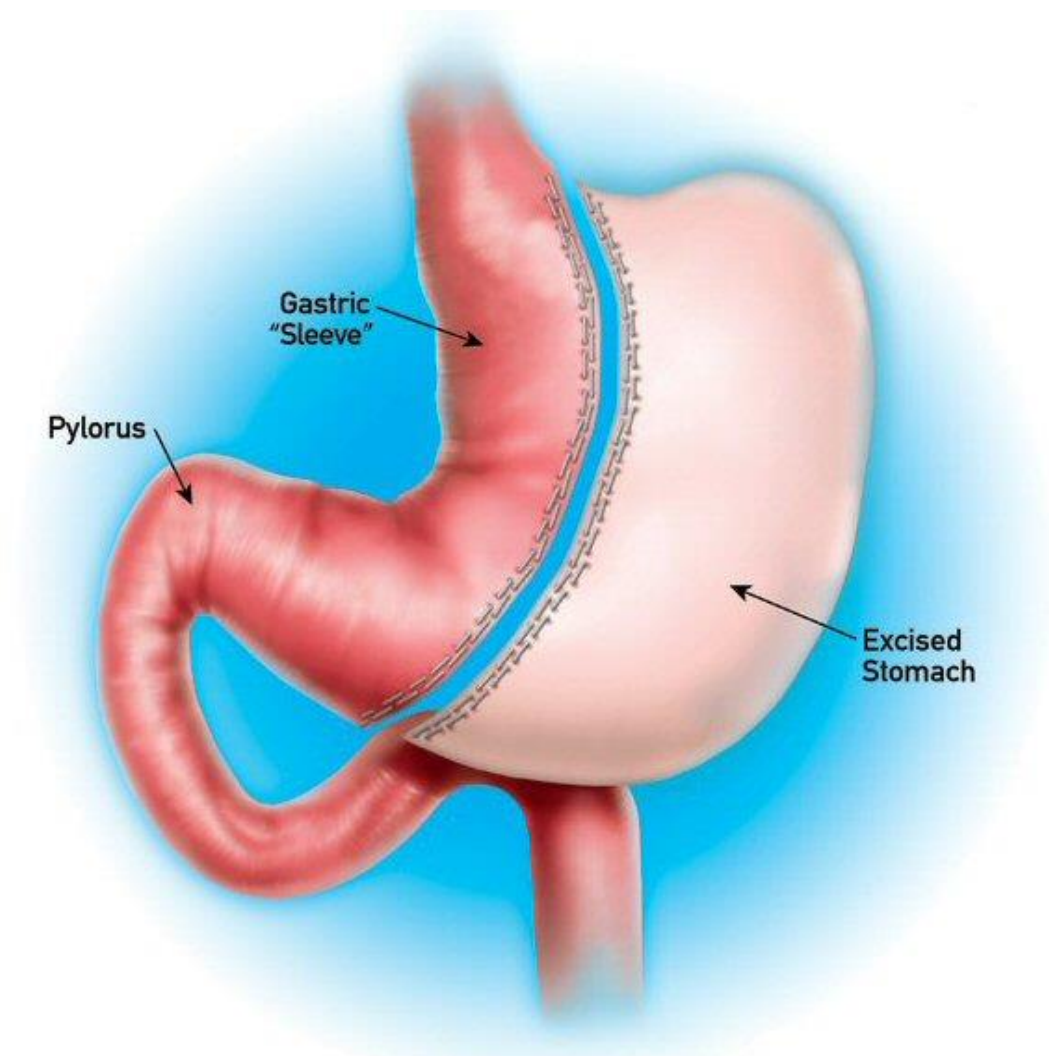


## Laparoscopic Sleeve Gastrectomy Shore Surgical



## Introduction

Congratulations on your decision to undergo laparoscopic sleeve gastrectomy.

This booklet contains information to prepare you for your surgery and provides guidance regarding lifestyle and dietary changes that will optimise the outcome of your surgery.

It is important that you understand the contents of this booklet. You will be required to bring this booklet to your appointment with your surgeon and sign it to indicate that you have read and understand it.

Do not hesitate to call us if any information here needs clarification.

## Summary

Laparoscopic sleeve gastrectomy .....	4
Preparation prior to surgery.....	5
Preoperative dietitian review and diet:.....	5
Pre-operative surgeon appointment: .....	5
Pre-admission clinic .....	6
Blood tests .....	6
Hospital Admission .....	7
Following your surgery .....	8
Medications:.....	8
Resumption of normal activities: .....	8
Postoperative problems: .....	8
Nutrition and your surgery .....	10
Follow-up appointment summary .....	11

## Laparoscopic Sleeve Gastrectomy

The sleeve gastrectomy (SG) is a restrictive weight loss operation. Restrictive operations lead to a reduction in the amount of food you need to eat to satisfy your hunger. This means a decrease in the number of calories you eat with subsequent weight loss. A laparoscopic sleeve gastrectomy involves removing a large proportion of your stomach (gastric) volume including the part that normally expands when we eat a very large meal. This part of the stomach also produces a hormone called Ghrelin which stimulates our appetite. It is thought that removing the source of Ghrelin contributes to the effect of this operation by markedly reducing hunger.

