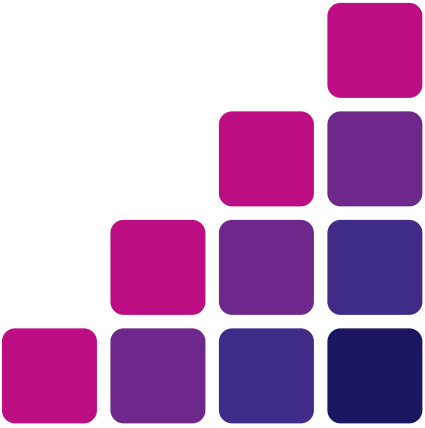
Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Weight loss (bariatric) surgery

Information for patients



Weight loss (bariatric) surgery

This information booklet is designed to provide you with an understanding of the weight management pathway at Chelsea and Westminster Hospital.

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

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

Contact information

Weight loss (bariatric) surgery team
Chelsea and Westminster Hospital
369 Fulham Road
London
SW10 9NH

T: 020 3315 3007 (Team Coordinator)

Notes

Introduction

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.

Being obese can also shorten your life expectancy, and approximately 6% of all deaths in the UK are related to being obese. 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.

What is bariatric surgery?

Bariatric surgery is also known as obesity surgery or weight loss surgery. It refers to operations designed to help reduce your weight. The operations may reduce your hunger, or reduce the amount of food you are able to eat. The term does not include procedures that remove fat from the body, such as liposuction or abdominoplasty (tummy tuck).

Surgery is known to be one of the most effective methods to aid weight loss and maintenance. Many of you will 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 and affect you physically and emotionally.

Why choose Chelsea and Westminster?

Chelsea and Westminster Hospital has been providing bariatric surgery since the hospital opened in 1993. The procedures we undertake include gastric banding, gastric bypass, sleeve gastrectomy, intragastric balloon insertion and revisional procedures (subject to meeting funding criteria).

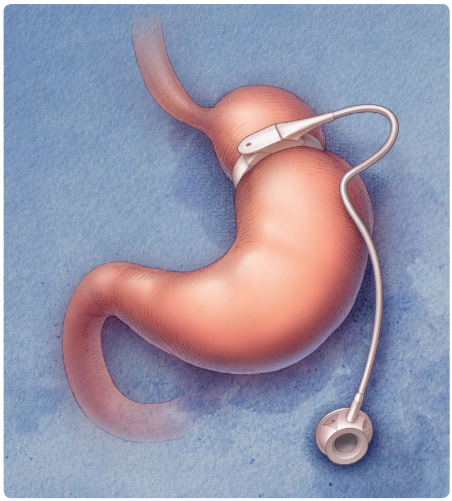
All our operations are performed laparoscopically (keyhole surgery) when possible. We perform more than 250 procedures a year, and will be performing greater numbers each year as more people are referred to our service.

We are a 'preferred provider' for obesity surgery for patients in London, the South East and the East of England. This status means we are a hospital that specialises in surgery for weight loss and that our multidisciplinary team has expertise in working with people who are overweight.

We meet standards that ensure patients receive the right type of surgery to suit their needs. It also means that surgery is part of a multi-disciplinary service including pre-operative and post-operative support.

Surgical procedures available at Chelsea and Westminster Hospital

Laparoscopic adjustable gastric banding (LAGB)



The gastric band is placed around the very top of the stomach. There is almost no stomach above the band. The band works by providing a feeling of satiety (a feeling that you are not hungry). When you eat you will get a sense of fullness from a smaller amount of food and your portion sizes will decrease. This feeling of satiety will last longer between meals compared to before surgery. Therefore you will feel less hungry between meals.

The sense of satiety is induced by the band pressing onto the surface of the stomach and stimulating the nerves leading to the brain. The band is attached by some tubing to a port which is placed under the skin on the left side of your abdomen. Fluid can be added to the band to increase or decrease the sense of satiety. 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 6 weeks after surgery in the x-ray department or outpatient clinic. It is likely that you will need your band tightened more than once to provide you with the feeling of satiety. A member of the team will discuss this with you, based on your food intake, eating skills and weight loss. Further adjustments will be performed by the nurse specialist or dietitian in the band review clinic.

Expected weight loss

You will tend to lose weight steadily over 2 years following surgery. On average, people lose about 40–50% of their excess body weight in the first 2 years.

