

Undertaking bariatric surgery

Information for patients



This leaflet aims to give general information about the bariatric surgery (weight loss surgery) service at Leeds Teaching Hospital Trust (LTHT).

The aims of this patient information leaflet are:

- To provide information about the service and patient journey
- To learn about the bariatric team and who will support you
- To provide information on what you can expect from the service
- To establish what the bariatric service expects from you
- To outline basic information regarding available bariatric procedures
- To provide information about required dietary and lifestyle changes

This leaflet does not replace the discussion between you and your surgeon, nurse or dietitian, or additional literature you have been provided. If you have any questions, please discuss this with a member of the healthcare team caring for you.

What you can expect from the bariatric service

- That we will maintain patient confidentiality
- We may share your information with other health care providers when necessary

- That we will remain approachable and supportive throughout your journey
- We will be open and honest

What the bariatric service expects from you

- That you attend all your appointments. If you do not attend two consecutive appointments or cancel two consecutive appointments, you may be discharged back to the care of your GP. Please call us if you are unable to attend your appointments for any reason.
- That you are open and honest
- That you follow the recommendations provided to you by the team
- That you follow the Leeds Teaching Hospitals Trust code of conduct
- That you do not gain weight in the pre-operative period and to let us know if you think this might be happening
- That you to commit to a minimum of 2 years post-operative follow up care (usually with the nurse and dietitian), take lifelong supplementation, and have annual blood tests

Weight and weight changes

You will have already been sent a letter detailing your base line weight, we will discuss weight and weight changes during your appointments with the team. Our aim is that you maintain or lose weight in the pre-operative period. **It is important to note that weight gain may lead to delays in you having surgery. In some cases you may be discharged and no longer considered suitable for surgery.** Weight gain in the

pre-operative period may be a sign that you are not yet able to make all the necessary diet and lifestyle changes required for a successful post-operative outcome. If you notice that you are gaining weight or struggling to make and maintain changes please contact your dietitian or nurse who may be able to help.

Any weight loss surgery can fail to help you lose weight if vital lifestyle changes are not made before and after surgery. This can cause unsatisfactory weight loss and complete weight regain if lifestyle changes are not followed. Only you can make these changes. This is why we prepare you for surgery over a period of months to ensure you are making the correct changes in diet and exercise to help ensure it will succeed. If we feel that you are not able to make these changes (which is hard work) then you may not be offered surgery.

Your team

The role of the bariatric team is to support you throughout your journey. You will have multiple appointments with the bariatric team, and these appointments can be face to face in the outpatient clinic or over the telephone.

Our team is made up of bariatric surgeons, a bariatric specialist nurse, a bariatric specialist dietitian and a specialist team co-ordinator.

Required dietary / lifestyle changes

The changes to your diet before surgery are important as they help you get ready for what your diet will be like after surgery.

1. Start by getting into the habit of having 3 meals a day

This doesn't have to be typical breakfast, lunch and evening meal, but 3 evenly spaced meals throughout the day regardless of timings. It is important not to miss meals. Missing meals after surgery can lead to malnutrition and ill health.

2. Make sure your meals are balanced

Getting these proportions right at mealtimes can promote weight loss.

- ½ plate should be vegetables
- ¼ plate carbohydrate such as pasta, rice, potatoes, cous cous or bread
- ¼ plate protein such as meat, fish, eggs, beans, pulses, or vegetarian / vegan alternatives

3. Getting the right amount of fluid

We ask you to not to drink with your meals. If you were to drink and eat at the same time after surgery it could make you sick or can push your food through your pouch too quickly causing problems such as dumping syndrome, hunger and absorption issues. Please avoid drinking 30 minutes before a meal and for 30 minutes after you eat.

Please try to drink a minimum of 2000ml of fluids a day, avoiding meal times.

You will likely need to carry a water bottle with you all day to make sure you are able to get enough fluid.

Suitable fluids include:

- Water
- Still, sugar free flavoured water
- Tea and coffee (milk and sweetener to taste)
- No added sugar squash

Fluids which are NOT suitable include:

- Fizzy pop
- Diet fizzy pop
- Fresh fruit juice
- Alcohol
- Fizzy alcoholic drinks e.g. lager, cider, sparkling wine, fizzy mixers
- Drinks with added sugar e.g. tea, coffee, high juice
- Strong caffeinated beverages i.e. energy drinks

4. Avoid snacking

If you have lots of snacks or 'graze' on foods throughout the day, it is important you stop this behaviour. Excessive snacking after surgery will mean that you do not lose as much weight and may even regain weight.

