Metro North State-wide Bariatric Surgery Service

Patient Information Brochure

Royal Brisbane and Women's Hospital

Phone numbers:

Co-ordinator: 3647 0492

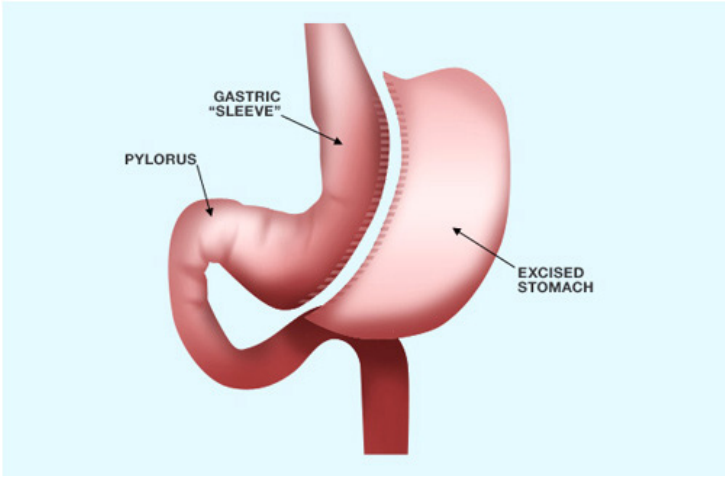
Administration: 3646 1090

What is bariatric surgery?

Bariatric surgery can act as a tool to assist people with obesity to improve their health outcomes and lose weight.

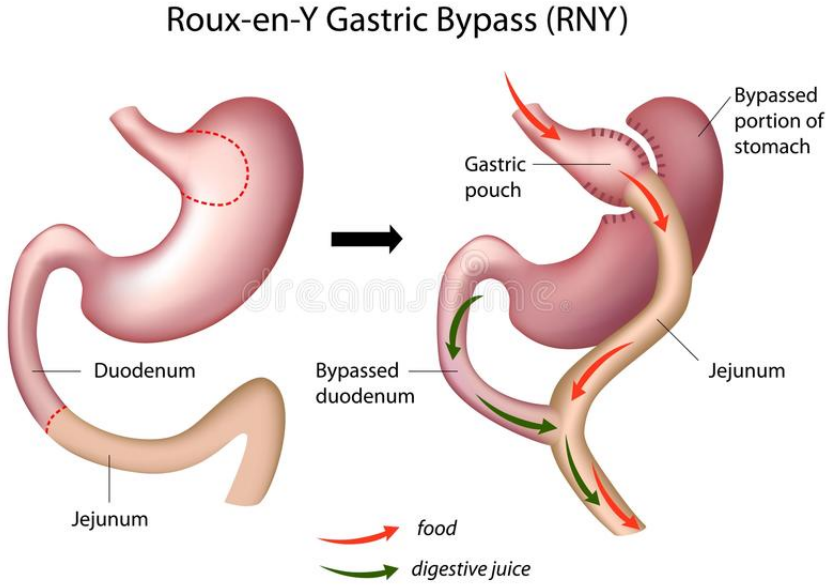
There are two main procedures that are used for bariatric surgery. Your surgeon will assist you in choosing a procedure that is tailored to your anatomy and needs. These surgeries are below:

1. Sleeve Gastrectomy (SG)

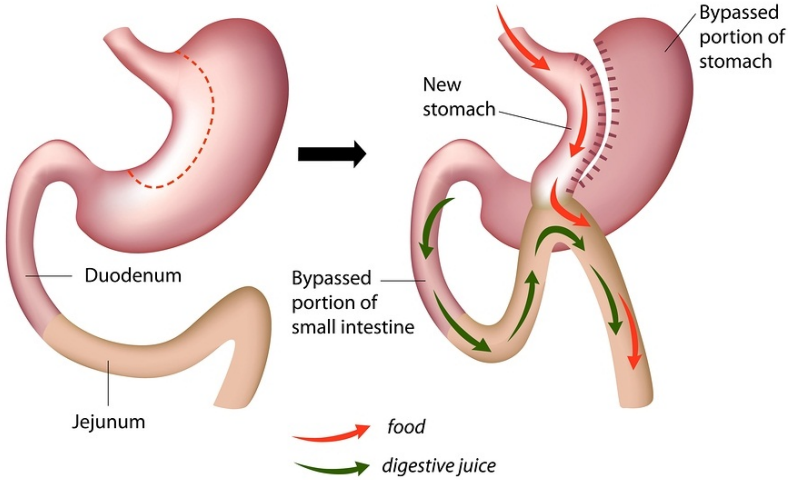


This operation removes 90% of your stomach, and you will end up with a much smaller stomach size. It is commonly called a ‘restrictive’ procedure, as it will restrict how much you can eat. This surgery will reduce the speed that you eat and help you feel full quicker, meaning you will eat less food.

