

The Need for Surgery

For many individuals who are morbidly obese, defined as being 100 pounds or more overweight, surgery is the only method that helps to control weight successfully. Most diet plans have proven ineffective. Weight loss surgery promotes weight loss by decreasing food intake and promoting proper food selection. The surgeons at NSSS are experienced in different weight loss surgeries, which will be discussed in detail. The type of surgery best for you will be determined by your personal weight loss goals as well as the opinion of your surgeon. After you have carefully researched the options available to you, and after you have had a consult with your doctor a decision can be made as to what surgery will benefit you the most. Following is an outline of the different surgeries, to give you the pros and cons of each one.

Whether or not your surgery will be done open or laparoscopically will be determined, ultimately, by your surgeon. The dynamics of the surgery are still the same, it is just the technique of how it is done that is different. There are different risks and benefits to each technique that are summarized in the first paragraph.

It is important you understand that if you and your surgeon decide the laparoscopic technique is a good choice for you, the operation may indeed become an open procedure if certain complications occur. Please make proper arrangements to prepare yourself for this possibility.

Open Roux-en-Y Bypass Surgery

The Roux-en-Y Gastric Bypass requires the construction of a small pouch that holds about ¼ cup of solid food, or about 2 ounces of beverage or other fluid. The small pouch is constructed with 4 rows of staples; a special connection is then made directly into the small intestine where digestion begins. This surgery is done through an abdominal incision between your navel and rib cage. The surgeon will perform the surgery through this incision and close you up using internal stitches. Staples will be used on the outside of the incision. The staples will be removed approximately 1 week later at the time of your first post operative visit.

Laparoscopic Roux-en-Y Gastric Bypass

If your surgery is done laparoscopically, small holes are created in your abdomen, (they are called TROCAR sites), instruments are then put through the holes, air is put into the stomach, for better visualization, and the surgery is done with special instruments. When the operation is completed, you will have the small Trocar holes in your abdomen. You will have a 2-4 day hospital stay and 4-6 week recovery period at home.

Lap-Banding

The Lap-Band is a device that is placed around the stomach laparoscopically. A few small incisions are made in the abdominal wall and narrow, hollow tubes are inserted. Surgical instruments are then passed through the tubes, the surgeon can see inside the abdomen by using a small camera that also goes through the tubes. The picture the camera takes is shown on a monitor that is like a TV screen. A small tunnel is made

The band has a locking part which securely holds the band in a circle around the stomach. With this type of surgery you should feel little pain, have fewer wound complications and resume your normal activities sooner.

After you have been eating solid foods for at least 4 weeks, you and your surgeon can determine if you need a band adjustment. If you need or desire more food restriction, the saline ring will be inflated through the part that is attached to the band. If after the band is adjusted you need less restriction, you may also have the band deflated.

The Lap-Band can easily be removed if necessary, although at this time there are no known reasons to suggest the band should be removed or replaced at some point unless a complication occurs or you do not lose weight. If the band is removed the stomach returns to essentially a normal state.

Benefits of Weight Loss Surgery

The operation you will have can only work with your commitment to change your lifestyle, particularly with regard to diet and exercise. The surgery can make it easier to change your behavior to more positive ones.

- 90% of Gastric Bypass patients lose 50-80% of their excess body weight
- 90% of Lap-Banding patients lose 40-60% of their excess body weight.
- Most people with hypertension (high blood pressure), and/or diabetes no longer need medications.
- Return of normal periods for young women with abnormal or absent menses.
- Males will have greater and improved sexual function.
- Improved sleep by reducing period of sleep apnea.
- Slowing of disabling effects of arthritis.
- More energy.
- Enhanced appearance, physical and mental outlook.