If you snack on fruit between meals try to have this straight after a meal instead. Make sure you balance your meal and fill up on vegetables to help you reduce your snack cravings.

5. Know your alcohol recommendations

- The government guidelines advise that you do not drink more than 14 units per week.
- Alcohol is high in calories and can contribute to weight gain
- Alcohol is discouraged after bariatric surgery, both in terms of long term weight loss results and its different effects after this kind of operation.

If you would like advice on how to reduce your alcohol intake, talk to a health care professional who can signpost you to your local services.

6. Try to increase your physical activity levels

The NHS advises that everyone should try to do 150 minutes of moderate intensity physical activity each week. This is equivalent to 5 x 30 minute activity sessions. Moderate intensity means you are slightly out of breath. If you are not already doing this please try to increase your activity levels as this will help you to maintain any weight you have already lost and will improve your fitness for surgery.

Don't worry if your physical health means that you are not able to achieve the 150 minute goal, just try to do what you can. You may be able to do chair exercises such as the ones on this NHS website <https://www.nhs.uk/live-well/exercise/sitting-exercises/>

Pre-Operative Liver Shrinking Diet

You will be advised when to start the 2 week liver shrinking diet. You will be required to complete this before coming into hospital for your surgery. This diet is very important as it will help to reduce the size of your liver before surgery, and will allow your surgeon the room needed to operate successfully. A separate information leaflet will be sent to you explaining the liver shrinking diet.

Surgeries that are carried out at Leeds Teaching Hospitals Trust

Lap bypass “keyhole”

There are two types of gastric bypass procedure that may be discussed, the Roux on y gastric bypass and the anastomosis gastric bypass

Roux on y gastric bypass

A Roux-en-Y Gastric Bypass is a surgical procedure where the surgeon will permanently reduce the size of your stomach by stapling across and dividing the top of your stomach to make a small pouch. This restricts the amount of food and drink which your stomach “pouch” will be able to hold after surgery (the rest of your stomach continues to help digestion even though it doesn’t fill with food anymore). Before surgery, your stomach can hold large volumes of food and fluid, but after surgery your stomach will only be able to hold very small volumes (approximately the size of an egg cup).

The second part of the operation involves two joins, the first attaching the small bowel (jejunum) onto the pouch. The second join allows the digestive enzymes to join your food

further down which reduces how many calories (but also protein and vitamins) you can absorb. This combination of restriction and reduced absorption makes this one of the most effective weight loss operations available.

One anastomosis gastric bypass

This is a surgical procedure where the surgeon will permanently reduce the size of your stomach by partially stapling across the lower end of the stomach then creating a long stomach pouch by vertically stapling through the top of the stomach. A loop of small intestine (jejunum) is joined onto this long stomach pouch and thereby shortcuts a section of the upper part of the intestine. Only one join is required between the stomach and the intestine. This combination of restriction and reduced absorption makes this one of the most effective weight loss operations available.

Laparoscopic “keyhole” sleeve gastrectomy

A sleeve gastrectomy is a surgical procedure which permanently reduces the size of your stomach to help you lose weight and maintain weight loss. The surgeon will divide and seal any blood vessels supplying the part of the stomach to be removed. The stomach is then surgically stapled and sealed using a calibration guide tube to measure the size of the stomach tube left behind. This will remove around four-fifths of the stomach permanently. This is known as a restrictive operation. This means it restricts the amount of food / drink that your smaller stomach will be able to hold after surgery.

Removal of this part of the stomach can reduce hunger as it removes cells that produce a hunger-stimulating hormone called ghrelin. Food absorption is not affected

by this operation. Absorption of iron and certain vitamins (particularly vitamin B12) can be affected requiring supplementation of these long-term.

Laparoscopic “keyhole” adjustable gastric band

The laparoscopic adjustable gastric band (LAGB) is inserted during keyhole surgery that takes approximately 45 minutes under a general anaesthetic. An adjustable band is placed around the top section of the stomach to create a small pouch. When you eat the pouch fills and gives you the sensation that you are full. The band is attached to a small port, which is placed under the skin. The port can be accessed with a needle to adjust how tight the band is at follow up appointments. You will require several band fills until a balance is achieved between solid food intake with NO problems and adequate weight loss. The expected weight loss is steady at approximately 1-2lb per week. Significant changes to eating must be made in order to work with the band, this means following a healthy, low fat diet eating plan. Soft calories e.g. biscuits, crisps, sweets, chocolate - high calorie food types which the band has no effect with as they ‘slip’ through the band - must be avoided.

