



Weight loss (bariatric) surgery – key facts

This leaflet explains why bariatric surgery may be recommended. If you wish to go ahead, and are a suitable candidate for surgery, it outlines what to expect before the operation.

What is bariatric surgery?

Bariatric, or weight loss, surgery, is designed to reduce weight and typically works by reducing your appetite or helping restrict the amount you are able to eat in one meal. It does not include procedures for surgical removal of body fat, such as liposuction or abdominoplasty (tummy tuck).

The most widely performed procedures are gastric bypass and sleeve gastrectomy. All operations are usually performed by keyhole surgery, which will help you to get up and back to normal as soon as possible after surgery.

Most people who undergo bariatric surgery lose a significant amount of weight. After they lose the weight, they are also more likely to keep it off provided they keep to the recommended lifestyle changes. Research shows that such surgery, resulting in weight loss can, reduce health problems considerably:

Health improvements after weight loss surgery

Remission or improvement of diabetes	33-90% of patients
Remission or improvement in high blood pressure	32-70% of patients
Remission or improvement of sleep apnoea	55-80% of patients
Reduction in risk of death (particularly from heart disease and cancer)	29-43% reduction in risk of death

Am I suitable for surgery?

You need to consider many factors before deciding if weight loss surgery is right for you. As you decide, ask yourself if you are up to the challenges you will face. You will start with a full medical assessment to ensure that you are fit for an operation. Weight loss surgery is a major operation that carries risks and may lead to significant short-term and long-term health complications. The risks and complications vary according to the type of surgical procedure and often depends on your age, level of excess weight, other existing health conditions, and how well you manage your health and your lifestyle. When you are told which type of surgery is being considered for you, you can read about the risks in a leaflet about that particular operation.

Visit <https://www.royalberkshire.nhs.uk/services-and-departments/surgery/bariatric-and-weight-loss-surgery> to find individual weight loss surgery leaflets.

Before being considered for surgery, you will need to attend a psychological and behavioural assessment to explore whether your ability to care for yourself after surgery might make it too risky to undergo surgery.

Weight loss surgery is only the first step in a series of lifestyle changes that you will need to adopt in order to lose weight and stay healthy. Before your operation, at your assessment appointment, you will be asked to start these lifestyle changes and to attend group education sessions. After surgery, you will need regular hospital appointments and will need to change the way you eat, choosing healthy foods, eating much smaller portions and taking daily nutritional supplements.

Regular exercise is strongly encouraged before and after surgery. It helps to preserve lean muscle tissue when losing weight rapidly after surgery, helps appetite control and promotes feelings of well-being. Exercise may also promote healing and enhance recovery after surgery.

You must be committed to making these lifestyle changes and attending all of your appointments.

Weight loss surgery is usually reserved for people who are seriously overweight and who continue to have a longstanding weight problem, despite making numerous attempts to lose weight.

Your local integrated care board (ICB) controls the local health budget and must agree to fund your treatment for your bariatric surgery to go ahead. To be considered for surgery you must:

- be willing to attend all recommended outpatient appointments and assessments.
- be generally fit for anaesthesia and surgery.
- be aged over 18 years
- be ready to commit yourself to long-term follow-up; and
- have a BMI over 40 (or 35-40 with an obesity-related illness, such as diabetes or sleep apnoea)

(BMI = Body Mass Index - is a measure of your weight in relation to your height. It is calculated by taking your weight in kilograms (kg) divided by your height in metres squared (m²).

Most ICBs will not fund surgical removal of excess skin resulting from weight loss surgery.

Multidisciplinary Obesity and Bariatric Specialist Team

Our service offers you the opportunity to see various specialists to ensure that you receive the best treatment, safely – these specialists together are known as the multi-disciplinary team. The team includes:

Obesity Physician and Endocrinologists – Dr Theingi Aung, Dr. F. Kavoura

Upper GI and Obesity Surgeons – Mr James Ramus, Mr Greg Jones, Ms Marianne Sampson and Mr Mohamed Mahmalat

Anaesthetists – Dr Simon Coleman, Dr Kate Patterson, Dr Claire Sealey

Clinical Nurse Specialists – Kath Hallworth-Cook, Sandra Katswere

Diabetes Bariatric Nurse – Thandiwe Mwanza

Specialist Obesity and Bariatric Dietitians – Jac Kelly, Jacqui Copp, Lisa Lovell

Obesity Clinical Psychologist – Dr Ildiko Ridley

Interventional and Bariatric Radiologists – Dr Charlotte Robinson, Dr Jonathan Stedman

Compassionate

Aspirational

Resourceful

Excellent

Appointments

We require a referral letter from your GP, which should be addressed to Dr Theingi Aung, Consultant Physician, before any appointments can be made.

