

The first 6 weeks after gastric band/bypass surgery

Eating and drinking

In the first 4-6 weeks after the operation it is vital that you keep to the diet that we have advised in order to reduce the possibility of complications and in the case of a gastric band, this allows the band to settle in the correct position. It is important to keep to the diet and not rush or skip stages in order to allow your pouch and intestines to heal if you have had a bypass or sleeve, as well as to reduce discomfort, the risk of vomiting or if you have had a band, the risk of the band slipping and needing removal. Your diet will progress from liquid to solid foods.

Gastric bands:

- Stage 1 Fluids only
- Stage 2 Pureed foods
- Stage 3 Soft/mashable foods
- Stage 4 Normal healthy eating

Gastric bypass:

- Stage 1 Fluids only
- Stage 2 Runny puree
- Stage 3 Thicker puree
- Stage 4 Soft/mashable foods
- Stage 5 Normal healthy eating

Drink very slowly by taking small sips. Try not to gulp. You need extra fluids after the operation and may find you cannot drink a whole glassful at once so have several small drinks between each meal. Try to take a pint more water than you usually would in a day. Avoid fizzy drinks and drinking through a straw as these may cause wind trapping in your stomach which can be painful. Avoid caffeine containing drinks as these act as a diuretic (make you pass water) and can contribute to dehydration.

Start with small amounts, but stop eating if you feel any discomfort. You should chew the food thoroughly and eat slowly aiming for a 20p sized mouthful every minute.

The dietitian will provide you with more detailed info about eating and drinking after surgery.

Exercise

Most people lose some weight quite quickly after the surgery and feel more energetic quite soon after the operation. Start walking more as soon as you feel able. With time you should gradually try to increase this until you are walking for a total of 30 minutes every day. You should aim to walk at a speed that makes you slightly short of breath and slightly sweaty. If you attend a gym or fitness club, you should have a break of at least 4-6 weeks and then gradually get back into it.

Sleeping

You will find it more comfortable to sleep propped up in a semi-sitting position using several pillows.

Returning to work

Most patients are back at work by 2 weeks after their gastric band surgery and 4-6 weeks after a bypass operation. If your job involves heavy lifting or stretching, check with your surgeon pre-operatively about how long you should plan to take off.

Driving

You should be able to drive again after 2 weeks (if you can do an emergency stop, it is safe to start driving again).

Alcohol

Because you are eating only a small amount, and because alcohol gets absorbed more quickly after the operation, you may be more prone to the intoxicating effects of alcohol than you used to be so take care and avoid driving after drinking any alcohol. Be aware too of the fact that alcohol contains liquid calories and will bypass the effects of your surgery.

Support available after surgery

It really takes time to get used to eating such small amounts and not being able to eat the foods you want. Initially, it will be necessary to take liquids and then gradually progress towards normal food. Even when fully recovered, you will not be able to eat as you did prior to surgery. You will have to eat slowly, chew your food well and even then certain food will have a tendency to stick. White bread and stringy meat are particular culprits in this regard. If you have had a band you may be frustrated by the slowness of early weight loss. The key to success is to be patient. It may take a few band adjustments to get the optimal satiety levels right for you. You are not alone! You will be able to call and obtain telephone advice and support from the clinical nurse specialist and specialist dietitian. Many people also seek help and support from other people who have also had surgery.

Further follow up after surgery

Roux-en-Y Bypass: People who have undergone a bypass will be followed up at 6-8 weeks following surgery. At this appointment you could see the surgeon, obesity physician and dietician. You will then be followed up every three months for the first year, six monthly for the second year and then have yearly reviews for life, either at this hospital or with your GP.

Gastric band: Your first appointments are with the surgeon about 3-4 weeks after surgery and you will be booked for your first band fill in the X-ray Department at about 6-8 weeks after surgery. You will then be seen every 6-12 weeks thereafter by the obesity specialist,

specialist nurse or dietitian for the first year. Further band adjustments will be organised as appropriate.

Blood tests post-op for life

It is important that you know that after the operation you must have regular blood tests at your GP surgery to check that you are not developing any problems as a result of your surgery. The tests will be every 3 months in the first year and then every 6 months after that, for life. We will write to your GP to tell him or her which tests are needed, but you will need to make the appointment for them to be done at the intervals we recommend.