Preparing for Your Surgery

Before undergoing this surgery, we encourage you to take these important steps to ensure that you are in the best possible health. Exercise, elimination of unhealthy habits, and decreasing your caloric intake are the main tasks of preoperative preparation. Any type of

exercise, especially fast walking, will improve your heart and lungs, making breathing easier during recovery. Please check with your physician before starting any vigorous exercise program. If you smoke, QUIT. Smoking is often as dangerous to health as obesity. Much more dangerous for someone who is obese. For improved breathing and lung function after the surgery, we urge you to stop smoking at least six weeks before the operation.

Reducing your food intake is also highly recommended. First, it gives you a head start on losing weight, and it helps prepare you for the dietary restrictions and lifestyle modifications after your surgery. If you drink soda or beer heavily, you must prove to yourself that you can control this habit before surgery. Compulsive eaters who cannot control snacking on high sugar foods, high caloric liquids, or junk-type foods should become actively involved with a counselor to support group before surgery for additional help. Please call (516) 482-8657 and we will help you find the appropriate assistance.

It is also important to contact other patients who have had surgery and speak directly to them about their surgical experience. A list of patients will be provided to you at your first visit with the physician. We also offer both preoperative and postoperative support group meetings to all of our patients and encourage everyone to participate. Staying involved with other patients with help keep you on track and give you an opportunity to help others.

Risks of Roux-en-Y Gastric Bypass Surgery

Any surgical procedure has risks that should be discussed in detail with your surgeon.

Some of the risks associated with this procedure include:

- Injury to Spleen
- Blood loss
- Leak of stomach contents
- Infection
- Follow-up operation
- Death (rarely)

Risks of Laparoscopic Banding

- The band can spontaneously deflate because of leakage. That leakage can come from the band, the reservoir, or the tubing that connects them.
- The band can slip.
- There can be stomach slippage.
- The stomach pouch can enlarge.
- The stoma (stomach outlet) can be blocked.
- The band can erode into the stomach.

Your surgeon is experienced in performing this type of operation for obesity. He will go over these aspects in detail with you prior to the surgery. Please do not hesitate to ask questions or voice your concerns.

Initial Office Visit

During your first visit, the doctor will discuss all the aspects of the surgery with you. The discussion will focus on the risks, benefits and alternatives of surgery as well as what to expect after surgery. The surgeon can also assist you in deciding which weight loss surgery is best suited for you. It is important you thoroughly educate yourself about the different weight loss surgical options available before deciding which one is best for you.

The surgeon will take a complete medical history and perform a thorough physical examination, and you will be weighed. You will be sent for further tests which may include an abdominal ultrasound, blood and urine tests, nutritional counseling, psychological evaluation and appointments with other medical specialists.

Once all the results are available, we will pre-authorize the surgery and schedule you for a pre-surgical test visit prior to the operation. At the PST appointment, you will be given instructions for preparing for the surgery. You will also need to see your surgeon one more time before surgery to go over all of your test results, sign your consent forms and go over the final details of your surgery.

Pre-Surgical Testing (PST) Visit

A presurgical testing appointment is made at the time your surgery scheduled. This appointment is one week prior to your surgery. The testing is required by the hospital and testing must be done there. The results will be forwarded to your primary physician so you may obtain medical clearance.

Medical Clearance Visit

After your pre-surgical testing and before your surgery, you must see your primary care physician for medical clearance. If you do not have a primary care physician, we can assist you in finding one. At this visit, your doctor will examine you to be sure you are able to undergo anesthesia and surgery. The doctor will write your letter of medical clearance and send it over to the hospital. Please make your appointment with your doctor when you know the date of your surgery and pre-surgical testing. You cannot have surgery without a letter of medical clearance.

Day of Surgery

On the morning of your procedure, please arrive at “Same day admission” two hours before your scheduled surgery. You will fill out further forms and be examined by a registered nurse. Here you will change into your surgical gown. An intravenous line will

be inserted into your arm and you will be wheeled by stretcher to an operating room nearby. Your family may wait in the surgical waiting room to confer with the surgeon after your surgery.

The surgery will take approximately two to three hours and is done while your are under general anesthesia. If necessary, your gallbladder may also be removed during the operation.

