

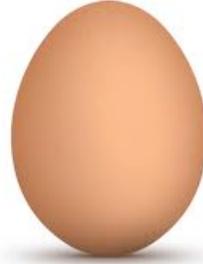
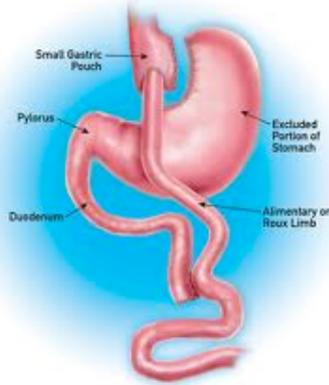
Roux en-Y Gastric Bypass



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The Roux en-Y bypass procedure has been performed since the 1960's. The procedure is now usually carried out laparoscopically and patients spend two-three nights in hospital. The bypass has been shown to halt or cure diabetes. Weight loss is usually rapid and patients can expect to lose 65-70% of their excess weight.

Gastric bypass and how to achieve a good outcome

The bypass works primarily through the restriction of food and the malabsorption of fat as the food passes through the shortened digestive system. It also induces a feeling of early satiety. The bypass involves reducing the stomach to a pouch the size of a small egg. The amount of food that can be eaten at any one time is severely restricted. There are also unpleasant side effects to the bypass that act as a deterrent to inappropriate eating. So called 'dumping' syndrome occurs after consumption of high fat and sugar foods and leaves the body in shock, causing nausea, and a general feeling of weakness. All bariatric surgery carries risks and involves a general anesthetic. But unlike the band the bypass tends to have fewer

complications post surgery.

Who is appropriate for a Gastric bypass?

Gastric bypass is generally suited to patients who fall into the following categories.

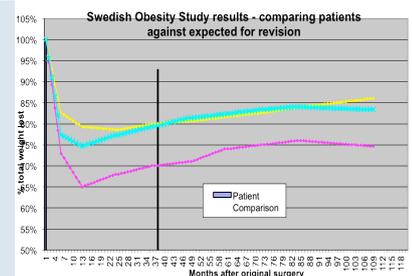
- People with a higher BMI and those with diabetes
- Older people and people with poor mobility who cannot exercise
- People with little will power who need extra support
- People with a number of medical co-morbidities who

require more rapid weight loss on medical grounds

Whilst a bypass is considered to be a more assured means of weight loss it still requires a certain amount of compliance and commitment to change. It is harder to sabotage the by-pass with inappropriate eating, however, where there is a will there is a way! After surgery food is severely restricted; but whilst the feeling of hunger may have been removed. So called head hunger or a desire to comfort eat

WEIGHT LOSS THE FACTS

- On average people can lose 65-70% of their excess weight
- There is an eighteen month opportunity for weight loss before the body adjusts and weight loss plateaus
- After two years most people experience some weight regain. The Swedish Obesity Study (opposite) charts the expected weight regain from a study of over 10,000 subjects.



When it goes wrong...

The bypass requires less maintenance than the band however there are some serious complications that can arise.

Anastomotic Leak

Occasionally the joint between the bypass and the gastric pouch may leak at the joint between intestine and pouch. This is rare occurring in 1:100 people and will usually happen within the first few days of surgery.

Wound Infection

Wound infection is uncommon after laparoscopic surgery but if it does it can be treated effectively with antibiotics.

Bleeding

Bleeding post surgery occurs in 1:100 people and results in blood leaking into the intestines or abdominal cavity. When this happens it can usually be managed without surgery through blood transfusions.

Longer Term Problems

These include malnutrition due to poor diet. Hair loss, which is a common side effect of bypass surgery, is due to vitamin deficiency. Some patients also develop maladaptive eating including anorexic behaviour.

As surgical procedures develop and advance the chances of problems decreases. However the biggest problems are caused by people's non-compliance with the guidelines provided for working with weight loss surgery.



Dietetic Guidelines Pre and post surgery

One week prior to surgery patients will be required to follow the milk diet. The purpose of this is to restrict the amount of carbohydrates eaten in order to shrink the liver. For laparoscopic surgery the liver needs to be as small as possible to allow the surgeon access to the stomach. The milk diet consists of 2 litres of milk and 1 litre of other fluid (sugar free). After surgery food is introduced over three phases.

Phase One: Liquids & Puree

For the first few days post surgery patients will need to remain on fluids including clear soups, milk and sugar free juice. Patients then progress to pureed food that is foods that are soft and wet including liquidized and mashed

vegetables and protein as well as yogurt products and sugar free drinks.

Phase Two: Soft & Crunchy

Week four to eight see the introduction of more textured foods including crackers, toast, soft protein and mashed fruit.

Phase Three: Solids

After week eight it is expected that patients will reintroduce normal foods but in far smaller portions.



Post Operative Nutrition

After bypass surgery patients will generally feel the desire to eat has been decreased. They may even lose their appetite altogether and start to skip meals. It is essential to maintain healthy eating patterns and eat something small and nutritious three times a day in order to maintain energy levels.

Patients are advised to take supplements post bypass and this will be down to the dietician



Dumping Syndrome

This reaction to foods high in sugar and fat is caused by a rapid swing in blood sugar levels. It is unpleasant and is characterized by dizziness, nausea, diarrhea, sweating and the shakes. Once it has started there is nothing that can be done other than rest until it passes.

Pregnancy

Patients are recommended to

Skin Folds

Redundant skin or skin folds are an unavoidable side effect of weight loss surgery. The NHS will not fund its removal so it is essential to be prepared for this. No amount of time spent in the gym will have any impact on the amount of excess skin patients can experience.



Good Dietary Practice

There are however a number of rules that should be followed.

1. Eat consciously, not in front of the TV or computer, or whilst driving
2. Eat slowly and chew thoroughly
3. Leave time between mouthfuls for food to go through the pouch
4. Do not eat and drink at the same time. Allow around 30 minutes either side of a meal before drinking
5. Avoid liquid foods with a high calorific value
6. Avoid fizzy or carbonated drinks
7. Ensure adequate fluid intake

Support Network

There are a number of local support groups for people who have had bariatric surgery. Each hospital will have a list of contacts. Support groups provide an opportunity to discuss

Funding for Surgical Weight loss

NHS England (April 2013) and NICE guidelines for surgical weight loss require patients to have a BMI of 40+ and have tried all non-surgical means of weight loss prior to seeking funding. NHS West Sussex adheres to the NICE guidelines for bariatric surgery. The requirement now is for all patients to proceed through a specialist Tier 3 weight management service Why Weight prior to referral for surgery. People with a BMI 50+ should be in treatment for at least six months and with a BMI 40-49 12 months. The purpose of this is to ensure that all patients proceeding to surgery are properly prepared and understand the commitment they must make to lifelong aftercare and maintenance. Once a patient has been assessed and treated in Tier 3, and the multi disciplinary team are