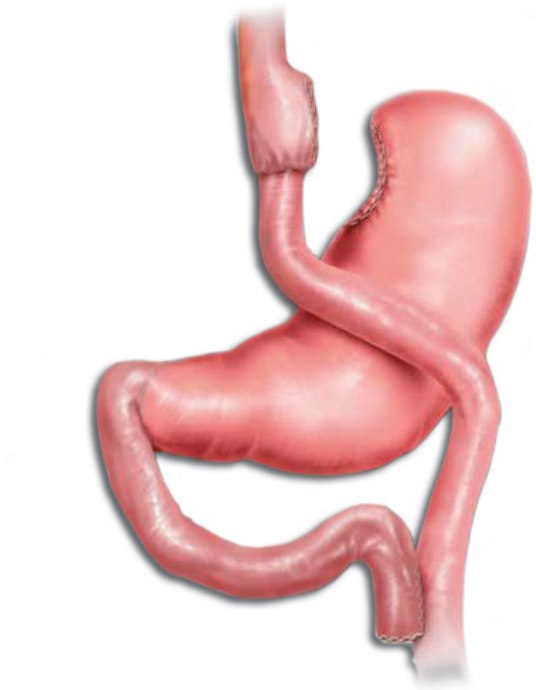
Plymouth Hospitals NHS
NHS Trust

Patient Information Leaflet

Patient information for laparoscopic Roux-en-Y gastric bypass



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Introduction

This information booklet has been developed to help prepare you for your laparoscopic Roux-en-Y gastric bypass procedure (gastric by-pass). It covers what you can expect before, during and after your stay in hospital and helps you with the lifestyle changes you need to make after surgery.

There are two confirmation pages at the end, which you need to sign. You will be expected to return the signed booklet to the surgical team at your pre-operative assessment. One copy will be filed in your hospital notes. It is important that you give yourself adequate time to process all the information and we are happy to answer all questions you might have.

Remember, this is the beginning of a challenging journey and it is important that you are well prepared with information and determination to maximize your chances of improving your health and achieving your goals.

Surgical overview

Bariatric surgery (surgery for obesity) includes several different types of operations. Gastric bypass is considered by many surgeons to be the ‘gold standard’ operation for morbid obesity and is commonly done worldwide. It is the operation with which all other weight loss procedures are compared.

Gastric bypass is a more technically challenging procedure to perform than other surgical procedures available but for most people recovery time and risk is similar to the sleeve gastrectomy. It has grown in popularity because it produces sustainable long-term weight loss in most patients and many problems associated with obesity such as diabetes and sleep apnoea are improved or completely resolved. It is important to note that any improvement in type II diabetes may not be lifelong. Diabetes is a chronic disease and can relapse.

The gastric bypass procedure involves creating a very small pouch out of the stomach and attaching it directly to the small intestine, bypassing most of the stomach and the first part of the small bowel. This small stomach pouch cannot hold large amounts of food and by skipping the first part of the small bowel, hormones that control our appetite and food absorption are also affected. Together, this results in significant and sustained weight loss. This additional hormonal effect makes it a particularly effective operation for diabetes and other metabolic complications of obesity.

After surgery, patients start on liquids before moving to a pureed diet whilst the stomach heals. Several weeks after gastric bypass surgery, patients progress to eating three small meals a day of normal consistency food.

A tea plate sized meal is enough to produce a sensation of fullness, making it easier for patients to limit the amount they eat.

Laparoscopic surgery involves several very small incisions rather than one large incision that is used in open surgery. Harmless gas is introduced into the abdomen, inflating it, and creating a space for the surgeon to work. The surgeon introduces a long narrow camera and surgical instruments, and uses these to perform the procedure.

Laparoscopic procedures have many advantages, including less pain, a shorter hospital stay, and a quicker recovery, as well as significantly reduced risk of wound infection or hernias. If for some reason your surgeon cannot complete the procedure laparoscopically, they can convert to the open procedure safely. The chance of this occurring is low, and would only be done in your best interests.

Improved health

Bariatric surgery reduces the risk of death from obesity. Many obesity-related conditions such as type II diabetes, obstructive sleep apnoea, joint pain, lipid (cholesterol) abnormalities and high blood pressure are either completely resolved or substantially improved.

