



Bariatric (weight loss) surgery: once you have a date for your operation

What to expect once you have a date for your weight loss surgery.

First steps

You will be contacted by the hospital and given an appointment to be seen by the bariatric nurse for a pre-op assessment. Sometimes the bariatric nurse can give you the date and time for your surgery, otherwise the hospital will contact you once a bed and operating time have been booked. Occasionally, it is necessary to postpone this type of operation (called 'elective surgery') if a patient with an urgent surgical problem needs treatment ahead of you.

See your GP

You should visit your GP prior to your admission to hospital. At that visit, please discuss the medications you will need when you are discharged from the hospital and whether any large tablets can be crushed, dissolved or broken into smaller pieces. Your local pharmacist may also be able to advise you on this.

Appointment with anaesthetist

You may have met the anaesthetist at a previous appointment. They have been trained to treat people with obesity and will look carefully at your medical history and test results. Sometimes, your anaesthetist may need to contact you or see you again prior to the day of your operation; otherwise, you will see the anaesthetist on the day of your surgery.

If you develop any sort of cough or cold or become unwell in the week prior to your operation, it is important to let the hospital know immediately.

One significant risk associated with this surgery is a blood clot in your lungs. For this reason, patients are encouraged to move around as soon as possible after the operation, and medication is given to prevent blood clots forming. If you are taking any preparations containing oestrogen (e.g. HRT, or the contraceptive pill), they must be stopped for at least 4 weeks prior to your surgery, again to reduce the risk of developing a blood clot.

Dietary preparation

The dietitian will give you all the information that you need about eating before and after your operation, during a group education session. You will be advised on the principles of the pre-op liver reduction diet (see next page) and how to prepare for the surgery. You will also be given information on the eating techniques and habits that you should practice before surgery, as well as information on re-introducing foods after surgery.

In preparation for your weight loss operation, it is important to continue trying to lose weight as well as doing whatever exercise you find comfortable. This will help to reduce your risk for the procedure and make it easier for you to recovery after the surgery.

The pre-operative liver reduction diet

Before your keyhole surgery, it is important to follow a special pre-surgery diet to help prepare your body for the surgery. As the surgery is on your abdomen (tummy), your liver can prevent the surgeons from accessing your stomach. The liver reduction diet will shrink the size of your liver and make it softer so that it does not block access to your stomach.

The diet is a strict liquid only diet and is low in carbohydrate, calories and fat. This will encourage your body to use up carbohydrate that is stored in the liver and reduce the size of the liver. This diet should be strictly followed for at least 2 weeks before the surgery, or you may be told you need to follow for it for 4 weeks. You will be given a detailed dietary information sheet for this, usually sent to you by email at your pre-surgery group session.

It is essential to follow this diet exactly as if the liver has not adequately shrunk, the surgeons may not be able to access your stomach and your surgery could be postponed.

If you smoke...

You must give up smoking at least six months before your operation and you must not vape with nicotine. If you do not, your surgery may be postponed or even cancelled. Speak to your GP for help stopping smoking or visit smokefreelife Berkshire www.smokefreelifeberkshire.com.

Admission

You will be admitted to hospital either the day before, or on the morning of your operation.

Before your operation

- Any remaining or repeat tests that need to be done will be completed.
- If you are coming into hospital at 7.30am for a morning surgery, you should not eat after 2am but you are advised to drink clear fluids (water, black tea or black coffee) until 6.30am.
- If you are coming later for an afternoon operation, you can eat until 7.30am and are encouraged to drink clear fluids until 11.30am.
- If you do not follow the instructions about diet, your operation may have to be cancelled.
- The surgeon and anaesthetist will also visit you to answer any remaining questions that you may have and to ask you to sign the consent form for the operation.

Going to theatre

- You will be given a theatre gown to wear that opens at the back. Jewellery, make up and nail varnish must be removed.
- An intravenous drip will be inserted into your arm and various other items including an oxygen mask, oxygen saturation monitor and blood pressure cuff put into place.
- During the operation, you will be given an antibiotic injection. This reduces the risk of infection following surgery.

After the operation

If you have undergone a gastric bypass or sleeve gastrectomy, you will be closely monitored for the first 24 hours. You will be connected to machines that monitor the activity of your heart and other body systems. You will also be given a dose of Heparin by injection. This will decrease the risks of blood clots forming in your legs or lungs. Once the medical team is happy with your progress, you will be taken back to the ward.

On the evening of the operation, we will encourage you to move around the ward and allow you to have some sips of clear fluid.

Remember to continue following the recommended liquid-only diet while you are on the ward after surgery. If you are accidentally offered food on the ward, please refuse it.

Pain relief

Most patients find that the operation is not as painful as they had expected. Initially, pain relief is given by injection but once you are drinking, it can be given in dissolvable tablet or liquid form. You will be given painkillers to take home but if you need to take anything extra for discomfort or pain, paracetamol can be taken, unless you have been advised otherwise. These should be in an easy to swallow preparation such as a liquid form (older children's suspension) or dissolvable on your tongue, e.g. Calpol Fastmelts. Soluble paracetamol tablets can also be used, but some people struggle to drink the volume of water required to dissolve the tablets in.

Discharge home

Your length of hospital stay will depend on the type of surgery and your physical status. Below is a guide; however, please note that this can vary if there are any post-operative complications:

- Gastric Bands – same day or 1 night stay.
- Roux-en-Y Bypass/sleeve gastrectomy – 1-2 nights stay.

Bypass and sleeve gastrectomy patients should expect to take a 14 day course of low molecular weight heparin post operatively (for 2 weeks), as well as Zoton Fastab (antacid medication)(for 3 months) and long term multi-vitamin and mineral supplements and AdCal / Vitamin D preparation. Gastric band patients should expect to take a 7-day course of low molecular weight heparin post-operatively.

The wound will be covered with waterproof dressings after the operation. The dressings should be left in place for 3-4 days (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.

You will already have been given contact numbers by the bariatric nurse specialist (at pre-op assessment) in case there are any problems or if you need advice. Please arrange for a responsible adult to take you home by car. Do not drive or use public transport after an operation.

For 48 hours after surgery:

- Do not operate any machinery (including a cooker) or do anything requiring skill or judgement.
- Do not smoke.
- Do not drink alcohol.
- Do not take sleeping tablets.
- There are no specific instructions about activities you should avoid, but we would encourage you to keep mobile after the operation, to reduce the risk of blood clots forming.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Bariatric Surgery, Centre for Diabetes and Endocrinology, April 2025. Next review due: April 2027.