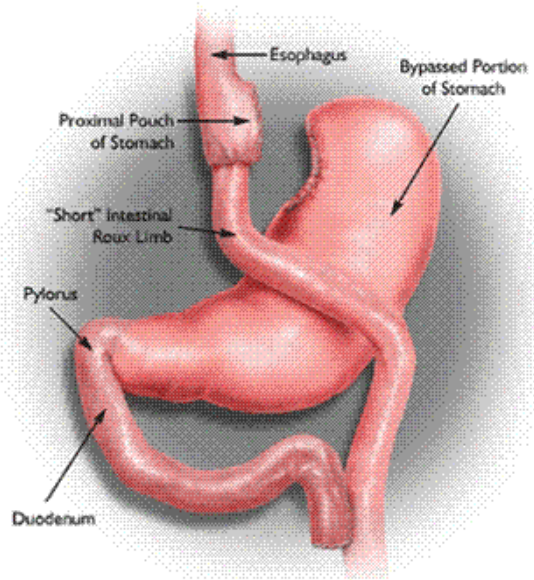


Gastric Bypass Surgery



Gastric Bypass

The most common type of gastric bypass surgery is called a Roux-en-Y gastric bypass.

Gastric bypass surgery makes the stomach smaller and allows food to bypass part of the small intestine. You will feel full more quickly than when your stomach was its original size, which will reduce the amount of food you eat and thus reduce the calories consumed. Bypassing part of the intestine also results in fewer calories being absorbed. This will lead to weight loss.

In normal digestion, food passes through the stomach and enters the small intestine where most of the nutrients and calories are absorbed. It then passes into the large intestine (colon), and the remaining waste is eventually excreted.

In a Roux-en-Y gastric bypass, a small stomach pouch is created which reduces the amount of food you can eat. The smaller stomach is connected directly to the middle portion of the small intestine (jejunum), bypassing the rest of the stomach and the upper portion of the small intestine (duodenum).

How the Operation is Performed

Many surgeons perform this surgery laparoscopically. You will be admitted to the hospital on the morning of your surgery and the expected length of stay is 1 – 3 nights post surgery. The surgeon will make a series of small incisions in your upper abdomen, through which he/she will pass fine laparoscopic instruments and a camera. The expected length of the surgery is between 1 – 3 hours. In some cases people who are very obese, or who have had previous abdominal surgery may not be a candidate for laparoscopic surgery and it will have to be done via an 'open' incision. If this happens then you may find that recovery from the surgery takes a little longer, but it should not affect any weight loss.



The operation will cause some pain and discomfort which can be controlled by pain medication. When you awake from surgery you will have an intravenous drip which will be discontinued as soon as you are able to tolerate fluids.

4 – 6 weeks after the laparoscopic bypass surgery you will be back to normal activities, and should notice some weight loss.

Why is it Done?

Although guidelines vary, surgery is generally considered when body mass index is 40 or greater or you have a life-threatening or disabling condition related to your weight.

Your doctor may only consider doing gastric bypass surgery if you have not been able to lose weight with other treatments.

The following conditions may also be required or at least considered:

- You have been obese for at least 5 years
- You do not have an ongoing problem with alcohol
- You do not have untreated depression or another major psychological disorder
- You are between 18 and 65 years of age.

All surgeries have risks and it is important for you and your health professional to discuss your treatment options to decide what is best.

Advantages of the laparoscopic approach include:

- Reduced post-operative pain
- Shorter hospital stay
- Faster return to work
- No large scar.

How Well it Works?

Most people who have gastric bypass surgery quickly begin to lose weight and continue to lose weight for up to 12 months. One study noted that people lost about one third of their excess weight (the weight above which is considered healthy) in 1 to 4 years. Some studies show that on average, people lose between 66 – 75% of their excess weight in the two years following surgery. Some of the lost weight may be regained.

The laparoscopic approach shows similar results, with 69% to 82% of excess weight lost over 12 – 54 months.

Risks

Risks common to all surgeries for weight loss include:

- Infection in the incision
- Leak from the stomach into the abdominal cavity or where the intestine is connected (resulting in an infection called peritonitis)
- Blood clot in the lung (pulmonary embolism)
- About one third of all people having surgery for obesity develop gallstones or a nutritional deficiency such as anaemia or osteoporosis
- Fewer than 3 in 200 (1.5%) people die after surgery for weight loss.

After a Roux-en-Y gastric bypass:

- An iron and vitamin B12 deficiency occurs in more than 30% of patients. About 50% of those with an iron deficiency will develop anaemia
- The connection between the stomach and the intestines narrows (stomal stenosis) in 5% - 15% of patients, leading to nausea and vomiting after eating
- Ulcers develop in about 5%-15% of patients
- The staples may pull loose
- Patient may develop a hernia
- The bypassed stomach may enlarge, resulting in hiccups and bloating.

What to Expect After Surgery

You will normally be hospital for 1 – 3 days after a laparoscopic surgery. You will be allowed small sips of water from the evening of your surgery. You will be expected to be out of bed the day following surgery and should ask for pain medication when needed.

On the first day post surgery you may have an x-ray of your stomach. The x-ray is a way for the surgeon to know if the stapling of the stomach is okay before allowing you to eat. You will probably be able to remain on a liquid diet for one week. After this the surgeon will allow you to start a semi-solid diet for one week. Following this you will be able to commence a solid diet.

Patients are encouraged to walk and engage in light activity. Pain after laparoscopic surgery is generally mild although some patients do require pain medication.

After the operation, it is important to follow your doctor's instructions. Although many people feel better in just a few days, remember your body needs time to heal. You will probably be able to get back to most of your normal activities in one to two weeks time. These activities include showering, driving, walking upstairs, and work and light exercise.

What to Think About

In gastric bypass surgery, the part of the intestine where many vitamins and minerals are most easily absorbed is bypassed. Because of this, you may have a deficiency in iron, calcium, magnesium and some vitamins. This can lead to long term problems such as osteoporosis. In order to prevent vitamin and mineral deficiencies you may need to work with a dietician to plan meals, and you may need to take extra vitamin B12 as tablets, injections or nasal spray.

There is also the possibility that you may develop gallstones after gastric bypass surgery. Sometimes the gallbladder is removed as part of the surgery, but if it is not removed, you may need to take medication to prevent gallstones.