



Education

Bariatric Surgery for Severe Obesity

What is bariatric surgery for severe obesity?

Bariatric surgery is an operation that can be done to help you lose weight when other treatments for severe obesity have not worked. The aim of surgery is to change the gastrointestinal (GI) tract so it restricts the amount of food you can eat. It will cause you to feel full more quickly when you eat, which means you will eat less.

Severe obesity is defined as the condition of being more than 100 pounds overweight or having a body mass index (BMI) of 40 or higher. The BMI is a measure of your weight relative to your height. You can find your BMI from a chart. Severe obesity is also sometimes called morbid obesity.

Obesity is a serious condition because it increases your risk of poor health and major illnesses such as heart disease, stroke, cancer, and diabetes.

Obesity can also affect your relationships, employment, self-esteem and mental health. If you are severely obese, it can be deadly.

Surgery to manage obesity may be considered only after careful weighing of the risks and benefits. The surgery is often risky.

When is it used?

Usually bariatric surgery is done only if:

- You have severe obesity.
- Other treatments, including low-calorie diets and more exercise, have been tried and have failed.
- You are suffering from complications of obesity.

To be considered for surgery, you should meet the following criteria:

- no signs of mental illness, depression, or alcoholism
- no self-destructive tendencies
- no heart, liver, or kidney disease
- no metabolism problems
- enough financial support to pay for the surgery and follow-up care
- age under 50 years.

How do I prepare for bariatric surgery?

Plan for your care and recovery after the operation. Arrange for someone to drive you home when you are discharged from the hospital. Allow for time to rest and try to find people to help you with your day-to-day duties.

Follow your provider's instructions about not smoking before and after the procedure. Smokers heal more slowly after surgery. They are also more likely to have breathing problems during surgery. For this reason, if you are a smoker, you should quit at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before surgery. Also, your wounds will heal much better if you do not smoke after the surgery.

Follow any other instructions your provider gives you. Eat a light meal, such as soup or salad, the night before the procedure. Do not eat or drink anything after midnight and the morning before the procedure. Do not even drink coffee, tea, or water.

How is it done?

Before the procedure you will be given a general anesthetic, which relaxes your muscles, puts you to sleep, and prevents you from feeling pain.

Examples of procedures that may be done for severe obesity are:

- **Gastric bypass:** Much of the stomach, which is normally the size of a football, is stapled closed and thus bypassed. A small pouch of stomach, about the size of an egg, is left connected to the small intestine. Some of the small intestine is also bypassed so that when food passes from the stomach to the intestine, less food can be absorbed. The surgery can be done "open" with a large abdominal incision. Or laparoscopic Roux-en-Y gastric bypass (RYGB) can be done through a smaller incision. In this case, a camera and tube are put into the incision. The laparoscopic procedure is a more complex surgery, but it usually results in less pain and quicker recovery.
- **LAP-BAND:** Your surgeon makes several tiny incisions and puts a hollow silicone band around the stomach that can be inflated or deflated, or removed. It makes the available space in the stomach smaller but does not reroute the flow of food through the intestines. People with this procedure must eat smaller amounts of food, but they can digest what they eat normally, so their food choices are not limited and they have less risk of malnutrition.

What happens after the surgery?

Depending on the type of procedure you have, you will stay at the hospital 2 to 6 days. You may be able to return to your normal activities in 3 to 5 weeks.

Follow-up after the surgery is necessary for diet management and postsurgical care. Your health care provider will check you for vitamin deficiencies, amount of weight lost, and speed of weight loss. Your provider may also continue to check you for high blood pressure and diabetes.

Depending on the procedure, your diet may need to change in the following ways:

- You will have to eat very small servings (at first just a few tablespoons at a time, a little over half a cup at the end of a year). If you eat too much, you will vomit.
- You may not be able to eat foods containing sugar because your body will not be able to digest it anymore. Sugar may cause you to get dizzy or have stomach bleeding or diarrhea.
- You will need to track what you eat to be sure you get enough protein.
- You must take vitamins and calcium supplements to help avoid malnutrition.

What are the risks of bariatric surgery?

There are a number of risks, including:

- infection
- bleeding or blood clots
- narrowing where the stomach pouch is attached to the small intestine
- bowel obstructions
- gallstones
- stomach leaks
- malnutrition because your smaller digestive system cannot digest as many nutrients, which could cause problems such as anemia (lack of red blood cells) or osteoporosis (thinning of the bones).

Some of these risks can be life threatening.

What are the benefits of the procedure?

Usually the surgery helps people lose quite a bit of weight. The loss of weight can help treat or prevent other serious health problems, such as heart disease and diabetes. It can also allow you to get more exercise and improve your lifestyle in other ways.

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