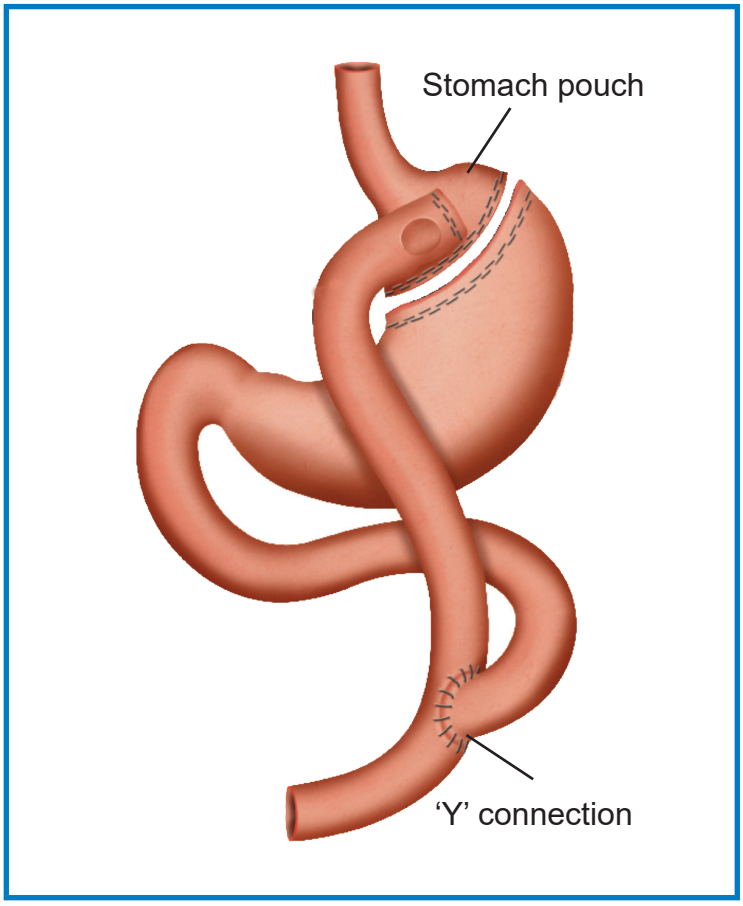
Information and Dietary Advice Following a Gastric Bypass

You have had gastric bypass surgery to help you to lose weight. Your surgeon has divided your stomach into a small upper section called a pouch, and a larger bottom section. Your pouch is approximately the size of an egg. The surgeon has then sewn a section of your small intestine to a small opening in your pouch. The food you eat will now pass into your small stomach pouch then into your small intestine.

You will most likely go home from hospital the day after surgery, unless your pain is not controlled or there is an unforeseen complication. You should be able to move around without too much discomfort.

When you go home, you will be advised to eat puree food (with no lumps) for at least 6 weeks, whilst the internal healing takes place.



Laparoscopic Roux-en-Y gastric bypass

compassionate care

What to expect at home:

You will lose weight very quickly over the first 3-6 months. During this time, you may experience;

- Body aches
- Feeling tired and cold
- Dry skin
- Mood changes
- Hair loss or hair thinning

These problems should go away with time as your body gets used to your weight loss and your weight becomes stable. Because of the quick weight loss, you will need to ensure that you get sufficient nutrition and vitamins and minerals, as you recover.

Weight loss slows down after 6-9 months and will slow down significantly after 12-18 months.

Pain

Most people are not in a lot of pain when they go home. However, you have had a big operation and some bruising and discomfort is to be expected in your abdomen. It is also not uncommon to get some pain in the shoulders after the operation. This is because of the gas that has been put into your body during keyhole surgery. This discomfort will gradually settle down. You can take the painkillers that you have been given in the hospital.

Diet

You will remain on pureed food with no lumps for at least 6 weeks following the surgery. After this, you should slowly progress onto soft mashable foods for at least 4 weeks. After at least 10 weeks following your operation, you can start to introduce normal food textures.

Remember that your new stomach pouch is approximately the size of an egg. You will need to eat small food portions slowly and chew each mouthful at least 20 times before you swallow it.

The advised dietary rules after a gastric bypass operation are listed below:

1. Eat the right texture.

   6 weeks pureed diet, smooth with no lumps or bits and of a yoghurt consistency. For the first few days you should only manage 2-3 teaspoons at each meal.