2. Gastric bypass



Single anastomosis gastric bypass



There are two different types of gastric bypass. The most common is the roux-en-Y gastric bypass, and also the single anastomosis gastric bypass. They both have a ‘restrictive’ component like the sleeve gastrectomy, but the gastric bypass also ‘diverts’ food as it bypasses some of your small intestine. This ‘diversion’ reduces the contact your food intake has with your small intestine (where we absorb our nutrition) and therefore you do not absorb as much of what

you eat. Like the sleeve gastrectomy, this procedure reduces the speed that you eat and it will help you feel full quicker, meaning you will eat less food.

In the first weeks to months after your surgery your body will restrict your intake without you having to intentionally restrict yourself. This will lead to weight loss early after surgery, however over time your body can adapt, and you may feel less restriction. Therefore it is important before surgery, that you work on developing healthy knowledge and habits around eating and exercising to then be able to implement these after your surgery. This will help you to achieve whatever outcome you want for yourself and your health.

Benefits and risks of surgery

Bariatric surgery can help you lose weight which can have many health benefits. In particular, it may significantly improve your diabetes. Many patients report an improved quality of life after bariatric surgery.

As with any surgery there are risks that need to be understood. Your risk profile will be discussed with your surgeon. Surgery recovery can be complicated with things such as bleeding and infection. Your surgical team will promptly take care of such issues with the assistance of their multidisciplinary team.

Longer term risks can be related to nutrition, with the most common nutrition risk being vitamin deficiencies. This can be due to both

the reduction in food and also the change in anatomy of the gastro-intestinal tract. You will need close monitoring of your vitamin and mineral levels in your blood to check for these deficiencies.

Nutrition in bariatric surgery

Bariatric surgery is one step in achieving a healthier lifestyle. In addition, before surgery, it is important that you consider what changes may be needed for you to achieve healthier eating and exercise habits. You will need to use your healthy eating and exercise habits along with the surgery to improve your health outcomes long term. Please speak to your team if you feel you need to work on improving your knowledge or skills in healthy eating and exercise before surgery and they can refer you to a service that can meet your needs.

1 month pre-op and 6-8 weeks post op diet plan

Very Low Energy Diet (VLED)

SURGERY

Day 1: sipping on Clear Fluids

Weeks 1 & 2: Free Fluids diet

Weeks 3 & 4: Runny Puree diet

Weeks 5 & 6: Soft moist diet

Weeks 7 and beyond: healthy eating, small portions

You will be on a VLED for 4 weeks before surgery. This will help shrink your liver and reduce the risk of surgical complications

Slowly reintroducing textures after surgery to allow your body to remain nourished and hydrated, yet allowing the surgical sites to heal and recover. Your Dietitian will provide you with more education on this before your surgery, so you feel ready to cook, shop, eat and drink after surgery.

These surgeries also place you at risk of vitamin deficiencies, therefore you will need regular blood tests after surgery and also it is recommended that you take vitamin supplements after surgery.

Troubleshooting symptoms

Nausea and vomiting

Nausea (feeling sick) and vomiting can be a problem after surgery if you eat or drink too quickly or if food guidelines aren't followed. If you feel pressure or fullness in the centre of your stomach – STOP eating.

Causes of nausea and vomiting:

- Not chewing enough
- Eating too quickly
- Eating too much at a meal
- Drinking with or too close to meals
- Lying down after meals

However, if you are not doing any of the above or you cannot keep water or enough fluid down to keep yourself hydrated please

call the surgical co-ordinator or present to the emergency department.

