

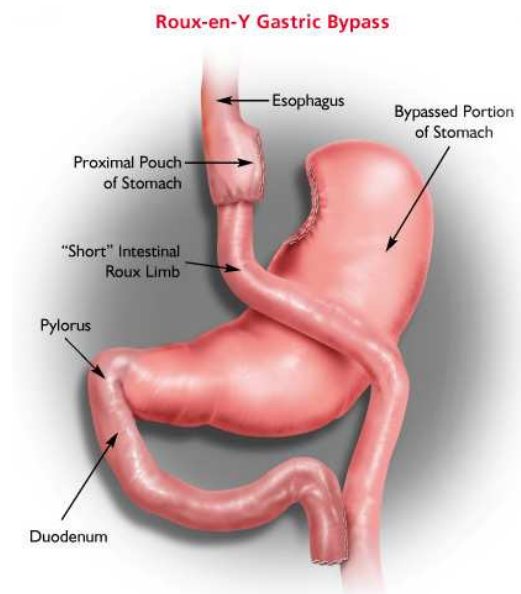


# Lap Gastric Bypass

*A patient Information Leaflet*

## Procedure

It involves creation of a small stomach pouch with the help of staples which restricts the food intake. In addition, the initial segment of the small intestine, duodenum and a small portion of jejunum, are bypassed and a direct Y-shaped connection is made from the remaining part of the jejunum to the new stomach pouch for mal-absorption.



Web: [www.obesenomore.org](http://www.obesenomore.org)

## Effects

- ‡ Smaller pouch leading to reduced intake
- ‡ Intestinal bypass leading to mal-absorption.

This surgery is a combination of restriction and mal-absorption. The small stomach pouch created sends early signals of satiety and the bypassed segment of the intestine results in incomplete absorption of food. Due to this dual effect, there is a greater degree of weight loss than gastric banding.

### Who needs RYGB?

- Presence of serious sequelae of morbid obesity
- 30 kg overweight or a BMI > 33 kg/m<sup>2</sup> for more than 5 years with at least one co-morbidity.
- BMI  $\geq$  37 with or without co-morbidities
- Failure of sustained weight loss on supervised dietary and conservative approaches
- Absence of an endocrine cause
- Acceptable operative risk
- Compulsive eaters
- Educated and a compliant patient

### Merits

- ☺ Avoids open surgery, saving the patient the discomfort of a large incision.
- ☺ Expedites recovery
- ☺ Resolution of associated co-morbidities like diabetes mellitus, sleep apnea, hypertension
- ☺ Good %EWL over long time period

### Before the operation

Before the operation you will undergo a complete health check. In addition we will also maintain your medical and diet history as we have to rule out the following –

- ✎ Alcohol or drug abuse
- ✎ Endocrine cause for obesity



- ✦ Severe psychological problems or mental illness.

7 days prior to the scheduled operation, you will be kept on a liquid diet. The purpose of this pre-operative liquid diet is to –

- ✦ To reduce liver swelling and
- ✦ To assess your readiness for the operation

## Possible Complications

### Early –

- ✦ Leaks at the junction
- ✦ Gastric dilatation
- ✦ Wound infections and fluid collections

### Late –

- ✦ Narrowing of the stoma
- ✦ Wound hernias
- ✦ Intestinal obstruction

## Post-Operative Care

### Diet

The smaller gastric capacity and a narrow anastomotic gastrointestinal stoma will call for dietary modifications. In general, you will advance through the following Diet phases –

#### Phase 1      **Clear liquid Diet**

Initiated about a day after surgery

#### Phase 2      **Full liquid Diet**

Initiated about 3 days after surgery

#### Phase 3      **Semi-solid Diet**

Initiated about 15 days after surgery

#### Phase 4      **Low-fat solid Diet**

Initiated about 4 weeks after surgery



## Vomiting

If you gulp down liquids during the liquid phase you could very well end up vomiting. If this occurs regularly, there is a danger of developing deficiency of water soluble vitamins – Vitamin B<sub>1</sub>, B<sub>2</sub> and B<sub>3</sub>. Thus one has to be very careful of drinking/eating fast especially in the first few weeks post the procedure.

Regular vomiting is definitely a warning sign and should be addressed at the earliest.

## Medication

Medication for your co-morbidities like diabetes, hypertension or asthma will have to be reduced after the surgery and it is best that you consult your doctor about this matter. Besides, certain medications in large form viz capsules, tablets may require alteration to allow passage.

## Pregnancy

The period between surgery and weight stabilization is a period of relative starvation. Thus it is not advisable to conceive during this phase of weight loss and one should avoid any pregnancy for at least 12 to 18 months after surgery.

After the stabilization phase, you could conceive. However, to meet the maternal and fetal demands of nutrition you will be advised an additional multivitamin capsule per day.

## Follow-Up

- ✦ Scheduled Follow-up visits are monthly for the first six months and yearly thereafter. As and when medically required



## Expected Results

The actual weight loss is dependent on several factors. These include:

- ✦ Age
- ✦ Weight before surgery
- ✦ Overall condition of your health
- ✦ Surgical procedure
- ✦ Ability to exercise
- ✦ Commitment to maintaining dietary guidelines and other follow-up care
- ✦ Motivation of patient and cooperation of their family, friends and associates

In general, you could expect –

- Loss of 70% excess weight by the end of 1.5 years.
- Improvement in associated co-morbidities
- Greater capacity for physical activity
- Improvement in quality of life.

## Cost & Hospital Stay

- 3-4 Day Stay in the hospital
- Cost varies according to the package/choice of room