Long-term weight loss

The gastric bypass operation leads to an average 65-75% excess weight loss which happens more quickly than with gastric band surgery. Patients lose most of

their excess weight in the first year and can lose more weight over the next 6 to 12 months. Weight will usually stabilise after this. There can be some weight regain, but this is usually minor as long as you have put some lifestyle changes into practise as advised by the weight management team and the surgical bariatric team.

There is no amount of weight loss that is guaranteed. Long-term sustained weight loss and improvement in obesity-related health conditions will only occur with healthy eating and regular exercise.

The laparoscopic gastric bypass procedure is best seen as a tool that makes these lifestyle changes sustainable.

Preparation for surgery

Once you have a date for your operation, you will be sent an appointment to attend the pre-assessment clinic (Erme Ward on level 4) where your fitness for surgery will be assessed by a nurse and anaesthetist.
At this appointment a pharmacist will be informed of your regular medication. All medication will need to be taken in liquid, crushable or soluble form for 4 weeks post-operatively. The pharmacist will ensure that your medication is available for you in this form after your surgery and to take home when you are discharged.

You will also be given information on the liver reducing diet.

Your Liver Reduction Diet

Q: Why do I need to follow a pre-operative diet?

Before surgery, it is essential you follow a strict calorie controlled diet. It is vitally important that for two weeks before your surgery (or three, you will be told how long by your surgeon) you follow a very restricted diet that is low in fat, sugar and carbohydrates. This will reduce the size of your liver and minimise the risk of complications associated with surgery. It will also ensure the operation can be done by keyhole/laparoscopic surgery. If your liver is too big your operation will be abandoned as it will not be safe to proceed with the liver in the way.

By following a strict diet, your body reduces its glycogen stores (glycogen is a form of sugar stored in the liver and muscles). When you follow a very strict diet especially one that is low in carbohydrates, your body loses its glycogen stores and some water, which in turn shrinks the liver. **Surprisingly the liver can replace its stores very quickly, so it is important that you follow the diet strictly. A single carbohydrate-rich meal shortly before your operation can undo all your good efforts and lead to difficulties during surgery.**

This diet is not optional and only recommended prior to your operation. Much of the weight lost on this diet is water. As a result you may become dehydrated so you need to drink more often than usual.

In addition to the diet remember to, avoid alcohol, stop smoking, and keep active e.g. walking 1-3 miles a day or swimming. Even gardening is an excellent exercise.

Q: What if I am a Diabetic?

If you have diabetes and are treated with insulin or tablets (e.g. gliclazide, glibenclamide, tolbutamide) you may need to adjust your medication. Check your blood sugar levels more regularly to make sure that you do not experience ‘hypos’ (blood sugars below 4 and causing symptoms such as dizziness, sweating and shaking. Please contact the team if you are experiencing any problems).

If your diabetes is controlled by diet alone, you will not need to worry about your blood sugars becoming too low.

Please contact the hospital Diabetes Centre on Plymouth 01752 792963, who will be able to advise you about your medication.

You must choose **ONE** and **ONLY ONE** of the following options

Option 1: A Liquid diet

- 4 cans of Weight Watchers® or other low calorie soups (under 100 calories per portion)
  and

- 4 low calorie yogurts (under 100 calories per pot) Eg. Muller Light, Supermarket own brand diet yogurt or other low fat, low sugar varieties
  and
- 200mls skimmed milk for hot drinks
- Take a multivitamin and mineral tablet every day.

Option 2: A Meal Replacement Diet

Eg. Slimfast® diet

- 4 Slimfast® drinks (2 x level scoops each made with 250mls skimmed milk) – **not** ready-made shakes, snacks or meal bars
  and
- 200 mls skimmed milk for additional drinks
- Take a multivitamin and mineral tablet every day.

Q How much fluid can I have in total for all options?

- The remainder of the milk allowance. Plus calorie free drinks to make up at least 2 litres of fluid.
- Spread drinks and food evenly throughout the day. Do not save everything for later in the day.
- Drink at least 2 litres of fluid every day and drink more in hot weather. This includes all fluids, beverages, milk, juice, squash. Remember to count these as part of your total daily calorie intake.

Q Who do I contact if I have any questions?

