

Before Your Bariatric Surgery

Information for patients who are thinking of having weight loss surgery or preparing for surgery

Read this brochure to learn about:

- How bariatric surgery is done
- What are the benefits and risks
- Where to get more information



What is bariatric surgery?

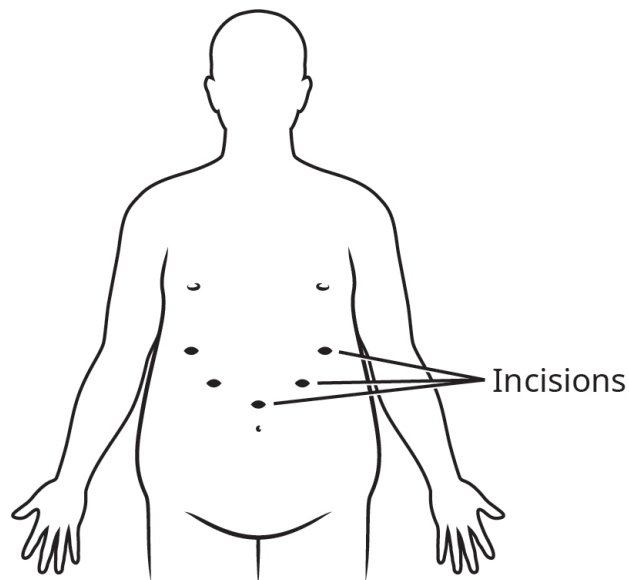
Bariatric surgery is surgery that helps a person lose weight.

People who keep off weight after bariatric surgery are usually those who make lifestyle changes that they follow for the rest of their lives, including:

- eating healthy
- exercising regularly
- drinking less alcohol
- not smoking

How is bariatric surgery done?

Bariatric surgery is usually done using a tiny video camera called a **laparoscope**. The surgeon makes 5 small incisions (cuts) on the belly. Each cut is about ½ inch long.



The camera is inserted through one of the incisions and connected to a TV screen in the operating room. This allows the surgeon to view inside your belly and place special instruments through the other incisions while doing the surgery.

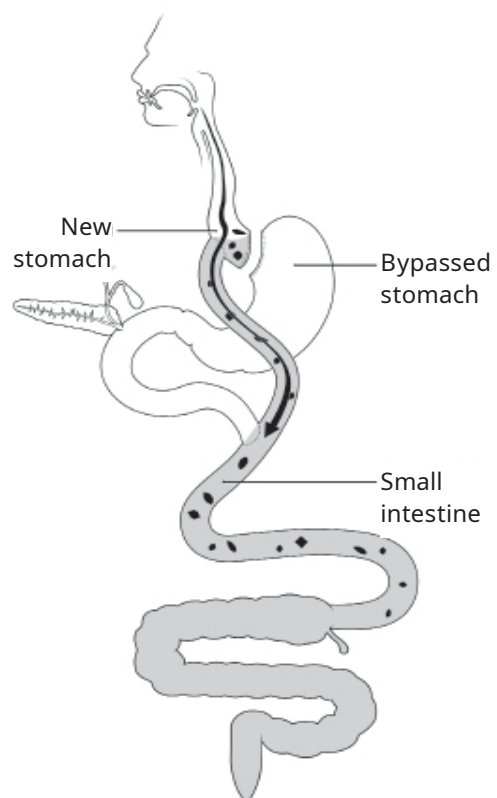
You will have general anesthesia during surgery. This means you will be fully asleep and not feel anything.

What type of surgery might I have?

Laparoscopic Roux-en-Y Gastric Bypass (LRYGB) – Pronounced “roo on why”

LRYGB is considered to be the best option for weight loss surgery.

