

Directorate of Surgery & Anaesthesia

Department of Gastrointestinal Surgery

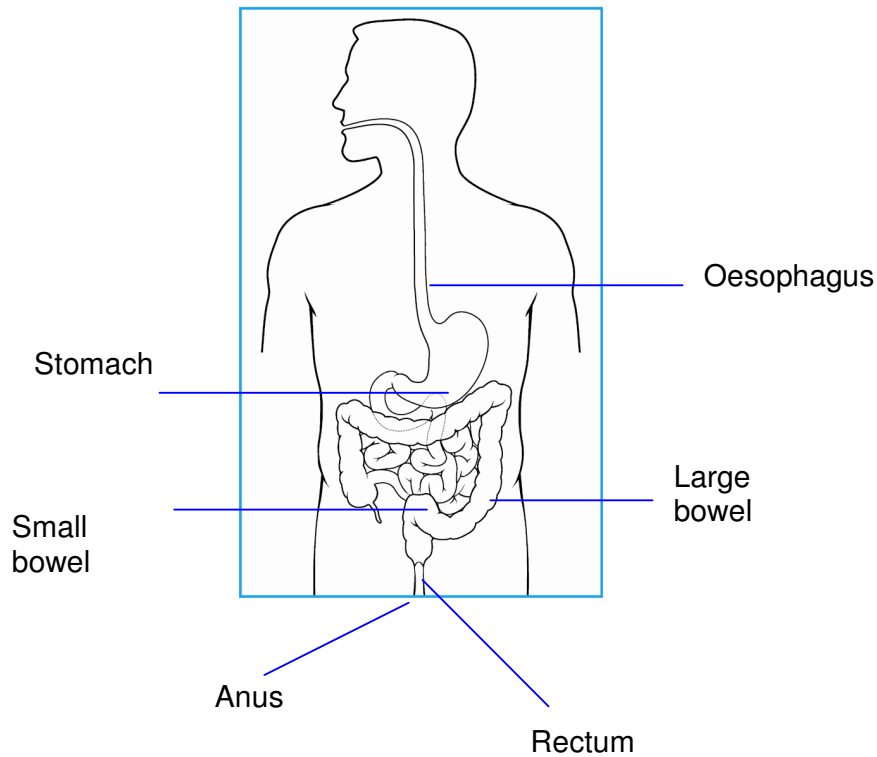
ROUX-EN-Y GASTRIC BYPASS

Information for patients,

This booklet has been provided to help answer some of the questions you, your family and friends may have about ROUX-EN-Y GASTRIC BYPASS.

All the health care professionals involved in your care will also be happy to answer any questions you may have about your operation and your care after surgery.

The digestive system



What is a Roux en Y gastric bypass and how does it work?

This is an operation where some of the stomach and part of the small intestines are bypassed. The stomach is stapled to leave a smaller pouch and then a section of the small intestine is attached (usually by staples) to the small stomach pouch that has been created.

The operation is done as a laparoscopic ('keyhole' surgery) procedure while you sleep under a general anaesthetic.

The procedure will change how and what you eat.

- You will not be able to eat as much as before because after this type of surgery, patients generally feel more satisfied after a meal and have less desire to eat.
- You may also absorb fewer nutrients and calories from your food as a result of the shortening of your small intestine.
- You may not tolerate foods containing fat, sugar and starch as well as you used to. If you eat too much of these types of foods you may actually start to feel ill, but this 'side effect' in itself could help you make dietary and lifestyle changes to achieve long term weight loss.

This method of surgery is recommended for patients with a BMI (body mass index) of 40 – 55. On average, patients tend to lose 30% of their total body weight during treatment and 70% of excess weight (fat).

What are the advantages of having a gastric band?

Feeling full quicker and for longer than usual

Are there any risks associated with this operation?

As with any operation, there are risks associated with having a general anaesthetic. Specific to this operation, there is a small risk of

- wound infection
- chest infection
- deep vein thrombosis ('DVT' or blood clots in the legs)
- pulmonary embolism (blood clot on the lungs)

Most people will not experience any serious complications from their surgery. The risks increase for people who already have other medical conditions,

such as heart disease or high blood pressure. However, any problems that do arise can be rapidly assessed and appropriate action taken.

Other complications include leakage from one of the joins in the bowel, narrowing of one of the joins or ulceration of the gastric pouch may occur in 5% of patients. A second operation may be required to correct this.