Reflux

This is when acid rises from the stomach into the oesophagus or throat and can feel very uncomfortable. It can cause a burning or uncomfortable sensation in the centre of your stomach or chest, and at times in your neck. You may also notice some regurgitation of food or fluid or burping. It is more common after sleeve gastrectomy. If you are noticing these symptoms make sure you avoid lying down or bending over soon after meals. Also avoid large portions of food or fluid. If symptoms continue please let your team know.

Changing bowel habits

After gastric bypass surgery you may experience loose and pale coloured bowel motions more often than usual. This is because some of your small bowel is bypassed, so not all the fat you eat will be absorbed. This is normal to start, but should improve over time.

You also may feel constipated. This can be more common after sleeve gastrectomy, but can occur in both surgeries. This can be because of dehydration and a low fibre intake. Please speak to your doctor and dietitian about this.

Dumping syndrome

Can occur more commonly after gastric bypass surgery and includes a feeling of dizziness, nausea, clammy (cold sweats),

stomach pains and diarrhoea. It can happen if you have food or fluid with too much sugar or fat. The best way to avoid these symptoms is to avoid concentrated sweet or fatty foods and fluids.

Low blood sugars

Low blood glucose levels can occasionally occur after bariatric surgery. Symptoms can include sweating, shaking and feeling light-headed. This can happen after calorie-dense meals or if you are a diabetic and have not had your medication reduced after surgery. Please contact your team if this is occurring.

Pregnancy and contraception after bariatric surgery

It is important that women avoid getting pregnant for 18 months after surgery, or until your weight, vitamin and mineral status has stabilised and is well monitored. Weight loss can increase fertility and oral contraception may not be reliably absorbed after surgery, so please speak to the doctors about managing your contraception after surgery. If you are planning a pregnancy, please contact the team for pre- conception advice as it is essential your micronutrient status is well managed.

Weight loss target prior to surgery

If you are given approval to progress to a surgical consultation, you will be assessed on your suitability for bariatric surgery. It is

possible that the surgeon will set you a weight loss goal to be achieved prior to booking you a surgery date. This decision is primarily based on your weight, as well as your weight distribution and ensures it is safe for you to undergo bariatric surgery.

Weight loss target:_____

Q&A

What will happen while I'm in hospital and when will I go home?

Hospital stay is routinely 2-3 days but can be longer if any post-operative complications arise, as these will be dealt with before you will go home. Before going home, you will be able to mobilise with comfort (at times this requires a small amount of pain medication) and be hydrating well on a fluid diet.

When can I drive after surgery?

You should not drive until you have been cleared by the surgeon at your first post-surgery appointment 10-14 days after surgery.

Your diabetes medications are likely to change after surgery. If you are experiencing

low blood glucose levels do not drive and contact your team.

When can I exercise?

It is important you get out of bed and mobilise the first day after surgery, aiming for a minimum of five short walks if able. Nursing staff will assist you at first. Gradually build up how far you walk, always listening to your body. Refer to the recommendations provided by the physiotherapist.

As you recover during the first 6 weeks, only complete body weight resisted exercise. For best recovery, it is recommended that from 6 weeks after surgery, you complete a minimum of 150 minutes of moderate aerobic physical activity. This is equivalent to 30 minutes of exercise five days a week. Your long term goal should be to complete 300 minutes, including 2 to 3 sessions of strength training each week.

This is equivalent to approximately 45 minutes of exercise 7 days a week or 60 minutes 5 days a week.

To reduce the risk of infection, do not include pool based exercise for at least 6 weeks after surgery. It is also advised to consult your doctor regarding this to ensure your wounds have healed.

What do I do if I feel pain?

During your hospital admission, some discomfort after surgery is normal. It is important for your recovery that your pain is managed appropriately so that you are able to take deep breaths, get out of bed and mobilise. If your pain exceeds ‘moderate’ or more than 4/10 intensity, discuss this with the nursing staff and doctors to see if any further pain medication is available to you.

Once discharged home, if you are experiencing new pain or a change in your pain that is not improving, present to your local emergency department.

When should I present to the emergency department?

If you are not able to maintain your nutrition or hydration, or you have a change in your level of pain or discomfort you can contact the Bariatric Surgery Care Co-ordinator on 36470492 during business hours. Out of business hours or if unable to contact the co-ordinator you should present to your local emergency department. It is recommended you let the local emergency department know where you had your recent surgery and who your surgeon was so that they can contact them.

When can I go back to work?

