OBESITY IS A DISEASE
I’m tired of the judgement, shame & blame

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After reading this booklet and talking with the Mater Private Multi-disciplinary team, you should have a better understanding of Bariatric Surgery, its benefits and risks. It should also help you assess whether Bariatric Surgery is the correct course of treatment for you, based on your personal situation.

The Mater Private Bariatric Programme is a fully integrated Bariatric Programme led by a highly experienced, Consultant Surgeon and supported by a multi-disciplinary team of healthcare professionals which include Consultant Endocrinologists, Psychologists, Anaesthetists, Dietitians, Physiotherapists and Occupational therapist. This team review every patient to determine their suitability for surgery and support them before, during and after surgery.

There are different procedures, and your Surgeon will discuss which is the best option for you:

- Laparoscopic Roux-en-Y Gastric Bypass
- Laparoscopic Sleeve Gastrectomy
About Bariatric Surgery

You may have been dieting for much of your life or you may never have been on a diet.
You may have lost a large amount of weight in the past, but find it difficult to keep it off.
Your General Practitioner or another specialist may have referred you for bariatric surgery because they consider it the best option for you.

Whatever the reasons, the first step starts with considering the options appropriate to you and talking to the Mater Private Bariatric Team to help you understand more.

Bariatric Surgery can also be referred to as Obesity Surgery, Metabolic Surgery or Weight Loss Surgery. It refers to operations designed to help reduce your weight.

The operations may reduce your hunger, restrict the amount of food you are able to eat or reduce the amount of food you can absorb. Bariatric Surgery does not include procedures which remove fat from the body, such as liposuction or abdominoplasty (tummy tuck).

Bariatric Surgery is non-reversible and designed to help you to reduce weight.

It will also reduce your hunger, restrict the amount of food you are able to eat or the amount of food you can absorb. Surgery is known to be one of the most effective methods to aid and maintain weight loss.

Weight Loss Surgery can be a way of managing your weight and preventing further health problems. It can also improve quality of life and increase life expectancy. Carrying extra weight can contribute to many other health problems, such as diabetes, high blood pressure and depression. Being obese can shorten your life expectancy. The heavier you are and the longer you have been overweight or obese, the greater the risk.

Bariatric Surgery has been shown to prevent or improve conditions and diseases such as:

- Heart disease
- Type 2 diabetes
- Certain cancers such as breast, colon and endometrial cancer
- High blood pressure
- High cholesterol
- Osteoarthritis and joint problems
- Asthma
- Infertility
- Stress incontinence
- Sleep apnoea
- Polycystic ovarian syndrome
How can I be referred to the Bariatric Surgery Programme?

Your GP can refer you to the Mater Private Bariatric Programme to be considered for Weight Loss Surgery.

Surgery is an option if you are obese, motivated, well informed and have realistic expectations about what surgery can achieve for you. To be suitable for surgery, there are criteria which you will have to meet:

• Have a BMI of 45 kg/m² or more OR have a BMI of between 40 kg/m² and 45 kg/m² with another significant disease (e.g. Type 2 diabetes).

AND ALL OF THE FOLLOWING:

• Have failed to achieve or maintain adequate, clinically beneficial weight loss using other non-surgical measures.

• Be willing to see the specialists that are recommended and follow their instructions.

• Be generally fit for anaesthesia and surgery.

• Be committed to long-term follow-up care with the Bariatric team.

The Mater Private Bariatric Team

As part of the Bariatric Surgery Programme, you will undergo a comprehensive, Multi-disciplinary team assessment before proceeding with surgery. This assessment will last a minimum of six months.

From your first visit the team will work with you to develop a long term weight loss plan and will continue to support you after surgery. You will gain the most success from surgery and avoid complications if you commit to the recommended changes to your diet, exercise and lifestyle and maintain them for life. This is not always easy to do, but the team will help you to introduce these changes.
SECTION TWO
PREPARING YOURSELF

What to expect

Most people lose weight quite quickly over the first year following Bariatric Surgery. The amount of weight that people lose varies.

Adherence to dietary advice and regular exercise will result in greater weight loss and better weight maintenance.

Most people lose at least 50 – 60% of their excess body weight. A Dietitian will discuss the changes to your diet and eating patterns to achieve the best results.

It is important to understand that surgery will not necessarily get you back within the healthy weight range (BMI of 20 – 25 kg/m²), but it will get you closer to it.
Support & commitment

You should plan to continue with any support groups you have found successful for weight loss, such as attending regular weight loss meetings or online support groups. If you haven’t used a support group, you should consider joining one. It can be an invaluable support and motivation to continue to stick to a healthy diet and exercise.

Bariatric surgery requires commitment. It is not a quick fix option. Making the decision to request Bariatric Surgery is a serious step. It is important to fully understand what is involved and the changes you will have to make to your life. If you do not follow the directed diet and exercise advice, weight gain can occur within 12 - 18 months after surgery.