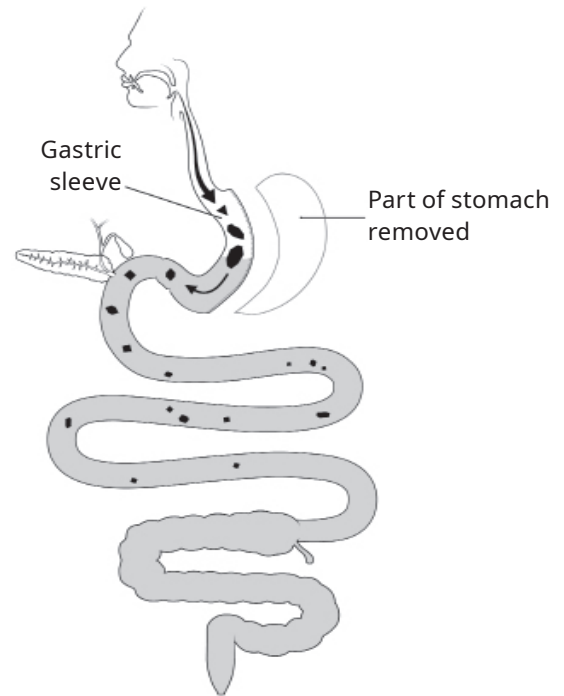
- The surgeon cuts the stomach and creates a small stomach pouch about the size of an egg.
- The surgeon then cuts the small intestine below the stomach, brings it up, and attaches it to the small stomach pouch.
- Now food will go from the mouth, to the small pouch, to the second part of the intestine.
- The rest of the stomach is not removed. It is connected further down the intestine to create a “Y” connection so that digestive juices from the old stomach can help break down food.
- There is only a short section of the small intestine left to absorb calories and nutrients which is why it is called a **malabsorptive procedure**.



Important: if you are currently smoking or vaping tobacco, you will not be able to have a RYGB.

Laparoscopic Sleeve Gastrectomy

- The surgeon cuts away and removes most of the stomach. About 70% of your stomach is removed. The part of the stomach that remains is stapled together and takes the shape of a “sleeve”, or banana.
- This procedure is often done if a patient cannot have the Laparoscopic Roux-en-Y Gastric Bypass.



Important: if you are currently smoking or vaping tobacco, you are only eligible for a vertical sleeve gastrectomy.

Single Anastomosis Duodeno-Ileal Bypass (SADI)

Usually, this surgery is done in the following ways:

- If you already have a sleeve gastrectomy, this surgery may be done as a 2nd stage
- For someone who has never had bariatric surgery before, this surgery is done in 2 stages. The sleeve gastrectomy is done as the first step of the process.

Note: After about 1 to 2 years, you and your bariatric team will decide if you are eligible for the 2nd stage surgery: the SADI.

1. First Stage – Sleeve Gastrectomy

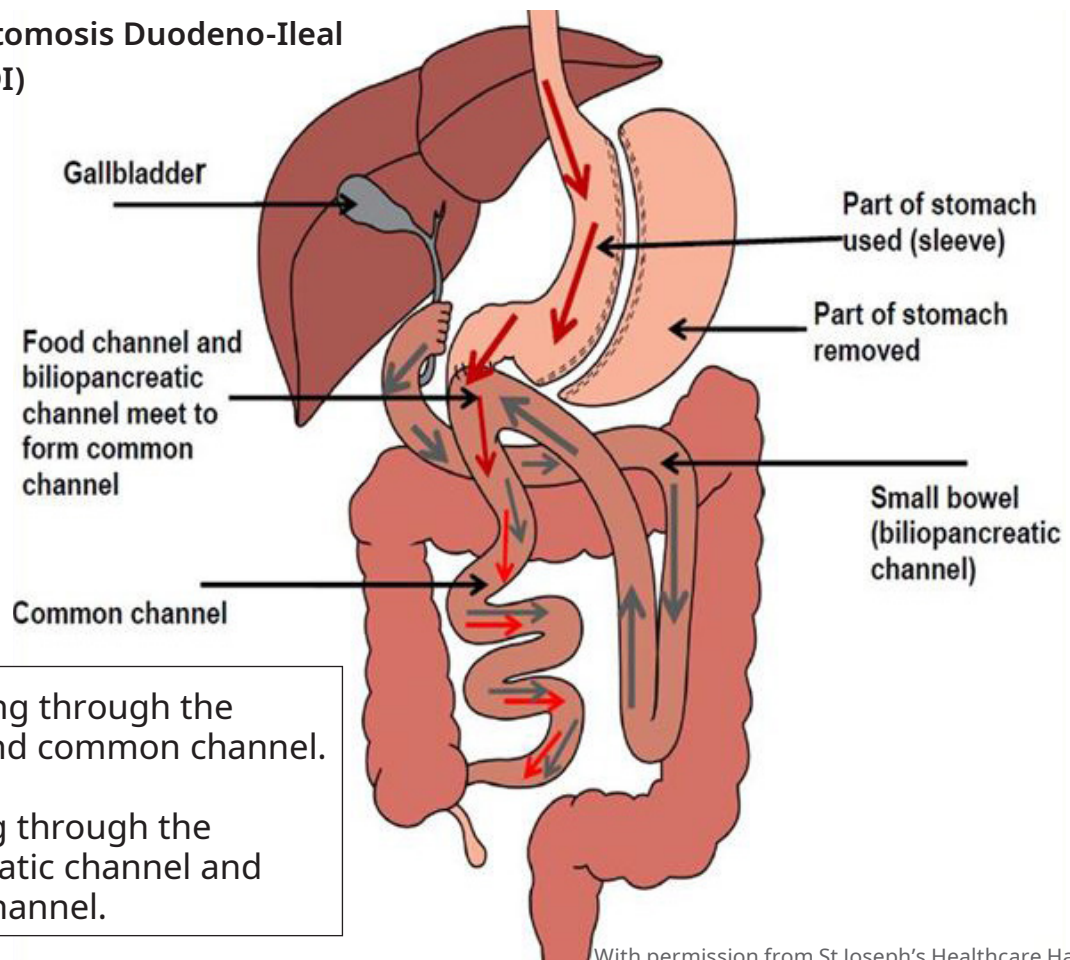
The restrictive part of the surgery is done first and it is called a sleeve gastrectomy. (See VSG information above.)