Generally speaking you can go back to work after 10-14 days; however this can vary, especially with manual jobs. Your team will discuss this with you individually.

What will happen with my medication after surgery?

There are likely to be changes to your diabetes medications. Your team will advise you of any changes before you leave hospital and will liaise with you after you have left hospital as further changes are often made. It is important to monitor your blood glucose levels regularly at home. Please contact your team if you are having difficulty managing your blood glucose levels, especially if you are having low blood glucose levels (hypos).

Will I need CPAP ongoing after surgery if I have obstructive sleep apnoea?

If you use CPAP for OSA before surgery, your need and or prescription for this after surgery may change. It is recommended that you see your GP around 6 months post-operatively or earlier if needed, to organise a referral for a sleep study.

What happens with my loose skin?

There is currently no publicly funded post bariatric surgery plastic surgery service.

What if I'm feeling low in mood or like I'm struggling to cope with the change in my lifestyle after surgery?

Before surgery it is very likely that you will be looking forward with a positive attitude. Thoughts about future weight reduction, health benefits, and improved quality of life are likely to be on your mind. After surgery

however, some people find that the experience of surgery and all the lifestyle changes required can have an emotional impact. Although it is normal to experience feeling stressed, low, or anxious at times, it is important that if it is prolonged, or you find yourself experiencing hopelessness, agitation, or loss of interest in activities, that you seek out professional advice. If this happens to you, it is very important that you contact the Bariatric Surgery Care Co-ordinator who will be able to link you in with the appropriate care and support.

Appointments

Surgery Date

	Date	Time
Pre- Surgery		
Group		
Surgeon		
Echo		
DXA		
Pre admission		
Optifast™ start date		
Surgery		
Post-Surgery		
Surgical review		
1 month Review		
3 Month Review		
6 Month Review		
12 Month Review		

While every effort is made to avoid changes to appointments, due to unforeseen circumstances, there maybe occasions when these dates need to be changed. If you are unable to attend any of these appointments please contact us on 36461090 as early as possible.

Medication Instructions

Important Please Note: **These diabetes medication changes are only to be made when you commence meal replacement shakes in the lead up to surgery. Please do not make these medication changes until advised to do so by the Bariatric Surgery Care Co-ordinator or dietitian**

Medication Name	Current Dose	While on Optifast	Night before Surgery	Day of Surgery	Post Surgery
Warfarin					

It is important that you regularly check your blood glucose levels at least four times a day (on waking, before lunch, before dinner and before bed) when you are on Optifast™ and after surgery. Please contact the surgical care co-ordinator if your blood glucose level is below 4mmol/L or consistently above 10mmol/L.

Week Beginning: _____ (Date) _____

	Insulin Injections					Monitoring Blood Glucose								Remarks- activity, illness, diet changes, time of hypos (noting blood glucose and treatment)
	Type of Insulin	Units given				Breakfast		Lunch		Dinner		Before supper or bed	Over night	
		Breakfast	Lunch	Dinner	Before Bed	Before	After	Before	After	Before	After			
Mon														
Tues														
Wed														
Thurs														
Fri														
Sat														
Sun														

Week Beginning: _____ (Date) _____

	Insulin Injections					Monitoring Blood Glucose								Remarks- activity, illness, diet changes, time of hypos (noting blood glucose and treatment)
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Mon														
Tues														
Wed														
Thurs														
Fri														
Sat														
Sun														

Week Beginning: _____ (Date) _____

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		Breakfast	Lunch	Dinner	Before Bed	Before	After	Before	After	Before	After			
Mon														
Tues														
Wed														
Thurs														
Fri														
Sat														
Sun														

Other Appointments/Tests/instructions/Notes

Resources

Healthy eating resources to help with your knowledge, skills and confidence before surgery and once you are back to a normal textured diet after surgery.

https://www.eatforhealth.gov.au/

http://healthier.qld.gov.au/eat/

http://healthier.qld.gov.au/move/

https://www.healthdirect.gov.au/healthy-food-swaps

http://osb.net.au/

Contact details:

Your bariatric surgery team consists of the following team members:

- Surgical care coordinator
- Endocrinologist
- Surgeon

- Dietitian
- Psychologist
- Physiotherapist

The Bariatric Surgical care coordinator will be able to help you with any queries you may have and can direct any questions to the right team member as required. Please contact the coordinator on: **3647 0492**