

hydrate you through a drip. You may get a very dry mouth. The nurses will offer you mouth washes and you will be able to gargle as long as you do not swallow anything. When the results of your swallow test are known, you will be able to start drinking, very slowly at first. At meal times you will also be able to start to eat a liquid meal. You will not be discharged until you are managing to eat and drink successfully. The specialist dietician will have already discussed the post-operative diet with you in detail and provided you with a written diet plan for the weeks after surgery. They may also see you on the ward. Your diet will gradually build up to more solid food. You must avoid drinking fluids at the same time as food to avoid vomiting and dumping syndrome (see below). Use the diet plan as a guide but it will be trial and error over what food you can manage at first and it takes time to get used to feeling fuller more quickly. The first 3 months can be difficult and it is not uncommon to occasionally feel sick or regurgitate food but this should settle completely with time. If you are unsure about your diet or fluids, ask to speak to the dietician before you are discharged from the ward, or ring up for advice (01122240) if you are in-between outpatient appointments. Do not struggle on unnecessarily; our specialist dietician/nurse will always be happy to advise you. Dumping Syndrome This is an unpleasant set of symptoms including feeling sick, weak, faint, sweaty and diarrhoea. It is where the food in your stomach is either too liquid and sugary or too quickly washed into the small intestine through the join. This is why it is vital to never have sugary drinks. You should also avoid drinking liquids 30 minutes before or 1 hour after a meal. (More common in Roux-En-Y Gastric Bypass and Single Loop Gastric Bypass)

DISCHARGE AND MEDICATION ADVICE

You must take the discharge medication below as outlined on your discharge letter: • Vitamin D and calcium (in a combined tablet) e.g. Calceos® or Calcichew® D3 Forte • A multivitamin A-Z complete with iron (e.g. Forceval® or other alternatives are available, please seek advice from your pharmacist) o Please note: ensure you leave a gap of 3 hours between taking the vitamin D and calcium combined tablet and the A-Z multivitamin. • Lansoprazole 30mg (oro-dispersible) once daily for 4 weeks • Low Molecular Weight Heparin injections (a total of 3 days including your inpatient stay) • 3 weeks following your surgery, your surgeon or specialist nurse may recommend that your GP commences vitamin B12 injections every 3 months or a daily tablet of Cyanocobalamin, as your

listed. The list is not exhaustive. If you have any of these after your operation, you may require an emergency re-operation in order to correct the problem or longer stay and treatment in hospital. The surgeon will also discuss with you your estimated mortality rate from this kind of surgery. This varies greatly between each patient. Everyone has different risks based on their weight and other illnesses. The average risk to life is around 1 in 300. On rare occasions a laparoscopic (keyhole) procedure is not possible and in this case an open (abdominal incision) operation would be performed. This will be discussed with you before surgery

YOUR STAY IN HOSPITAL AFTER WEIGHT LOSS SURGERY

When you have had your surgery you may spend some time within the recovery area of the operating department. They make sure you are not in pain and awake enough to be transferred to the Critical Care Unit or a High Observation Bed where nursing staff can monitor you carefully, usually for your first night after surgery. You will have your blood pressure and other vital measurements taken regularly throughout the night. When you need to use the toilet the nurse will help you get up to go if needed. A catheter is NOT routinely needed. It is important to start moving and walking as soon as possible after your operation, to reduce the chance of blood clot or chest infection developing. You will be wearing compression stockings and/or mechanical compression boots to encourage circulation after surgery. Please make sure your friends and relatives are aware you will not be on the ward for your first night after surgery. It is normal to spend your first night after surgery on the Critical Care Unit or a High Observation Bed. You will be transferred to the ward and stay a further 1-3 days

POST-OPERATIVE SWALLOW TEST

Shortly after your operation, on the first or second day usually, you may have a contrast swallow test. This is an X-ray test where you will be asked to swallow some colourless liquid (contrast), which then passes through your stomach and bowel and can be seen on X-ray. It will show the doctors if there are any leaks or blockages. Once this is confirmed to be normal, you will be able to start drinking and eventually start your diet plan. Until this test is completed, you will often have IV fluids (drip), to make sure you have enough fluid in your body and therefore do not get dehydrated.

EATING AND DRINKING AFTER WEIGHT LOSS SURGERY

You will not have anything to eat or drink until after your X-ray swallow test. The doctor will inform you when you can start to drink fluids. Until this time you will have fluids to

HOW ARE THESE OPERATIONS PERFORMED?

These operations are usually completed by “laparoscopic” (keyhole) surgery. Several small cuts (1cm or less) are made to place hollow tube “ports” into the cavity of the abdomen. Long thin instruments and a camera are passed into the “ports” to allow the surgeon access to your organs. The abdomen is temporarily inflated with a gas (carbon dioxide) to create the space in which the surgeon works. It is necessary for you to have a general anaesthetic (be asleep) whilst your abdomen is inflated by this gas. At the end of the operation the gas is released, the wounds are sutured and you are woken up. If you have a sleeve gastrectomy the stomach is removed through one of the keyhole wounds. Occasionally internal scar tissue, a large heavy liver or other problems prevent the surgeon performing the operation through keyhole surgery. This may require a larger incision (“conversion to open”) or abandoning surgery altogether for safety reasons

CAN THERE BE ANY COMPLICATIONS OR RISKS?

