

Roux-en-Y Gastric Bypass

A Surgical Treatment for Weight Loss



When Weight Becomes a Problem

Is excess weight affecting your life and your health? A surgery called **roux-en-y gastric bypass** may help you reach a healthier weight. This surgery (a type of bariatric, or obesity, surgery) alters your digestive system. For the surgery to work, you must change your diet and lifestyle. The surgery is not reversible. So learn all you can about it before you decide. This product will help you make your decision.

Health Risks of Obesity

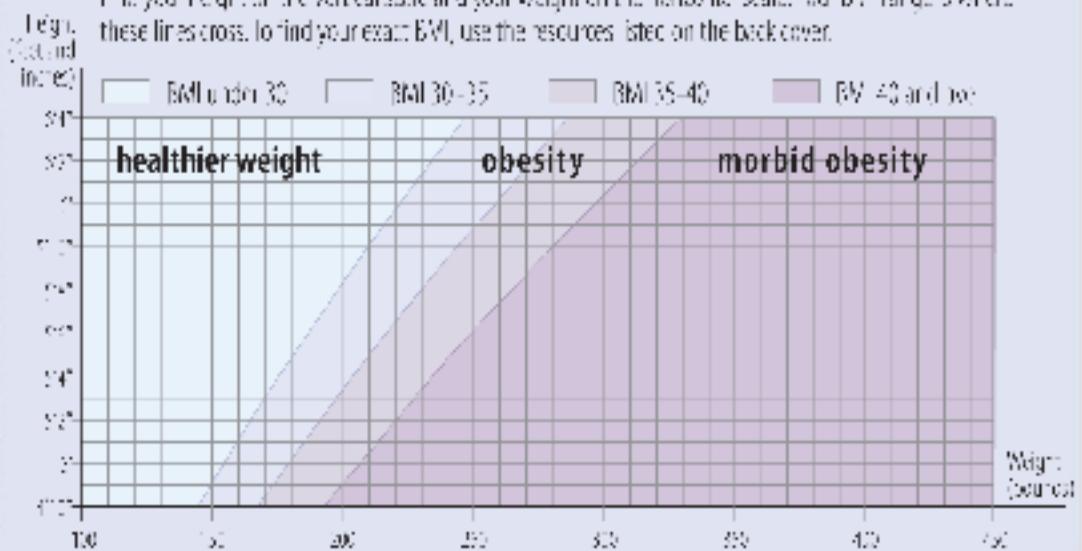
Obesity (overweight) is measured by a formula called **body mass index (BMI)**. A healthy BMI is about 18 to 25. A BMI of 30 or more signals obesity. A BMI of 40 or more reflects severe (**morbid**) obesity.* Extra weight may lead to:

- Diseases such as type 2 diabetes or certain cancers.
- Heart and circulation problems, including heart disease, high blood pressure, and stroke.
- Sleep apnea and other breathing problems.
- Back or joint problems.
- Problems with skin, urination, or menstruation.
- Depression or other mental health problems.

*National Institutes of Health (NIH).
Clinical guidelines on the identification,
evaluation, and treatment of overweight
and obesity in adults.
Rockville (MD): NIH, 11998:xiv.
NIH Publication No. 98-4083.

What Is Your BMI Range?

Find your height on the vertical scale and your weight on the horizontal scale. Your BMI range is where these lines cross. To find your exact BMI, use the resources listed on the back cover.



Treatment Can Help

If you're obese, roux-en-Y gastric bypass may help you lose weight. But surgery won't work alone. You also need to change what you eat and to become more active. Weight loss after surgery is up to you. It is also up to you to keep off the weight you've lost. Others can help you reach your goal, but you are in charge of your own success.

Your Role

You play a critical role in the long-term success of surgery. You will need to:

- Commit to improving your health.
- Discuss your health history with your surgeon.
- Get answers to any questions you have. Learn all you can about the surgery before making a decision.
- Follow all instructions on preparing for surgery.
- Agree to carefully follow all instructions you are given on nutrition, activity, and other care after surgery.

Your Surgeon's Role

Your surgeon will work to protect your health before, during, and after surgery. He or she will:

- Evaluate you as a possible surgery patient.
- Describe the surgery's risks and benefits, and answer your questions.
- Perform the best procedure for you.
- Follow up to help your recovery go well.

Other Healthcare Team Members

Your healthcare team can help you succeed. Along with your surgeon, the team may include:

- A mental health professional (such as a psychologist or psychiatrist) to help you adjust to the changes your body will experience. You might talk to this person before and after surgery.
- A registered dietitian to help you plan meals.
- Your primary care doctor and other healthcare specialists as needed to manage your overall health.



Is Surgery Right for You?

Deciding on bariatric surgery can be difficult. This is major surgery. If you qualify, you need to think about the risks and complications of surgery. Make sure you know what to expect after surgery, too. You need to be willing to change your lifestyle for the rest of your life. And your body may change greatly in the years after surgery.

* National Institutes of Health (NIH).
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and obesity in adults.
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NIH Publication No. 98-4083.

Qualifying for Surgery

Surgery is not for everyone. You need to have either a BMI of 40 or more, or a BMI of 35 or more plus a serious health problem such as high blood pressure.* You must be healthy enough to have surgery. You may be required to have a psychological evaluation. And your doctor may want to be sure that you have tried to lose weight by other means.

