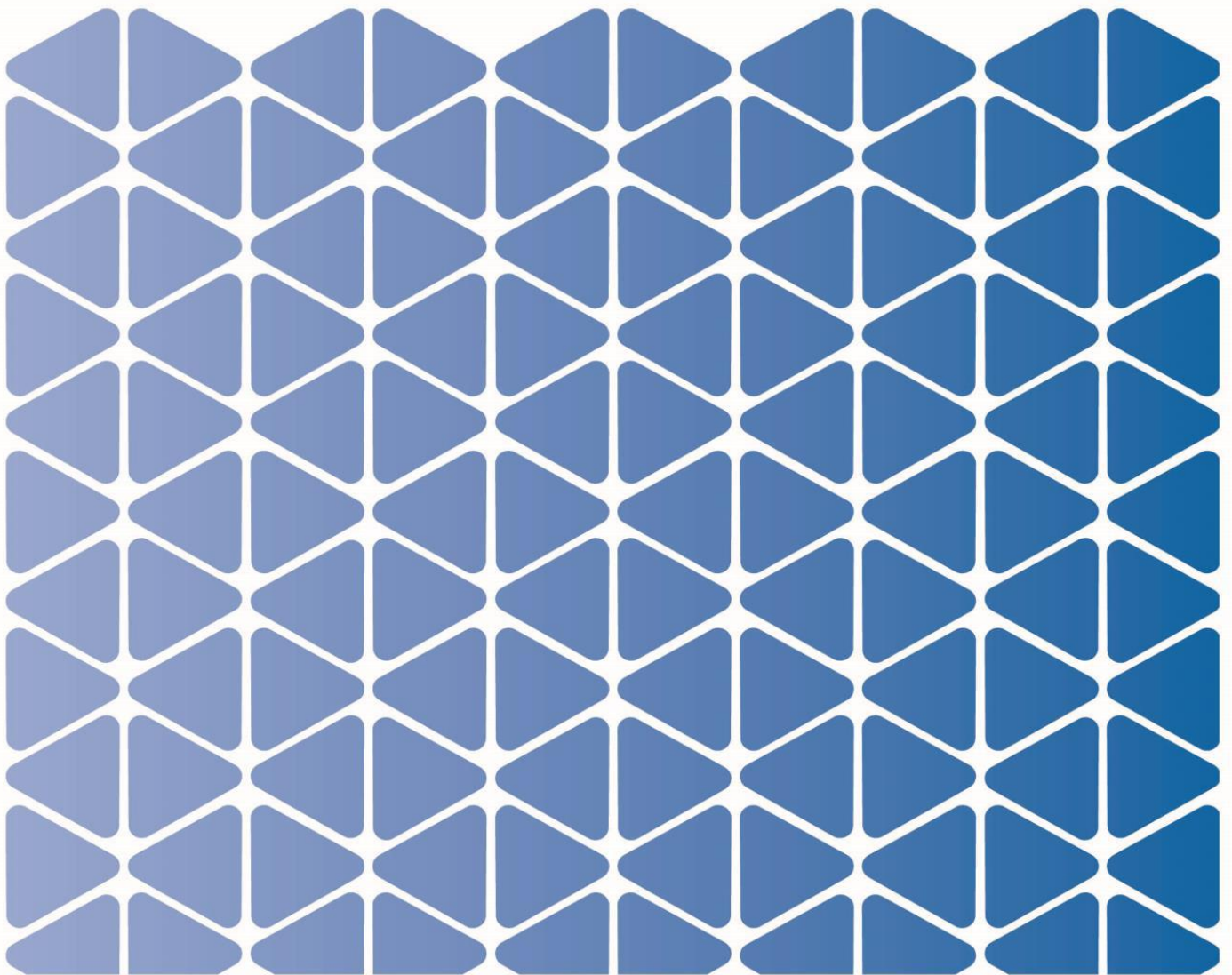




PATIENT INFORMATION

BARIATRIC SURGERY

WHAT I NEED TO KNOW



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This information booklet is designed to provide you with an understanding of the different weight loss surgery options available within Worcestershire Acute Hospitals NHS Trust.