   Over the first 2 weeks you should build up to 2-3 tablespoons of puree food. During this time you will need 3 meals and 3 snacks of a pureed, low fat, low sugar, high protein diet. When you can manage 2-3 tablespoons, reduce the snacks between meals. Aim for 3 small meals a day.

   After 6 weeks you can move on to a soft mashable texture for 4 weeks. At this stage most people can tolerate food that can be mashed with a fork. You may need additional low fat, low sugar sauces/gravy to help with this. Do not eat hard lumps, gristle or stringy vegetables.

   10 weeks after your gastric bypass insertion, if you are tolerating a soft diet well, you can move on to a normal textured diet, although you may struggle with some food textures. If you cannot tolerate some foods in the early stages, you may be able to manage them after a few months.

2. Eat very slowly- chew each mouthful 20-25 times.
3. Stop eating as soon as you start to feel full.
4. DO NOT eat and drink at the same time. Drink fluids at least 30 minutes before and after eating food. Sip when you are drinking and do not gulp. Aim for 2-3 litres a day.
5. Regular meals - do not skip meals, have 3 small meals every day.
6. Volume/portion control. Use small plates and bowls or a portion plate.
7. Healthy eating principles, read food labels ie low fat (less then 5g per 100g), low sugar (less than 5g per 100g), high protein and rich in micronutrients.
8. Take your vitamin/mineral supplements - iron, calcium, Forceval, Vitamin D and also lansoprazole. These will be in liquid, crushable or dispersible form for the first 6 weeks then you can take tablets.
9. No fizzy drinks.

Remember the 20:20:20:20 rule:

- **Chew every mouthful of food 20 times**
- **Put cutlery down for 20 seconds between mouthfuls**
- **Take about 20 minutes to eat a meal**
- **Don't take more than 20 pence piece sized mouthfuls**

Medications

You will be discharged home with 2 weeks' supply of medications that you need to take in a liquid form. After this, you will need to request your medications from your GP surgery.

You will also be provided with injections to administer yourself at home for approximately a month after the surgery. This is to help to prevent you from developing blood clots in the legs (deep vein thrombosis), or in the lungs (pulmonary embolism). You should wear your anti embolism stockings for 3 weeks after the surgery.

Long term, you will need to take a multivitamin and mineral supplement in the form of Forceval, iron, calcium and Vitamin D and a proton pump inhibitor eg Lansoprazole, to protect the lining of your stomach along with 3 monthly B12 injections from your GP. We also recommend that you take a separate vitamin D supplement that you can buy over the counter. For the first 6 weeks, all of your medications should be in liquid, crushable or dispersible form. After this you can resume taking your medications in tablet form. You will be monitored with blood tests after the operation to ensure that you are not deficient in other minerals such as zinc and selenium. If you become deficient in any other nutrients, you will need to take these supplements as well.

Type 2 Diabetes often improves very rapidly after the surgery and so some patients may go home without any diabetic medications. However, this is not a guarantee. If you have diabetes, you should be closely monitored by your diabetic team after your operation.

High blood pressure can also respond well to the surgery, but again, there are no guarantees. If it does resolve, it will resolve more slowly than diabetes. If you are on medication for high blood pressure, it is likely that you will go home on the treatment that you were on when you came into hospital. You can ask your GP to monitor your blood pressure as when your weight falls, it is possible that your blood pressure will fall as well. You may be able to reduce your blood pressure medication or even stop it all together. If your blood pressure medications are not altered or stopped according to your blood pressure, your blood pressure could become too low making you feel dizzy and lightheaded when you stand up.

If you are on medication for your thyroid, you should ask your GP to check your thyroid level every 3 months. Sometimes the tablet dose will need to be reduced as your weight reduces.

If you use a CPAP machine for sleep apnoea, please do not stop using this unless you are formally advised to do so. You may notice an improvement in your symptoms of sleep apnoea after weight loss.

Activity

Being active soon after your surgery will help you to recover more quickly. However, whilst the skin wounds heal very quickly, you need to remember that you have had a big operation and that the wounds inside your body take longer to heal.

If you have had laparoscopic surgery, you should be able to do most of your regular activities within 6 weeks. It may take up to 12 weeks if you have had open surgery. However, it is very important to stay mobile throughout this period.

Start walking after the surgery. Move around the house and use the stairs. If it hurts when you do something, stop doing that activity.

Whilst your body is healing, **DO NOT:**

1. Lift anything heavier than a stone in weight
2. Do activities that involve pushing or pulling
3. Push yourself too hard. Gradually increase your activity levels.

