NorfolkSurgery

Upper Gastrointestinal Surgery

Sleeve Gastrectomy
Information Sheet

Sleeve Gastrectomy

Information for patients, relatives and carers about the operation and what to expect afterwards

What is a sleeve gastrectomy and how does it work?

This operation involves converting the stomach into a long, thin tube by stapling it along its length and removing the excess stomach. Unlike a gastric bypass where food enters a small pouch and then passes straight into the small bowel, the route that food takes following a sleeve gastrectomy is the same as it took before surgery.

As the stomach is smaller, it is able to hold less and stretches more quickly to give a feeling of fullness and satisfaction. So patients who have had this procedure want to eat less and therefore lose weight.

This operation can be done laparoscopically (using 'keyhole' surgery) while you sleep under a general anaesthetic. Having a sleeve gastrectomy will reduce the size of your stomach by about 75%. It is divided vertically from top to bottom, leaving a banana-shaped stomach along the inside curve. The pyloric valve (which regulates the emptying of the stomach into the small intestine) remains intact at the bottom of the stomach. This means that although smaller, the stomach works in the same way as before.

However, because you can only eat a small meal, you will lose weight, especially if you follow a low fat, low sugar diet. Having a stomach reduced in size will also help you to keep a feeling of fullness for longer and stick to eating just three meals a day.

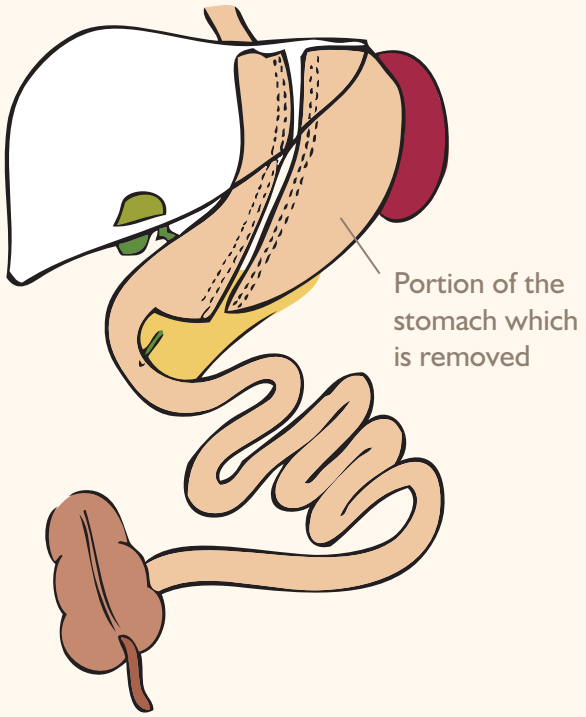
This method of surgery is recommended for patients with a BMI (body mass index) of more than 55. On average, patients tend to lose 20% of their total body weight during treatment.

What are the advantages of having a sleeve gastrectomy?

For very large patients where the risks of a long operation are considered too high, a sleeve gastrectomy may be used as the first of two operations. The second operation (a roux-en-y gastric bypass) is then done several months later when the patient has lost a significant amount of weight and the risks associated with having further surgery is much less.

However, about 50% of patients who have a sleeve gastrectomy get such good weight loss that they do not need to have further surgery.

Restrictive Vertical Gastrectomy



Are there any risks associated with this operation?

As with any operation, there are risks associated with having a general anaesthetic. Specific to this operation, there is a small risk of

- wound infection
- chest infection
- deep vein thrombosis ('DVT' or blood clots in the legs)
- pulmonary embolus (blood clot on the lungs)
- bleeding from the staple line
- leakage from the staple line (5% of patients)

Most people will not experience any serious complications from their surgery. The risks increase for people who already have other medical conditions, such as heart disease or high blood pressure. However, any problems that do arise can be rapidly assessed and appropriate action taken. There is a 1 in 100 risk of death and a 5% risk of adverse effects as listed above caused by having this treatment.