Your surgeon will discuss the relative merits of laparoscopic sleeve gastrectomy compared to a laparoscopic adjustable gastric band (LAGB), another commonly performed restrictive operation. Sleeve gastrectomy results in less food intolerance than a gastric band. Many patients undergoing gastric banding are unable to tolerate foods such as bread, meat and vegetables. If this occurs they may resort to an unhealthy calorie-laden diet which compromises their weight loss.

Another advantage of sleeve gastrectomy over gastric banding is that there are fewer follow-up visits required. Gastric band patients need to visit our clinic frequently to undergo band adjustment. This is not necessary for sleeve gastrectomy patients.

A sleeve gastrectomy is a more complex operation than a gastric band so there is a slightly increased surgical risk. In the short to medium term a sleeve gastrectomy compares very favourably to gastric banding in terms of overall weight loss and quality of life. Sleeve gastrectomy is a relatively new operation and limited long term data is available regarding weight loss.

## Preparation Prior to Surgery

### Information session:

Before surgery you will attend a patient information seminar. At this seminar one of our surgeons will discuss weight loss surgery in general and in particular laparoscopic sleeve gastrectomy and laparoscopic adjustable gastric banding. Preoperative appointments in our clinic will be with Zoe Wilson our dietitian and then your surgeon. You will also be given the opportunity to speak to one of the patients of the practice if you so desire. It is important that you make use of these opportunities to ask as many questions as you like.

### Preoperative dietitian visit:

You will see our dietitian Zoe prior to your surgery. She will take a comprehensive diet history and discuss important changes to your diet postoperatively. She will also discuss dietary requirements on the early postoperative period (see guidelines at the back of this booklet). Zoe will outline the very low calorie diet (VLCD) that all patients undertake before their operation. *Optifast* forms the basis of this diet and is an important part of your preoperative treatment. This diet results in a marked decrease in the amount of fat in your abdomen, particularly the liver. This makes laparoscopic surgery easier and safer. It is important that patients comply with these guidelines before surgery.

## Preparation Prior to Surgery

### **Pre-operative surgeon appointment:**

The appointment with your surgeon will enable him to take a medical and surgical history and discuss the technical aspects of surgery with you in some detail. After this consultation he will write to your GP and other doctors to keep them informed of your progress.

You and your surgeon will complete hospital paperwork to arrange your admission.

### **Pre-admission clinic:**

Prior to admission for your operation you may be required to attend a pre admission clinic at the hospital. This is where our hospital doctors and nurses introduce themselves and familiarise patients with the hospital ward.

### **Blood tests:**

Prior to your surgery we would like you to undergo a number of baseline blood tests. These can be arranged through our clinic or your own doctor. If they are arranged through your doctor please ensure that the results are sent to our clinic. These blood tests include FBC, EUC, LFT, BSL, Iron Studies, B12, Folate, Homocysteine, Calcium, CRP and Vit D.

At 6 months, 12 months and then on a yearly basis after the surgery we would like you to have the following blood tests. These follow-up blood tests include FBC, EUC, LFT, BSL, Iron Studies, B12, Folate, Homocysteine, Calcium, CRP and Vit D. Your doctor may request these or more tests on a more regular basis if necessary.

The hospital will contact patients on the working day prior to their surgery between 4pm & 8pm and give them instructions on where and when to attend on the day of their surgery. All patients are admitted on the same day that they have their operation.

## Hospital Admission

### Day 1: The day of your operation

You will meet your anaesthetist in the operating theatres. Your anaesthetist will ask questions about your anaesthetic history and answer any questions you have regarding your anaesthetic.

After you wake up from your surgery you will be in the recovery ward. From there you will go to the surgical ward or the intensive care (ICU) ward if previously arranged. Pain killers will be administered through a drip. You will be able to have ice to suck and very small sips of water to keep your mouth moist.

### Day 2: The day following your operation

You will start a restricted clear fluid diet today. This means you will have a limited volume of clear soup, juice, cordial and jelly. You will continue to receive fluid through an intravenous drip so it is not necessary to take large volumes of fluid orally. Start by taking small sips very slowly – 50ml should take you a half an hour to sip. You will be encouraged to walk around the room by the nursing staff and physiotherapist and you will be given deep breathing and movement exercises to do. Exercise is important to prevent complications such as chest infections and clots in the legs.

### Day 3:

Today you will increase the volume of fluids you are drinking although still very slowly. You will be able to recommence your usual medications. Your intravenous drip may be removed today if you are drinking sufficient amounts of fluid. You may be discharged today. See below.

