

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

The hospital will contact you once a bed and operating time have been booked for you. 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.

Once you have a date for surgery you will be seen by the bariatric nurse for a pre-op assessment.

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 will usually see the anaesthetist when you come to meet the surgeons in Greenlands Outpatient Department, but in some cases it may be necessary to send you a separate appointment. Your anaesthetist has been specially trained to treat obese people and will look carefully at your medical history and tests that have been performed. 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 mobilised as soon as practical after the operation and drugs are 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. You will be advised on the principles of the pre-op liver shrinkage diet (see below) and how to prepare for the surgery. You will also be given information about the impact that the surgery is going to have on your eating and drinking.

In preparation for your weight loss operation it is important to continue trying to lose weight as well as taking any 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 shrinkage diet

Before your operation, it is important to follow a special pre-op diet to help prepare your body for the surgery. Many people needing obesity surgery have a large fatty liver, which can cause difficulty for the laparoscopic/ keyhole surgery. Therefore, it is necessary to follow a strict diet that is low in dietary carbohydrate and fat (you will be given a detailed dietary information sheet for this). This diet should be strictly followed for at least 2-3 weeks prior to surgery. It is essential to follow this diet; otherwise the liver could bleed heavily during surgery or there could be injury to organs. If this happens, the surgeon may have to do open surgery, instead of a laparoscopic procedure or even postpone surgery. This diet will encourage the body to use up carbohydrate that is stored in the liver, thus helping to shrink the size of the liver.

If you smoke...

You must give up smoking at least three months before your operation. 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 your room.

Most patients who have had a gastric band will go straight 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.

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 form. Once home, if you need to take anything for discomfort or pain, paracetamol or ibuprofen 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. Nurofen Meltlets or 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. 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 your pre-op assessment) in case there are any problems or if you need any advice. Please arrange for a responsible adult to take you home by car. You should 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.

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

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

Centre for Diabetes and Endocrinology

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