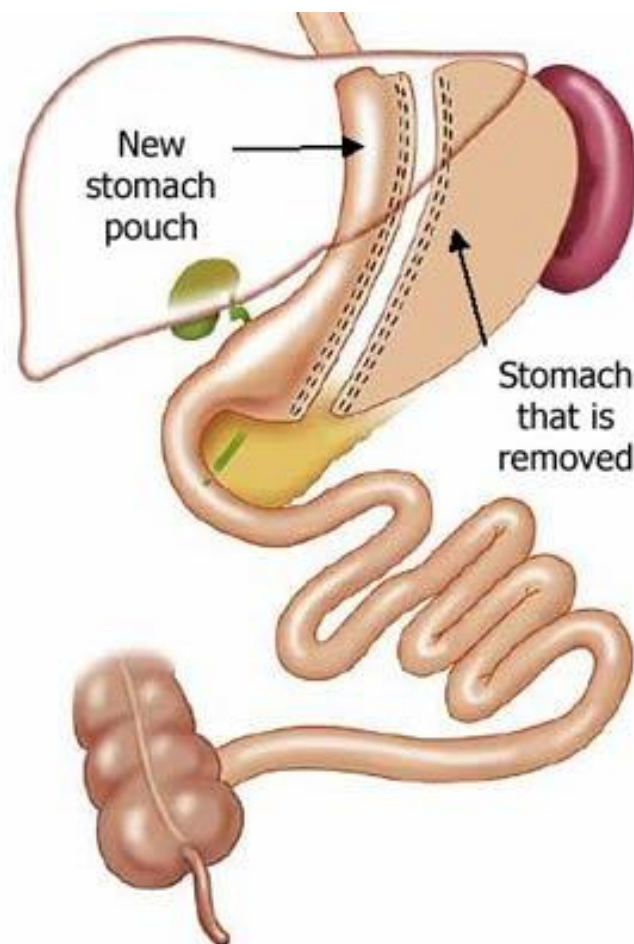


This booklet is intended as a general guide for patients considering weight-loss surgery.

Every patient's circumstances are different, and your management plan may vary from what is presented here. You are encouraged to make notes and ask questions at any stage of your weight loss journey. It is crucial that you are fully aware of the requirements and expectations to ensure the long-term success of surgery. Please feel free to contact Mr Murray for further information.



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Weight Loss Surgery

Weight loss is a complex topic. In recent years the medical community has developed a much deeper understanding of the physiology of weight management, and many of the old beliefs have been overhauled.

In particular, the view of weight management being a simple equation of “calories in” versus “calories out” has been revised, and a more detailed picture has been realised. Many factors are at play, from cultural factors, marketing pressures and the complex interplay of our body’s hormones.

Long-term research has demonstrated that achieving and maintaining weight loss is difficult. Even under controlled, supervised circumstances, weight loss through diet and exercise is often minor and temporary, the body tending to “reset” to its old weight soon after the end of a program.

It is for these reasons that weight-loss surgery has emerged as a treatment for obesity. There are many different techniques, and they have been shown to be highly effective in aiding patients to lose significant amounts of their excess body weight, and maintaining that loss for the long-term.

The Laparoscopic Sleeve Gastrectomy has become the most common weight-loss operation in Australia and around the world, and will be the focus of the information presented here. Other types of surgery may be more appropriate for you, and this will be discussed in depth during your consults. However, much of the information is applicable across many types of operation.

Laparoscopic Sleeve Gastrectomy

The Laparoscopic Sleeve Gastrectomy (LSG) first appeared as a weight-loss operation in the late 1980s. In the subsequent years it has continued to evolve, and is currently the most commonly performed weight-loss operation in Australia and around the world.

It works in two main ways:

1. Restrictive effect
 - A large part of the stomach is permanently removed, creating a long, narrow “sleeve” of stomach (see illustration on the 1st page). This new stomach can only hold about 100mL, thereby restricting the amount of food and calories that can be consumed
2. Hormonal effect
 - Part of the stomach that is removed secretes a hormone called Ghrelin, which stimulates appetite. By removing the appetite stimulation of this hormone, there is less drive to eat.

The LSG also presents some lifestyle advantages – it is expected that after the initial post-operative diet protocol (see Post-operative Phase), patients are able to eat a “normal” diet. There are obviously changes in types and amounts of food, but this is often more easily tolerated than other operations such as a Laparoscopic Adjustable Gastric Band (LAGB). It is known that there is a risk of so-called maladaptive eating patterns – consuming unhealthy foods – if there are eating problems after surgery, and LSG minimises this risk.

After LSG, you will see your surgeon and dietitian regularly, but there is no need for further interventions such as band adjustments after a LAGB.

Apart from the staples used to create the sleeve, there are no devices or foreign bodies left inside after the LSG.

As with any surgery, there are potential short- and long-term risks and complications. As a part of the process of considering an operation, these will be discussed in detail prior to any final decisions.