After reading this booklet and talking with our team, you will have a better understanding of what is involved in bariatric surgery including the benefits and risks. It may also help you decide which option is best for you. On referral to the Tier 4 surgical team, you will be invited to attend 2 pre surgery group education sessions.

What is bariatric surgery?

Bariatric surgery is also known as weight loss surgery, or metabolic surgery. Examples are Roux-en-Y Gastric Bypass or sleeve gastrectomy.

The operations reduce the size of your stomach, which reduces the amount of food you can eat at each meal. A Roux-en-Y gastric bypass alters absorption of nutrients. Gut hormones also play an important part in weight loss.

Why should I consider surgery for weight loss?

Surgery is one of the most effective methods to aid and maintain weight loss. You may have been dieting for much of your life. You may have lost a large amount of weight in the past but found it difficult to keep this weight off. Carrying extra weight can also contribute to many illnesses or affect you physically and emotionally.

To proceed with surgery, you must

- Be willing to see specialists that we recommend and follow our advice.
- Be generally fit for anaesthesia and surgery.
- Be committed to long-term follow-up care with us for 2 years after surgery.
- Be psychologically ready.

You need to be well informed, motivated, and have realistic expectations about what surgery can achieve for you. You will undergo a comprehensive assessment by our team of health professionals (Multidisciplinary team) before you can proceed to surgery.

What is a multidisciplinary team (MDT)?

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

The core members of the team include:

Bariatric Surgeons

Physician

Specialist Nurses

Specialist Dietitian-Tier 4

Specialist Dietitians-Tier 3

You may also meet other healthcare professionals for example Psychologists, CBT therapists, or anaesthetists.

Weight loss surgery requires commitment

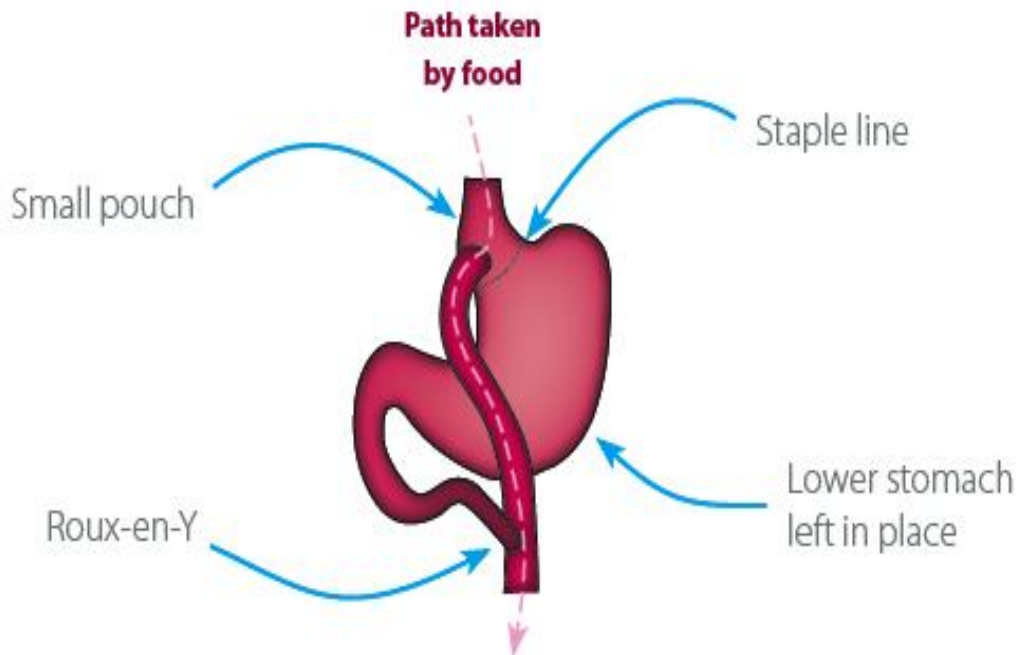
Making the decision to request weight loss surgery is a serious step and it is important that you fully understand what it will involve and the lifelong changes you will have to make.

We will continue to support you after surgery for 2 years.

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

Surgery is a tool for weight loss. It requires motivation and is not a quick fix or an easy option. It is important to develop healthy habits for life, in order to achieve your goals.

1. Laparoscopic Roux-en-Y Gastric Bypass-



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The gastric bypass is a combined restrictive and malabsorptive procedure. The operation works by restricting the amount you can eat and limiting absorption of nutrients.