If you have any questions or concerns, or need any further information please contact the Bariatric Specialist Nurse / Dietitian on 01752 431724

Hospital Admission

Day Zero: admission

You will be admitted to Fal Ward, level 4, on the morning of surgery unless you have specific medical problems that your anaesthetist and surgeon wish to monitor closely overnight. It is understood that you will have had a thorough shower prior to admission, and that you bring along everything you require for your hospital stay. Please do not bring anything valuable in with you. If you have any further questions please write them down and bring them with you to the hospital. Your admission letter will have the instructions about when you should

stop eating and drinking on the morning of your operation

CPAP (Continuous Positive Airway Pressure)

If you currently use CPAP, please bring your machine with you to hospital.

Medication
Don’t stop any medications unless told to do so. You will be advised at your Pre-Assessment appointment.

If you have type II diabetes we will usually stop your diabetic medications on the day of surgery and they will not be restarted on discharge.

You will need to monitor your blood sugar levels regularly after surgery and also whilst you are on the liver reducing diet prior to surgery. It is not uncommon for patients to have to reduce the doses of their diabetic medications to avoid hypos whilst on the liver reducing diet.

During the admission process your surgeon, anaesthetist, bariatric nurse, admission nurse and theatre nurse will see you. This will mean that different people ask you the same questions. This is a safety issue, and although it can be frustrating, it is important. Use this time to ask any questions that you may have.

Once you have been admitted and changed into your theatre gown and TEDs (stockings to help prevent clots in the legs), you will wait in the preoperative area until

the operating theatre is ready. A final check between the theatre staff and the admission staff takes place before you are taken into the operating room.

You will walk into the operating room and lie on the operating table, which is narrow and firm, and a blood pressure cuff, heart monitor and oxygen monitor will be attached to you so your anaesthetic team can monitor you closely throughout the procedure. Your anaesthetist will place a cannula (drip) into a vein and ask you to breathe some oxygen through a plastic facemask. Your anaesthetist will then gently send you off to sleep.

Recovery Unit

You will wake up in the recovery unit with all the monitoring still attached to you. Once you are awake and comfortable you will be transferred to the ward, this is usually Crownhill ward on level 7.

Further post-operative care:

Your nurse will record your vital signs regularly and give medications to control any pain or nausea.
You will be encouraged to do deep breathing exercises to keep your lungs healthy, and you will also be strongly encouraged to sit out in a chair. Early mobilisation is good for prevention of deep vein thrombosis (DVT). We will get you out of bed the same day as your surgery. You will also have TED stockings on as a further measure to prevent DVTs.

You can start to drink 30mls of water per hour the evening of your surgery.

Day One

Ward

You will be encouraged to increase your oral fluid intake to 100 mls per hour. Once you can manage 60 mls per hour your drip can be removed. Do not try to hurry this, have a cup or water bottle at hand and sip slowly and steadily. You will continue to be given Clexane injections and wear TED stockings.

The surgical team will see you in the morning. Various other members of the team such as the nurse specialist or diabetes team may also see you.

It is important that you get up and move around as soon as possible, so you will be encouraged to walk around the ward.

Medications for pain and nausea will continue and you will be changed to oral forms as soon as you can manage.

Day Two

Walking will be encouraged. You will continue to be given Clexane injections and to wear TED stockings all the time. All your medications should now be taken orally, in crushed, soluble or liquid form. Your diet will progress to free fluids (anything liquid at room temperature which is sugar free). You should be able to gradually drink at least 1.5 litres of water over the day. Most patients, if they are progressing well, will be able to go home on this day. Dietary advice will be provided before discharge.

Advice on discharge

You will be given medications to be taken home with you after discharge. These include:

- Multivitamins
- Calcium
- Iron
- Analgesia for pain relief, usually for up to 2 weeks
- Anti-acid to reduce stomach acid, usually for 12 weeks
- Clexane for prevention of pulmonary embolism

You will continue the Clexane injections for 7 days; the ward nurse will teach you how to do this.

Occasionally you may be prescribed a laxative for help with bowel movements.

You should continue taking your normal medications (apart from your diabetic medication) you were on before surgery, unless specifically told to stop. All medications taken in the first 6 weeks must be in liquid, crushable or soluble forms. We advise you to continue wearing your TED stockings for ten days post-op. This is to reduce the chance of blood clots forming in the legs (deep vein thrombosis – DVT) and can go to the lungs (pulmonary embolism (PE).