Preparing for change and rules for eating

It is important to be aware that you will need to make changes to your habits around food, drink and activity. Gradually preparing yourself before the surgery happens will make it much less daunting.

For surgery to be successful there are a number of ‘rules’ you will need to follow when eating to help you lose the greatest amount of weight and to minimise complications. However we would suggest that you start following these rules before surgery to help you get used to them.

• **Eat slowly** - to avoid overfilling your small pouch/sleeve. Overfilling can result in vomiting. Aim for bites the size of your thumbnail or a teaspoon.
• **Chew well** - to avoid food pieces becoming lodged at the bottom of your pouch/sleeve which causes discomfort and can lead to regurgitation. Chewing well also helps you slow your meals down.
• **Do not drink with your meals** - fluid can overfill your pouch/sleeve and lead to vomiting. It can also dilute your meals and push them through your pouch/sleeve quickly, which means you do not feel full and may continue to eat more than you need. Stop drinking 10 minutes before you are going to eat, and then wait 30 minutes after eating before you drink again.
• **Eat regularly** - this results in more weight loss than if you eat irregularly or graze and snack all day.
• **Eat small portions** - it takes a while for your brain to adjust to the small size of your pouch/sleeve. Using a side plate or a small plate and even small cutlery will help you keep your portions under control.
• **Mentally prepare** - analyse your eating behaviour and any triggers for comfort-eating or over-eating. Take notes to recognise trends and patterns. Look for ways to avoid triggers or for alternative ways of coping other than eating, when the triggers do occur.
Making the choice

You may have many questions and there is a lot of information to digest. Talk to the Mater Private Bariatric Team, talk to family and friends, do your research online – whatever makes you comfortable and gets you to the point where you can make an informed decision.

Surgery can help you lose weight but the amount you lose and how healthy your diet is depends on your commitment and determination. The Surgeon’s opinion is important in helping you decide, as is your own research. Surgery will be a shared decision between you, the Surgeon and the rest of the multidisciplinary team.

Other considerations

I have problems with my teeth:
Following Weight Loss Surgery, it is important that you are able to chew your food well. If you have dental problems and in particular, if you are missing back teeth, you will need to see a dentist prior to getting a date for surgery.

I smoke:
Smoking is associated with higher risk of anastomotic leaks and ulceration after surgery. You will not be eligible for Bariatric Surgery if you are actively smoking.

I’m thinking of having children:
We recommend that you do not become pregnant while you are rapidly losing weight. This is because during weight loss your body may not get all the essential nutrients it needs for you and your baby to be healthy. Additional barrier methods of contraception (e.g. condoms) are compulsory for 18 months following surgery. It is important to remember that you are likely to become more fertile when you lose weight and so precautions need to be taken, even if you have previously been told you cannot have children.

I’m worried about the dangers of having surgery:
Patients are often worried about the complications of surgery. This is not unusual. Your Surgeon will discuss your individual level of risk with you, and this should ease your level of concern.

I’ve had previous abdominal surgery:
If you have had one or more surgeries of your abdomen, you may need open surgery rather than keyhole surgery. Your Surgeon will discuss this with you.

It is a commitment:
Laparoscopic Sleeve Gastrectomy is permanent and irreversible. Roux-en-Y can be reversed under exceptional circumstances but requires complex, major surgery. You will need to attend regular hospital appointments after your surgery to ensure everything is going well and you are losing weight safely.
SECTION THREE
THE SURGERY JOURNEY

Pre surgery assessments

There are many steps involved in the 6 months before surgery. These steps are to ensure that you get the best care possible and appropriate to your needs. Your diet, nutrition and current health status will all be thoroughly reviewed at screening appointments.

At your first appointment, the team will discuss the surgery and answer your questions, explaining in more detail what is involved, the pros and cons. You will have completed a questionnaire in advance and this will also be reviewed. Your medical history, weight loss history and eating habits will be reviewed.

After this initial appointment, you may be referred to other members of the team for review to ensure that bariatric surgery is safe for you. Once these reviews take place you will be booked in to see your Surgeon again, who will decide whether it is appropriate for you to proceed with surgery. This may seem like a lengthy process but it is crucial, to ensure that all the necessary supports are in place and that you are prepared for the journey ahead.
In preparation for admission, you will be given an appointment to attend a Pre-operative Assessment Clinic in the hospital. This clinic includes any final checks to assess your fitness for surgery including standard blood tests, screening for MRSA and ECG of the heart.

Patients with a pre-existing illness are at a higher risk of developing complications during or after surgery. As such, other specialist appointments to assess fitness for surgery may be required.

- **ECHO, ECG or stress test** - if you are at risk of developing heart failure, a heart attack or other heart disease.
- **Endoscope** - if you have a history of acid reflux or upper gastrointestinal tract disease.
- **Anaesthesia Assessment** - patients assessed as at high risk by the Anaesthesia team will be booked in for a specialist review.
- Patients with **sleep apnoea** may need to be referred to a respiratory/sleep clinic.