DO:

1. Take short walks and go up and down the stairs
2. Try getting up and moving around if you have pain in your stomach. It may help.

You do not need to join a gym to exercise. If you have not exercised for a long time, make sure that you start slowly to prevent injury. Taking a 5-10 minute walk every day is a good start. Try to increase this until you are walking for 15 minutes twice daily.

You can start swimming once your skin wounds have healed completely.

Most people can resume driving after 2-4 weeks. You can start driving again when you feel that you can make an emergency stop. If you have had open surgery you cannot drive for at least 6 weeks.

You can usually return to work after about 4-6 weeks depending on the job that you do. If your job is physical, you may find it easier initially if you can go back to work on a phased return.

Wound Care

The skin wounds will often have been closed with internal stitches so you will not need to have them removed. However, if you have stitches or staples that need to be removed, the ward staff will let you know before your discharge from hospital. You will need to make an appointment at your GP surgery to have these removed.

You may change the dressings on your wounds if necessary. Make sure that you change the dressings if they become soiled or wet.

You may have bruising around your wounds. This is normal and will go away on its own. The skin around your wounds may be red and itchy as they start to heal. This is also normal. If the wounds become very hot, red and angry or if they start to leak, you need to see your GP as you may have an infection.

Follow Up

To help you recover from your surgery and to manage the changes in your lifestyle, your progress will be monitored by the bariatric team.

Most of your follow up appointments will be with the nurse and the dietitian unless you need to be assessed by a surgeon. It is important that you attend your appointments in order for the team to make sure that you are well nourished. You will need to have regular blood tests to make sure that your body is getting enough important vitamins and minerals from your food and supplements after the surgery.

Your nurse/dietitian will phone you about a week after you go home and again after about 3 weeks. Your first out-patient appointment will be at around 6 weeks after surgery. This is to make sure that you do not have any early problems after the operation and that you are adapting to your new lifestyle. You can contact the nurse or the dietitian at any time if you have any problems or issues. They are not always able to answer their phones but they will always call you back if you leave a message with your name and phone number.

Possible Problems

Blood clots

After any operation it is important to be as mobile as possible to try to prevent blood clots in your legs and lungs. This is one of the reasons that you need to stay mobile in the period immediately after your operation. You also need to make sure that you have your blood thinning injections and wear your anti embolism stockings when you go home. If you develop hot, swollen, painful red calves or become breathless with chest pain, you should seek urgent medical advice as you may have developed a blood clot.

Vomiting

This may be caused by eating too quickly, too much food or food that is not the right texture. It can be difficult to judge portion sizes to start with, but stop eating as soon as you start to feel comfortably full to try to avoid overfilling your pouch, vomiting and stretching your pouch. If you don't feel fullness, measure your portion sizes. Your dietitian will advise you about portion sizes following the surgery. If you are continually vomiting, you need to contact your doctor or bariatric team.

Diarrhoea

Your bowels should return to normal soon after the operation although diarrhoea is not uncommon to start with. This often settles down when you restart eating solid foods. If it does not settle or it returns, look at what you are eating. The most common cause of diarrhoea is eating foods high in sugar (sweets, chocolate, sweet drinks), or eating foods that are high in fats (crisps, chips, fried foods, fatty meats). If you do have diarrhoea, make sure that you have extra fluids to stay hydrated but you must avoid sugary drinks.

Constipation

If you are constipated after the surgery, it is probably because you are not drinking enough fluid or because you are drinking too much fluid which contains diuretics (tea, coffee, alcohol). The solution is to drink more fluid, whilst avoiding the ones which contain diuretics. You can take a mild, sugar free laxative if necessary. You can get this from large supermarkets or your pharmacy.

Hair loss

Some people notice some hair loss or hair thinning following their surgery. This is reversible and usually related to rapid weight loss. If this does happen, increase your protein intake. We will check your bloods to make sure that there are no nutritional deficiencies. However, nothing will stop this from happening if you are not nutritionally deficient. Don't worry, you will not go bald and this will resolve as your weight loss starts to slow down.

Tiredness

Losing weight alone can make you feel very tired. You have had a big operation and will be losing weight very quickly initially. Many people say that they feel extremely tired during the first few months after surgery whilst the body is still recovering. Feeling tired is normal and this will improve as the body recovers from the operation and your weight loss starts to slow down.

