

Weight loss (bariatric) surgery

Bariatric surgery, or weight loss surgery, refers to the operations designed to reduce weight (bariatric comes from Greek meaning weight). Operations work by typically reducing your appetite or helping restrict the amount you are able to eat in one meal. The term does not include procedures for surgical removal of body fat such as liposuction or abdominoplasty (tummy tuck).

The most widely performed procedures are the adjustable gastric band, gastric bypass and sleeve gastrectomy. All operations are usually performed laparoscopically (by keyhole surgery), which will help you to get up and around 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 continue to observe the amount of food they eat. Scientific research demonstrates that obesity surgery resulting in weight loss can reduce health problems considerably, as shown in the following table:

Health improvements after weight loss surgery

Cure of diabetes	50-85% of patients
Improvement in diabetes	80-95% of patients
Cure of high blood pressure	40-68% of patients
Improvement or cure of sleep apnoea	70-95% of patients
Reduction in risk of death (particularly from heart disease and cancer)	25-40% 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 go through the decision process, ask yourself if you are up to the challenges you will face. First of all, you will be required to have a full medical assessment to ensure that you are fit for an operation. Weight loss surgeries are major operations that involve risks and may lead to significant short-term and long-term health complications. The risks and complications vary according to the types of surgical procedure you elect to have and often depend on your age, level of excess weight, other existing health conditions, and how well you manage your health and your lifestyle.

Before being considered for surgery you will have a comprehensive psychological and behavioural assessment. Significant psychological issues that may affect your ability to care for yourself after surgery would 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. You will be required to start making these lifestyle changes 6-12 months prior to surgery and attend regular hospital appointments before and after surgery and completely change the way you eat. This will involve choosing healthy foods, eating much smaller portions and taking daily nutritional supplements. Regular exercise is strongly encouraged before and after surgery. Exercise preserves lean muscle tissue when losing weight rapidly after surgery and may also help reduce appetite. Exercise may also help reduce surgical complications, promote healing and enhance recovery after surgery. You must be committed to making these lifestyle changes and attending 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.

You will need to meet national guidelines for an operation, which have been drawn up by NICE (National Institute for Clinical Excellence). In addition your local Clinical Commissioning Group (CCG) 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 meet the following:

- You must be willing to attend all recommended outpatient appointments and assessments.
- You are generally fit for anaesthesia and surgery.
- You are aged between 18-65 years.
- You commit yourself to the need for long-term follow-up.
- You have a BMI of 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).

We need to make you aware that most CCGs will not fund surgical removal of excess skin resulting from weight loss surgery.

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

Multidisciplinary Obesity 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 members are as follows:

Obesity Physician and Endocrinologist – Dr Theingi Aung

Upper GI and Obesity Surgeons – Mr James Ramus, Miss Marianne Sampson, Mr Gregory Jones

Anaesthetists – Dr Kathy Krzeminska & Dr Kim Soulsby

Clinical Nurse Specialist – Kath Hallworth-Cook

Endocrine/Obesity Nurse – Elizabeth Kasimba

Obesity Specialist Dietitian – Anne Grive

Obesity Clinical Psychologist – Dr Abigail Wroe

Interventional and Bariatric Radiologists – Dr Naid Rahim, Dr Charlotte Robinson

Appointments

- You will be seen at the initial assessment clinic by metabolic physician, dietitian and clinical psychologist for initial assessment 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.
- You will also be invited to come to group sessions by a bariatric specialist nurse to give you detailed information about the different types of surgery available, explaining the pros and cons of each.
- You may be referred to other specialists for further assessments such as a cardiologist or chest physician for the assessment of obstructive sleep apnoea if indicated. Who you are referred to really depends on your individual situation (which will be assessed for you).
- A weight loss target to achieve before surgery (5% of initial weight) will be discussed with you in order that your risks at surgery are reduced and that you learn and practice the healthy eating and exercise habits that will be necessary after surgery and for the rest of your life. We aim to schedule your operation 12 months after your initial appointment, only if you achieve this target.
- Cigarette smoking – surgery represents a turning point in your life so if you are a smoker, now is an excellent time to give up. Smokers are much more prone to experiencing problems with anaesthetics and recovery from surgery. **Please stop smoking for at least 3 months prior to your surgery.** This really does make a big difference to the anaesthetic. I'm afraid you will not be able to have the operation unless you have stopped smoking.

Appointment with the dietitian

All patients will be asked to see the specialist obesity dietitian. All patients must attend these appointments to move forward with the assessment process. You will be advised on how to lose weight before surgery – it will make the surgery easier and will reduce the risks associated with it.

You should use the assessment period as a great opportunity to kick-start your weight loss and also to help get into the habit of eating a healthy diet. If you continue to eat this way after the surgery you will manage to successfully reach your weight loss targets.

Psychology appointment

All patients will be asked to see the specialist obesity psychologist for:

- Assessment and treatment of unhelpful eating habits, which may stop you from losing weight after surgery.
- Where necessary, referral to an appropriate service for treatment of major mood disturbances prior to being reconsidered for surgery
- Excluding significant, unmanaged psychiatric illness that may render you unsuitable for these types of surgery.

If necessary, you will be referred for specialist eating disorder treatment before contemplating surgery.

Other specialist appointments 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 (sleep 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.

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. In order to be considered for an operation, you must complete the Pre-op Support Programme first which is usually six group sessions over three months, depending on your BMI and other medical conditions.

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, the consultant will refer you to the surgeon.

You are also encouraged to attend at least one postoperative support group meeting to 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.

Further information

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.

Centre for Diabetes and Endocrinology, March 2018

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