There is, however, a large variation in results and weight loss is not guaranteed. Adherence to dietary advice and regular exercise 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

- You will feel satisfied sooner, and stay satisfied for longer
- The band can be adjusted to increase or decrease satiety via the access port under the skin on your stomach
- You can lose on average 40–50% of your excess weight

- The surgery itself has fewer risks than the Roux-en-Y gastric bypass and the sleeve gastrectomy, because it is a shorter procedure and the stomach and intestines are not cut, stapled or removed

- The stomach and intestines remain intact so food is digested and absorbed as normal

- The surgery can be reversed if necessary (although you will probably regain the weight)

Disadvantages

- Weight loss is slower than following the Roux-en-Y gastric bypass or the sleeve gastrectomy

- Weight loss may not start until many months after surgery, until the band is filled to the optimum level for your stomach

- The access port may twist so be inaccessible for band fills—you may require another operation to correct the problem

- The port or band may leak and deflate, which may require another operation to correct the problem

- The band may move or slip (2–5% of cases)—you may need to have all the fluid removed from your band for a period of time, or need another operation to remove or replace it

- The band may erode into the stomach wall and need another operation to remove or replace it (1% of cases)

- The band or port may become infected and need to be removed

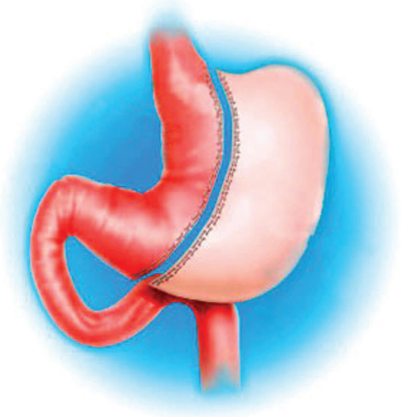
- You may suffer from worsening gastro-oesophageal reflux (heart burn), ulceration, gastritis, bloating, difficulty swallowing, dehydration and constipation

- 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

- 10% of people fail to lose the expected amount of weight with the band

- 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.

Laparoscopic sleeve gastrectomy



The sleeve gastrectomy both reduces the amount of food you can eat and reduces your appetite.

In this procedure, the surgeon creates a narrow tube from the stomach and removes the remainder. The surgeon uses metal staples and then cuts through the stomach.

The new stomach tube, or pouch, is about a quarter of the size of the original stomach. 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.

Most people find that they do not get the same feeling of hunger that they did before the surgery. The sleeve gastrectomy operation causes changes to some of the gut hormones that are responsible for you feeling hungry or full.

The procedure does not bypass any of your stomach or small intestines so it 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.

Sometimes the sleeve gastrectomy will be planned as the first stage of a 2-stage procedure—the surgeon will discuss this with you before surgery if appropriate. If this is the case, you will have the sleeve gastrectomy and then after some weight loss has occurred (9–18 months after the first surgery) the second operation can be scheduled.

Expectations of weight loss
Most people lose weight quite quickly over the first year following a sleeve gastrectomy. Most people lose between 50–60% of their excess body weight, although this can vary and some may lose more.

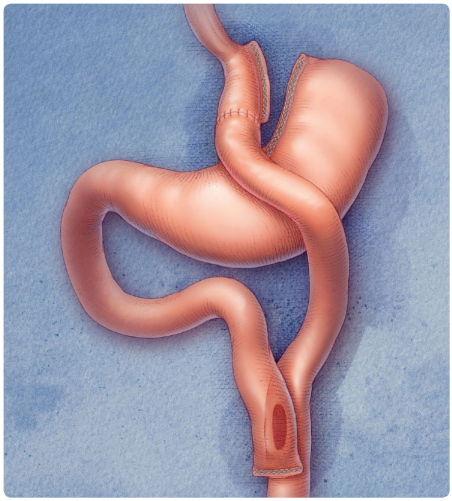
Adherence to dietary advice and regular exercise will result in greater weight loss and better weight maintenance. The dietitian will discuss with you what changes you would need to make to your eating patterns to have the best weight loss results.

Advantages
- Surgery can be offered to patients who are at a high risk for progressing straight to the gastric bypass
- The amount of food you can eat is reduced
- You are likely to feel fuller quicker and stay fuller for longer
- Weight loss starts from the time of surgery
- Weight loss tends to be faster than following the gastric band
- You can lose on average 50–60% of your excess weight
- As with the band, your intestines remain intact so food is digested and absorbed as normal

Disadvantages
- The surgery itself has more risks than the gastric band because it is a longer procedure and the stomach is cut
- You may not lose as much weight as following the gastric bypass.
- 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.
- 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

- Acid reflux can develop after the surgery. You will need to take a tablet daily to reduce stomach acidity. In severe cases further surgery may be needed to correct this.