Possible problems

Regurgitation – Contrary to some things you may have read about gastric band/bypass surgery, regurgitation or vomiting is not common. If you get full but continue to eat more or eat quickly without chewing thoroughly, chances are an episode of vomiting/regurgitation will result. You will have to "re-learn" your way of eating by eating slower, chewing food well and stopping when you feel no longer hungry

Diarrhoea – Your bowels should quickly return to normal after the operation, although diarrhoea is not uncommon to start with. This is especially the case if you have had gastric bypass surgery but should settle or if the diarrhoea returns it is usually caused by what you are eating. The most common reason is eating foods high in sugar such as sweets or chocolate or foods high in fat such as crisps or fried foods. Make sure you drink extra fluid if you have diarrhoea until it settles but make sure to avoid sugary drinks which will make the diarrhoea worse. It will settle as long as you avoid the foods causing the diarrhoea.

Constipation – Your body will take a little time to adjust to the smaller quantity of food you are eating. To prevent or treat constipation, drink more water – about a pint a day more than you used to.

Dry skin – Many patients report developing very dry skin when losing weight rapidly. You can help prevent and combat this by drinking plenty of fluids, taking your multi-vitamin and applying a good moisturising cream daily.

Transient hair loss – Hair loss and hair thinning is a common side-effect which may occur during the first 6 months. Although it is alarming, it will not lead to baldness and is *reversible*. Once your weight stabilises and you take in more protein, the hair will grow back. Hair treatments and perms should be avoided. Be sure to take in an adequate amount of protein. Most patients report that their hair returns fuller and thicker than before.

Dumping Syndrome – If you have had a gastric bypass or sleeve gastrectomy, a condition known as dumping syndrome can occur after eating too much sugar. Symptoms can include vomiting, nausea, weakness, sweating, faintness and diarrhoea. Whilst it generally isn't considered a serious health risk, it can be very unpleasant and can happen after

eating only small amounts of easily absorbed sugar e.g. sweets or sugary drinks. It is important not to treat these symptoms by eating more sweet foods or sugary drinks as it will only make the symptoms worse.

Important – please note:

If you have:

- A persistently high fever.
- Sudden shortness of breath, chest pain or a rapid pulse.
- Pain, redness or swelling in one or both of your legs.
- Difficulty in swallowing that does not settle after changing back to clear fluids for a few hours.
- Severe abdominal pain.
- Uncontrollable vomiting.
- Any other concerns.

Please contact us by telephoning the ward that you were discharged from, or in an emergency go to the nearest Accident and Emergency department.

Gastric band fills

The first band fill is at 6-8 weeks following surgery and is done in the X-ray department so they can check that the band is in the correct position. Subsequent band adjustments will depend on whether you have obtained adequate satiety (satisfaction after eating) and will be done in either the X-ray department or by the bariatric nurse specialist. The volume put in will be adjusted to your individual needs.

We are guided by what you tell us and the table overleaf in deciding whether further fluid is needed. Problems can arise if the band is too tight and typically patients will start to gain weight. This occurs because they start to take high calorie liquids or softer foods which prevents the band from working properly. Typical problems can include reflux/heartburn, regurgitation and difficulty or pain on swallowing. A band that is too tight is likely to lead to complications such as a pouch dilatation (stretching) and band slippage.

Effect of band tightness

Band too loose	Band just right	Band too tight
Needs to eat a large meal to feel satisfied	Eats small meals: feels satisfied after small meal	Can't eat textured food because it sticks and will not go through
Becoming hungry between meals and seeking food	Not seeking food between meals	Suffers from heartburn or regurgitation
Not losing weight or gaining weight	Losing 1 to 2 lbs in weight per week	Not losing weight

Follow up group sessions with the psychologist

These fortnightly group sessions aim to provide a supportive environment in which you can discuss struggles and successes with people who have been through a similar pathway to yourself, though there is no obligation to contribute more than you feel comfortable. These groups can help you to keep sight of your personal goals whilst on your bariatric journey, and can offer support at times when things may feel more difficult.

Each session focuses on a different topic such as adjusting to changes, emotional eating, communication, issues around friends and family, managing plateaus and body confidence, as well as time for any specific issues or concerns group members might wish to discuss on the day. Information on when and where these sessions are running is available at your dietetic appointments, or you can call the Clinical Health Psychology admin number 0118 9296474 or email bks-tr.ClinicalHealthPsychology@nhs.net for any post-op group enquiries.

Useful websites

British Obesity Surgery Patient Association: www.bospauk.org

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

For more information about the Trust, visit our website www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

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