The Weight-Loss Surgery Journey

Initial Consult

At your first consult, Mr Murray will discuss general information about weight-loss surgery and go into some detail about your medical and surgical history. Your goals and expectations will also be discussed. You will have plenty of opportunity to ask any questions about the procedure and living with an LSG.

Dietitian and Psychologist Referral

The next step is to consult a dietitian and psychologist to go into some more depth about your diet and weight history, and explore the issues contributing to the current situation. It is known that the patients who have the most success with weight-loss surgery are those that engage with these Allied Health professionals. A plan to address any issues will be formulated, and they will work in collaboration with Mr Murray to progress to the most appropriate weight-loss surgery for you. Often you will see them several times pre-operatively, and your dietitian is key part of the post-operative follow-up.

A referral to these Allied Health professionals can be arranged at your consultation.

Prior to surgery

As a routine you will see the anaesthetist prior to the operation to address any health issues which will have an impact on your surgery. This includes comorbidities such as Obstructive Sleep Apnea, heart and lung problems, and diabetes. A panel of blood tests will also be performed.

In the 2-4 weeks leading up to surgery you will commence full diet replacement with a Very-low Calorie Diet (VLCD) in the form of powdered supplements (eg Optifast). This is to shrink the size of liver and amount of intraabdominal fat to facilitate a safe operation.

In Hospital

The operation

The surgery is usually performed on the day of admission. Afterwards you will go to the recovery unit and then the surgical ward. Mr Murray will see you daily after the surgery and supervise the post-operative recovery.

Post-operative phase

Stage 1

You will commence a clear fluid diet, sipping slowly about 30-60mL per hour. You will also receive IV fluids to keep you hydrated. The nurses and physiotherapists will assist you in starting to sit out of bed and mobilise around the ward.

Permitted fluids

- Water and ice chips
- Clear broth/stock
- Sugar-free jelly, cordial, iceblocks
- Black tea and coffee (caffeine-free)

Stage 2

Your diet will progress to Stage 2 prior to discharge. The emphasis is on protein-rich, small, frequent volumes, stopping before you feel full or uncomfortable.

Permitted fluids (includes Stage 1)

- Protein supplements
- Sugar- and fat-free yoghurt
- Thin soups
- Thin fruit purees

Stage 3

You will usually progress to this stage after your first post-operative dietitian consult between weeks 2-4. The menu will be in co-operation with them. You may notice that your appetite is returning somewhat. Food should be the consistency of baby-food puree. You should chew and swallow slowly, avoid drinks with meals, and stop before you feel full. It will still take some time before you are used to how it feels to swallow and digest foods.

Permitted foods (includes Stages 1 and 2)

- Blended soups and stews (no chunks)
- Eggs (scrambled, poached)
- Low-fat cottage cheese, hummus
- Smoothies with low-fat milk and no sugary additives
- Steamed or tinned fish, mashed and soft
- Healthy cereals soaked until soft

Stage 4

This is the return to normal foods. This will usually happen after your first follow-up with Mr Murray. You will still be in the early recovery phase after the operation, and still adjusting to life with the LSG. With the assistance of meal plans you will commence your regular, healthy diet to ensure success in your weight-loss journey.

Tips for diet success after LSG

- Follow the staged diet progression protocol
- Focus on protein and micronutrients first
- Eat slowly, chew well, avoid over-eating
- Plan your meals and meal times in advance
- Reserve meal times for eating only, no drinks with food
- Eliminate junk foods
 - o Processed snack foods
 - o Fizzy soft drinks
 - o Fruit juices
 - o Alcohol
- Commence a regular exercise program

At Home

Things to watch out for – notify your surgeon if concerned

- Redness, pain or discharge at the surgical wounds
- Increasing abdominal pain or shoulder pain
- Fevers
- Ongoing vomiting or unable to tolerate oral intake
- Any symptoms of concern to you or your family

Changes at home

- Clexane injections for 2 weeks after discharge
- Daily multivitamin with calcium
- PPI (anti-acid medication) until first follow-up
- Gradually increase physical activity after discharge
 - o Avoid heavy or strenuous activity for about 4 weeks
 - o No driving for 2 weeks
- Remove dressings day 3-5 after surgery
- Some people become constipated and may need a gentle laxative

Follow-up Schedule

- 2 weeks post-op
 - o Dietitian
- 4-6 weeks post-op
 - o Surgeon and Dietitian
- 3 months post-op
 - o Surgeon and Dietitian
- 6 months post-op
 - o Surgeon and Dietitian
- 12 months post-op and then yearly
 - o Surgeon and Dietitian

It is important that you read and understand the information in this booklet. Please feel free to ask any questions regarding it at any stage in your journey.

LSG is permanent and irreversible – it requires a commitment to life-long dietary and lifestyle changes. However, if you adhere to the protocols, you will achieve excellent weight loss outcomes, and as a result a dramatic improvement in your short- and long-term health.

QUESTIONS

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