Laparoscopic Roux-en-Y gastric bypass



The gastric bypass works in a number of ways. Firstly, it reduces the amount of food you can eat by creating a small pouch. It also reduces your appetite and increases satiety (the feeling of fullness from food) through metabolic and hormonal changes.

The surgeon creates a small stomach pouch using metal staples. The stomach will be cut through so that the pouch is no longer attached to the rest of the stomach. This top section of the stomach (the pouch) will hold your food and you will feel full from a small amount.

The surgeon will count down 75–150cm from the top of your small intestine and divide it in 2. They will then bring up the lower end of the intestine up and bring it up and attach it to your small stomach (pouch).

Food will now travel from the pouch straight into the lower part of the small intestine. The main part of your stomach is left inside and continues to have a blood supply. There is no food passing through this part of the stomach, however it still produces digestive juices. It is attached further down the small intestine to allow these digestive juices to mix with your food.

The amount of food you are able to eat is reduced. Therefore you will fill up quickly and stay full for longer (after only a few mouthfuls of food).

Most people find that they do not get the same feeling of hunger that they did before the surgery. We know that the gastric bypass operation causes changes to some of the gut hormones that are responsible for you feeling hungry or full.

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 complication following surgery such as nausea and vomiting or a nutrient deficiency it is essential that you follow the dietary advice recommended.

You also need to take the daily lifelong vitamin and mineral supplements prescribed for you. We will 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. You will generally reach your target weight after 12–18 months.

On average, people lose 60–70% of their excess body weight. As with gastric band surgery, there is variation in the amount of weight that people lose following surgery.

Adherence to dietary advice and regular exercise 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

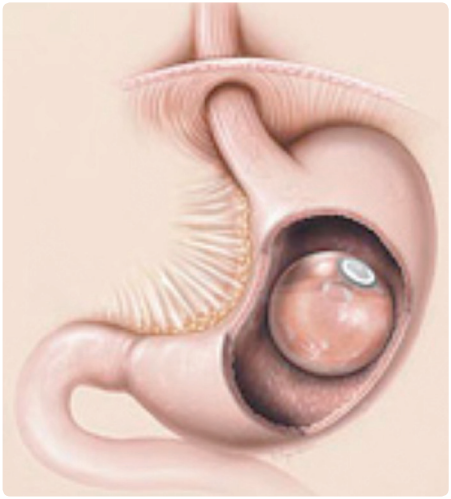
- The amount of food you can eat is reduced
- You are likely to feel fuller quicker and stay fuller for longer
- Weight loss starts from the time of surgery
- Weight loss tends to be faster than following the gastric band
- You can lose on average 60–70% of your excess weight
- The average weight loss after surgery tends to be more than with a gastric band
- It is unusual for a patient not to lose the expected amount of weight
- The gastric bypass procedure is particularly effective at reducing medication requirements and improving blood sugar control for patients affected by type 2 diabetes mellitus

Disadvantages

- The surgery has more risks than the gastric band because it is a longer procedure and the stomach and intestines are cut
- Obstruction can occur where the new joins are created at the pouch and further down the intestine—this may require a procedure (endoscopic or surgical) to widen the area and allow food to travel through at the correct rate
- You will need to take daily multi-vitamin and mineral supplements for life
- You will be at greater risk of suffering from nutritional deficiencies such as vitamin B12, iron and calcium
- Your hair may thin, although 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
- 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 may experience dumping syndrome which is a condition caused when food moves quickly into your small intestine—the solid parts of a meal get "dumped" directly from the stomach into the small intestine without being completely digested which can cause unpleasant symptoms such as nausea, abdominal pain and diarrhoea (it can occur if you eat too much sugar, fat or alcohol or large amounts of food after surgery)
- Reactive hypoglycaemia can occur which is a condition where the blood sugar level drops a few hours after eating a meal and you may feel weak, shaky, dizzy, hot or experience headaches—moderate to severe

hypoglycaemia can occur, causing anxiety, confusion and, in extreme cases, loss of consciousness. Your diet will need to change to help prevent drops in blood sugars and in some cases medication may need to be prescribed.

Intragastric balloon



An intragastric balloon is a soft silicone balloon that is placed inside the stomach and filled with saline. By taking up space within your stomach, the balloon helps you feel full from a smaller amount of food which can aid weight loss.

Your surgeon may suggest this procedure for you if they feel you need to lose some weight prior to further weight loss surgery (eg band, bypass or sleeve), to make surgery safer for you.