Smoking can slow the healing of the staple lines, and can cause ulcers and bleeding. These complications can be life-threatening. (You must not start smoking again following surgery.)

It is also important that you refrain from alcohol post-surgery until you have got used to your new way of eating. When you do want to start alcohol again, do so only in moderation – it can have a more potent effect, and contains a lot of calories.

Recommended vitamin & mineral supplements

Multivitamin and mineral supplement should include: • Iron • Selenium • copper • zinc	**One daily** Forceval (soluble and capsule) **OR** **Two daily** 'over the counter' complete multivitamin and mineral supplements**.** E.g. Sanatogen A-Z complete® Superdrug A-Z multivitamins & minerals® Tesco Complete multivitamins & minerals® Lloyds pharmacy A-Z multivitamins & minerals®
Iron • 45-60mg daily OR • 100mg daily for menstruating women	200mg ferrous sulphate, 210mg ferrous fumarate **OR** 300mg ferrous gluconate **daily** 200mg ferrous sulphate **OR** 210mg ferrous fumerate **twice daily**
Calcium and vitamin D	Adcal D3 forte **twice daily**
Vitamin B12	Intramuscular injections of 1mg Vitamin B12 three monthly, normally starting at 6 months following surgery

It is advisable to leave at least 2 hours between taking your calcium supplements and your Iron and multivitamin & mineral tablets to allow maximum absorption of nutrients.

Try to take your iron and multivitamin & mineral supplements with a good dietary source of vitamin C such as, a piece of fruit / vegetable to improve absorption.

Suggested supplement regimen:

Morning	Forceval Iron
Lunch time	Calcium and vitamin D
Evening	Calcium and vitamin D

Other medicines:

Thyroxine, if you take Thyroxine it is recommended to leave a gap of four hours before or after you take your supplements. It may be advisable to take it first thing in the morning.

Follow-up appointments

One week: You will be contacted by phone around 1 week after you operation to check on your progress. Use this call to ask any questions you may have

Six weeks: Appointment to see the Bariatric Nurse/Dietitian

Three months: Appointment to see the Bariatric Nurse/Dietitian

Six months: Appointment to see the Bariatric Nurse/Dietitian

After six months if you are doing well, your follow up will be transferred to the weight management team. They will see you at 1 year and 2 years after surgery. In addition to these appointments you will be offered a post operative treatment & support programme to assist you with adjusting to life after surgery.

We work very closely with the weight management team, so if there are any concerns during your follow up with them they can refer you back to see a member of the surgical team.

Two years after your surgery you will be discharged from follow up. You will require annual blood testing by your GP to ensure you remain well.

If necessary the Bariatric Nurse can arrange for you to see a member of the surgical team.

You will also need regular blood tests.

Recommended post-operative screening bloods tests

Blood test/procedure	Frequency
HbA1c and/or FBG if diabetes pre-operatively	Monitor as appropriate
Lipid profile	Monitor in those with raised lipids
U+E, LFT, FBC, ferritin, folate, calcium, vitamin D, PTH	3, 6, 12 months in first year then annually
Vitamin B12	6 and 12 months in first year then annually.

Potential complications

All surgery has risks, and as any stomach operation for obesity is considered major surgery, it has significant risks associated with it.

People have died from having operations for morbid obesity. It happens rarely, but the risk can never be taken away completely. If you are older, or you already have certain health problems related to your obesity, your risk may rise. Heart attacks after the operation or clots that form in the leg veins, which then pass to the lungs, can cause death in morbidly obese people after surgery. This risk is between 1 in 500 and 1 in 100. Thorough precautions are taken during surgery and your hospital stay to minimise these risks, but they cannot be eradicated altogether.

Other problems that can occur after gastric bypass surgery include pneumonia and wound infections. Some of these are relatively minor and do not have a long-term effect on your recovery. Other complications

may be more significant and require a longer hospital stay and recovery period. Antibiotics at the time of surgery, deep breathing exercises and early mobilisation after surgery are some of the measures taken to reduce the risks of these complications.