Many patients benefit from some psychological support before and after surgery. Surgery has a dramatic impact on the way you eat, your weight and your health; it can also have an impact on your self-esteem and body image.

At the initial assessment your expectations of surgery will be discussed, as well as the emotional factors that might affect your eating, and ways to manage difficult situations will be discussed. You will also be asked about any other psychological difficulties that you are currently experiencing or have experienced in the past.

The aim of this assessment is to take time to think about your options and whether surgery is the best option for you. It will also prompt you to consider how you will cope with the lifestyle changes that come with the surgery.

The Dietitian will play an important role in your journey both before and after your surgery. You will meet the Dietitian at your initial assessment. Focusing on ensuring you are well prepared and informed for the dietary and lifestyle changes you will need to make before and after surgery. Your expected weight loss following surgery will be calculated. You will need to see the Dietitian at frequent intervals over a two year period. This is to make sure you have adequate nutrition and are being consistent.

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You will be given a date for admission once all of your assessments have been completed and the team agree that you are fit for surgery.

Once you have a date for surgery, here is a checklist of arrangements to make:

- Transport to and from hospital.
- Help at home for the first few weeks after surgery.
- Prepare and freeze meals from your diet sheet to make the transition to your new diet easier.
- Plan for coping strategies to deal with emotional eating eg: what will you do if you get stressed or bored to divert your focus from food onto something else.
- Most people are asked to arrive on the morning of their surgery. If you are diabetic, you may be admitted the day before surgery to stabilise your blood sugar levels while you are fasting.
- You will be advised to stop taking aspirin or blood thinning medications one week prior to surgery.
- You should bring toiletries, nightclothes/track suits, slippers and any medications you are currently taking.
- If you use a CPAP or Bilevel Positive Airway Pressure machine for sleep apnoea at home it is essential that you bring this with you.
- You will be asked to fast from food and drink from the night before your surgery - you may take essential medications (such as cardiac drugs) with small sips of water.
- You will be seen by the anaesthetist and the surgical team before you go to theatre - they will answer any further questions and confirm that it is safe to proceed with your surgery.
- You will be accompanied by a nurse from the ward to theatre where you will have your anaesthetic.

Preparing for and admission to hospital:

Many patients needing Bariatric Surgery have a large, fatty liver, which can cause difficulty for keyhole surgery. These patients will be required to follow a strict diet that is low in dietary carbohydrate and fat for two weeks prior to surgery, thus helping to shrink the size of the liver. It is essential that you follow this diet. If you have not followed it prior to surgery, your surgery may be cancelled.
What happens in hospital after surgery?

You will:
• Return to the ward after a short period in recovery
• Have a drip to provide hydration and you may have a Patient Controlled Analgesia pump (PCA)
• Be allowed small sips of water the night after your surgery
• Have a swallow test the day after surgery in the X-ray department
• Be visited by a Dietitian after surgery who will advise you regarding starting fluids and your diet after discharge
• Be encouraged to get out of bed and start walking as soon as possible, as this will aid your recovery
• Be provided with painkillers and medication to stop you feeling sick
Discharge from hospital

On average patients stay in hospital for 2 - 5 days.

**Wounds:** the ward staff will advise you about wound care before you go home. If you have stitches that need to be removed the ward staff will give you a letter for your GP or Practice Nurse to arrange their removal.

**Medication:** your medication will be reviewed by the medical team before you go home. You may be given a supply of medication to take home with you. This could include pain relief, anti-sickness medication, or nutritional supplements. You may be given a two-week supply of blood thinning injections (heparin). You will be taught how to inject yourself by the ward nurse.

**Eating and drinking:** follow the guidance provided by the Surgeon and the Dietitian.

**Washing:** you can shower, but we do not recommend taking a bath for at least a week after surgery.

**Driving:** we recommend you do not drive until you can safely brake without any abdominal pain (usually after six weeks). You should check with your insurance company for their specific advice about driving after keyhole surgery.

**Exercise:** you will be able to start getting up and walking the day after surgery. You will be able to start exercising about six weeks after the operation although gentle exercise such as walking can be done as soon as you feel it is appropriate.

**Returning to work:** most people are able to return to work a couple of weeks after surgery. We recommend no heavy lifting or strenuous activity for six weeks after the operation. If you need a sick certificate for your employer please make sure you ask the medical staff prior to your discharge.

Follow-up after surgery

Two weeks after surgery you will be sent follow-up appointments to see the Surgeon and the Dietitian. You will then be seen regularly for 18 months by members of the Multi-disciplinary team. If you have not received appointments in the post or by email, but feel you should have, please contact the Dietitian or Nurse and they will check if this has been arranged for you. You will see the Dietitian regularly for the first year following surgery, and every 6 – 12 months thereafter - if you are having difficulties or want to see the Dietitian more regularly, this can be arranged.