It is not used as the only weight loss surgery strategy as after it is removed, you are likely to regain the weight you have lost. The balloon can also be useful for helping you to get into good eating habits for your next procedure.

What to expect
The balloon is inserted down your throat under light sedation or under general anaesthetic. You will be required to follow a special diet prior to balloon insertion and removal. This allows the balloon to be inserted safely.

The balloon is passed down into the stomach through the mouth. It is inflated with saline (sterile water) and some blue dye. The volume of saline inserted varies from 500–700mls. Once inflated, the balloon is too large to pass into the bowel and it will float freely inside the stomach. The procedure generally takes 20–30 minutes.

After the procedure
After the balloon has been inserted you will return to the ward and will require intravenous fluids to keep you hydrated. Most people stay in hospital for 2–3 nights after the procedure.

Nausea and vomiting are very common after the procedure. You will be given anti-sickness tablets to help control this. It is common however, to have these symptoms for a couple of weeks after the procedure as your stomach adjusts to the balloon being in place.

You can start to take sips as soon as you feel able. Your intake of fluids and then food needs to be increased gradually as tolerated. You will go home on some medication for sickness and reflux, and a vitamin and mineral supplement. The dietitian will see you before you go home.

Important: The balloon can be used for 6–12 months (depending on the type of balloon used) but after this time it weakens. It is your responsibility to stay up-to-date with your clinic appointments with the bariatric surgery team at Chelsea and Westminster Hospital.

After 6–12 months the balloon is removed by endoscopy or general anaesthetic. You may have another balloon inserted for further weight loss, or you may proceed to further surgery at this point. You will have discussed this with your surgeon before the balloon is removed.

How much weight will I lose?
The amount of weight you lose can vary greatly depending on your starting weight and your ability to make the diet, exercise and lifestyle changes recommended to you.

Possible complications
Injury to the oesophagus or stomach: As with other gastric procedures, there is a risk of injury to the lining of the digestive tract. This could possibly lead to ulcer formation, pain, bleeding and perforation. Perforation is a serious complication which may require emergency surgery.

Bacterial growth: Should bacterial growth occur in the fluid that fills the balloon, release of contaminated fluid into the intestine when the balloon is punctured for removal may cause infection, fever, cramps and diarrhoea.

Intestinal obstruction by the balloon: If the balloon leaks and deflates it may pass through the intestine and be passed out of the body. However, it is possible for a deflated balloon to become lodged in the intestine and cause an obstruction, particularly in patients who have had previous abdominal surgery. This is a serious complication possibly requiring surgical removal of the balloon.

Is balloon insertion suitable for me?
You may not be suitable for a balloon insertion if you have had any of the following:

- Any inflammatory disease of the upper gastrointestinal tract including inflammation of the oesophagus (food pipe), ulceration of the stomach or duodenum, tumours or other inflammatory conditions
- Conditions that predispose you to bleeding, such as varices
- A large hiatus hernia
- Strictures of the oesophagus or throat
- Any medical condition which increases the risks of an endoscopic procedure
- Previous gastric surgery
- Patients receiving aspirin or other non-steroidal anti-inflammatory drugs or those on long term anti-coagulation therapy (warfarin).

What happens if the balloon deflates spontaneously?
If the balloon deflates before a scheduled removal you should notice blue dye in your urine. Contact the team and come to our A&E Department immediately so we can remove the balloon.

Risks/complications

Obesity surgery may be associated with complications common to any gastrointestinal procedure including:

General anaesthesia: Patients who are obese are at greater risk of surgical anaesthetic complications. You will have a preoperative assessment before your surgery.

Pulmonary embolism: This condition occurs when a blood clot in the leg (deep venous thrombosis) 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 (enoxaparin) and given compression stockings while in hospital. You will also be encouraged to get out of bed and walk as soon as possible after surgery. The blood thinning medication will need to be continued for two weeks after you are discharged.

Infection: The risk of infection is generally low. Lung infections are rare if you follow postoperative respiratory physiotherapy guidelines. Wound and urinary infections are rare and can be treated with antibiotics. You will be swabbed for MRSA prior to admission.

Marginal ulcers: These can occur at the junction between the stomach pouch and the intestine in gastric bypass patients and are considered to be a serious complication. You will be given medication to prevent this on discharge, which you must continue until instructed by your consultant.

Smoking: Smoking after surgery significantly increases the risk of ulcer and patients must refrain for taking non-steroidal anti-inflammatory drugs (NSAIDS) after surgery.