Through a series of 5-6 small cuts across your upper stomach, the surgeon will use laparoscopic (keyhole) instruments and a special telescopic camera to perform the operation which will last around 2-3 hours.

During your surgery, the top section of your stomach is divided off by a line of staples, creating a small stomach 'pouch'. A new exit from this pouch is made into a 'Y' shaped loop from near the end of the small intestine so that food bypasses your old stomach and a section of the small intestine (the duodenum).

The small stomach pouch reduces the amount of food you can eat comfortably and results in you feeling fuller for longer when eating only small amounts. The new stomach pouch holds approximately 50ml (the size of an egg cup).

Changes in gut hormones affect your appetite and taste for food.

Expectations of weight loss

Initially food portions will be very small, but will increase with time. Most people lose weight quite quickly over the first year following bypass surgery. There is variation in the amount of weight that people lose following surgery. Following dietary advice and doing regular exercise will result in greater weight loss and weight maintenance. Your total weight loss will also vary depending on how much weight you have to lose. You could lose 60-75% of your excess weight after gastric bypass surgery. Your dietitian will discuss changes you will need to make to your eating patterns to have the best weight loss results. It is possible to regain weight in time, and there is no guarantee you will lose this amount of weight.

Advantages of bypass surgery

- Your stomach is smaller and the amount of food you can eat is restricted.
- You are likely to feel full sooner and stay satisfied for longer.
- You can lose on average 60–75% of your excess weight.
- The gastric bypass can be effective at improving symptoms of gastro-oesophageal reflux.

The gastric bypass procedure is particularly effective at reducing medication requirements and improving blood sugar control for those who have Type 2 Diabetes. Remission is unlikely if you have lived with diabetes for more than 10 years, treated with insulin or multiple medications or find it difficult to control your diabetes.

Complications of bypass surgery

Gastric bypass surgery is major surgery and involves cutting and stapling of the stomach and intestines.

A blockage can occur where the new joins are created at the new stomach 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 be at greater risk of suffering from nutritional deficiencies such as vitamin B12, iron, calcium, protein, Vitamin D and folate deficiency.

You may experience hair loss or thinning, although this is temporary while losing weight at a rapid rate and improves with time. There is no evidence that taking extra supplements helps with this.

You may experience dumping syndrome, a condition which occurs if you eat too much sugar, fat or alcohol, or eat large amounts of food- it is not considered a health risk, but can be very unpleasant with symptoms including diarrhoea, sweating, faintness, weakness and a rapid heart rate (dumping syndrome varies from person to person but may improve with time).

Nausea and vomiting occur particularly in the early days after surgery-vomiting is also common if you eat too quickly or too much.

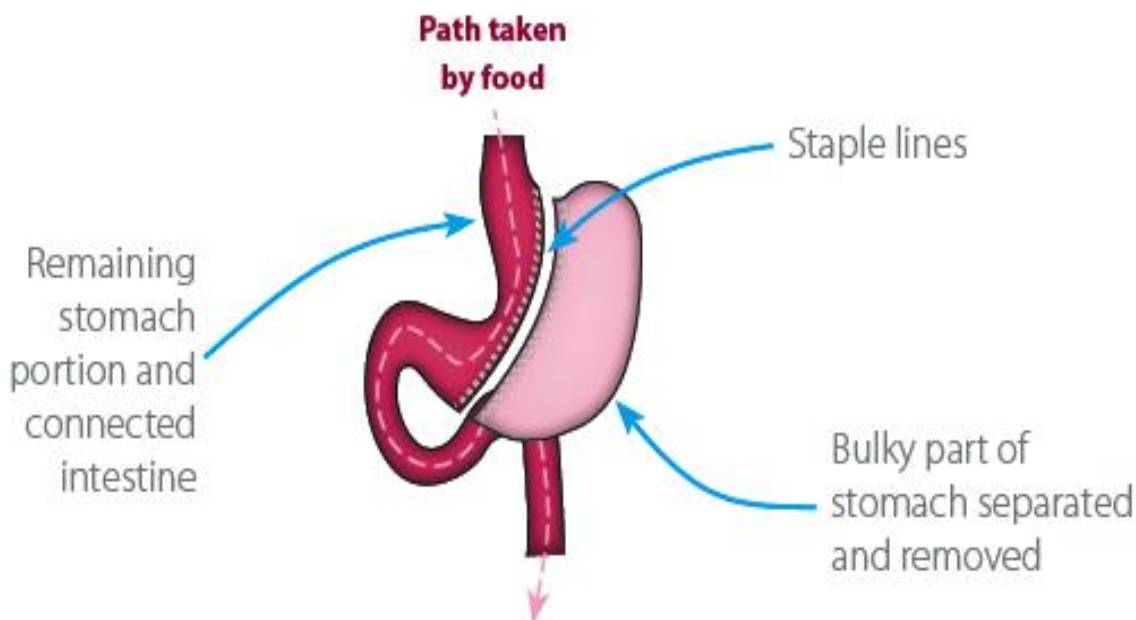
You can regain weight if you do not make long term dietary, exercise and lifestyle changes.