After a gastric bypass procedure, all patients need to take vitamin supplements lifelong. Sometimes one or other of these supplements are best given as an injection. Failure to do so can lead to serious complications such as fits, blindness or even death.

Complications that occur with gastric bypass surgery are listed below. This list is long, and although most patients have no complications, or minor complications only, please take note and ask your surgeon and team any questions that will help you to understand the risks associated with obesity surgery.

During surgery

- A larger incision may need to be made because of technical difficulty with keyhole approach (open surgery)
- Bowel injury from insertion of keyhole instruments
- Bleeding from vessels or injured organs
- Injury to spleen. May require removal of spleen
- Injury to other organs. Examples: oesophagus, pancreas, liver
- Technical difficulty leading to change in operation strategy

After surgery

- Death. Rate between 1 in 500 to 1 in 100
- Leak from staple lines or joins. Rate between 1 and 2 in 100. May require further surgery or lead to infection
- Bleeding. May require transfusion or return to surgery
- Infection. At keyhole incisions, or deep within the abdomen
- Sepsis. Severe infection that can lead to organ failure and death. This can lead to prolonged hospital stay and further surgery
- Pulmonary embolus, a blood clot in the lungs, can be fatal. Rate = 1%
- Deep vein thrombosis. A blood clot in the legs
- Pneumonia
- Respiratory failure. Inability to breathe adequately after surgery. This may require support of breathing in an intensive care ward
- Heart attack or abnormal heart rhythm
- Stroke
- Pancreatitis
- Urinary tract infection
- Complications related to placement of intravenous and arterial lines. This includes bleeding, nerve injury or pneumothorax (collapsed lung)
- Nerve or muscle injury related to positioning during surgery

- Allergic reactions to medications, anaesthetic agents or prosthetic devices
- Colitis (= inflammation of the colon). Usually due to antibiotics used in surgery
- Constipation

In the longer term

- Troublesome symptoms may include: abdominal pain, change in bowel pattern, tiredness, bloating, nausea or vomiting
- 'Dumping syndrome'. This is an unpleasant feeling after eating sugary foods. Usual symptoms include anxiety, tremor and sweating
- Narrowing or ulcers (much higher risk in smokers) where the stomach and small bowel join. May require stretching with a balloon or, rarely, surgery. Ulcers can perforate and cause peritonitis or bleed.
- Excessive or inadequate weight loss. Rarely requires further surgery
- Dehydration or imbalance of body salts. Usually from inadequate fluid intake, infrequently requires admission to hospital
- Gall bladder disease. Usually from gallstones that form during rapid weight loss, can require surgical removal of the gallbladder
- Hernias at the site of incisions

- Internal hernias. These can occur inside the abdomen because of the rearrangement of the bowel or scarring from surgery. This may block the bowel and is an ongoing risk that occurs in 1% of patients per year and then requires urgent surgery to correct
- Psychological problems that can include depression and adjustment disorder
- Relationship difficulties and rarely suicide
- Liver disease or failure. Can occur if there is underlying liver damage that is worsened by weight loss or surgery
- Thinning of the bones (osteoporosis) can lead to fractures especially in women. Prevention requires lifelong dietary calcium supplements
- Hair loss from protein malnutrition

Pregnancy and Contraception

We recommend that you do not fall pregnant for at least 12 – 18 months after bariatric surgery. During this phase of rapid weight loss the body may not be getting all the essential nutrients it needs for a healthy pregnancy. After gastric by-pass surgery the effectiveness of the oral pill may be reduced, therefore alternative methods of contraception will be needed. Precautions need to be taken even if you have been told you cannot have children as fertility often increases with weight loss.

If you do fall pregnant, please contact the bariatric team as soon as possible so that we can monitor you more closely.

Returning to Work

This is very individual and will depend on the nature of your job. If your job is very strenuous and involves heavy lifting it would be advisable to take up to 6 weeks off.

Driving

We recommend that you check with your insurance company. Most people will be able to drive 1-2 weeks after surgery however, you will need to be able to perform an emergency stop safely.

Exercise

Exercise and the support of others are extremely important to help you lose weight and maintain that loss following bariatric surgery. You can generally resume higher impact exercise 6 weeks after the operation; sooner than that, you can take walks at a comfortable pace and progress steadily. Exercise improves your metabolism, whilst both exercise and attending a support group can boost your confidence and stay motivated.

