

Bariatric and Metabolic Surgery



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صحة - تعليم - بحوث HEALTH - EDUCATION - RESEARCH

Medication

- The dosage of your medication before and after surgery will be adjusted, and re-adjusted with time or stopped as ordered by your physician.
- Crush or chew tablets if necessary as instructed by the physician/clinical pharmacist.
- Pain relief and multivitamins will be prescribed in the form of a suspension or syrup for 2 weeks.
- Report any of the side effects of your medication.

Wound Care

- Always wash your hands before and after touching near your wound site.
- Look for any unusual changes like redness, swelling, severe pain, discharge of pus and bleeding from the surgical wounds.
- Do not apply any kind of cream or solution to the wound site without your doctor's advice.

When to call your surgeon?

- Body temperature higher than 37.5°C with shivering
- Severe abdominal pain
- Significant nausea and vomiting
- Bleeding, redness or presence of drainage from the wounds, wound opened

Follow-Up:

- You must attend all your future scheduled appointments with your healthcare provider.

Schedule of Appointments/Follow-Ups:

When?	Remarks
After 2 weeks	
After 3 months	
After 6 months	
After 9 months	
After 12 months	
After 18 months	

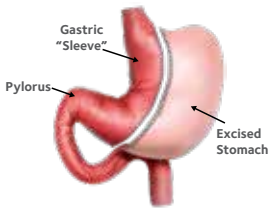
Note: Attend all the laboratory appointments as advised by your surgeon during your follow-up appointments.

What is bariatric surgery?

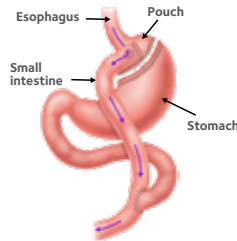
This is an operation on the stomach and/or intestines that helps patients to lose weight. The surgeon may remove and resect a portion of the stomach or re-route the small intestine to a small stomach pouch.

How does surgery promote weight loss?

The surgery restricts food intake or food absorption which leads to weight loss. Patients who have this surgery must commit to a lifetime of healthy eating and regular exercise. These healthy habits can help maintain weight loss after surgery.



Restrictive procedure which is the **Laparoscopic Sleeve Gastrectomy**



Malabsorption procedure which is the **Gastric Bypass**

	Sleeve Gastrectomy	Gastric bypass
Complexity of surgery	Complex	Complex
Operative time	45 minutes- 75 minutes	2-3 hours
Average excess weight loss within 2 years	60% (varies from 50-100%)	70% (varies from 50-100%)
Resolution of co-morbidities	Good (50-60%)	Very good (60-70%)

NOTE: *There are different types of bariatric surgery depending on the patient's condition, so it is very important to discuss the options with the surgeon prior to the procedure.*

Who are the candidates?

Those with:

- Severe obesity depending on height and weight
- Serious heart disease
- Uncontrolled blood sugar
- Uncontrolled blood pressure
- Osteoarthritis
- Severe snoring during sleep which causes the patient to wake up
- Polycystic ovarian disease, infertility
- Disc prolapse
- Obstructed sleep apnea

Pre-Operative Day

At this time, you and your surgeon will:

- Review your history and current medical problems
- Discuss a plan for managing all medical issues
- Have a thorough physical examination that may prompt a further evaluation by other specialists if needed
- Request and review the laboratory results and any diagnostic examinations ordered
- Explain the risks and benefits of the surgery
- Obtain informed consent once you have agreed to and fully understood the procedure

NOTE: *This is the ideal opportunity for you and your family to ask any questions you may have. You can also make a list of any questions you have for the surgeon when you meet him/her.*

Admission to Hospital

- Upon arrival, a nurse will assess you and will check the completeness of all the relevant documents needed for the procedure
- You will be instructed to fast for a minimum of 10 hours prior to the surgery
- You will be instructed to bath/shower with medicated soap
- You will be taught about pain management, wound care, diet management, medications, early walking, breathing exercises and coughing techniques to prevent putting stress on your lungs
- An anesthesiologist will reassess you and will order your medicines including the pre-sedation medication that needs to be taken with sips of water before going to the operating theater

Day of Surgery

- Intravenous fluid will be started early in the morning as ordered
- Blood sugar and blood pressure will be monitored
- Pre-operative medications will be given to you with sips of water

After the Surgery:

- Your vital signs and blood sugar will be monitored at proper intervals
- Care for the prevention of blood clot formation will be offered
- Early ambulation, coughing and breathing exercises will be discussed with you as soon as you are fully recovered from the effect of anesthesia
- Pain management will be provided
- Your doctor/dietitian will allow you to drink clear fluids if water can be tolerated
- Immediate post-operative complications (if any) will be observed by the nurse

Discharge Teaching:

Nutrition

- We recommend that for the first 2 weeks you should eat a liquid diet. For the first 1–5 days, you should drink clear fluids such as water, juice, jelly, thin soups or broth. This will be followed by a transition to thicker liquids such as thicker soups, blended foods (no meat and bread), pudding and yogurt
- After 2 weeks, you may slowly proceed to soft foods such as potatoes, rice and fish.
- After 4 weeks you may be allowed to eat solid foods
- You can contact our dietitian with any concerns

Activity

- Avoid lifting any weight (more than 10kg) or carrying out any strenuous activities for the first 10 weeks. You can still however carry out your day-to-day activities, including walking as a part of your daily exercise.
- Avoid driving until your pain is under control.
- You must do exercises such as swimming as instructed by your physiotherapist.