There are always risks of complications associated with surgery. Overall, less than 1 in 30 patients experience a serious complication. Risks are increased by heavier weight (higher Body Mass Index (BMI)) and medical conditions associated with weight gain. Immediate and short term complications: • Conversion to a conventional operation (uncommon) • Anastomosis or staple line leak and peritonitis (uncommon) • Wound infection (uncommon) • Bleeding (uncommon) • Death (very uncommon) Anaesthetic complications after surgery • Heart attacks (uncommon) • Chest infections (uncommon) • Deep vein thrombosis and pulmonary embolism (uncommon)

Longer term complications

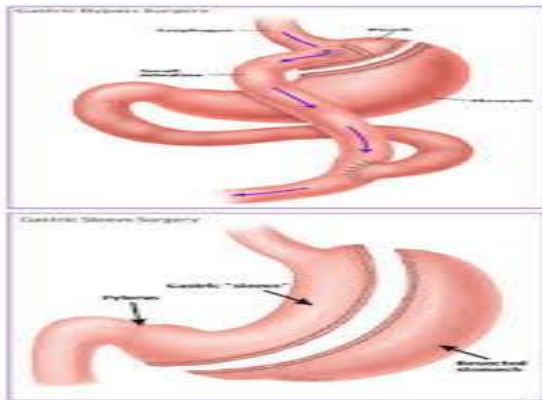
• Stomach ulcers (uncommon) • Strictures (uncommon) • Adhesions • Internal hernia causing obstruction (uncommon) (Single Loop Gastric Bypass and Roux-En-Y Gastric Bypass only) • Nutritional deficiencies after surgery • Less predictable drug and alcohol absorption • Infertility, contraception and pregnancy • Depression and maladaptive eating (uncommon) • Weight gain and recurrence of obesity related illness

Single loop gastric bypass only

• Bile reflux (uncommon) • Inflammation or risk of cancer changes in stomach pouch (very rare) . All of the common and several of the not so common complications have been



Amin hospital



Caring for your Bariatric Surgery Information(bypass)

a decision, you need to have information from health professionals about the treatment or investigation which is being offered to you. You should always ask them more questions if you do not understand or if you want more information. The information you receive should be about your condition, the alternatives available to you, and whether it carries risks as well as the benefits. What is important is that your consent is genuine or valid. That means: • you must be able to give your consent • you must be given enough information to enable you to make a decision • you must be acting under your own free will and not under the strong influence of another person

Certificate ,educational pamphlet		
Bariatric Surgery Information(bypass)	subject	
Patient education unit(Maryam khanmohamadi)	productor	
Dr. melali	Scientific confirmer	
Specialist in laparoscopic surgery	Job title	
۲۰۲۳	Date of preparation	
First	vip۳	Time to review

Source: Hull University Teaching Hospitals NHS Trust

absorption of this vitamin is affected by weight loss surgery. • Ensure that you wear your anti-embolic compression stockings (TEDS) for ۲ weeks after your surgery. • You can shower but not bathe for ۱ week after your surgery. • Ensure that if you have any dressings you keep them clean and dry for ۳ days and then remove the dressings. Most wounds are closed with absorbable stitches. If you have any bleeding, redness, swelling or excessive pain, please contact the discharging ward, Bariatric Specialist Nurse or your GP. • Your drain site may ooze for few days after discharge but this should stop within ۲ to ۳ days. Additional dressings will be provided by the ward if needed. • Ensure that you have requested a „fit“ note from the ward doctor if you require one. You should expect to return to work after ۲ to ۴ weeks. • Regular blood tests will be required over the ۲ year follow up period and occasionally, additional supplements will be needed if levels fall. • Ensure that you have your dietetic post-operative diet sheets before you are discharged. • Check your car insurance policy before driving. You can usually drive when you can safely perform an emergency stop and turn to look at your blind spot usually after ۱ to ۲ weeks providing you are not taking any medication that may affect your ability to drive. • Do not do any abdominal/heavy exercises for at least ۱ weeks post- operative. • You may resume intimate activities when you are ready. • If you become constipated, before seeking further advice ensure that you are drinking at least two litres of water daily in-between your meals. • Please speak to your doctor for advice if you intend to fly within the next few months. See also

EXERCISE BEFORE AND AFTER SURGERY

You should walk daily straight away. After ۳ weeks you should try to increase your activity with something that is realistic and accessible. Gardening, housework, swimming and dancing are all popular and effective ways to get your heart rate up. Strength exercises such as squats (crouching down) and shoulder shrugs are simple ways to maintain posture and upper body strength. Those with limited mobility should attempt chair-based exercises wherever possible. You can attend the gym after ۳ weeks but avoid heavy weights for ۱ weeks.

GENERAL ADVICE AND CONSENT

Most of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion with the healthcare team. Consent to treatment Before any doctor, nurse or therapist examines or treats you, they must seek your consent or permission. In order to make