2. Second Stage – Single Anastomosis Duodeno-Ileal Bypass (SADI)

The second part of the surgery is a malabsorptive surgery.

- The surgeon takes a loop of the small bowel and attaches it just below the pyloric valve of the sleeve gastrectomy. The loop connection is made just below the stomach and is called anastomosis.
- The small bowel is divided into two sections: the biliopancreatic channel and the common channel.
- The biliopancreatic channel is the part of the looped small intestine that connects to the gallbladder and pancreas. No food passes through this part of the bowel. It carries bile and pancreatic juices to the common channel where it meets up with the food you have eaten.
- The common channel is the part of the looped intestine where food, bile, and digestive juices are mixed and absorbed before going into the large bowel. The bile, pancreatic juices, and enzymes help your body to digest and absorb nutrients from the food you eat and drink.

Single Anastomosis Duodeno-Ileal Bypass (SADI)





Please go to our website for more information including a video series on the bariatric surgeries done at Toronto Western Hospital: <https://youtube.com/playlist?list=PLWYuRSjQI5zHxdN7dSYqbdQwR4ufWHO5J>

How does bariatric surgery make me lose weight?

Surgery promotes weight loss in 3 ways:

- 1. Your stomach will be smaller.** A smaller stomach means you will feel full with less food.
- 2. You won't absorb all the calories from your food.** This is because food will no longer go through a part of your small intestine.
- 3. Your hormones will change.** You will have less of an appetite.

What are the benefits of bariatric surgery?

Bariatric surgery is not a miracle cure or easy fix. However, there can be many benefits to having bariatric surgery when you follow your health care team's guidelines.

Weight loss:

- Patients who have an LRYGB usually lose about 30% of their total weight about 1 to 2 years after surgery.
- Patients who have the sleeve gastrectomy usually lose about 25% of their total weight about 1 to 2 years after surgery.
- Patients who have the single anastomosis duodenal-ileal bypass (SADI) usually lose about 40% of their total weight about 1 to 2 years after surgery.
- Gaining back a small amount of weight after the surgery is normal. However, 10 to 14 years after surgery, most patients are able to keep off most of the weight they have lost if they have followed the guidelines. Gaining back weight depends on many different factors that you can discuss with your health care team.
- Patients usually lose more weight with the LRYGB and SADI surgeries than with a sleeve gastrectomy.

