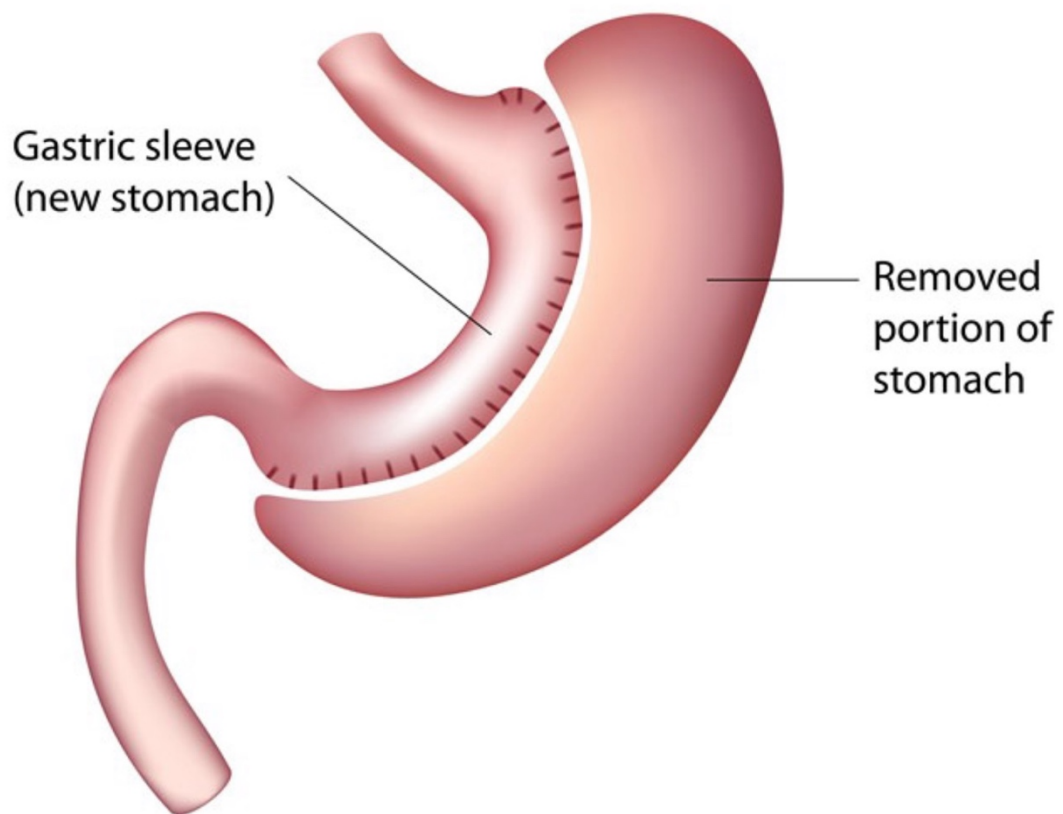


Laparoscopic Sleeve Gastrectomy



A sleeve gastrectomy is a life changing operation. It is used to help people to lose weight and improve their health. Losing weight lowers the risk of developing medical problems associated with obesity, for example, high blood pressure, diabetes, arthritis breathing problems and asthma.

The sleeve gastrectomy makes your stomach smaller and should change the amount you can eat at your meals which will help you to lose weight. It is not a reversible procedure.

How does it work?

The operation involves removing approximately 85 – 90% of your stomach, leaving behind a narrow tube (sleeve) which becomes your new stomach. After the surgery food will follow the normal route into the smaller stomach and then on into the small intestine.

The operation also alters some of the hormone signals from the stomach and intestine to parts of the brain that control body weight: many patients report that following this operation they feel less like eating and feel fuller sooner and for longer after a meal.

As the size of your stomach has been reduced the size of your meals will need to be reduced to be appropriate for your new small stomach. Your reduced portion size combined with low fat, low sugar choices will help you to lose weight and maintain the weight loss.

The surgery is done laparoscopically, commonly known as “keyhole” surgery. This means that you will be up and about soon after surgery and should make a speedy recovery. Although you will have some pain after surgery this is usually not severe and easily controlled by pain killers.

How much weight can you expect to lose?

You can expect to lose between 65-80% of your excess weight in the first 12 months following surgery: However an excess weight loss of 100% or more is not uncommon in patients who do intensive exercising.