Nutritional information after surgery

After gastric bypass surgery you will need to make changes to your eating patterns. The diet after surgery progresses from a liquid diet (3 weeks) to a pureed diet (further 3 weeks) to a modified diet. This progression is designed to allow your body to heal. It is very important that you follow the diet progression to maximise healing and minimise the risk of complications.

Day zero (day of surgery)

- 30 mls/hour of water
- Ice to suck

Day one

- 1.5 litre of water (slowly, as tolerated)
- Progress to bariatric free fluid diet by the afternoon

Day two-week three

- Free fluid diet (anything liquid at room temperature)
- Smooth soups, Slimfast, tea/coffee, semi skimmed/ skimmed milk
- Include 1 pint of high protein milk over the course of the day (add 4 x dessert spoons of skimmed milk powder to 1 pint milk)
- Must be low sugar containing fluids

Week three-week six

- Bariatric pureed diet
- Very small amounts of pureed/mashed food only (1/2 teacup at most)

Week six onwards

- Small meals of soft food that is high in protein and low in fat and sugar

General information

During all of the above stages and once recovered, it is crucial that you:

- **AVOID** liquids with meals (do not drink 30 minutes pre- and post-eating)
- Drink between meals and aim for 6-8 glasses of fluid per day
- Follow a general healthy diet, low in fat and sugar

Constipation

- Because you are eating less, constipation may be a problem. Keeping up with your fluid intake, and occasionally using a gentle laxative will help with this such as docusate sodium. This can be bought over the counter or obtained via your G.P.

Handy hints

- If you try to eat too much too quickly or drink with meals, vomiting may occur
- Do not consume liquid calories such as fruit juice, soft drinks, cordial or milkshakes
- Eat slowly, **chew all food well** and take time with your meals
- Ensure you have an adequate protein intake. We can advise you on an individual basis. Protein should be eaten before carbohydrates (starchy) foods

- As soon as you are home start to take your prescribed vitamins, calcium and iron

Important points

- Eat slowly, **20/20/20 rule**
- Avoid very hot or very cold foods
- **DO NOT** drink within 30 minutes of meal times
- It is normal to be managing only very small amounts during this phase.
- Eating with a teaspoon is a good idea

Pureed Diet

Foods allowed	**Foods to avoid**
High protein, low fat pureed foods: Low fat yoghurt / Greek yogurt Semi skimmed / skimmed Milk Cottage cheese Smooth Porridge eg. Ready break® Mashed Weetabix® Scrambled or poached eggs Pureed meat/chicken/fish Pureed/mashed vegetables/potato Smooth soups Pureed fruit	Raw fruit Raw vegetables Breads Rice Pasta Nuts Seeds Skins Solid food
Low fat products	Butter Margarine Oil Avocado Cheese (high fat varieties) Ice cream cream
Low sugar products e.g. Low sugar jelly Low calorie drinks Water Herbal teas	Squash Soft drinks Full sugar Jelly Fizzy drinks

Modified diet

After your pureed diet move to a modified diet

Aim to have only 3 meals per day

You should be using a tea plate

Food group	Foods allowed	Foods to avoid
Meat, chicken and fish	Tender chicken, fish and meat in bite-sized pieces or minced Wafer thin ham, turkey or chicken Tinned salmon, sardines & mackerel, tuna in spring water	Hard or stringy meat, fat, chicken skin or gristle Fried meats
Milk and milk products	Low fat milk, Cottage/ricotta cheese, Low fat yoghurt / Greek strained yoghurt	Ice cream, high fat cheeses, and full fat milk
Fruit	Soft fruits: peeled pears, apples, stone fruit, melon	Pips, skins, pith
Vegetables	Well cooked vegetables: mashed, stir-fried, grilled or boiled Introduce salads slowly	Tough or raw, stringy vegetables: green beans, corn, celery, broccoli stalks etc.
Breads and cereals	Low fat crackers, rice, pasta, noodles, porridge, Weetabix, bran flakes	Doughy bread, muesli, high fat cereals
Drinks	Diluted juice, diet soft drinks and squash, herbal teas, coffee or tea with low fat milk	Soft drinks, energy drinks, milkshakes, full fat milk drinks, juice, fizzy drinks
Miscellaneous	Artificial sweetener, herbs and spices, marmite, stock, low fat hummus, minimal oil when cooking	Sugar, chocolate, sweets, syrups, jams, butter, cooking oils, potato chips, high fat crackers, creamy sauces