Improved health conditions, including:

- High blood pressure
- High cholesterol and triglycerides
- Type 2 diabetes
- Obstructive sleep apnea
- Shortness of breath
- Asthma
- Heartburn or acid reflux
 - Most patients get less heartburn shortly after having the LRYGB.
 - Heartburn may get worse after the sleeve gastrectomy.
- Joint and back pain
- Fertility
 - **Important:** Do not get pregnant for 12 to 18 months after a sleeve gastrectomy or RYGB and for at least 2 years after a SADI. This is because you might have low vitamin and mineral levels which can harm the growing baby.
 - Oral contraceptives (birth control pill) won't work as well after surgery because you won't absorb them very well. If you are using an oral contraceptive, please make an appointment with your primary care provider to discuss alternatives such as an IUD or Depo Provera injections.
- Overall health and happiness:
 - Most patients tell us they enjoy life more after surgery. Weight loss surgery can give people more energy to enjoy activities.

What are the medical and surgical risks and complications?

Bariatric surgery is a major surgery. Talk with your surgeon and health care providers about the risks of surgery and what is best for you.

Important: Smoking or vaping tobacco increases the risk for many of the problems below.

- Death (about 1 in 1,000 patients)
- Pulmonary embolism (blood clot in your lung)
 - About 1 out of 100 patients may get a blood clot in their lung. To prevent blood clots, you will get up and start walking very soon after surgery.
- Gastrointestinal tract leak
 - A leak happens when contents from inside the stomach or small intestine leak out into the abdomen and cause an infection. It happens in less than 1 out of 100 patients. This is most likely to happen in the first 2 weeks after surgery.
- Internal hernia or bowel obstruction
 - This happens when the bowels are blocked or kinked off, like a garden hose. This is an emergency and needs surgery right away.
- Internal bleeding
- Infection in the part of the body where the surgery took place

What are possible side effects of bariatric surgery?

- Chronic abdominal pain
- Ulcer
- Gallstones
- Kidney stones
- Vitamin and mineral deficiencies
 - Because your body will not get all of the calories from the food you eat you will need to take vitamins and minerals for life.
- Low blood sugars (even if you have never had diabetes)
- Nausea and vomiting
- Changes in digestion
- Dehydration
- Excess skin
- Hair thinning
 - Usually starts to grow back before 1 year
- Dumping Syndrome (more common with RYGB)
 - Can be triggered with foods that are too sweet, have too much fat, eating and drinking at the same time, or not chewing enough.
- Diarrhea or oily stools (SADI only)
- Weight regain
 - If you're not following the nutrition guidelines and living an active lifestyle

Things to think about before having surgery

- Major life stressors (work, family responsibilities, housing, or finances)
- Your current health
- Family and friend support systems (help after surgery)
- Readiness and willingness to make lifelong lifestyle changes
- Being able to take time for:
 - attending appointments
 - completing tests
 - completing assigned homework
 - improving eating patterns
 - developing healthier lifestyle habits and coping strategies
- Planning other major surgeries (if already scheduled or possibly in the future)
- Your current psychological stability or mental health status
 - Think about how you cope with challenges or daily activities (What are your thought patterns or emotional responses?)
 - For some people, stability includes medication or therapy
- Mental health management
 - This can be different for each person. Think about your physical and mental health and the ways you practice self-care.
 - Some examples of self-care include; (1) regular exercise, (2) eating healthy, regular meals and stay hydrated, (3) quality sleep, (4) routine checkups with primary care and mental health providers (5) enjoyable activities, (6) setting goals and priorities (7) practicing gratitude, and (8) connections with others

Where to get more information about bariatric surgery

Ontario Bariatric Network

Website: www.ontariobariatricnetwork.ca

Bariatric Clinic – Toronto Western Hospital

Website: https://www.uhn.ca/Surgery/Clinics/Bariatric_Clinic#information

*Adapted with permission from the West Penn Allegheny Health System Bariatric Surgery Center



Have feedback about this document?

Please fill out our survey. Use this link: surveymonkey.com/r/uhn-pe

Visit www.uhnpatienteducation.ca for more health information. Contact pfep@uhn.ca to request this brochure in a different format, such as large print or electronic formats.

© 2024 University Health Network. All rights reserved. Use this material for your information only. It does not replace advice from your doctor or other health care professional. Do not use this information for diagnosis or treatment. Ask your health care provider for advice about a specific medical condition. You may print 1 copy of this brochure for non-commercial and personal use only.

Form: D-8753 | Authors: Wei Wang, Karyn Mackenzie, and Patti Kastanias / Revised by: Lorraine Whitehead, Sasha-Ann Winchester, Laura Scott, Keely Lo, Katie Warwick, and Shanyne McGhie | Revised: 01/2024