A man who weighs 146kg (22st 13lbs) and is 1.85m (6' 1") tall has a BMI of 42kg/m²

- The upper limit of the ideal BMI (25kg/m²) would give him a weight of 85.6 kg (13st 6lbs)
- 70% excess weight loss = 42.3kg. Total body weight = 103.7kg (16st 4lbs) BMI 30kg/m²

The amount of weight you are able to lose and keep off after surgery will depend also on the lifestyle changes that you make, such as increasing the amount of exercise you take and eating a healthy diet. It is important to remember that the operation will not stop from you from craving certain foods or eating what you fancy.

What are the risks of a sleeve gastrectomy?

As with all major surgery, the sleeve gastrectomy has some risks. These risks vary according to your age and other illnesses you may have.

The risk of death within the first 30 days after surgery is estimated to occur in less than 0.5% (or 1 in every 200 patients) having this operation. This number does not reflect the experience of our surgeons but it is calculated on national and international averages on the base of large multicentre databases.

Other complications, listed on the following page, happen in less than 5% of patients (or 1 of every 20 patients).

Complications that can occur soon after surgery

- **Wound infection:** this can usually be treated with a course of antibiotics and does not require hospital admission.
- **Bleeding:** You will be monitored carefully for signs of bleeding. If occurs, it can be often managed conservatively and occasionally it may require transfusions. Exceptionally the surgeon will need to perform surgery to stop the bleeding.
- **Blood clots in the legs or the lungs (DVT/PE):** To prevent blood clots from forming you will be given special stockings and an injection to thin the blood. During and immediately after your operation you will also wear special boots to prevent clots from occurring. You need to continue to wear the stockings for a few weeks after your operation. Smoking significantly increases the risk of clotting. If you are a smoker, you will be advised to stop smoking before surgery.
- **Leaks from staple lines:** This postoperative problem is rare but serious and may require emergency surgery. A leak is usually caused by a failure of the natural healing process as all staple lines are checked at the end of the operation. If this happens, your hospital stay will be longer. Sometimes this will heal without further surgery. In the worst case scenario your surgeon may decide to take you back to theatre to control the leaking.
- **Dysmotility:** very occasionally the new stomach may respond to surgery with frequent spasms and a temporary intolerance to food and even liquids. This is a rare and unpredictable event which may require temporary tube feeding.

Long term complications after sleeve gastrectomy surgery

Long term problems are uncommon but can include:

- port site hernias of the abdominal wall
- Hair loss or thinning in the first six months. This is a temporary side effect of the rapid weight loss and it will re-grow
- Gallstones
- Vitamin or mineral deficiency

How should you prepare for the procedure?

- Prepare a list of written questions for your surgeon
- Read information on UK patients' group websites such as BOSPA and Weight Loss info.
- Discuss the operation with your close friends and family
- Talk to other patients
- Make healthier changes to your lifestyle
- Two weeks before the operation you will be required to follow a low calorie liquid diet. This will help shrink the liver and make the operation easier for the surgeon and safer for you.

The day of the operation

You will usually be admitted to the hospital on the day of your operation. You must not have anything to eat or drink (this includes chewing gum and calorie free mints) from 6 hours before your surgery, although you may drink clear water only up until 2 hours before.

Once your admission is complete you will see your surgeon and the anaesthetist and a written informed consent will be signed. You will then go to theatres where the anaesthetist will put you to sleep. You will also be given an intravenous drip so you can have fluids during the operation.

What should you expect after the procedure?

The first few hours after the operation

You will wake up in a recovery room where nursing staff will monitor you for any complications. You will have a drip and rarely may have a drain into the wound. You will also be wearing stockings that gently compress your legs to prevent blood clots. As soon as you are fully awake and comfortable, you will be transferred to either the surgical ward or the intensive care unit where your relatives can visit you.

You will receive painkillers to control any pain. Your nurse will instruct you when you may start to drink water.

You will be encouraged to get out of bed as soon as possible after surgery. This helps to reduce the chance of post-operative complications such as blood clots in the legs or chest infections.

The day after the operation

If you have been looked after in Intensive Care you will be transferred to the ward.

The amount you may drink will be increased every couple of hours until you are able to take at least one glass of water every hour. Your drip will be removed when you are able to drink enough to keep you hydrated.

The following one-two days after the operation

You should start to feel better very quickly after the operation and will be able to move around on your own.

You need to drink one 125ml glass of smooth fluid every hour when you are awake, for example, you may have tea and coffee, milky drinks and soup with no lumps. Two to three days after surgery you will be able to go home.

At discharge

Pain and medication

A sleeve gastrectomy is usually not a painful procedure. You will be given a supply of soluble painkillers to take home with you; these should be taken regularly for the first few days. If you have no pain gradually reduce the number of tablets you are taking. Allow soluble tablets to stop fizzing before you drink them. You will also be prescribed an anti-acid dissolvable tablet (lansoprazole fastab) to be taken daily for at least three months after your surgery.