After Surgery

After the operation you are brought to the recovery room where you will awaken and be closely observed by highly trained registered nurses and other health team members. Your intravenous line will remain in place. Your blood pressure, pulse and temperature will be frequently monitored. You will be wearing compression stockings that were put on during surgery to help improve blood circulation in the legs. They are removed when you are up and about. Pain control will be provided by an epidural catheter that will be started while you are in the operating room. As an alternative, you may be placed on intravenous narcotics.

Feeling somewhat confused and afraid is normal. There will be three to five people caring for you, and several machines nearby. This is also normal and should give you no cause for alarm. You will remain in the recovery area for approximately three hours or

overnight if medically necessary. A family member will be able to visit you briefly before you go to your room.

Recovery in the Hospital

You will be in the hospital two to five days, depending on which surgery you have. A very important part of your immediate postoperative care involves moving, walking, coughing and deep breathing. Coughing and deep breathing are necessary to clear the lungs of mucus that normally develops after anesthesia.

Keeping Your Lungs In Shape

- Following the directions below for coughing and deep breathing will help your recuperation:
- Take three deep breaths, breathing in through your nose and out through your mouth.
- Hold a pillow tightly against your chest. It helps ease the pain from your incision.
- Cough as hard and forcefully as possible. There is no chance your incision will open from coughing.

Repeat this three times at least every two hours, beginning immediately after your operation and continuing until you leave the hospital. You will be given an “incentive spirometer” in the hospital. This will assist you with the above exercises to clear your lungs. The nurses will provide you will specific instructions on how to use the spirometer. Performing these exercises is vitally important for a rapid recovery. Failure to do them may result in pneumonia and a longer hospital stay.

Walking to a Rapid Recovery

No matter what your state of health, walking is one of the best exercises. It helps expand your lungs and provides good blood circulation to your legs. It is an easy way to help regain your strength and build stamina as you begin your new lifestyle.

How to Get out of Bed with an Abdominal Incision

We know that you will have some pain following your operation, but you will need to get out of bed as soon as your doctor permits. By following the instructions below, you will minimize your pain as you learn the best way to get out of bed. Take your pain medication before getting out of bed. This may cause weakness, dizziness and drowsiness, it is important to have assistance from the medical staff.

- Pull yourself up in the bed as far as possible. Bend your knees, dig in your heels and work your way up, using the side rails or mattress for support.
- Raise the head of the bed as far as possible.
- Roll over to whatever side is most comfortable for you.
- Push up with the elbow that is against the bed and at the same time lower your legs to the floor. This should be done in one smooth motion.
- Hold your incision your free hand. It helps ease the incisional pain.
- Never get out of bed quickly. You may become dizzy or weak. Sit on the side of the bed for a few minutes to allow proper blood circulation. Do not get out of bed the first time without assistance. Call for help when you need it.
- You may only be out of bed for approximately 15 minutes at a time for the first few days after surgery. You must be out of bed at least three times a day, increasing the frequency as your condition improves.
- While some discomfort is expected upon getting out of bed the first few times, undue pain or anxiety may be signs of a complication. Always follow the instructions of the doctors and nurses and quickly report any severe pain or anxiety.

Going Home

When you get home it is important that you remember the following:

- Take it easy. Remember that you had major surgery, so you must give your body time to Heal. Increase your daily activities each day as tolerated. Move around as much as you can, without straining yourself. NO heavy lifting or pushing.
- Follow the recommended diet given to you. It is recommended you have all of the necessary supplements and special food ready upon arriving home.
- You may shower. Let the water run over your incision, but do not scrub it. Keep your incision clean to prevent infection.

If you have any questions or concerns, call the office and/or other patients immediately.

NEVER wait to call the office if you think you are having a medical complication.

Follow-up

Office visits will be scheduled before each new phase of your recuperation. Your first visit to the office after surgery will be one week after discharge from the hospital. You will come in once every few weeks thereafter for a few months, decreasing to every few months until your condition stabilizes. An annual complete workup will be necessary for

the rest of your life. These visits are necessary to monitor your weight loss and general health.

