

Sleeve Gastrectomy



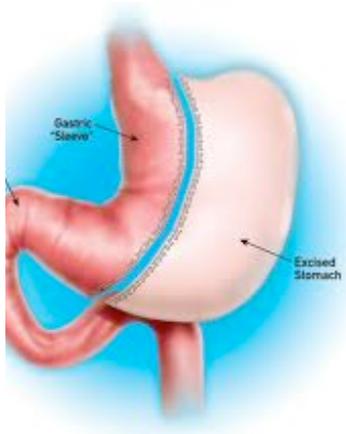
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The Sleeve Gastrectomy is a relatively new bariatric procedure first performed in 2002. It is a purely restrictive procedure. Patients can expect to lose between 30-50% of their excess body weight.

However it is only a tool to weight loss not a magical cure.



Sleeve Gastrectomy and how to achieve a good outcome

The Sleeve Gastrectomy is a purely restrictive procedure. It works by the surgeon creating a long tube like stomach, removing the redundant pouch. The reduced area is about a quarter the size of the original stomach. The expected weight loss with this procedure is 30-50% of excess weight. In some cases for people with a very high BMI this procedure will be performed to induce weight loss prior to revision to a full gastric by-pass.

Who is appropriate for a Sleeve Gastrectomy?

This procedure is generally suited to patients with higher BMIs. Weight

loss is generally considered to be slower and not as dramatic as with a gastric by-pass, but better than weight loss with a gastric band.

Whilst a Sleeve 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 with inappropriate eating, however, where there is a will there is a way! After surgery food is restricted; but whilst the feeling of hunger may have been removed. So-called head hunger or a desire to comfort eat will not have changed. It is important for anyone wishing to have a Sleeve to ensure they

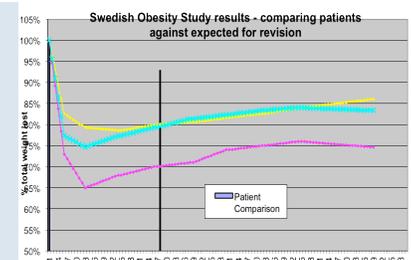
have a healthy balanced relationship to food before proceeding. For people who rely on food to deal with difficult thoughts and feelings having any bariatric procedure can result in serious emotional well-being problems.

Advantages

- The amount of food eaten is restricted.
- Food is digested and absorbed as normal but in smaller portions.
- There is less risk of vitamin and mineral

WEIGHT LOSS THE FACTS

- On average people can lose 30-50% 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 Sleeve requires less maintenance than the band however there are some serious complications that can arise.

Staple Line Leakage

Occasionally there may be a leakage from the staple line of the new stomach. This can occur in 5% of patients.

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.

Dysphagia

Unless well chewed food can get stuck in the new tube like stomach. And this can cause a blockage.

Longer Term Problems

These include malnutrition due to poor diet. Hair loss, which is a common side effect of bariatric 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



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 or other fluid (sugar free) per day. After surgery food is introduced over three phases.

Phase One: Liquids & Puree

For the first two weeks post surgery patients will need to remain on fluids including clear soups, milk and sugar free juice.

Phase Two: Soft and Mushy

Weeks 3-4 patients then progress to pureed food that is foods that are soft and wet including liquidized and blended.

Phase Three: Solids-Protein Rich

After week five it is expected that patients will reintroduce normal foods but in far smaller portions. It is important to ensure that there is an emphasis on protein



It is essential to eat slowly and chew thoroughly up to 20 times.

Post Operative Nutrition

After 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 surgery and this will be down to the dietician



Things to Remember

- Never eat and drink at the same time.
- Try not to snack.
- Gradually re introduce new foods by testing tolerance to them.

Pregnancy

Patients are recommended to wait at least a year before starting a family after a bariatric procedure.

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. The requirement now is for all patients to proceed through a specialist Tier 3 service weight management service prior to referral for surgery. People with a BMI 50+ should be in treatment for at least six months and with a BMI of 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 satisfied they will be referred directly to the surgical provider of their choice and