Leaks (bypass and sleeve patients only): Leaks from the gastrointestinal tract can occur wherever staples have been used and a complete seal does not form. Stomach or bowel contents can leak into the abdomen causing a serious infection. This occurs in about 0.5–3% of cases of gastric bypass and sleeve gastrectomy. It is considered a serious complication and may require an extended period in hospital or further surgery. You will have a leak test prior to starting on fluids after surgery.

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

Bleeding: Can occur in 3–5% 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.

Gallstones: You may develop gallstones due to rapid weight loss. It may be necessary to undergo a further operation to remove your gallbladder, although this is quite rare.

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 can occur during surgery. In some cases you may have to have your spleen removed.

Incisional hernia: This occurs more frequently with open surgery techniques and is rare when using laparoscopic 'keyhole' techniques. It usually requires an operation to repair the hernia.

Anastomotic stricture: Can occur after gastric bypass or sleeve gastrectomy. The normal treatment is balloon dilatation in endoscopy.

Death: There is about a 0.5% risk of death associated with surgery although this can change in relation to the surgical procedure and your clinical conditions.

What is the right choice of surgery for you?

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

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 gastric band you are likely to lose 30% of your excess weight in the first year, increasing up to 40–50%. With the sleeve gastrectomy you are likely to lose 50–60% of your excess weight, and with the gastric bypass 60–70% of your excess weight. Your dietitian can work out for you what your expected amount of weight loss would be following each procedure.

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

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 gastric bypass and sleeve gastrectomy procedures, the weight loss tends to be rapid with most of the weight lost over the first 6–12 months. Following the gastric band there is a more steady weight loss. It may take up to 3 years to reach your target.

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. If you have diabetes, the gastric bypass may be a better choice, as it has a higher success rate in inducing remission of diabetes.

Certain health problems may place you at a greater risk when undergoing long anaesthetics. In this case, the band or sleeve gastrectomy may be better choices.

How do my eating patterns affect my choice of operation?

Your eating patterns are an important factor 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: Whatever procedure you choose, you will need to reduce your intake of these foods in the long term. If you have a band 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 may start to avoid these foods.

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 if eaten regularly. As with the sugary foods, fatty foods eaten after the bypass can give you unpleasant symptoms which means you may end up avoiding these foods. You will still be able to eat these foods following a band, and may therefore slow down your weight loss. Consider your ability to minimise these foods from your diet and adhere to this long term.

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.

d) I hardly eat anything at all: If you already have a small intake, an operation that only reduces appetite (eg gastric band) is unlikely to make much difference to your intake or result in significant weight loss. You may be better suited to the gastric bypass or sleeve gastrectomy.

e) I am vegetarian or lactose intolerant: This is important to consider if you are leaning towards the gastric 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 have poor dental health: Following weight loss surgery, it is important that you are able to chew your food well. If you are have poor dentition you will need to see a dentist prior to getting a date for surgery.

g) I comfort eat or binge eat: Surgery does not stop or prevent binge eating or emotional eating. It is important to develop an understanding of what drives this behaviour and develop alternative ways of coping. We provide psychology appointments to help you address this before surgery and we also provide group sessions. Research tells us that those people who continue with this pattern of behaviour after surgery have poorer weight loss outcomes.

Other important considerations include the following:

I smoke

You will be advised to stop smoking whatever surgery you have. If you need support with this, we can refer you to the Stop Smoking Service at Chelsea and Westminster Hospital or you can see your GP or pharmacist.

We will not consider you for the gastric bypass if you are actively smoking or plan to start again after the procedure as smoking is associated with higher risk of anastomotic leaks and ulceration after bypass.

I am planning to become pregnant soon

We recommend that you do not fall pregnant while you are rapidly losing weight. During weight loss, your body may not be getting all the essential nutrients it needs for you and your baby to be healthy. You must not become pregnant for 18 months following surgery. After gastric bypass surgery the effectiveness of the oral contraceptive pill reduces. Additional barrier methods

of contraception (eg condoms) are compulsory for 18 months following surgery.

If you do fall pregnant, we advise you let us know as soon as possible 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.

I've 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.

Is the procedure reversible?

We do not consider any of the procedures reversible as reversing the procedure would result in weight regain. Reversal procedures also carry more risk than the initial procedure. Reversal is considered only if medically necessary.

I am unable to attend regular appointments

You will need to attend regular hospital appointments after your surgery to ensure everything is going well and you are losing weight safely. You will need to see the dietitian every three months in the first 1–2 years. This is to make sure you have adequate nutrition. You may also need regular blood tests. Following the gastric band, you may need extra appointments for band adjustments. If you cannot attend these appointments you will not be considered for surgery at Chelsea and Westminster Hospital.