A small number of people can suffer with episodes of low blood sugar levels after gastric bypass surgery, despite following the dietary rules strictly.

A small proportion of people can suffer from unexplained pain for which no cause can be found.

After surgery there may be some foods you find uncomfortable to eat such as white bread, some meat, and white rice. All foods you eat will need to be nutritious to obtain all the nutrients you need.

2. Laparoscopic Sleeve Gastrectomy



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Sleeve gastrectomy is an effective way of losing and maintaining a lower body weight by reducing the amount of food you can eat. The surgeon creates a narrow high pressure tube from the stomach and removes the remainder, cutting and stapling your stomach with titanium staples.

About 80% of the original stomach is removed. This new stomach pouch is much smaller than the original stomach. The route that food takes following a sleeve gastrectomy is the same as before surgery. The new stomach holds approximately 150-200ml. There are no alterations to the bowel.

Sometimes, the procedure may be performed if it is too technically difficult to undertake a gastric bypass.

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.

There is variation in the amount of weight that people lose following surgery. Following dietary advice and doing regular exercise will result in greater weight loss and better weight maintenance.

The dietitian will discuss any changes you will need to make to your eating patterns to achieve the best weight loss results.

Advantages of sleeve gastrectomy

- The amount of food you can eat is restricted due to smaller stomach size.
- You are likely to feel full sooner and stay satisfied for longer.
- Your intestines remain intact, so food is digested and absorbed as normal.
- In some circumstances this surgery can be followed by conversion to the gastric bypass.

Disadvantages of sleeve gastrectomy

- This is major surgery and involves cutting and stapling of the stomach.
- Your hair may thin-This is temporary while losing weight at a rapid rate.
- 80% of your stomach is removed-this is a permanent procedure.
- You may be more likely to suffer with gastro-oesophageal reflux.

Nausea and vomiting may occur, particularly in the first few weeks after surgery-vomiting is also common if you eat too quickly or too much.

Weight regain can occur if you do not adhere to long term dietary, exercise and lifestyle changes. You may not achieve the weight loss you were hoping for.

Possible complications following Sleeve Gastrectomy or Gastric Bypass.

Weight loss surgery is associated with the following risks:

General anaesthesia: patients living with obesity are at greater risk of surgical anaesthetic complications.

Pulmonary embolism: this condition occurs when a blood clot in the leg (deep vein 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 usually be given blood thinning injections and compression stockings while in hospital. You will be encouraged to get out of bed and walk as soon as possible after surgery.

Infection: risk is low, but you could suffer with lung, urinary or wound infections.

Marginal ulcers: these can occur at the junction between the stomach pouch and the intestine in gastric bypass patients. You will be given medication to prevent this before you go home, which you must continue until you see your Surgeon in clinic. Smoking after surgery significantly increases the risk of ulcer formation so it is vital you do not smoke.

Leaks: After gastric bypass, leaks from the gastrointestinal tract can occur where the bowel and stomach are connected and sewed. If a complete seal does not form, bowel contents can leak into the abdomen causing a serious infection. In sleeve gastrectomy, leaks can occur in the newly formed stomach. This occurs in about 0.5-3% of cases of gastric bypass or sleeve gastrectomy operations. If a leak is suspected, you will need further investigations and may need further surgery. A prolonged hospital stay and recovery time, and a period of artificial feeding may be required. While you are in theatre surgeons may use a blue dye to test for any leaks. Do not be alarmed if you notice a slight blue tinge to your urine- this is quite normal.