The operation may be done as a day case procedure, and you may not need to stay overnight. Early complications are uncommon, however, 15-20% of patients will require further surgery to treat a band complication such as erosion or slippage, during the first 5 years after surgery. This is caused by an over tight band with excessive and prolonged periods of vomiting.

These operations are usually completed by “laparoscopic” (keyhole) surgery. Several small cuts (1cm or less) are made to place hollow tube “ports” into the cavity of the abdomen. Long thin instruments and a camera are passed into the “ports” to allow the surgeon access to your organs. The abdomen is temporarily inflated with a gas (carbon dioxide) to create the space in which the surgeon works. It is necessary for you to have a general anaesthetic (be asleep) whilst your abdomen is inflated by this gas. At the end of the operation the gas is released, the wounds are sutured and you are woken up. If you have a sleeve gastrectomy the stomach is removed through one of the keyhole wounds.

Occasionally internal scar tissue, a large heavy liver or other problems prevent the surgeon performing the operation through keyhole surgery. This may require a larger incision (“conversion to open”) or abandoning surgery altogether for safety reasons.

How long is the wait for surgery?

It is not possible for us to tell you how long the wait for surgery will be. The amount of time spent on the waiting list can vary from person to person dependent on individual needs.

You will be contacted by the surgical admissions team with a date for your surgery. A pre-assessment appointment will also be arranged for you. At this appointment you will have a full blood health screen and weight check to make sure you are in good health before your anaesthetic.

What to expect post-surgery

- Typically up to 2 nights stay in hospital
- You will be sent home with medications including pain relief
- Your GP will arrange repeat prescriptions where required
- A team member will call you a few days after you are discharged home
- You can contact your team using the contact details provided.

What can I eat after surgery?

You will only be given fluids whilst in hospital as this will be the start of your 2 week fluid diet. Suitable fluids on the ward include: milk, yogurt and smooth soup. You may bring protein shakes with you.

The dietitian will discuss this post-operative diet with you in detail and provide you with a written diet plan for the weeks after surgery. Your diet will gradually build up to more solid food. You must avoid drinking fluids at the same time as food to avoid vomiting and dumping syndrome.

Use the diet plan as a guide but it will be trial and error over what food you can manage at first and it takes time to get used to feeling fuller more quickly. The first 3 months can be difficult, and it is not uncommon to occasionally feel sick or regurgitate food, but this should settle with time.

What happens to my regular medications after surgery?

For the first six weeks post-operatively you will be on a texture modified diet. All medications taken at this time should be either crushed and dispersed in water or taken as a liquid. Some tablets are suitable to be crushed and others are not. During your inpatient stay all essential medications should be changed to a suitable format.

What additional medications should I take after surgery?

After surgery you will need some medications. Some medications may be short term and others are lifelong. You will also have regular blood tests to check your level of vitamins and minerals stay within the recommended range. You will be absorbing fewer essential vitamins and minerals after this operation therefore you must take the supplements to avoid complications like thin bones or anaemia.

Lifelong vitamins and minerals will commence six weeks after surgery, your bariatric team will arrange for these to be issued by your GP.

These multivitamins and minerals include:

- A-Z multivitamin and mineral. E.g. Forceval once daily
- Iron. e.g. 200mg ferrous sulphate or 210mg ferrous fumarate or 300mg ferrous gluconate daily (twice daily in menstruating women)
- Calcium and Vitamin D. e.g. Calceos, Calcichew D3 Forte or Adcal D3 twice daily

- Vitamin B12 injection (every 3 months at your GP)

Temporary medications include:

- Anti-reflux medications – these are typically prescribed for 12 weeks post-operatively but could be needed longer.
- An anti-blood clot injection. You will be shown how to give yourself this injection whilst in hospital. You will do this every day for 28 days
- Pain relief - most patients will be discharged on paracetamol for two weeks.
- A laxative

Diabetes and surgery

The effect of bariatric surgery on the requirement for medications to treat type II diabetes can be very rapid. This effect depends on how long you have had diabetes and the number of medications you take. In hospital your blood sugars will be monitored. Some patients will be discharged home off all of their diabetes medications. After discharge it is important that you continue to monitor your blood sugars at home.

- Your diabetes medication will be stopped at the time of your operation.
- In hospital, your blood sugar levels will be monitored and depending on the response to surgery some or all of your medications may be restarted.