Are there any alternatives to this operation?

- Lifestyle management
- Drug Treatment
- Gastric banding surgery
- Gastric bypass surgery

What happens before the operation?

Before your operation, we will ask you to attend pre-assessment with our specialist nurses. This will give you an opportunity to discuss your concerns and an ideal time to develop the support you will need to progress well with this treatment. Pre-admission Assessment Clinic.

This appointment is an opportunity to check that you are fully prepared for your admission, treatment and discharge home. You may also have rou-tine investigations such as blood tests, ECG (recording of your heart) or a chest x-ray done at this time to check your fitness for surgery. An anaesthetist will also see you at this appointment.

Is there anything I should do to prepare for my operation?

- Please follow the pre-operative diet sheet for bariatic surgery (enclosed) for two weeks before your operation.

- Make sure you go for a 30 minute walk every day, as this is good cardiovascular exercise. This will reduce the risk of post-operative complications, as well as help you lose some weight prior to surgery.

- You should also do your breathing exercises 3 times each day using your inspirometer as instructed by your clinical nurse specialist.

- Please do not have anything to eat (not even sweets or chewing gum) or drink after midnight on the night before your operation.

- If you regularly taken medicines in the morn-ing, you should take them before 7.00am, with a small sip of water if necessary.

- If you are diabetic, you must not take your insulin or diabetic tablets on the morning of your operation.

- If you take blood-thinning medications (such as warfarin or aspirin) and/ or you are allergic to any medications, please contact the ward for advice before you come in to hospital.

What happens on the day of my operation?

You will be informed of when to attend the hospital on the day of your operation. Your temperature, blood pressure, respiration rate, height, weight and urine will be measured to give the nurses a baseline (normal reading) from which to work.

We will measure you for special stockings (sometimes known as 'TEDS') to prevent blood clots (known as 'DVT' or 'deep vein thrombosis') from forming in your legs following surgery. We will also start you on anti-coagulant (blood-thinning) injections to help minimise this risk. You will also be given some blood thinning tablets called Rivaroxiban when you go home to take for ten days.

The surgeon will explain the procedure to you in detail before asking you to sign a consent form. This is to make sure that you understand the risks and benefits of having the operation. All make-up, nail varnish, jewellery (except wedding rings, which can be taped into place), body piercings and dentures must be removed. One of the nurses will then come and prepare you for the operating theatre.

What happens after the operation?

You will wake up in the recovery room before you are taken back to your room or the High Dependency Unit.

Please tell us if you are in pain or feel sick. We have tablets/ injections that we can give you as and when required, so that you remain comfortable and pain free. You may feel light-headed or sleepy after the op-eration. This is due to the anaesthetic and may con-tinue until the next morning. It is also common to have a sore throat for 2 or 3 days after having a general an-aesthetic. This sometimes happens because the anaes-thetist (specialist doctor) has to pass a tube down your windpipe to give you the anaesthetic gases that keep you asleep during the operation.

Four hours after your operation we will ask you to stand up and start moving around. It is important that you move about as much as possible, as this will reduce the risk of any complications and speed up your recovery.

Please make sure that you do your breathing exercises 10 times every two hours (between 8.00am and 10.00pm) and walk around for 10 minutes every two hours every day that you are in hospital. Your wound will have been closed with sutures (stitches) that will be removed within 7 – 10 days after surgery. We will remove the dressing covering your wound after 24 hours.

For the remainder of your stay, the nurses will take your temperature, pulse and blood pressure at regular intervals to check your recovery and it will sometimes be necessary to wake you up to do this. It is very important that we monitor your progress after your operation, so please be patient with the nursing staff during this time. Your doctor will also visit every day to check on your recovery.

You may have a catheter (tube) inside your bladder to drain urine away and to allow the nurses to closely monitor your urine output after the operation. The tube is usually removed approximately two days after surgery.