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. If you do not make and maintain long-term changes to your eating, it is likely that you will not lose as much weight as expected or regain weight after a period of time.

Surgery reduces how much food 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 reduce the amount of energy dense foods such as crisps, chocolate, biscuits that you eat. Even small amounts of these foods can slow down your weight loss.

It may be necessary to continue with other methods that you have found successful for weight loss, such as attending regular Weight Watchers® meetings. 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 don't 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.

It is important that you start making changes to your 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 daunting to make all the changes following surgery. We will work with you to set goals and make changes prior to surgery.

It is essential that you increase your activity levels. This will help prevent your losing muscle tissue while you lose weight. 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.

Remember, surgery is a tool—it is **not** the easy option.

Will I be able to drink alcohol after surgery?

We recommend caution with alcohol consumption after gastric bypass surgery. The absorption of alcohol is unpredictable and one glass of wine may result in you becoming drunk. Alcohol should be avoided as it is high in calories and may slow your weight loss. Furthermore, there is emerging evidence that it is easier for people to develop addiction problems with alcohol after bariatric surgery (particularly bypass).

Will I have excess skin after I lose weight?

Some people are left with excess skin following weight loss. You may feel you need surgery to remove some of this skin. Removal of excess skin is not included in your referral for weight loss surgery.

It is important to bear in mind that this type of surgery is currently considered non-essential and is unlikely to be covered on the NHS. You will need to discuss this with your GP who will need to apply for funding.

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 and follow the golden rules:

Golden rules:

- **Eating slowly:** Eating too quickly can result in regurgitation (vomiting) during or after eating.
- **Small bites:** Aim for bites the size of your thumbnail or a teaspoon.
- **Chew well:** To help avoid food pieces becoming lodged which can cause discomfort and lead to regurgitation. Chewing well also helps slow your meal down. Aim to chew your food at least 20 times before you swallow it.

- **Not drinking fluids with meals:** This can overfill your small stomach and lead to regurgitation. In the long term, this may dilute your meals and push them through your small stomach quickly, which means you can eat more and not feel full. Aim to stop drinking 10 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 can result in more weight loss than if you ate irregularly, or grazed and snacked all day. You will be less likely to experience cravings and binges and less likely to make impulsive food choices. Eating regularly can also help regulate your metabolism.

- **Eating small portions:** It takes a while for your brain to adjust to the small size of your stomach. Using a side plate or toddler plates and cutlery can help keep your portions under control.

- **Mentally preparing:** Start to analyse your eating behaviour and any triggers for comfort eating or over eating (eg particular situation, moods, times etc). Keeping a food diary can be a useful tool to monitor this. Start finding alternative ways of coping or other things that you can do at these times. This is something that the team can help you with.

Do I need to lose weight prior to surgery?

It may be necessary to achieve some weight loss prior to surgery. This makes surgery safer for you. Your dietitian or surgeon will advise you if they feel you need to lose some weight prior to surgery. Weight loss can be achieved using diet, activity, medication or with the help of an intragastric balloon.

If you do not achieve the weight loss asked of you, your surgeon may not be able to perform the operation.

Other specialist appointments to assess fitness for surgery

Some patients are at a higher risk of developing complications during or after surgery due to a pre-existing illness. You may be referred to the following:

- **Cardiology, ECHO, ECG or stress study:** If you are at risk of or have had heart failure, a heart attack or other heart disease.

- **Endoscopy/barium swallow:** If you have a history of acid reflux or upper gastrointestinal tract disease.

- **Anaesthetist:** Every patient's notes will be reviewed by the anaesthetist. If the anaesthetist feels you are a high risk for anaesthetic they will book you into their specialist assessment clinic.

- **Stop smoking service:** You will be advised to stop smoking for at least two weeks prior to your surgery. If you need support with this, we can refer you to the Stop Smoking Service at Chelsea and Westminster Hospital.

Sleep studies

You may be investigated for sleep apnoea as part of your work up to bariatric surgery. This is for three possible reasons:

- To improve your symptoms

- To improve your medium and long-term health status—reduce chances of heart or diabetic problems

- To make the anaesthesia and the postoperative period safer to you

The process involves:

- Being seen in the respiratory/sleep clinic

- Having a sleep study—either at home or one night in hospital (there is a 10% chance of a repeat study being needed)

- Being told whether you have sleep apnoea—either in clinic or by phone/letter

If you are advised to have Continuous Positive Airway Pressure (CPAP) treatment, we will need to see that you are using it effectively after 8–10 weeks, before allowing you to proceed to booking for surgery.