Dumping Syndrome

Occasionally you may become dizzy, feel faint and sweaty, get diarrhoea or abdominal pain either just after or a couple of hours after eating. This happens when easily absorbed sugar is eaten, even in small amounts, and is known as dumping syndrome. It is often a warning that you are breaking the rules of your diet. Your body responds to the easily absorbed sugar by producing too much insulin which causes a fall in your blood sugar level. Do not treat these symptoms by eating sugary foods as this will only make things worse.

To reduce the symptoms of dumping:

1. Avoid sugar containing food and drinks
2. Eat high fibre starchy foods such as wholemeal bread, cereals and potatoes at each meal.
3. Eat regularly and do not miss meals.
4. Drink before or after eating but do not drink with meals.

Frequently Asked Questions

How much weight will I lose?

After the operation you will initially lose weight very quickly. It is not uncommon to lose 2 or 3 stones in weight within the first 6 weeks. This will slow down with time and eventually start to plateau off in 18 months to 2 years. Bear in mind that the majority of your weight will be lost within the first 6 to 9 months. We would expect you to lose around 70% of your excess body weight in total. It is possible for you to lose more or less than this depending upon how you work with the surgery and the lifestyle changes that you make.

Will the weight stay off?

Unlike ordinary dieting, where weight is rapidly regained when the diet stops, weight loss after the gastric bypass is more permanent. However, this is a two way commitment and in order to sustain your weight loss, you need to follow your diet long term and adhere to your change in lifestyle. If your new pattern of eating becomes your new way of life you should have great results long term.

What happens to the excess skin?

When you are overweight your skin is stretched. When you lose weight, your skin may start to sag, especially if you have been overweight for a long time. This loose, excess skin can be improved by exercise to tone up the muscles underneath but this won't stop it from happening. Some people are unhappy with the excess skin that they have and require cosmetic surgery to remove it. The NHS does not usually fund this operation and it is likely that you will have to pay. Do not consider surgery until your weight has plateaued and been stable for at least 3 months. If it is done too soon and you lose more weight, your skin will be too loose again.

What happens to the bypassed part of the stomach and the bowel?

The stomach and part of the bowel that has been bypassed stays healthy and continues to provide its digestive juices. There is no evidence of any increased risk of cancer following the operation, either in the stomach, the bowel or anywhere else. In fact you will be reducing the risk of many weight related diseases by effective and permanent weight loss.

Can I get pregnant after the operation?

Pregnancy is safe after a gastric bypass and in some cases the weight loss may help you to become pregnant. However, we strongly recommend that you do not become pregnant for at least 18 months after the operation so you will need to use some form of contraception during this period. Most of your weight loss will be during this first 18 months and pregnancy will frequently prevent this from happening. As the weight will be lost very quickly, it becomes very difficult to maintain healthy nutritional values for you and a baby. If you do become pregnant, you need to inform your bariatric team who will help to ensure that your diet contains all of the nutrients required and that you are taking the appropriate supplements for you to have a safe and healthy pregnancy.

We hope that you have an uneventful recovery and wish you luck in beginning your new life. Many people find it helpful to attend the support groups to discuss their experiences with other patients and to know that other people are experiencing similar things. Other people at the support group will also find it helpful to hear about your experiences. It is also a place where you can give us feedback on the service that we are providing. It is only by listening to you that we are able to develop and improve the service. Remember that you are not alone and there is support available if you require it. You can call and get advice on the telephone from your nurse or your dietitian

Call your bariatric team or a doctor if:

1. Your temperature is above 38*C
2. You have more redness, pain, warmth, swelling or bleeding around your wounds.
3. The wounds get larger or deeper.
4. The drainage from your wounds does not settle down in 3-5 days or if the drainage increases.
5. The drainage from your wounds becomes thick, tan or yellow and has a bad smell (pus).
6. Your temperature is above 37.5ºC for more than 4 hours
7. You have pain that your pain medication is not helping
8. You have trouble breathing.
9. You have pain in your chest.
10. You have hot, swollen, painful calves.
11. You cannot eat or drink.
12. You are constantly vomiting after eating.
13. Your skin or the white part of your eyes turns yellow.

This list is not exhaustive and you should contact your team with any worries.

If you have any comments about this leaflet or the service you have received you can contact :

Cara Barnes (Bariatric Specialist Nurse) - Tel: 07824599736

Melanie Langley (Bariatric Surgery Specialist Dietitian) - Tel: 07836711515

Sarah Richards (Bariatric MDT Coordinator) - Tel: 01484 355217

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym fomacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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