Side Effects of Roux-En-Y Gastric Bypass

Certain side effects can develop either shortly after the operation or over a long period of time. Proper medication, a well balanced diet and exercise can usually correct these problems. These may include:

- Hair loss - This temporary condition is due to nutritional imbalance. This does not result in baldness.
- Intolerance to cold - This is most likely due to the loss of “insulation” because of profound weight loss.
- Iron deficiency anemia - Caused by poor nutrition, small meals and intolerance to some meats. Treatment is increased intake of iron containing foods such as dark, green, leafy vegetables, red meat, liver, dried fruits and nuts. You may also need to take iron supplements.
- Vitamin deficiencies - Thiamine is a common deficiency and can be treated with supplements. Vitamin B12 deficiency is also not uncommon. If you become severely low in B12 you may need shots and/or an oral supplement.

- Constipation - Caused by lack of dietary fiber/roughage and/or inadequate fluid intake. This can be made worse by iron supplements.
- Heartburn - Can be caused by drinking or eating acidic foods such as citrus fruits, onions and tomatoes. This can be treated with antacids.
- Gas formation - Can be caused by eating/drinking gas-forming foods, such as cabbage, beans, broccoli, onions, carbonated beverages and sipping liquids through a straw. Anti-gas medications may be helpful.
- Incisional pain - Treat with acetaminophen (Tylenol).

Side Effects of Lap-Banding

There are some side effects which may occur with the Lap-Band, some may be avoided with proper diet and exercise, others you may have no control over. These may include:

- Gastrointestinal complications: Ulceration, gastritis, heartburn, gas bloat or dysphagia, dehydration or constipation.
- The band can spontaneously deflate because of leakage. That leakage can come from the band, the reservoir, or the tubing that connects them.
- The band can slip.
- There can be stomach slippage.
- The stomach pouch can enlarge.
- The stoma (stomach outlet) can be blocked.
- The band can erode into the stomach.

Medications

It is important to avoid any medications that contain alcohol, aspirin and/or ibuprofen, such as Alka Seltzer, Indocin, Motrin, Advil, etc. These medications can cause stomach irritation, ulcers and bleeding problems. It is also important to avoid pills that cannot be crushed, unless approved by your surgeon.

Post-operative Diet

You will need to follow a special diet after your surgery. You will need to follow the diet designed for the weight loss surgery you had. The dietary guidelines will be given to you by a Dietician who you will need to see preoperatively. It is critical you follow these guidelines. The dietician has designed the diet to best fit your nutritional needs post operatively. Non-compliance can lead to serious malnutrition and general poor health.

Below are basic rules for eating, drinking and exercise that will help you get the best results from weight loss surgery:

- Eat only three meals per day.
- Eat slowly and chew thoroughly.
- Stop eating as soon as you feel full.
- Do not drink while you are eating.
- Do not eat between meals.

- Eat only good quality foods.
- Avoid fibrous foods.
- Drink enough fluids during the day, in between meals.
- Drink only low-calorie liquids.
- Exercise at least 30 minutes per day. Take your multi-vitamins daily.

Any weight loss surgery may cause malnutrition and or malabsorption which may lead to some vitamin/mineral deficiencies. Most common are: B12, iron and protein deficiencies.

It is critical you see your physician for scheduled follow-up visits. At each visit your general health, diet, exercise regime, medications and/or vitamin/mineral supplements will be reviewed. This is also the time you speak with the surgeon about any problems which may be related to your surgery. If you are having problems related to the weight loss surgery, you will be able to discuss them with your doctor. You will also be sent for blood work on an intermittent basis.

If you do not come in for your check-ups you will be putting your health at great risk. If you move and it is impossible for you to go to your surgeon office, you should find another physician who will be able to properly care for you.

Your weight loss will also be monitored, so that you can reach your desired weight loss goal. If needed you may need or want to see the dietician to re-evaluate your diet, to ensure a good weight loss as well as proper nutrition.