Handy hints

- Introduce more solid foods after a few weeks, e.g. salads, lean tender meat and fish
- Avoid white bread. Instead try low fat crackers, e.g. rice cakes
- Take care with bread, pasta, rice & noodles especially for the first three months after surgery. Try small amounts of toasted wholegrain bread, crisp bread, crackers & potatoes instead.
- Continue to chew food well and take your time eating
- Avoid fluids with meals
- Do not overeat as this will make you uncomfortable and may cause vomiting
- Order starter size meals
- Continue to eat regular meals and select healthy food options to optimize your continued weight loss
- Make sure that your meals are nutritious and include a balanced diet
- Look for <5g fat per 100g
- Aim to exercise at least 30 minutes, 5 days per week. This should be continuous cardio type of exercise rather than weights
- Brisk walk, cycle, cross trainer, aqua, jogging or swimming

Food to include at each meal

Protein

You need to include **low fat protein** at each meal to ensure you maintain your muscle stores and lose fat stores, e.g.

- Lean red meat 2-3 x per week, e.g. lean mince
- Fish and chicken (no skin)
- Low fat dairy products, e.g. skimmed milk, low fat yoghurt, cottage cheese
- Tofu, beans and lentils, e.g. baked beans, hummus, kidney beans

Protein is very important; aim to fill half of your tea plate with protein. You should start each meal with it. Hair loss (temporary) can be a problem if there is inadequate protein in your diet.

Fruit and vegetables

- Aim to fill ¼ of your tea plate with vegetables / salad
- Fresh, frozen or canned vegetables. Avoid hard seeds and pips
- Fruit that has been peeled and membranes removed

Carbohydrate / starchy foods

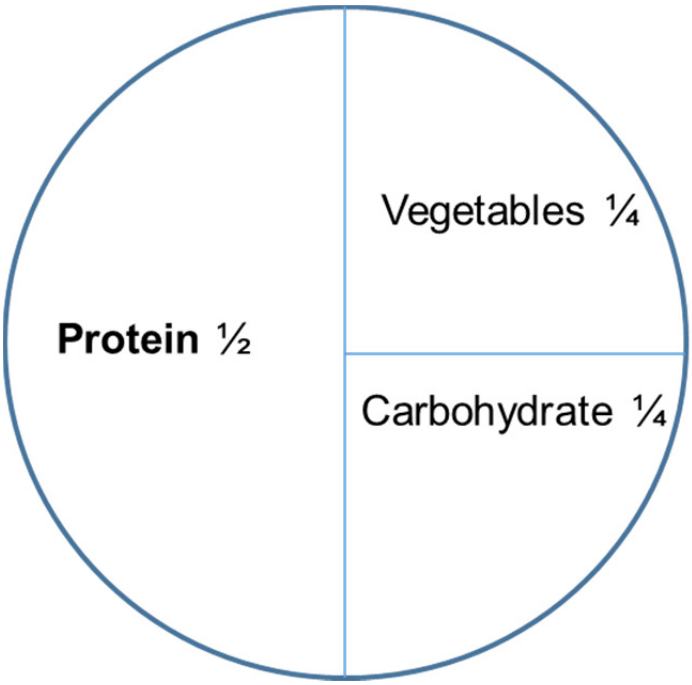
- Include some carbohydrate at every meal
- Allocate ¼ of a tea plate for carbohydrates (i.e. potato, bread, rice, pasta and cereals)
- If you can tolerate bread use wholegrain varieties and toast it as this will fill you up more

Fats

- Use very minimal margarine or preferably none
- Avoid oil in cooking. Grill, bake, boil or stir fry or dry roast
- Avoid fatty meats, e.g. sausages, luncheon meat, salami

Fluid

- 6-8 glasses of fluid per day (do not include coffee alcohol or caffeine drinks)
- Avoid full strength juice, squash, high calorie fizzy drinks, milkshakes



