

## Which operation is right for me?

There is no straightforward answer to this question! It is likely that you will have your own ideas as to what is the right operation for you. Our job is to provide you with information and experience to help you decide. It will be a joint decision between you; the surgeon and the rest of the Obesity team members.

Listed below are some factors you will need to consider in order to decide the right choice of operation for you:

### 1. How quickly do I need to lose weight?

The different types of surgery make you lose weight over different time periods. With the bypass and the sleeve gastrectomy the weight loss is more rapid, where most is lost within the first 6-12 months. After this it slows down. With a band there is a more steady weight loss over years, where you can expect to lose between 0.5-1kg/week. By about 4 years, the weight loss following both procedures is similar as long as you work closely with the specialist team.

### 2. What other health problems do I have?

If you have other health problems linked to your weight such as diabetes, high cholesterol or high blood pressure, losing weight with surgery will help improve them. A bypass has a higher success rate in putting diabetes into remission and may be more suitable.

### 3. Am I planning to get pregnant?

It is not advisable to get pregnant when rapidly losing weight such as with the bypass or sleeve gastrectomy. This is because your body may not be getting all the essential nutrients. It is advised that you should wait for at least one year after having a gastric band and two years after having a gastric bypass or sleeve gastrectomy. It should also be noted that with the weight loss your body becomes more fertile and therefore precautions need to be taken.

### 4. Does what I like to eat affect my choice of operation?

If you tend to eat a lot of sweets and chocolates and find it hard control this, you maybe more suited to a bypass. Many people with a bypass experience unpleasant side effects when eating sugary foods. This leads to actually avoiding the foods all together. Do you

like to eat fatty or fried foods? These foods are high in energy and make it hard to lose weight if eaten regularly. When taken with a bypass they could give you diarrhoea or loose stools, putting many people off eating them all together. Following a bypass many patients also report that their tastes change so they do not crave fatty or sugary foods. This is not the case with a band and if you continue to eat them, even in small quantities, they can still slow down the weight loss. With a band some starchy carbohydrates, for example white bread, chips or pasta, may be more difficult to eat, so if these are the types of foods you find difficult to resist, a band may be more suitable for you.

#### 5. What if I have problems with binge eating?

Surgery is not designed to prevent or stop you from eating and will not stop binge or emotional eating. Therefore, it is best to get treatment for these problems before having surgery.

#### 6. Am I committed to work closely with the obesity team and attending regular hospital appointments?

It is important to attend regular hospital appointments after your surgery to ensure everything is going well and you are losing weight safely. You will see the dietitian and the doctor/nurse every 6-12 weeks initially. This is to make sure you are able to eat adequate nutrition. You will also need to have regular blood tests and band adjustments if you have had a gastric band put in. Appointments may be at the Royal Berkshire Hospital, West Berkshire Community Hospital or Royal Berkshire Bracknell Healthspace, and while we will try to offer you an appointment at the most convenient location, this is not always possible.

#### 7. Will my eating habits and lifestyle have to change after having surgery?

It is commonly thought that this surgery will force you to follow healthy eating patterns and lifestyle, but this isn't true. This surgery will help you to lose weight but it won't make it happen without your hard work and determination. All of the weight loss procedures help restrict how much food you can take at one time helping you to limit food intake, thus lose weight. However, surgical treatment will not physically stop you from eating your favourite energy dense snack foods, e.g. crisps, chocolates, biscuits, cakes etc. You will need to use your will power to stop eating these. Even in smaller quantities they will still provide your body with unwanted energy and fat, slowing down your weight loss. Many people find that once they have had the surgery and the weight is coming off, they feel better within themselves and feel more motivated to exercise more and stick to a healthy diet.

#### 8. Is the procedure reversible?

The gastric band can be removed in an emergency or if you experience severe complications. However, you should not go into the operation with the intention to have it

undone in the future – the band is designed to be with you for life and if the band is removed then your weight is likely to return to what it was before surgery.

## 9. Will I need a further operation if things go wrong?

It is unlikely that a re-operation will be needed for any of the weight loss procedures. Generally with bypasses there is a very small risk of needing a re-operation for a ‘complication’ within the first few weeks but it is very rare to require one in the long-term. However, about 1 in 12 patients having a gastric band will need a further operation at some time in the future, most commonly involving repositioning of the band if the band slips or repositioning/replacement of the access port if it becomes damaged or dislodged. This table summarises some of the risks and benefits of each operation.

<b>Considerations</b>	<b>Gastric band</b>	<b>Gastric bypass/sleeve gastrectomy</b>
Death rate.	Less than 1 in 1000	Around 2 in 1000
Complication rate.	10% (mainly late).	20% (mainly early).
Average stay in hospital.	12-24 hours.	24-48 hours
Side effects of the operation.	Nausea, vomiting.	Nausea, vomiting, dumping syndrome, diarrhoea, nutritional deficiencies, gallstones.
Complications of the operation.	Slippage, pouch dilatation, band erosion, infection of port or band.	Leaks, bleeding, internal hernia, ulcers or strictures, bowel obstruction.
Average excess weight loss over 2 years.	50-60% excess weight.	65-75% excess weight. Improvements in obesity related illnesses such as diabetes or sleep apnoea will be seen quicker following a bypass or sleeve gastrectomy.
Degree of patient dietary compliance and follow up required to lose weight.	High. Starchy carbohydrates may be more difficult to eat with a band which can act as a deterrent but the band requires correct food choices and textures to be successful.	Medium. Sweet eaters may prefer a bypass because dumping syndrome, an unpleasant side effect of high sugar intake, will prevent you from eating sugary foods. Patients also report decreased hunger and appetite due to hormonal changes following a bypass and sleeve gastrectomy procedure although these changes may only be temporary.

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