Heart attack: our patients are at increased risk of developing a heart attack due to the higher cardiovascular Risk (raised blood pressure, Type 2 diabetes, and raised cholesterol).

Bleeding: can occur in 3–5% of cases and is usually resolved by stopping the blood thinning medication. Occasionally surgery may be needed to stop the bleeding.

Gallstones: you may develop gallstones in the future due to rapid weight loss. It may be necessary to undergo a further operation to remove your gallbladder if this happens. If you have gallstones which cause you symptoms, your surgeon may feel it is necessary to remove your gallbladder at the time of surgery.

Spleen injuries: these are rare but can occur during surgery.

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.

Complications occurring after gastric bypass only:

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.

Anastomotic stricture: can occur in up to 5% of gastric bypass operations. This usually responds to balloon dilatations (endoscopic procedure).

Which operation?

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.

We will provide you with information based on evidence and clinical experience to help you decide, and will be a joint decision between you, the surgeon and the team.

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

How much weight loss?

With a sleeve gastrectomy you are likely to lose 50–60% of your excess weight, and with the bypass 60–75% of your excess weight, but having a bypass does not mean you will automatically lose more weight.

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

Speed of weight loss

With the sleeve gastrectomy and gastric bypass, most weight loss tends to occur over the first 6–12 months.

After this it slows down, and most people reach a plateau after 18 months. Weight loss varies, and this also depends on how much weight you must lose. It is also possible to regain some weight over time.

Existing health problems

For some, a gastric bypass can have a better chance of improving Type 2 diabetes so may be a better choice. Certain health conditions may place you at a greater risk when undergoing long anaesthetics, and in this case, the sleeve gastrectomy may be a better choice because it usually takes less time. If you suffer from gastro-oesophageal reflux, the sleeve gastrectomy may make this worse. You will have the opportunity to discuss your health conditions with your surgeon.

Eating patterns

Eating patterns are one of the most important factors to consider when choosing 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. think about the following;

Sweets and chocolates

If you tend to eat lots of sweets and chocolates and find it hard to change or control this, you may be more suited to the gastric bypass. Some people who have the gastric bypass find that the unpleasant side effects that occur after eating sugary foods mean they start to avoid these foods altogether.

Fatty, fried foods and alcohol

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 diarrhoea which may help you to avoid these foods altogether.

Routine

With all procedures, you will lose more weight if you can stick to a structured, regular eating pattern. It is important to eat regularly following surgery because allowing yourself to become too hungry may result in eating too quickly and not chewing your food well. This can result in pain and vomiting if you overfill your stomach pouch.

Dietary restrictions and intolerances

This does not stop you from having any of the procedures, but it is important that you are able to get enough protein and nutrients in your diet to meet your requirements. Your dietitian will discuss alternative foods to ensure you are eating enough protein.

Dentition

Following weight loss surgery, it is important that you can chew your food well. If you have poor dentition you will need to see a dentist prior to getting a date for surgery.

Comfort or binge eating

Surgery does not stop binge eating or emotional eating or change the triggers for these. While binge eating will not necessarily prevent you from having surgery, we need to plan things very carefully.

Smoking

You will be advised to stop smoking for at least 3 months before surgery. Smoking is associated with a higher risk of complications after surgery.

If you are unable to commit to this your operation will be cancelled. If you need additional support, you can see your GP or pharmacist.

Pregnancy

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.

After gastric bypass surgery the effectiveness of the oral contraceptive pill reduces due to altered absorption and in addition, Depo-Provera is not recommended. We advise you not to become pregnant for 18 months following surgery. Ask your family planning clinic or GP for advice before surgery.

It is important to be reviewed by your team if you are planning pregnancy to ensure the vitamin and mineral supplements you are taking are permitted during pregnancy. If you do fall pregnant, we advise you to 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. A higher dose of folic acid is needed prior to pregnancy.

Risks of surgery

People are often worried about the complications of major surgery. Your surgeon can discuss your individual risk and concerns.

Previous abdominal surgery

Generally, this does not prevent you undergoing surgery but your surgeon will discuss this with you. It is important to understand that none of the procedures reversible.