There is a 1 in 100 risk of death and a 5% risk of adverse effects as listed above caused by having this treatment.

Are there any alternatives to this operation?

- Lifestyle management
- Drug Treatment
- Gastric banding surgery
- Sleeve gastrectomy surgery

What happens before the operation?

A few weeks before your operation, we will ask you to attend the Pre-admission Assessment Clinic. This appointment is an opportunity to check that you are fully prepared for your admission, treatment and discharge home. You may also have routine investigations such as blood tests, ECG (recording of your heart) or a chest x-ray done at this time to check your fitness for surgery. An anaesthetist will also see you at this appointment.

Is there anything I should do to prepare for my operation?

- **Please follow the pre-operative diet sheet for bariatric surgery (enclosed) for two weeks before your operation.**
- Make sure you go for a 30 minute walk every day, as this is good cardiovascular exercise. This will reduce the risk of post-operative complications, as well as help you lose some weight prior to surgery.
- You should also do your breathing exercises each day using your inspirimeter as instructed by your clinical nurse specialist.
- Please do not have anything to eat (not even sweets or chewing gum) or drink after midnight on the night before your operation.
- If you regularly take medicines in the morning, you should take them before 7.00am, with a small sip of water if necessary.
- If you are **diabetic**, you must **not** take your insulin or diabetic tablets on the morning of your operation.

- If you take blood-thinning medications (such as **warfarin** or **aspirin**) and/ or you are allergic to any medications, please contact the ward for advice before you come in to hospital.

What happens on the day of my operation?

You will be admitted to the ward on the day of your operation. Your temperature, blood pressure, respiration rate, height, weight and urine will be measured to give the nurses a baseline (normal reading) from which to work. We will measure you for special stockings (sometimes known as 'TEDS') to prevent blood clots (known as 'DVT' or 'deep vein thrombosis') from forming in your legs following surgery. We may also start you on anti-coagulant (blood-thinning) injections to help minimise this risk.

The surgeon will explain the procedure to you in detail before asking you to sign a consent form. This is to make sure that you understand the risks and benefits of having the operation.

All make-up, nail varnish, jewellery (except wedding rings, which can be taped into place), body piercings and dentures must be removed. One of the nurses will then come and prepare you for the operating theatre.

What happens after the operation?

You will wake up in the recovery room before you are taken back to the ward or the High Dependency Unit.

Please tell us if you are in pain or feel sick. We have tablets/ injections that we can give you as and when required, so that you remain comfortable and pain free.

You may feel light-headed or sleepy after the operation. This is due to the anaesthetic and may continue until the next morning. It is also common to have a sore throat for 2 or 3 days after having a general anaesthetic. This sometimes happens because the anaesthetist (specialist doctor) has to pass a tube down your windpipe to give you the anaesthetic gases that keep you asleep during the operation.

Four hours after your operation we will ask you to stand up and start moving around. It is important that you move about as much as possible, as this will reduce the risk of any complications and speed up your recovery.

Please make sure that you do your breathing exercises 10 times every two hours (between 8.00am and 10.00pm) and walk around for 10 minutes every two hours every day that you are in hospital.

Your wound will have been closed with absorbable sutures (stitches) that will dissolve within 7 – 10 days after surgery. We will remove the dressing covering your wound after 24 hours.

For the remainder of your stay, the nurses will take your temperature, pulse and blood pressure at regular intervals to check your recovery and it will sometimes be necessary to wake you up to do this. It is very important that we monitor your progress after your operation, so please be patient with the nursing staff during this time. Your doctor will also visit every day to check on your recovery.

A catheter (tube) will be inside your bladder to drain urine away and to allow the nurses to closely monitor your urine output after the operation. The tube is usually removed approximately two days after surgery.

You may have a 'nasogastric' tube in your nose, which passes down into your stomach. This tube removes any excess fluid from your stomach, preventing vomiting and thereby making you more comfortable. The tube is usually removed 2 days after surgery.

You may also have a drain (tube) inside your wound. This is so that any blood or fluid that collects in the area can drain away safely and will help prevent swelling. The tube will be removed when it is no longer collecting fluid, usually 2 - 3 days after surgery.

A 'drip' will also be attached to a needle in your arm or neck to provide you with fluids and prevent dehydration.

When can I start eating and drinking again?