This will be related to you via the bariatric coordinator or doctor. You will need to inform the DVLA of your diagnosis and treatment—an information form is available from clinic and on the DVLA website www.dvla.gov.uk.

Once you are given the go ahead for surgery you must:

- Continue using CPAP before and after the operation—don't stop using it. If you are not using it effectively for the recommended period of time, then your surgery may be cancelled.

- Bring your machine and mask with you to hospital. Alert our CPAP clinic team of any equipment problems in advance.

- After surgery, make sure you have a one-year follow up appointment at the sleep clinic.

Please understand that any delay to your surgery date due to this process is to improve safety for you.

Preoperative liver shrinkage diet

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

Therefore 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, making surgery safer. It is essential that you follow this diet. If you have not followed it prior to surgery, your operation may be cancelled on the day.

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. You may be advised to practice the liver shrinkage diet while on the weight management pathway.

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 listed above, and you have made a final decision on which surgery you are opting for, and all the clinicians involved in your care feel you are both fit and ready for surgery. The waiting list can be up to 6 months.

During and after surgery

Admission to hospital

- Your surgery date will be booked by the admissions team. You will receive your surgery date by telephone or in the post. A letter will tell you what day you need to come to hospital. Please confirm that you are able to attend on this date.

- You will be booked into the Preoperative Assessment Clinic. They will discuss what medications you need to continue to take or stop before surgery and your nil by mouth instructions. They will also do your MRSA swab. If you do not attend your preassessment appointment your surgery will not go ahead and you will be discharged back to your GP.

- Most people are asked to arrive the morning of surgery and are admitted to the Surgical Admissions Lounge (5th floor, Lift Bank D). If you are diabetic, you may be admitted the day before surgery to stabilise your blood sugar levels while you are nil by mouth.

- You should bring with you toiletries, loose nightclothes/tracksuits, slippers, any medications you are currently taking, and books/magazines or money to pay for TV and telephone services.

- If you use a CPAP or Bilevel Positive Airway Pressure (BiPAP) machine for sleep apnoea at home it is essential that you bring this with you.

- 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 accompanied by a nurse from the ward to theatres where you will have your anaesthetic.

What happens in hospital after surgery?

- You will return to the ward after a short period in recovery—you will have a drip to provide hydration and you may have a patient controlled analgesia pump (PCA) if you have had a gastric bypass/ sleeve gastrectomy.

- If you have had a gastric band you may start drinking water on your return to the ward.

- If you had a gastric bypass or sleeve gastrectomy you will need to remain nil by mouth until you have had a swallow test the day after surgery—this may be on the ward or in the X-ray department. You can suck on ice-cubes for this time.

- You will be reviewed by the surgical team the day after surgery.

- The dietitian will visit you after surgery and advise you regarding starting fluids and your diet after discharge.

- You will be encouraged to get out of bed and start walking as soon as possible—this will reduce the risk of you developing deep vein thrombosis (DVT).

- You will be provided with painkillers and medication to stop you feeling sick—please talk to the nursing staff if you do not feel they are working.

- The average length of stay is:
  - one night stay for a gastric band
  - 2–3 days for a gastric bypass or sleeve gastrectomy

Discharge from hospital

Wounds: The ward staff will advise you about wound care before you go home. If you have stitches that need to be removed the ward staff will give you a letter for your practice nurse or district nurse to arrange their removal.

Anti-embolism stockings: We recommend you take these home with you and continue wearing them for 6 weeks after your operation to prevent DVT.

Medications: Your medications will be reviewed by the medical team before you go home. You will be given a supply of medication to take home with you. This could include pain relief, anti-sickness medication, and vitamin and mineral supplements. You will be discharged with a two-week supply of blood thinning injections (heparin). You will be taught how to inject yourself by the ward nurse.

Eating and drinking: Follow the guidance provided in the diet sheet and from your dietitian.

Washing: You can shower, but we do not recommend taking a bath for at least a week after surgery.

Driving: We recommend you do not drive until you can safely brake without any abdominal pain—usually six weeks.

Exercise: You will be able to start getting up and walking the day after surgery. We recommend no heavy lifting or strenuous activity for six weeks after the operation.

Returning to work: If you need a sick certificate for your employer please make sure you ask the medical staff when they review you in the morning, prior to your discharge. Most people are able to return to work a couple of weeks after surgery.