Regular appointments for 2 years following surgery

You will need to commit to attending regular hospital appointments before and after your surgery to ensure everything is going well and you are losing weight safely. You will usually see the team at 1 month after surgery, then 3 monthly in the first year and 6 monthly in the second year. This is to make sure you have adequate nutrition and that you are progressing through the appropriate stages, and not suffering with any complications. You will also need to arrange regular blood tests at 3, 6 and 12 months after surgery and every year after that. You will be expected to arrange this at your GP surgery or local hospital out-patients department.

If you cannot commit to attending these appointments, and making these arrangements, you will not be considered for surgery.

Eating patterns and lifestyle after surgery

Many people believe that surgery for weight loss will force them 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 depends on your hard work and determination.

Surgery can help you to feel satisfied when eating smaller amounts of food. 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 ultimately responsible for the food you choose to eat. You will need to use willpower to stop eating energy dense foods such as crisps, chocolate, biscuits. Even small amounts of these foods can slow down your weight loss. Most people find that once they have had surgery and are losing weight, it becomes easier to follow a healthy diet and exercise regime.

It is quite common to eat to provide comfort or to help cope with stressful or distressing situations. We cannot change the fact that you are likely to experience stressful events in life, but it is very important to find alternative ways of coping with these. If you comfort eat, you will find you don't lose the amount of weight you hope for following surgery. Food can no longer be your way of coping if you wish to lose weight and it is important to be aware that you will need to make many adjustments. We recommend that people start making changes to their food choices and behaviour before surgery because surgery alone will not change your eating habits.

You need to prepare yourself for the changes ahead otherwise it will be too daunting to make all the changes following surgery. It is important that you increase your activity levels. This will help prevent you 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 gradually build up their steps.

We recommend caution with alcohol consumption after gastric bypass surgery. The absorption of alcohol is unpredictable, and one small alcoholic drink may result in unwelcome side effects. Alcohol is also high in calories and will slow your weight loss.

Do not drink and drive even after drinking a small amount of alcohol as you could be over the legal limit.

Surgery is a tool—no matter what you think it is NOT the easy option.

Loose skin after weight loss

Some people are left with loose skin, especially around the abdomen, arms and thighs. You may feel you need surgery to remove some of this skin. This surgery is not included in your referral for bariatric surgery. If you consider paying for surgery to remove excess skin, discuss this with your surgeon first. It is advisable to wait until you are at least 2 years after surgery. The NHS do not currently fund surgery to remove excess skin.

Preparing for surgery

In order for surgery to work, there are a number of eating behaviours you will need to follow in order to lose the most amount of weight and minimise complications. Start preparing yourself for surgery by starting to practice the following every day.

Eat slowly- to avoid overfilling your small pouch. Overfilling can result in regurgitation (vomiting). Aim for bites the size of a 20 pence piece.

Chew well- to avoid food pieces becoming lodged at the bottom of your pouch. This causes discomfort and can lead to regurgitation. Chewing well also helps you to slow down. Aim to chew your food at least 20 times before you swallow it. It should be a paste like consistency before swallowing.

Do not drink fluids with meals-this can overfill your pouch and lead to regurgitation. It can also dilute your meals and push them through your pouch quickly, which means you can eat more and not feel full. Stop drinking 30 minutes before you are going to eat, and then wait 30 minutes after eating before you drink again.

Eat regularly- this stops you getting too hungry and eating too fast.

Eat small portions- it takes a while for your brain to adjust to the small size of your pouch. Using a 7-inch side plate helps to control portions.

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

Weight loss prior to surgery makes surgery safer for you and helps to shrink the liver. Your surgeon will not be able to give you a date for surgery if your weight is increasing.

It is important to use the time before the operation to plan ahead. You will need help at home for the first few weeks as you will feel tired from effects of the operation.

Appointments

It is important that you keep all of your planned appointments. Please arrive on time for your appointment. If you are late for appointments, it may not be possible for us to see you on that day. If you cannot attend an appointment for any reason you will need to inform us in advance.