You will be allowed to start slowly sipping unlimited amounts of water, tea, coffee, milk, squash, ribena or bovril the day after surgery

- Days 2 – 6 after surgery, you will be on a liquid diet
- Days 7 – 13 after surgery, you will be on a puréed diet
- Weeks 2 – 4 after surgery, you will be a soft diet
- After 4 weeks, you can return to a regular diet

For further details, please see the diet plan given to you before surgery by the dietician.

When can I go home?

Provided you are well enough, you should be able to go home 3 days after your operation. We will give you a 2-week supply of medication to take home with you. Any further medication will need to be prescribed by your GP. Please make sure that you arrange this before the 2-week supply runs out.

If possible, please arrange for someone to come and collect you by car on the day of your discharge home, as you will not be able to drive yourself or travel on public transport. It is important that you make the necessary plans as you

will be expected to make your own arrangements for going home unless your doctor feels that there are special reasons why you need hospital transport.

You should continue to walk for 30 minutes every day, as this is good cardiovascular exercise. It will also reduce the risk of post-operative complications.

You should also do your breathing exercises 3 times each day for the next 6 weeks, using your spirometer as instructed by your clinical nurse specialist.

Please continue to attend the support group meetings when you can. They run every 2nd Friday of each month from 10.00am – 11.00am in the Seminar Room, 5 East.

Is there anything I need to watch out for at home?

You may feel different sensations in your wound such as tingling, itching or numbness. This is normal and is part of the healing process.

However, if you experience a high temperature or fever, swelling, pain, discharge or excessive redness around the wound site, please contact your GP or go to your nearest Accident & Emergency (Casualty) Department as you may have an infection.

What happens next?

1 week after surgery

- You may still have some abdominal discomfort, which can be caused by your wound or the reduced size of your stomach. You can take painkillers for this if necessary.
- You should be able to return to work. However, you should avoid doing any heavy lifting for the next six weeks.
- Make sure that you continue to walk for 30 minutes each day, as well as do your breathing exercises 3 times a day using your spirometer.
- Continue following a predominantly liquid diet as instructed by your dietician. See your diet sheet for ideas and meal plans.

2 weeks after surgery

- You should now be able to start on a diet of puréed foods (see diet sheet for examples of meal plans).
- You may experience symptoms of 'dumping syndrome'. This is where you may feel sweaty, light headed and have diarrhoea after eating refined carbohydrates such as sucrose (table sugar) or fructose (fruit sugar).
- Make sure that you continue to walk for 30 minutes each day, as well as do

your breathing exercises 3 times a day using your inspirometer.

3 weeks after surgery

- You can now start eating a diet of predominantly soft foods.
- Make sure that you continue to walk for 30 minutes each day, as well as do your breathing exercises 3 times a day using your inspirometer.

4 weeks after surgery

- You can start eating 'normal' food (solids), but be careful with any food that does not crumble in the hand, such as bread or broccoli because these can swell in the stomach causing bloating.
- Make sure that you continue to walk for 30 minutes each day, as well as do your breathing exercises 3 times a day using your inspirometer.
- You will have your first post-operative outpatient appointment to see the doctor and the dietician.

6 weeks after surgery

- We will ask you to return to the outpatient clinic to see your surgeon so that s/he can check your wound. If you have no medical problems as a result of your operation, we will discharge you from the surgical clinic.
- Make sure that you continue to walk for 30 minutes each day, as well as do your breathing exercises 3 times a day using your inspirometer.

3 months after surgery

- We will send you appointments to see both your doctor and your dietician so that they can check your progress. Both appointments will be on the same day.

6 months after surgery

- We will send you appointments to see both your doctor and your dietician so that they can check your progress. Both appointments will be on the same day.

1 year after surgery

- We will send you appointments to see both your doctor and your dietician so that they can check your progress.

2 years after surgery

- We will send you appointments to see both your doctor and your dietician so that they can check your progress.
- Please continue to attend the support group meetings when you can. They run every 2nd Friday of each month from 10.00am – 11.00am in the Seminar Room, 5 East.

How do I make a comment about my treatment?

We aim to provide the best possible service and staff will be happy to answer any questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the Patient Advice and Liaison Service (**PALS**) on 020 8383 0088 or 020 8383 3322. **PALS** staff are able to listen to your concerns, suggestions or queries and help sort out problems on your behalf.

Alternatively, you may wish to express your concerns in **writing** to:

The Chief Executive
Hammersmith Hospitals NHS Trust
Hammersmith Hospital
Du Cane Road
London
W12 0HS

Please do not hesitate to contact your nurse specialist if you have any queries or concerns.