10 POINT PLAN

1. Do not drink liquids with meals. Drink fluids before your meal. Wait until at least 30 minutes up to one hour after eating before drinking.
2. Eat three tiny, protein-focussed meals per day at regular times, sitting at a table. Eat slowly, savouring your food, using a teaspoon
3. Stop eating when feeling full or if feeling discomfort
4. Always cut food into the size of a 20 pence piece and chew very well
5. Concentrate on eating protein-rich foods such as fish and seafood, cheese, eggs and poultry. Eat protein foods first
6. Do not snack between meals
7. Avoid very sweet food, confectionary, chocolate and high-sugar drinks
8. Sip liquids slowly, drinking at least ½ glass every hour between meals to avoid dehydration
9. Minimise alcohol intake as it is high in calories, may cause an ulcer and the effects may be felt much more quickly
10. Take a multivitamin supplement every day, and other supplements if required

Healthy Lifestyle choices

There are several long-term habits that you should adopt to get the most out of your surgery. The first post-operative year is a critical time that must be dedicated to changing old behaviours and forming new, lifelong habits. You need to take responsibility for staying in control. Lack of exercise, poorly balanced meals,

constant grazing and snacking, and drinking carbonated drinks are frequent causes of not achieving or maintaining weight loss.

To maintain a healthy weight and to prevent weight gain, you must develop and keep healthy eating habits. You will need to be aware of the volume of food that you can tolerate at one time and make healthy food choices to ensure maximum nutrition in minimum volume. A remarkable effect of bariatric surgery is the progressive change in attitudes towards eating. Patients begin to eat to live; they no longer live to eat.

Obesity cripples the body. As weight is lost, the burden on the bones, joints and vascular system is decreased. Given proper nutrition and physical exercise it will heal. The most effective way to heal the body is to exercise. People who successfully maintain their weight exercise daily.

Exercise and the support of others are extremely important to help you lose weight and maintain that loss following bariatric surgery. You can generally resume higher impact exercise 6 weeks after the operation; sooner than that, you can take walks at a comfortable pace and progress as you tolerate. Exercise improves your metabolism, whilst both exercise and attending a support group can boost your confidence and stay motivated.

Support Groups

Weight Management run a support group for patients before and after bariatric surgery: **Weigh Forward group, 2nd Wednesday of each month, 6.30-8pm. (6.30-7pm is for post-operative patients only).** Please ring Weight Management on Plymouth 434623 to confirm venue.

BOSPA support group, 2nd Sunday of each month, 1.30pm. Ashtorre Rock Community Centre, Saltash. Contact details on www.bospauk.org

Confirmation Page

It is important for you to have read and understood all the information given to your regarding this procedure. The information will help you make an informed decision, and allow you to proceed with all the information at hand.

Surgery alone is not a quick fix to obesity problems; as such you are effectively entering into a partnership with your bariatric team. We will help and support you through this lifestyle choice, but in return we need to know that you are committed to this pathway. You will be provided with follow up care by the bariatric team for 6 months and will then be referred back to the weight management team for specialist post-operative care until two years after your surgery. It is important that you attend all of your follow up appointments after surgery.

Once you have read this booklet, take time to think about it and ask questions of the bariatric team. When you are ready, please sign this page to confirm you have completed this important step toward your laparoscopic gastric bypass procedure.

Please bring this booklet with you on the day of your surgery. If we do not have a signed copy of this booklet from you, your surgery may be cancelled.

I, …… confirm that I have read and understood all the information given to me in this book, including the risks of surgery and my responsibilities. I have been given sufficient opportunities to ask questions from the bariatric team, and I believe I am ready for the laparoscopic gastric bypass procedure.

Signed:……..

Date:……

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Signed:……..

Date: ……

Who to contact

Claire Woods, Bariatric Nurse Specialist
Rachel Griffin, Bariatric Dietitian.
Direct line **01752 431724** – this is an answer phone. Please leave a message and you will be called back as soon as the message is picked up.

If your query is urgent, phone Derriford Hospital switchboard on 0845 155 8155 and ask them to bleep the Bariatric Nurse Specialist.

If your problem is very urgent you will need to attend the Emergency Department (Casualty) at Derriford Hospital.

Notes:

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This leaflet is available in large print and other formats and languages.
Contact: Administrator
Tel: 01752 431724

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