- An **initial group session**, delivered on-line by a bariatric specialist nurse. This will give you a video to watch with detailed information about the different types of surgery available, outlining the pros and cons of each operation and the opportunity to ask questions.
- An **initial assessment clinic**, where you will meet an endocrinology doctor and dietitian. This is to ensure that all aspects of your obesity and other medical conditions have been taken into account when making the decision about whether surgery is the most suitable option for you. A timeframe for your surgery will be discussed with you at this appointment.
- An assessment with our **clinical psychologist** to identify if you need some extra support either before or after surgery. All patients will be asked to see the specialist obesity psychologist:
 - For assessment and treatment of unhelpful eating habits that may stop you from losing weight after surgery.
 - For a referral, where necessary, to an appropriate service for treatment of major mood disturbances prior to being reconsidered for surgery.
 - To rule out significant, unmanaged psychiatric (mental) illness that may mean that you are unsuitable for these types of surgery.
 - If necessary, you will be referred for specialist eating disorder treatment before contemplating surgery.
- All patients will be asked to see the **specialist bariatric dietitian** and must attend these appointments to continue with the assessment process. You will be advised on healthy eating behaviours and diet before surgery. Following this advice before your surgery will help you to achieve successful weight loss and can also reduce the risks after surgery. You should use the assessment period as a great opportunity to kick-start your healthy eating habits, which can also start weight loss before surgery. If you continue healthy eating behaviours after the surgery you will successfully reach your weight loss targets.
- **Other specialists** for further assessments to assess fitness. Some patients are at a higher risk of developing complications during or after surgery due to pre-existing illness. You may be referred to:
 - Respiratory (chest) physicians for:
 - Sleep studies – if you are at risk of stopping breathing when you are asleep (apnoea).
 - Respiratory function – if you have breathing difficulty from lung diseases.
 - Cardiologist (heart specialist) – if you have or are at risk of developing heart disease.
 - Endoscopy – if you have a history of significant acid reflux.

Other important points

- A **weight loss guideline is set** and will be discussed with you so your risks at surgery are reduced and you learn and practice the healthy eating and exercise habits that will be necessary after surgery and for the rest of your life.

- **Cigarette smoking:** Bariatric surgery represents a turning point in your life, so if you are a smoker, now is the time to give up. Smokers are much more likely to have problems with anaesthetics, increased risk of gastric ulcers and slower recovery from surgery. **Please stop smoking for at least 6 months prior to your surgery. This also includes the use of any product containing nicotine, e.g. vaping, patches, gum etc.** Nicotine affects blood flow to your stomach and bowel, which increases the risks of serious complications after surgery. This really does make a big difference to the anaesthetic and your body's ability to heal. Everyone who is a current or recent ex-smoker on referral, will be tested with our 'smoking machine' prior to surgery. **You will not be able to go ahead with surgery unless you have stopped smoking.**

Pre-op support programme

The purpose of this programme is to provide support and education in order to make the lifestyle changes required for successful weight loss following surgery. To be eligible for your operation, you must complete the Pre-op Support Programme.

Pre-surgery review appointment

The purpose of this appointment is to check the progress on the following:

- Reports back from other assessments and Pre-op Support Programme.
- Check the progress of weight loss.
- Make sure that surgery is right for you.

If everything is in place and you are ready to go forward, the consultant will refer you to the surgeon. You are also encouraged to attend at least one post-operative support group meeting, where you can speak to patients who have already had surgery. Talking to other patients who have been through the same experience is the best way of finding out the most important details.

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

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

Reviewed by RBFT Bariatric Dietitians (Centre for Diabetes & Endocrinology, August 2024).

Next review due: August 2026.