You may have a 'nasogastric' tube in your nose, which passes down into your stomach. This tube removes any excess fluid from your stomach, preventing vomiting and thereby making you more comfortable. The tube is usually removed 2 days after surgery.

You may also have a drain (tube) inside your wound. This is so that any blood or fluid that collects in the area can drain away safely and will help prevent swelling. The tube will be removed when it is no longer collecting fluid, usually 2 – 3 days after surgery. A 'drip' will also be attached to a needle in your arm or neck to provide you with fluids and prevent dehydration.

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When can I start eating and drinking again?

You will be allowed to start slowly sipping unlimited amounts of water, tea, coffee, milk, squash, ribena or bovril the day after surgery

- Days 2 – 6 after surgery, you will be on a liquid diet
- Days 7 – 13 after surgery, you will be on a puréed diet
- Weeks 2 – 4 after surgery, you will be on a soft diet
- After 4 weeks, you can return to a regular diet

When can I go home?

Provided you are well enough, you should be able to go home 3 days after your operation. We will give you a supply of medication to take home with you for pain control.
Any further medication will need to be prescribed by your GP.
If possible, please arrange for someone to come and collect you by car on the day of your discharge home, as you will not be able to drive yourself or travel on public transport.
You should continue to walk for 30 minutes every day, as this is good cardiovascular exercise. It will also reduce the risk of post-operative complications.

You should also do your breathing exercises 3 times each day for the next 6 weeks, using your inspirometer as instructed by your clinical nurse specialist.
Please continue to attend the support group meetings when you can. They run every 1st Wednesday of each month from 6pm – 10.00pm in the Main Hospital Conference Room East.

Is there anything I need to watch out for at home?

You may feel different sensations in your wound such as tingling, itching or numbness. This is normal and is part of the healing process. However, if you experience a high temperature or fever, swelling, pain, discharge or excessive redness around the wound site, please contact your GP and inform your Specialist nurses in the event you are unable to contact either your G.P or Specialist nurse then go to your nearest Accident & Emergency (Casualty) Department as you may have an infection.

What happens next?

1 week after surgery

- You may still have some abdominal discom-fort, which can be caused by your wound or the reduced size of your stomach. You can take painkillers for this if necessary.
- You should be able to return to work. How-ever, you should avoid doing any heavy lifting for six weeks
- Make sure that you continue to walk for 30 minutes each day, as well as do your breathing exercises 3 times a day.
- Continue following a predominantly liquid diet.

2 weeks after surgery

- You should now be able to start on a diet of puréed foods (see diet sheet for examples of meal plans).
- You may experience symptoms of ‘dumping syndrome’. This is where you may feel sweaty, light headed and have diarrhoea after eating refined carbohydrates such as sucrose (table sugar) and fructose (fruit sugar).
- Make sure that you continue to walk for 30 minutes each day, as well as do your breathing exercises 3 times a day.
- You will have your first post operative outpa-tient appointment to see your consultant.

3 weeks after surgery

- You can now start eating a diet of predominantly soft foods.
- Make sure that you continue to walk for 30 minutes each day, as well as do your breathing exercises 3 times a day.

4 weeks after surgery

- You can start eating ‘normal’ food (solids), but be careful with any food that does not crumble in the hand, such as bread or broccoli because these can swell in the stomach and cause bloating.
- Make sure that you continue to walk for 30 minutes each day, as well as do your breathing exercises 3 times a day.

6 weeks after surgery

• We will ask you to return to the outpatient clinic to see your surgeon so that s/he can check your wound.

6 months after surgery

• We will send you appointments to see both your doctor and nurse specialist so that we can check your progress.

Useful Contacts

Your Specialist Nurses will contact you on a regular basis to check your progress in the first two weeks; but if you are worried please phone the Specialist Nurses and leave a message and one of them will phone you back as soon as possible.

Use the numbers provided at anytime if you have concerns that cannot wait.

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