at 8 weeks after surgery. You will then be given regular follow up appointments so we can monitor your progress until 2 years after your surgery, when you will be offered a yearly review or your care transferred back to your G.P for an annual review.

### What happens in the event of an emergency with bariatric surgery?

In the event of an emergency, please contact the Bariatric Clinical Nurse Specialist on pager **8971** during working hours or the Surgical Assessment Unit at St. Peter's Hospital on **01932 722932** or **01932 723941**.

### What happens if I decide not to have surgery?

If you decide surgery is not for you, due to any reason, please tell us at any stage. We will endeavour to see if there is an alternative we could organize. If at a later date you decide that you DO want surgery, you will need to contact your GP and ask for a re-referral.

### Is there a support group?

We run a monthly support group at Ashford Hospital. The support group is attended by patients who have had their surgery, those waiting to have surgery or those patients, from our specialist weight management programme who are keen to meet with patients who have had surgery. Members of the team help facilitate the group. Remember, the surgery is a tool and you will need to learn how to work with it to obtain the best results from

- **Dietetic Assessment**

The dietitian will assess and discuss your current diet and the dietary implications of surgery for you in depth. This will mean changing your lifestyle habits and you will be encouraged to lose some weight prior to surgery.

- **Anaesthetist Assessments**

The anaesthetist will go through your medical risks and assess your requirements for a safe surgery.

- **Psychology Screening**

The aim of this is to learn more about your eating behaviour, psychological wellbeing and support system. The psychologist will also discuss resources and options for further support as required.

### **Further Assessments**

Some people may need to see other specialists prior to surgery to assess whether there are medical or psychological issues that could impact on their success with surgery. If this is the case, you will be referred onto those specialties.

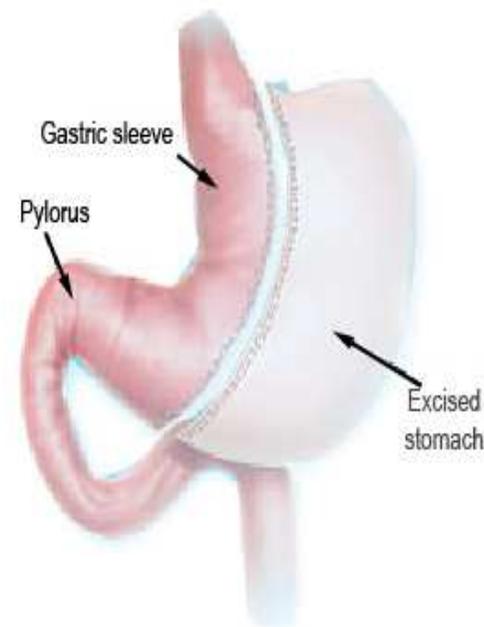
### **MDT Meeting**

Once you have attended all your appointments, your case will be discussed during a team meeting and the most appropriate way forward will be decided. Although you are invited to attend the MDT, you may wish to decline by signing a waiver form.

### **Pre-Op Assessment**

All surgical patients have to attend this appointment. It is an assessment to check you are fit and well for surgery. During this appointment you will be asked questions, have some swabs and bloods taken all in preparation for surgery.

## **Sleeve Gastrectomy**



Originally, this surgery was suggested to patients as a 'halfway' house, in order to reduce weight and surgical risks.

This was then converted to a full bypass once the patient had lost a significant amount of weight.

Due to its success, this surgery is now available as a 'stand alone' treatment or as an operation prior to a full bypass.

During this surgery, the surgeon removes  $\frac{3}{4}$  of your stomach, leaving a small narrow tube.

It works by reducing your stomach size and therefore restricting the amount of food that can be eaten.

It can also affect the hormones which regulate your appetite, making you feel less hungry.

## What are the benefits and drawbacks of having a Sleeve Gastrectomy?

### Benefits

- You can expect to lose 50 - 60% of your excess body weight after 2 years
- It can be converted to a full bypass if needed
- Evidence suggests that gut hormones can be altered which affects appetite
- Compared to the bypass, less likely to suffer nutritional deficiencies unless the diet is unbalanced. However, with such a relatively new procedure, please note this may change as new evidence is collected

### Drawbacks

- It is a relatively new procedure as a 'stand alone' treatment, so long term data is not yet available
- It is non-reversible as 75% of the stomach is removed from your body
- You may not lose or maintain weight loss if you do not stick to healthy eating and lifestyle guidelines
- Its effects on appetite may only be temporary
- It is recommended you avoid alcohol for the 1<sup>st</sup> year after surgery. Alcohol intake may still be limited after this

#### PLEASE NOTE:

Lifelong vitamin and mineral supplements are expected with both the Gastric Bypass and the Sleeve Gastrectomy and you will need regular bloods tests to monitor your nutritional status

## Your Care Plan - What does it entail?

You should have already received a medical questionnaire. This form is important and needs to be completed. Everyone should also have also received a nutritional questionnaire.

### Initial Appointment- Bariatric Workshop

This is a group meeting with our Specialist Nurse and dietitian. Please allow 3 hrs. for this as well as time to have your bloods taken. The nurse will describe the surgical options available and go through the risks associated with each procedure in further detail. The dietitian will go through the dietary changes expected with surgery. You will be able to ask questions and meet others in a similar situation to you. Afterwards, a blood form will be given for you to undergo, prior to your one stop clinic. Once you attend this meeting, you will be sent a date in the post for our one stop clinic.