Meeting your surgeon

After completing the tier 3 weight management programme, and attending 2 pre-surgery group education sessions and 1:1 sessions with the Dietitian and Nurse Specialist you will see your Surgeon. They will ask you a number of questions about your medical history, weight loss history, and eating habits. They will be able to answer any of your queries regarding surgery and make a plan. Your dietitian will discuss in detail the dietary changes that are necessary prior to and following surgery.

You may be put on the waiting list for surgery at this point, or sometimes your surgeon will request additional tests. Your case will be discussed at our multi-disciplinary team (MDT) meeting to check the team agree it is safe to progress with surgery.

Attendance at appointments is mandatory.

You will not be considered for surgery until you have undergone all of these reviews. This is to ensure you receive the best care and that surgery is safe for you. When all your tests and assessments have been completed and are satisfactory, your date for surgery will be confirmed. If you fail to keep appointments in the run up to surgery, your surgery may not go ahead

Pre-operative assessment clinic

Before your admission, you will be asked to complete an online health questionnaire by the pre-operative assessment clinic, and will be asked to attend in person for final checks to assess for fitness for surgery, including blood tests, screening for MRSA, ECGs, and COVID swabs.

Other specialist appointments to assess fitness for surgery

Some people are at a higher risk of developing complications during or after surgery due to pre-existing medical conditions. You may be referred to the **Anaesthetists assessment clinic** where you may need to have further tests.

Pre-operative liver shrinkage diet

This needs to be followed strictly **for three weeks prior to surgery**. Many people needing surgery have a large fatty liver, which can cause difficulty for keyhole surgery. It is necessary to follow a diet that is low in dietary carbohydrate, fat and calories. 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 possible.

It is essential that you follow this diet strictly. If you have not followed it prior to surgery, your operation will be cancelled. If your liver is too big your surgeon may have to abandon the operation altogether as it will not be safe to proceed.

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.

More details about the pre-op diet can be found in the booklets about the gastric bypass and sleeve gastrectomy.

If you have diabetes and take medication or insulin, it is important that you have spoken to a member of the team before starting your pre-op diet, and that you understand recommended changes to your medication or insulin regime.

If you take tablets, your Tier 3 dietitian will have provided advice for you about the changes you need to make before starting the pre-op diet, and will advise what to do on the day of surgery. If you take insulin, your Tier 3 dietitian will have referred you to the Diabetes Specialist Nurse for assessment before starting the pre-op diet, and it is your responsibility to keep in contact with your nurse if you have queries before your surgery.

Look at your post-operative diet sheet and make some plans about what you need to buy prior to admission. You will need to buy or borrow a blender or liquidiser. Preparing some meals in advance and freezing them is a good way of making sure you can cope with the diet initially after surgery. You will feel very tired in the first few weeks after surgery.

Admission to hospital

- When you receive your surgery date by post, it will tell you what day and time you need to come to hospital.
- You will be advised by pre-assessment clinic staff of any medications you need to stop prior to surgery. Follow the advice you have been given from pre-op clinic about taking your medication and being nil by mouth before surgery.

You should be able to manage small tablets straight after surgery, but may struggle to tolerate larger tablets in the early days. You will need to review your medication with your GP before surgery and find out if your tablets can be crushed, in case you struggle to manage larger tablets after surgery. Alternatively, you may need to get liquid, chewable or dissolvable versions of some medicines if you struggle to manage them and they cannot be crushed.

- You will be given further information about your hospital stay including useful things to pack, by the pre op assessment team.
- If you use a CPAP machine to treat sleep apnoea at home it is essential that you bring this into hospital with you as your operation will be cancelled.
- 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.

Hospital stay after surgery

- Most patients will return to a surgical ward area from recovery, although occasionally some patients spend a short period in our High Dependency Unit for closer monitoring. You will have a drip at first to ensure you are well hydrated.
- Your surgical team will assess when you are ready to start sips of water. This is usually on the same day of surgery.
- You will be reviewed by the surgical team the morning after surgery and you usually

commence on free fluids.

- The dietitian and/or Bariatric Specialist Nurse will visit you on the ward before you go home and provide advice about nourishing fluids and provide a discharge information leaflet.
- You will be encouraged to get out of bed and start walking as soon as possible-this will aid your recovery.
- You will be provided with painkillers and medication to stop you feeling sick if required-please talk to the nursing staff on the ward.
- You will be able to drink thin soups, milkshakes, tea and coffee, cordial and diluted fruit juices. Please bring in any no added sugar squash if you have any preference.
- The average length of stay is 2 nights after your operation.

