

Weight Loss Surgery Frequently Asked Questions

1. What impact do my medical problems have on the decision for surgery, and how do the medical problems affect risk?

Medical problems, such as serious heart or lung problems, can increase the risk of any surgery. On the other hand, if they are problems that are related to the patient's weight, they also increase the need for surgery. Severe medical problems may not dissuade the surgeon from recommending gastric bypass surgery if it is otherwise appropriate, but those conditions will make a patient's risk higher than average.

2. Can weight loss surgery help other physical conditions?

According to current research, weight loss surgery can improve or resolve associated health conditions.

Condition	Percentage found in preoperative individuals	Percentage cured two years after surgery
Diabetes or insulin resistance	34%	85%
High blood pressure	26%	66%
High triglycerides	40%	85%
Sleep apnea	22% in males, 1% in females	40%

3. If I want to undergo a gastric bypass, how long do I have to wait?

New evaluation appointments are usually booked four-eight months in advance. Once a patient is seen, if the surgeon and patient agree it is appropriate, the operation can usually be scheduled within eight weeks. Why so long? There is more need for weight loss surgery than there are qualified bariatric surgeons.

4. Do I meet with a nutritionist before and after surgery?

Most surgeons require patients to consult with a nutritionist before surgery. Counseling after surgery is available on an individual basis as needed or required by your physician.

5. What is the youngest age for which weight loss surgery is recommended?

Generally accepted guidelines from the American Society for Bariatric Surgery and the National Institutes of Health indicate surgery only for those 18 years of age and older. Surgery has been performed on patients 16 and younger. There is a real concern that young patients may not have reached full developmental or emotional maturity to make this type of decision. It is important that young weight loss surgery patients have a full understanding of the lifelong commitment to the altered eating and lifestyle changes necessary for success.

6. What is the oldest patient for which weight loss surgery is recommended?

Patients over 65 require very strong indications for surgery and must also meet stringent Medicare criteria. The risk of surgery in this age group is increased, and the benefits, in terms of reduced risk of mortality, are reduced.

7. Can Weight Loss Surgery prolong my life?

There is good evidence from scientific research that if you have Type 2 diabetes (or other serious obesity-related health conditions), are at least 100 lbs. over ideal body weight, and are able to comply with lifestyle changes (daily exercise and low-fat diet), then weight loss surgery may significantly prolong your life.

8. Will I be asked to stop smoking?

Patients are encouraged to stop smoking at least one month before surgery.

9. If I continue to smoke, what happens?

Smoking increases the risk of lung problems after surgery, can reduce the rate of healing, increases the rates of infection, and interferes with blood supply to the healing tissues.

10. What can I do before the appointment to speed up the process of getting ready for surgery?

- Select a primary care physician if you don't already have one, and establish a relationship with him or her. Work with your physician to ensure that your routine health maintenance testing is current. For example, women may have a pap smear, and if over 40 years of age, a breast exam. And for men, this may include a prostate specific antigen test (PSA).
- Make a list of all the diets you have tried (a diet history) and bring it to your doctor.
- Bring any pertinent medical data to your appointment with the surgeon - this would include reports of special tests (echocardiogram, sleep study, etc.) or hospital discharge summary if you have been in the hospital.
- Bring a list of your medications with dose and schedule.
- Stop smoking. Surgical patients who use tobacco products are at a higher surgical risk.
- Gather all the information (diet records, medical records, medical tests) your insurance company may require. This reduces the likelihood of a denial for failure to provide "necessary" information. Letters from your personal physician and consultants attesting to the "medical necessity" of treatment are particularly valuable. When several physicians report the same findings, it may confirm a medical necessity for surgery.
- When the letter is submitted, call your carrier regularly to ask about the status of your request. Your employer or human relations/personnel office may also be able to help you work through unreasonable delays.

11. What happens to the lower part of the stomach that is bypassed?

In some surgical procedures, the stomach is left in place with intact blood supply. In some cases it may shrink a bit, but for the most part it remains unchanged. The lower stomach still contributes to the function of the intestines even though it does not receive or process food - it makes intrinsic factor, necessary to absorb Vitamin B12 and contributes to hormone balance and motility of the intestines in ways that are not entirely known. In the BPD procedures, some portion of the stomach is completely removed.

12. How long do I have to stay in the hospital?

As long as it takes to be self-sufficient. Although it can vary, the hospital stay

(including the day of surgery) can be one-two days for a laparoscopic band, two-three days for a laparoscopic gastric bypass, and five-seven days for an open gastric bypass.

13. If I have surgery, what can I expect when I wake up in the recovery room?

Some doctors will provide a Patient Controlled Analgesia (PCA) or a self-administered pain management system, to help control pain. Others prefer to use an infusion pump that provides a local anesthetic in the surgical site to control pain without the side effects of narcotics.