If you have been taking medication to control your blood pressure or diabetes, these will be reviewed before your discharge. In most cases these can be reduced or sometimes stopped all together. Please make sure you are clear about this before you leave the hospital.

Please note: Do not take any large tablets for the first two weeks as they may get stuck and damage the staple line. All tablets have to be crushed or taken in soluble form. If in doubt please ask your surgeon

Wounds

The small incisions made for your surgery will be covered by a waterproof glue dressing. This will flake off within 2-3 weeks. Any stitches will be soluble. You will only need to go home with dressings

if one of the wounds is oozing. If this is the case the ward nurse will ask you to visit the nurse at your GP surgery. If any concerns, please remember that you can always refer to your surgeon

Anti-emboli stockings

You should take anti-emboli stockings home with you and continue to wear them until you are walking about on a regular basis. If you are flying within six weeks from surgery, you should wear them during the flight.

Eating and Drinking

You will be given a diet information sheet. You should have this with you at all times so you know what to drink and are familiar with the stages of food introduction in the next few weeks. In case of doubt you are advised to contact your dietitian.

Washing

You can have a shower but do not soak in the bath for two weeks after surgery.

Driving

You may drive as soon as you can comfortably wear a seat belt and are able to perform an emergency stop (independently assessed by a close relative or a friend). You should check with your insurance company for their specific advice about driving after keyhole (laparoscopic) surgery.

Other Activities

You will be able to walk straight after surgery. Try to go for a walk every day, gradually increasing the distance as you feel able. You will probably need at least 2 weeks off work but please check with your surgeon.

It is advisable to avoid heavy lifting for at least 1 month after abdominal surgery. If you are unsure you should discuss with your surgeon. You may resume sexual activity as soon as you feel comfortable.

Women of childbearing age must not become pregnant for at least one year following sleeve gastrectomy surgery. If you are planning a pregnancy after one year, please contact your dietitian for nutritional advice.

What to do if you are unwell after surgery

Monday to Friday: 9.00am – 5.00pm

Contact the Practice Manager:

- 07540 664066 or 07778 347939

Evenings/weekends:

Contact the ward at the appropriate hospital. The ward will provide you with their number on discharge. The ward will contact the surgeon if they feel it is appropriate.

Follow Up Consultations & Blood Tests

You should contact the appropriate Outpatient Appointments Office or the practice manager on the number provided below in order to make an appointment for your follow up with the consultant between two to four weeks post-surgery.

You will then be advised to see your consultant for a follow up at 3 months, 6 months and 12 months post-surgery. You should also see your dietitian for a follow up at 3 months post-surgery. Appointments with the dietitian should be booked through the Practice Manager.

Lifelong monitoring of vitamins and minerals is important after this procedure. The following blood tests should be taken at 3 - 6 months post-op and then annually, correcting as required: FBC, U&E's, LFT's, Hb, iron profile, bone profile, vitamin D, PTH, vitamin B12, folate, zinc and copper.

Nutritional Supplements

As is standard post sleeve gastrectomy surgery, it is recommended that you take the following vitamin and mineral supplements on an ongoing basis (lifelong) in order to help to prevent nutritional deficiencies:

- | | |
|----------------------------------|---|
| • A – Z Multivitamin | TWICE DAILY (e.g. Forceval or Sanatogen A – Z, Centrum) |
| • Adcal D3 (Calcium & Vitamin D) | TWO TABLETS DAILY |
| • Ferrous sulphate (Iron) 200mg | ONCE DAILY (twice daily for women during menstruation) |
| • Desunin (vitamin D) | TWO TABLETS DAILY |

Guidance on taking vitamins and minerals

- In general vitamins and minerals are best taken with food to improve absorption and reduce nausea. The exception is iron which works better on an empty stomach. Try to take iron an hour before or after a meal.
- Take iron at least 2 hours apart from calcium as they interfere with each other.
- Take iron with a source of vitamin C to improve absorption (e.g. small glass of fruit juice).
- Divide calcium doses across the day if you can as this will improve absorption (e.g. one in the morning, one in the evening).

Useful Contact Details:

Practice Manager – Natalie Cole	07540 664066/07778 347939 nataliecole1411@gmail.com
Bariatric Dietitian – Kate Waller	kathryn.m.waller@gmail.com
Switchboard - Wellington Hospital	020 7586 5959
Outpatient Appointments Office - Wellington Hospital	020 7483 5148
Switchboard – The London Clinic	020 7935 4444
Outpatient Appointments Office – The London Clinic	020 7616 7693