### One Stop clinic

You will see 4-5 different specialists during this one Stop clinic. Please allow 4-6 hrs. for this appointment as you may be invited to attend a multidisciplinary meeting where a decision will be made regarding your management in your presence:

- **Surgical Assessment**

Our surgeon will describe the surgical side of the operation and risks in more depth and assess whether you are suitable for surgery.

- **Nurse Specialist**

The nurse will discuss what your preference is for surgery and discuss some of the areas mentioned in the initial appointment specifically tailored to you.

the operation as you will not be able to take solid tablets for the first 6 weeks after surgery.

### Smoking

We currently have a smoke free policy meaning all patients undergoing surgery need to have **stopped smoking for 6 months** before being placed on the waiting list. Smoking affects wound healing adversely and can increase the risk of stomach ulcers in the long term after bariatric surgery.

### Alcohol

All patients are expected to comply with national alcohol consumption guidelines. These state that men and women should have a maximum alcohol intake of 14 units per week. Surgery will be delayed until patients are within these guidelines. After surgery, patients are recommended to avoid alcohol for 12 months

### Pregnancy

Losing weight can increase fertility. However, we recommend that you do not become pregnant for 18 months after the gastric bypass or sleeve gastrectomy. The associated rapid weight loss with both, places the body under great stress, depletes its stores and restricts what you can eat. This can put the baby's development at risk.

### Excess Skin

Significant weight loss in people who have been overweight for many years, can result in skin becoming loose, as the skin and underlying tissues cannot return to their previous state. This is particularly true of skin on the stomach, arms and legs. Although there are several surgical procedures to remove excess skin, these are not routinely funded through the NHS.

## Comparison of bariatric surgical procedures

	Sleeve Gastrectomy	Gastric Bypass
Time of Operation	1 - 1.5 hours	2 - 4 hours
Hospital Stay	1 - 2 nights	1 - 2 nights
Wounds	Minimal – Keyhole surgery	Minimal – Keyhole surgery
Food Intake	Food amount is restricted Food range may be restricted	Food amount is restricted Food range may be restricted
Nutritional Deficiencies	Unlikely but potentially Iron and Vitamin B <sub>12</sub>	Potentially Iron, fat soluble vitamins, Calcium, Vitamin B <sub>12</sub>
Potential Side Effects & Complications	Vomiting, Nausea Bleeding, infection, clot formation, staple-line leak, Reflux	Vomiting, Bleeding, infection, clot formation, Anastomotic leak, Dumping Syndrome Possible change in bowel habits
Expected weight Loss after 12-18 months	50 - 60% of excess weight	60 - 70% of excess weight
Reversibility	Permanent	Essentially irreversible
Death Rate (within 30 days of surgery)	2-4 in 1000	2-4 in 1000
Follow Up	<b>Long term</b> 2 years with surgery provider and annual review thereafter	<b>Long term</b> 2 years with surgery provider and annual review thereafter

## Other things to take into consideration

### The Pre-operative Diet (Liver Shrinkage or LSD diet)

- You will be expected to follow a liver shrinkage diet for 2 - 4 weeks before any bariatric operation (except the gastric balloon) to prepare your body for surgery.
- When you are overweight, your liver can become enlarged through excess fat and glycogen (sugar) deposits. This enlarged liver can make surgery difficult.
- This diet encourages your liver to use up the excess glycogen and fat stores, thereby making surgery easier by shrinking the size and weight of your liver.
- It is essential that you follow this diet to reduce the risk of damage to the liver. If you do not strictly adhere to it, the surgeon can tell and they may decide it is too risky for the operation to go ahead.
- You will be expected to take a chewable Multivitamin supplements (A-Z complete) on this diet

### The Post-operative Diet

- You will follow a special diet for approximately 6 weeks after any bariatric surgery (except for the gastric balloon).
- This allows your body to recover and heal after the operation, and for you to become used to the restrictions.
- After 6 weeks you should be on normal food consistencies. This will be discussed at your initial surgery group session and a detailed booklet provided.

**Please note, all medications need to be taken in a liquid, soluble or crushable form, for the first 6 weeks after surgery. Please speak to your GP about organizing this, prior to surgery.**

## Time off Work

It is best to discuss this with the bariatric surgeon or the clinical nurse, but generally it is expected for patients to have 4-6 weeks off depending upon your occupation. Gastric balloon patients would be expected to go back to work within a few days, generally once nausea and vomiting has subsided.

## Mental Health and Well-being

Bariatric surgery aims to reduce patients' weight, therefore improving their general well-being and health, and extending their life expectancy. Many people notice a change in their mood after surgery, with some reporting improvements post operatively. However surgery does not necessarily improve any existing psychological, career or relationship difficulties or other mental health issues.

Often, food can provide a source of comfort and a means of self-soothing or regulating unpleasant or difficult emotions. If you notice that you eat in response to certain emotions, you will need to learn additional ways of managing this.

If you have a history of eating disorders such as bulimia, binge eating or overeat regularly in response to difficult situations or feelings, please speak to a health care professional about this prior to any bariatric operation. The Bariatric Psychology team can help you discuss these difficulties and explore alternative ways of responding to difficult situations and emotions.

If you are receiving care from a community mental health service, please inform them that you are to have surgery so they can provide you with any extra help you need after surgery. If you take any medication for your mood, please ensure you speak to your GP about changing them to liquid/crushable forms prior to having