

MB03lite Laparoscopic Gastric Bypass

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This document will give you information about a laparoscopic gastric bypass. If you have any questions, you should ask your GP or other relevant health professional.

What is a gastric bypass?

A gastric bypass (also called Roux-en-Y) involves stapling your stomach to create a smaller stomach 'pouch' and then bypassing the rest of your stomach and part of your bowel (see figure 1). It works by making you feel full sooner so that you eat less, and by preventing some of the calories and nutrients in your food from being absorbed.

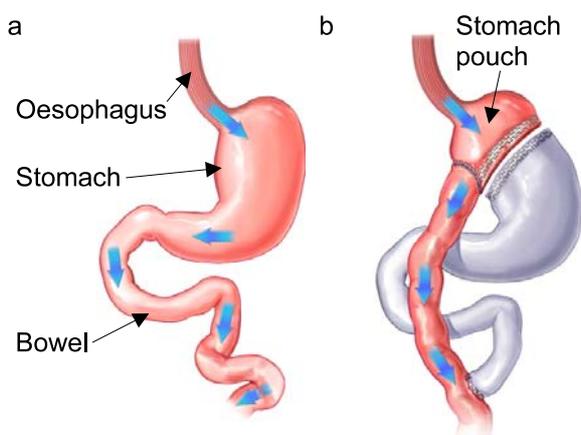


Figure 1

- a Normal stomach
- b Gastric bypass

Is a gastric bypass suitable for me?

If your BMI score is over 40, surgery may help you to achieve long-term weight loss. Surgery may also help if you have a BMI over 35 and have other medical conditions such as Type-2 diabetes or high blood pressure.

Your surgeon will confirm your BMI score and carry out a detailed assessment before deciding if surgery is suitable for you.

What are the benefits of a gastric bypass?

If the operation is successful, you should be able to achieve long-term weight loss. However, this depends on your ability to keep to your new lifestyle.

Long-term weight loss should improve most obesity-related health problems you may have.

Are there any alternatives to a gastric bypass?

The simple approach to losing weight involves eating less, improving your diet and doing more exercise. Sometimes medication prescribed by your GP can help. There are other surgical options to a gastric bypass such as gastric banding, shortening your digestive tract and sleeve gastrectomy. It may be possible to have a gastric balloon. However, this can stay in place for only up to nine months.

What does the operation involve?

The operation is performed under a general anaesthetic and usually takes between two and four hours.

Your surgeon will usually use keyhole surgery. They will make several small cuts on your abdomen. Your surgeon will place surgical instruments, along with a telescope, inside your abdomen and perform the operation.

Your surgeon will create a tunnel behind your stomach. They will pass a stapling device through the tunnel and then staple your stomach to create a smaller stomach pouch.

Your surgeon will divide your small bowel below your stomach. They will bring up the lower end and attach it to your new stomach pouch. The contents of your new stomach pouch will now bypass the rest of your stomach and the first part of your small bowel.

What complications can happen?

1 General complications of any operation

- Pain
- Bleeding
- Infection of the surgical site (wound)
- Unsightly scarring
- Developing a hernia in the scar
- Blood clots

2 Specific complications of this operation

- Damage to internal organs
- Surgical emphysema
- Developing a hernia near one of the cuts

- Pouch stenosis
- Staple-line bleeding
- Anastomotic leak
- Developing a hernia inside the abdomen
- Death

Long-term problems

- Change in bowel habit or diarrhoea
- Nutritional deficiencies
- Anastomotic ulcer
- Developing gallstones

How soon will I recover?

You should be able to go home the following day. You will start with a liquid-only diet, progressing to soft food and then to solid food.

You should be able to return to work after two to four weeks depending on the extent of surgery and your type of work.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

On average, people who have a gastric bypass lose over half of their excess body weight.

Summary

A gastric bypass may help you achieve long-term weight loss. Success depends on your ability to keep to your new eating plan and taking regular exercise.

Acknowledgements

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