14. How soon will I be able to walk?

Almost immediately after surgery doctors will require you to get up and move about. Patients are asked to walk or stand at the bedside on the night of surgery, take several walks the next day and thereafter. On leaving the hospital, you may be able to care for all your personal needs, but will need help with shopping, lifting and with transportation.

15. How soon can I drive?

For your own safety, you should not drive until you have stopped taking narcotic medications and can move quickly and alertly to stop your car, especially in an emergency. Usually this takes one-two weeks after surgery.

16. What if I'm not hungry after surgery?

It's normal not to have an appetite for the first month or two after weight loss surgery. If you are able to consume liquids reasonably well, there is a level of confidence that your appetite will increase with time.

17. How long will I be off of solid foods after surgery?

Most surgeons recommend a period of four weeks or more without solid foods after surgery. A liquid diet, followed by semi-solid foods or pureed foods, may be recommended for a period of time until adequate healing has occurred. Your surgeon will provide you with specific dietary guidelines for the best post-surgical outcome.

18. What is the Dumping Syndrome?

Eating sugars or other foods containing many small particles when you have an empty stomach can cause dumping syndrome in patients who have had a gastric bypass or BPD where the stomach pylorus is removed. Your body handles these small particles by diluting them with water, which reduces blood volume and causes a shock-like state. Sugar may also induce insulin shock due to the altered physiology of your intestinal tract. The result is a very unpleasant feeling: you break out in a cold clammy sweat, turn pale, feel "butterflies" in your stomach, and have a pounding pulse. Cramps and diarrhea may follow. This state can last for 30-60 minutes and can be quite uncomfortable - you may have to lie down until it goes away. This syndrome can be avoided by not eating the foods that cause it, especially on an empty stomach. A small amount of sweets, such as fruit, can sometimes be well tolerated at the end of a meal.

19. Will I be able to eat "spicy" foods or seasoned foods?

Most patients are able to enjoy spices after the initial six months following surgery.

20. Will I be allowed to drink alcohol?

You will find that even small amounts of alcohol will affect you quickly. It is

suggested that you drink no alcohol for the first year. Thereafter, with your physician's approval, you may have a glass of wine or a small cocktail.

21. Can I get pregnant after weight loss surgery?

It is strongly recommended that women wait at least one year after the surgery before a pregnancy. Approximately one year post-operatively, your body will be fairly stable (from a weight and nutrition standpoint) and you should be able to carry a normally nourished fetus. You should consult your surgeon as you plan for pregnancy.

22. What can I do to prevent lots of excess hanging skin?

Many people heavy enough to meet the surgical criteria for weight loss surgery have stretched their skin beyond the point from which it can "snap back." Some patients will choose to have plastic surgery to remove loose or excess skin after they have lost their excess weight. Insurance generally does not pay for this type of surgery (often seen as elective surgery). However, some do pay for certain types of surgery to remove excess skin when complications arise from these excess skin folds. Ask your surgeon about your need for a skin removal procedure.

23. What is the right amount of exercise after weight loss surgery?

Many patients are hesitant about exercising after surgery, but exercise is an essential component of success after surgery.

- Exercise actually begins on the afternoon of surgery - the patient must be out of bed and walking. The goal is to walk further on the next day, and progressively further every day after that, including the first few weeks at home.
- Patients are often released from medical restrictions and encouraged to begin exercising about two weeks after surgery, limited only by the level of wound discomfort. The type of exercise is dictated by the patient's overall condition.
- Some patients who have severe knee problems can't walk well, but may be able to swim or bicycle. Many patients begin with low stress forms of exercise and are encouraged to progress to more vigorous activity when they are able.

24. What do I need to do to be successful after surgery?

The basic rules are simple and easy to follow:

- Immediately after surgery, your doctor will provide you with special dietary guidelines. You will need to follow these guidelines closely. Many surgeons begin patients with liquid diets, moving to semi-solid foods and later, sometimes weeks or months later, solid foods can be tolerated without risk to the surgical procedure performed. Allowing time for proper healing of your new stomach pouch is necessary and important.
- When able to eat solids, eat two-three meals per day, no more. Protein in the form of lean meats (chicken, turkey, fish) and other

low-fat sources should be eaten first. These should comprise at least half the volume of the meal eaten. Foods should be cooked without fat and seasoned to taste. Avoid sauces, gravies, butter, margarine, mayonnaise and junk foods.

- **Never** eat between meals. Do not drink flavored beverages, even diet soda, between meals.
- Drink two-three quarts or more of water each day. Water must be consumed slowly, one-two mouthfuls at a time, due to the restrictive effect of the operation.
- Exercise aerobically every day for at least 20 minutes (one-mile brisk walk, bike riding, stair climbing, etc.). Weight/resistance exercise can be added three-four days per week, as instructed by your doctor.