### Day 4:

Patients are generally discharged on Day 3, 4 or 5. You will continue a liquid diet at home for 2 weeks following surgery and then progress with your eating as outlined in the documents at the back of this brochure.

You will be visited by your surgeon while you are in hospital. Please make sure you make a note of any questions you want to ask them prior to leaving hospital.

## Following your surgery

### **Incisions:**

You will have four or five small incisions on your abdomen from your surgery. These have been closed with sutures that are under the skin and that will dissolve. Across the top of these incisions will be *steri-strips* which you should peel off one week from the day of surgery. It is fine to shower and bathe without covering the *steri-strips*.

### **Medications:**

You will be given some pain killers to take with you from the hospital. You will also be given medication which decreases the amount of acid the stomach produces. Many patients are already on one of these medications. These include Somac, Losec, Pariet, Nexium and others. It is important that you take one of these medications for 2 months after your surgery to prevent reflux symptoms. You may then cease them if you have no reflux symptoms (heartburn, regurgitation).

You should resume all your usual medications. Blood pressure medications and diabetes medications may need to be altered by your GP or endocrinologist.

### **Resumption of normal activities:**

We recommend that patients modify their level of physical activity for 1 – 2 weeks after surgery. In most cases this will mean taking a couple of weeks off work. You should not drive for two weeks after surgery.



## Postoperative Problems

It is unlikely that you will experience any complications following your surgery. You may, however, experience a number of symptoms that are not unusual and these include the following:

1. Tiredness. It is normal for all patients following general anaesthetic to experience some level of tiredness. This may result in you needing to have a rest or nap in the afternoon. It is recommended that you walk for a few hundred metres a day for the first few weeks after surgery and then increase your exercise as time passes.
2. Dehydration. You should aim to drink at least 1.5 litres of fluid per day in the first two weeks following your surgery. This may take the form of water, soup, cordial, diet jelly etc. It is generally easiest to do this by taking small sips regularly throughout the day. Sometimes when patients become dehydrated they will feel dizzy or light headed. If this occurs it is best to sit down and relax and start drinking small sips of liquid.
3. Constipation: Changes in your diet may lead to constipation. Patients who become constipated may be helped by gentle laxatives such as Agarol, Lactulose and Benefibre.
4. Some patients will experience diarrhoea very early on following discharge from hospital. This is common and will settle in a week or so.
5. Eating slowly: It is important to follow our dietitian's instructions regarding eating solid food. It is important that all solid foods are chewed very carefully and that meals are slow and relaxed (about 20-30 minutes). Stop eating as soon as you feel even the slightest bit full as you may experience discomfort or vomiting if you continue to eat.

If you experience repeated vomiting or retching or any other symptom you are concerned about you should contact our office on 9460 8711 in office hours or your surgeon through the switchboard of North Shore Private Hospital on 8425 3000.

Remember it is normal to have a very low appetite after your surgery. Some patients may experience nausea and if this persists you should contact our office as above.

## Nutrition and your surgery

Studies have shown the most successful candidates are those who have regular follow-up appointments, change their eating habits and start regular physical activity. You will see Zoe, our dietitian, before your surgery and will be expected to see her at least four times after your surgery (included in your surgical fee). It is recommended that you continue to see her in the long-term to ensure success. A nutrition timeline including the required visits with Zoe is outlined on the next page. Following the timeline are the nutrition guidelines for the different nutrition stages that you will discuss with Zoe during your follow-up appointments. Please make sure you refer to these often before and after your surgery.

In the long-term you will be able to eat most foods just in very small amounts (about 1 cup of food for each meal). To get the nutrients your body needs you will need to focus on low-fat, high protein foods, fruit, lots of vegetables and small amounts of whole grains. You will need to take a multivitamin and fibre supplement (Benfiber or Metamucil) every day. A multivitamin that contains B1(thiamin), B6 (pyroxidine), B12, folic acid (folate), iron, calcium and zinc will be the best option. Examples include Centrum, Cenovis, Swiss Womens or Mens Ultivite or Blackmores Womens or Mens Multi.

## Follow-up Appointment Summary

Listed below are the appointments you should attend in the first year following your laparoscopic sleeve gastrectomy. Your surgeon will see you in the hospital prior to your discharge.

<b>Time After Surgery:</b>	<b>With:</b>
2 weeks	Dietitian
4 weeks	Surgeon and Dietitian
8 weeks	Dietitian
6 months	Surgeon and Dietitian
12 months*	Surgeon and Dietitian

\* Could you please arrange to have your yearly blood test done prior to this appointment, so that any dietary requirements can be discussed.

- Further follow-up appointments will be made with Zoe on an individual basis.
- Your surgeon and dietitian would like to see you every year following your operation.
- Please do not hesitate to arrange additional appointments than those listed above if required.

It is important that you read and understand this document and ask us any questions you have regarding any aspect of your surgery and post-operative care.

Please sign below to indicate that you have read and understand this document.

Patient..... Surgeon.....