Follow-up after surgery

You will receive a telephone call from the nurse specialist 1 week after surgery.

You will be sent follow-up appointments to see the surgeon at 2 weeks (gastric bypass/sleeve gastrectomy) or 6 weeks (gastric band) after surgery.

You will be seen by a dietitian 6-8 weeks after your surgery—you will then be seen regularly for at least 2 years.

If you have not received appointments in the mail but feel you should have, please contact the team and we will check if this has been arranged for you.

You will see the dietitians every three months for the first year following surgery, and every 6–12 months thereafter.

If you are having difficulties or want to see the dietitian more regularly, this can be arranged.

We can also provide psychological input if you have issues that are related to bariatric surgery.

Please ask one of the bariatric team members to refer you if you would like to have an appointment.

Gastric band adjustments: Your first adjustment will be 6–8 weeks following surgery and will either be done in in clinic or the X-ray department.

Further band adjustments can be arranged through the dietitian or nurse specialist in the band review clinic.

If you are unwell after surgery

If you have any problems between discharge from hospital and your first appointment, please contact (Mon–Fri, 9am–5pm):

Nuala Davison
Nurse Specialist in Bariatric Surgery

T: 020 3315 8604
E: nuala.davison@chelwest.nhs.uk

Kelli Edmiston
Specialist Dietitian in Bariatric Surgery

T: 020 3315 8161
E: kelli.edmiston@chelwest.nhs.uk

On evenings and weekends please contact your GP.

If you cannot reach us and you are very unwell, please attend A&E at Chelsea and Westminster Hospital.

Alternatively, call 020 3315 8000 and ask the operator to page the on-call registrar on bleep 5658.

For conditions unrelated to your bariatric surgery please visit your GP or call NHS 111.

Support after surgery

After surgery you will be seen regularly in clinic by members of the team that may include the Surgeons, Physicians, Dietitians, Psychologists and Nurse Specialist. Support will also be available via telephone and support groups between your appointments.

We recognise that long-term follow-up is vital for successful weight loss and maintenance of weight loss. We also know that regular follow up with the specialist team can help us to identify any difficulties or complications and treat them before they become serious.

Hospital patient support group

We run voluntary monthly meetings for patients who have had surgery. They run on the third Tuesday of each month from 6–8pm at Chelsea and Westminster Hospital.

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

Each session will have a different theme or topic. They may include guest speakers. Contact the dietitians or psychologists for more information, or see our website www.chelwest.nhs.uk/weightloss and click Getting support in the menu.

Further information

Weight Loss Surgery Information
W: www.wlsinfo.org.uk/

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

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

Contact details/phone numbers

Please do not hesitate to discuss any questions or concerns you have with the team at Chelsea and Westminster Hospital.

General queries

Christina Henry (Team Coordinator)

T: 020 3315 3007
E: obesity@chelwest.nhs.uk

Consultant Gastrointestinal Surgeons

- **Mr Gianluca Bonanomi**
- **Mr Evangelos Efthimiou**
- **Mr James Smellie**
- **Mr Jeremy Thompson**

T: 020 3315 8463 (secretary)
F: 020 3315 8282

Obesity Physician and Consultant Endocrinologist

Dr Veronica Greener

T: 020 3315 5294 (secretary)

Clinical Nurse Specialist

Nuala Davison

T: 020 3315 8604
F: 020 3315 5906

Dietitians Specialising in Bariatric Surgery

- **Kelli Edmiston**
- **Amy Lee**
- **Sarah Shah**
- **Daniel Glover** (Dietetic Assistant)

T: 020 3315 8178 (Nutrition & Dietetics)
020 3315 8161 (direct line)
F: 020 3315 8077

Clinical Psychologists

Dr Denise Ratcliffe

T: 020 3315 5641
F: 020 3315 5648

Dr Rukshana Ali

T: 020 3315 3341

Hanna Yousefzadeh (Psychology Assistant)

T: 020 3315 3319

Chris McCormack (Psychology Assistant)

T: 020 3315 3776

Surgical Admissions Coordinator

T: 020 3315 3350

Outpatient appointments

T: 020 3315 6666

NHS 111

T: 111
W: www.nhsdirect.nhs.uk

Notes

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

369 Fulham Road
London
SW10 9NH

Main Switchboard
020 3315 8000

Website
www.chelwest.nhs.uk

June 2016

العربية • বাংলা • Español • فارسی
Lietuviškai • Polska • Português
Русский • Soomaali • ትግርኛ

Speak to your clinician