- After discharge it is important to monitor your pre-meal blood sugar levels and book in with your diabetes nurse so further adjustments to your medication can be made if necessary.

How do I look after my wounds?

Ensure that if you have any dressings you keep them clean and dry for 5 days and then remove the dressings.

Most wounds are closed with absorbable stitches or glue. If you have any bleeding, redness, swelling or excessive pain, please contact the bariatric specialist nurse or your GP.

Your drain site may ooze for a few days after discharge but this should stop within 2 to 3 days.

How does surgery affect fertility?

Losing weight can result in increased fertility. Female patients having weight loss surgery who wish to have children **must** avoid getting pregnant in the first 18 months after surgery. The growing baby may be harmed by a lack of nutrition during this time. Different types of contraception (e.g. coil, barrier methods) should be considered after this surgery as the **reliability of the contraceptive pill may be reduced**. Should you become pregnant after surgery, please contact the bariatric team as soon as possible as you will require additional blood tests and vitamin and mineral supplements.

Will I get excess skin after weight loss?

Loose excess skin is common after weight loss surgery. The bariatric service does not perform surgery to remove excess loose skin. If this becomes a future concern, you should discuss this with your GP. It is very unusual for the NHS to fund excess skin removal surgery. Many patients are not concerned by loose skin but for those who are, a private consultation with a plastic surgeon may be something you wish to consider but you will need to pay for this. We would advise that you do your own research in to the impact of excess skin as this can affect you both physically and psychologically.

Can I smoke after surgery?

Smoking is a serious health risk and you must stop smoking if you wish to have weight loss surgery. Smoking increases overall risk of complications and the specific risk of ulcer formation in the stomach. This can lead to long-term pain, vomiting and even internal leaks or perforation. Smoking cessation services are available through your GP.

It is not yet known the full effect that vaping has after surgery, it is possible that any intake of nicotine containing products may lead to ulcer formation, long-term pain, vomiting and even internal leaks or perforation. Therefore you are encouraged to stop this activity before surgery.

Is hair loss common after surgery?

It is common to have short-term hair loss (usually in first 6 months) which can be distressing, but this recovers and regrows in time. Ensure you discuss your protein intake with your dietitian as this can influence hair loss.

Is vomiting common after surgery?

Vomiting can be common but avoidable in a lot of cases. Typically it is due to a diet or lifestyle habit and a small change can lead to improvement. Consider the following:

- Are you eating or drinking too quickly?
- Are you eating a food texture you are not ready for?
- Are you eating too much?
- Are you eating and drinking at the same time?
- Are you snacking?

If you feel that you are following the recommendations and vomiting remains an issue please contact the team for further support. If out of normal office hours call 111.

How can I avoid constipation after surgery?

Constipation is common post bariatric surgery; this is due to reduced food volume, reduced fibre and low fluid intake. Please try to drink at least 2000ml (4-5 pints) of still sugar free fluid per day.

If you have ongoing issues please see your GP about a laxative.

What do I do if I am struggling to swallow?

Swallowing issues can occur post-surgery. If you feel you are not able to progress food textures according to the literature you have been given, please contact the team for further support.

Will I get Dumping Syndrome?

This is a set of symptoms including feeling sick, weak, faint, sweaty and bowel issues. This happens when the food in your stomach is either too liquid and sugary or too quickly washed into the small intestine. It is vital to limit sugary food and drinks. You should also avoid drinking liquids 30 minutes before a meal and for 30 minutes after a meal.

Helpful post op recommendations and advice

Do not do any abdominal/heavy exercises for at least 6 weeks post-operatively.

If you become constipated, before seeking further advice ensure that you are drinking at least **2 litres** of water/ still no added sugar fluids daily between your meals.

You may resume sexual activities when you are ready.

Please speak to your doctor for advice if you intend to fly within the next few months. We recommend you do not fly for 6-8 weeks.

Check your car insurance policy before driving.

You should walk daily straight away after surgery, as this reduces the risk of blood clots.

What happens now?

You will be sent all your appointments electronically, unless you do not have a mobile phone, in which case they will be sent via the post. The bariatric team will support you in making and maintain the necessary diet and lifestyles changes to succeed in your weight loss journey. Please feel free to contact us with any questions. If you experience a medical emergency call 111 or 999 depending on severity.

Useful contacts:

Bariatric team co-ordinator: 0113 2068872

Bariatric specialist nurse: 07789945759

Bariatric specialist dietitian: 07795811721



What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

Your views matter



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