Discharge from hospital

Wounds: Following your operation, the 5-6 small wounds on your abdomen will either be glued or steri-stripped and covered with waterproof dressings. If dressings are in place, they should be left for seven days from the day of the operation (only change if the wound is oozing or the dressing has lifted off and is no longer waterproof). By that time, the wounds are usually healed enough to remain uncovered. Any stitches used are dissolvable. If the wounds are glued, the glue will disperse of its own accord after several weeks. If you notice any sign of wound infection (raised temperature, pain, redness, swelling or pus), you are advised to visit your Practice Nurse for a wound check, redressing and swabbing of the wound.

Sleeping – you will find it more comfortable to sleep propped up with several pillows in a semi-sitting position.

Compression stockings: You need to take these home with you and continue wearing them for approximately 4 weeks after your operation.

Medications: Your medications will be reviewed before you go home. You will be given a supply of blood thinning injections for 2-4 weeks after surgery. You will be taught how to inject yourself by the ward nurse. You will need to buy a chewable multivitamin and mineral supplement before surgery. We will provide an iron supplement, and a Calcium and Vitamin D supplement for you to take home. You will also be given a medication to protect the lining of your stomach.

Eating and drinking: Follow the guidance provided in the diet sheet and from your dietitian. You can only take thin fluids for the first 2 weeks after surgery.

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

Driving: We recommend you do not drive until you can safely brake without any abdominal pain- at least 2 weeks. You should check with your insurance company for their specific advice about driving after laparoscopic surgery.

Exercise: You will be able to get up and walk very soon after surgery. We recommend no heavy lifting or strenuous activity for six weeks after the operation. You will be able to start exercising about six weeks after the operation although gentle exercise such as walking can be done as soon as you feel it is appropriate.

Returning to work: If you need a fit note for your employer, please ask the medical staff when they review you prior to discharge. It is best to discuss returning to work with your Surgeon or the Bariatric Clinical Nurse Specialist but in general people need approximately 4 weeks off work. The type of work you do will affect the length of time you will need to stay off work.

Follow-up after surgery

Your nurse or dietitian will phone you weekly after your surgery for the first three or four weeks to check on your progress.

You will be sent follow-up appointments to see your surgeon approximately 2 months after surgery, and the dietitian four weeks after your surgery.

If you have diabetes it is important that you keep in regular contact with your Diabetes Specialist Nurse after surgery and follow any instructions they have given you with regard to testing your blood sugars, and any changes in your medication.

If you have not received appointments, please contact the Dietitian, Nurse or appointments co-ordinator and we will check if this has been arranged for you.

You will see the team every three months for the first year following surgery, and every 6 months thereafter-if you are having difficulties or want to be seen more regularly, this can be arranged.

Our contact details

Contact your Bariatric Team on the numbers below depending on the nature of your query.

During evenings, weekends or Bank Holidays or for conditions unrelated to your bariatric surgery please contact your GP or call **NHS 111** for advice.

If you are very unwell, please attend the A&E department.

Bariatric Nurse Specialists

01905 733965

Monday – Friday messages checked daily (08:00 – 16:00)

Specialist Bariatric Surgery Dietitians- Tier 4

Emma White

01905 733965

Monday-Friday messages checked daily. (08:00 – 16:00)

If your call is urgent, please dial **01905 763333** and ask switchboard to page your Nurse or Dietitian.

Bariatric Coordinator

01905 733965

Secretary to Mr A Perry

01905 760363

Secretary to Mr M S Wadley

01905 733022

Secretary to Mr S J Robinson

01527 503030 ext. 44337

Appointments Co-ordinator

01905 768947

Email address wah-tr.tr.bariatrics@nhs.net

National patient support networks

WIs info

Website www.wlsinfo.org.uk

Telephone 0151-222-4737

British Obesity & Metabolic Surgery Society (BOMSS)

Website: www.bomss.org

info@bomss.org

National Obesity Forum

www.nationalobesityforum.org.uk

Obesity Empowerment Network

Website: Oen.org.uk

enquiries@oen.org.uk

Updated November 2022

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.