

MB03lite Laparoscopic Gastric Bypass

Expires end of December 2019

A more detailed version of this procedure specific information sheet is available. Please ask your health practitioner at Joondalup Health Campus for a copy.

Write questions or notes here:



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.

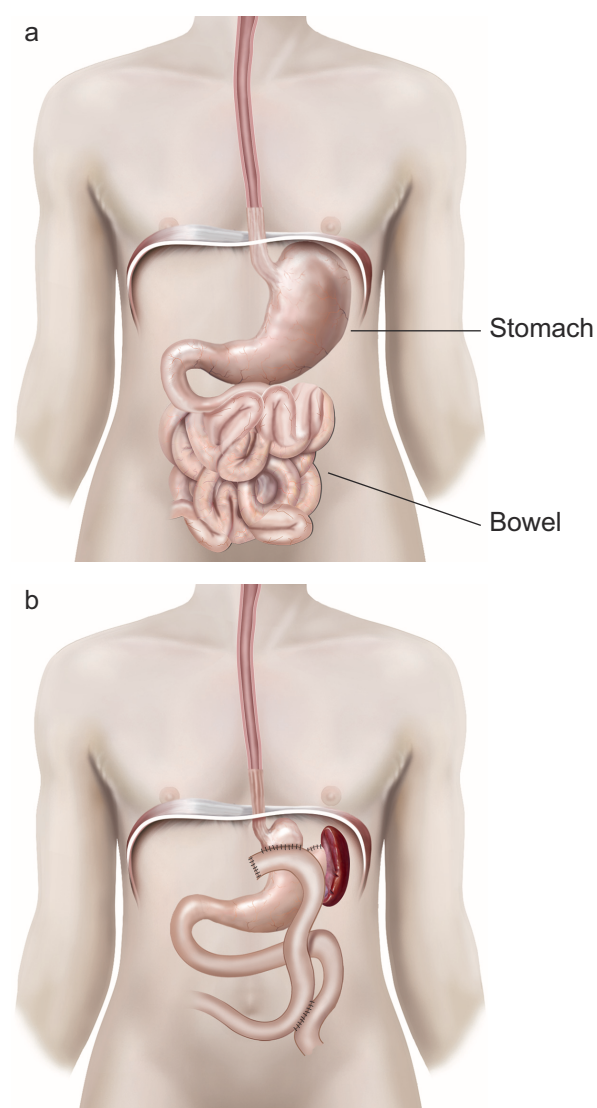


Figure 1

a Before a gastric bypass

b After a 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 problems 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?

You should be able to achieve long-term weight loss, but 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 given 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, but a gastric balloon can stay in place for only up to 9 months.

What does the operation involve?

The operation is performed under a general anaesthetic and usually takes two to four hours. Your surgeon will make several small cuts on your abdomen. They will insert surgical instruments, along with a telescope, so they can see 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 structures such as your bowel, bladder or blood vessels
- Surgical emphysema
- Developing a hernia near one of the cuts
- Pouch stenosis
- Staple-line bleeding
- Anastomotic leak
- Developing a hernia inside your 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 next day.

You will be able to take only liquids for a few weeks, progressing to soft food and then, after about four to six weeks, to solid food.

You should be able to return to work after two to four weeks, depending on how much surgery you need and your type of work.

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

On average, people who have a gastric bypass lose over half 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 exercising regularly.

Acknowledgements

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