Possible Risks and Complications

As with any surgery, bariatric surgery has certain risks. These can include:

- Infection
- Leaks or blockage at a site where tissue is sewn or stapled together (**anastomosis**), requiring further procedures to repair
- Breathing problems, such as pneumonia, which may require ventilation or a tracheotomy
- Bleeding at an incision site
- Blood clot in the legs or lungs
- Need for spleen removal
- Recurrent vomiting that requires a procedure to stop the problem
- Incisional hernia
- Problems from anesthesia
- Death



Setting Realistic Expectations

The goal of bariatric surgery is to help you lose over half of your excess weight. This can improve or prevent health problems. This surgery is **not** done for cosmetic reasons. Keep in mind that:

- Other weight-loss methods should be tried first. Surgery is only an option if other methods don't work.
- Surgery is permanent. You will need to change how you eat for the rest of your life.
- You must commit to eating less and being more active after surgery. If you don't, you will not lose or keep off the weight.
- You won't reach a healthy weight right away. Most weight is lost steadily during the first year and a half after surgery.
- Most likely, you won't lose all your excess weight. But you can reach a much healthier weight.



Ongoing Concerns After Surgery

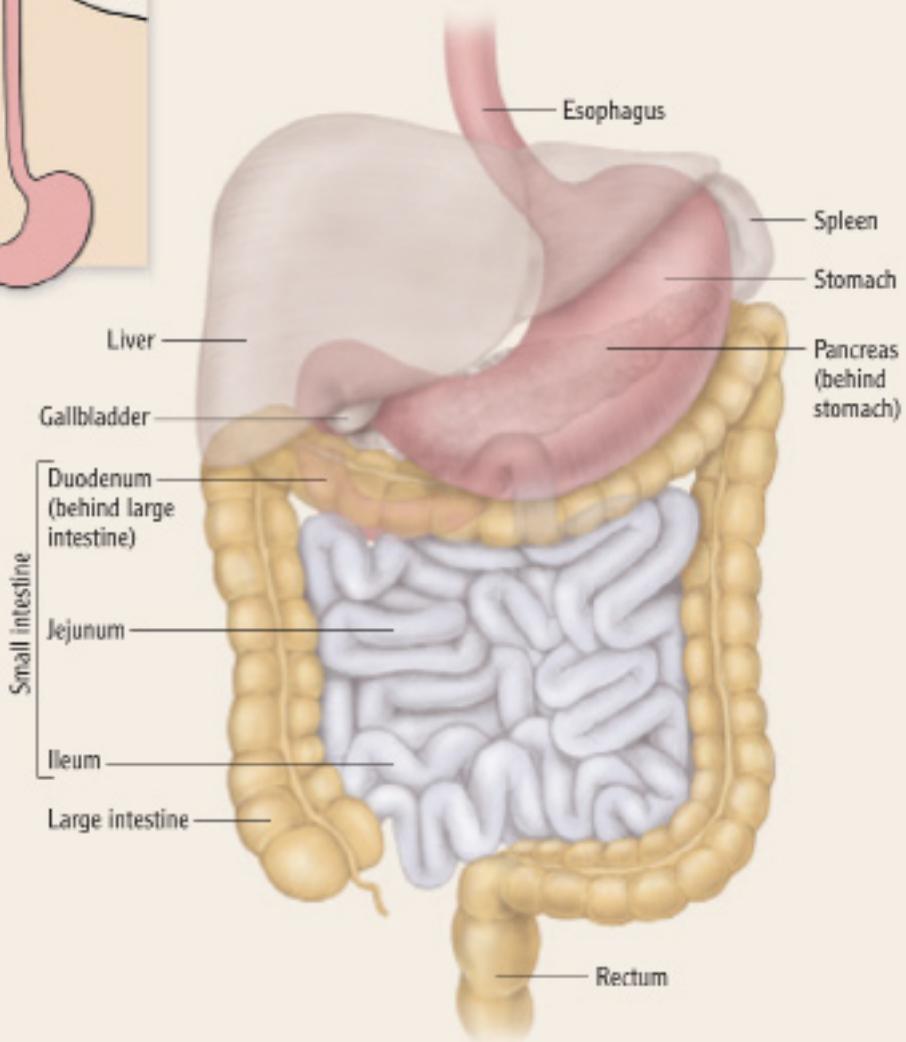
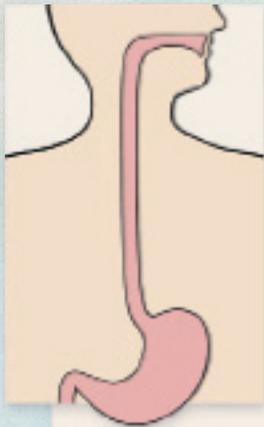
- After surgery, your body may not absorb all the nutrients it needs, making malnutrition more likely. Vitamin and mineral supplements are needed to prevent this.
- Dehydration is more likely after surgery. You must take care to drink enough liquids each day.
- Temporary hair loss is a common side effect of this surgery.
- Loose folds of skin are common when a large amount of weight is lost. Extra skin can be surgically removed when your weight has stabilized.



Digestion and Excess Weight

During digestion, your digestive tract breaks down and absorbs the food you eat. The body turns this food into energy. The energy that your body doesn't use is stored as fat. As fat builds up, it can cause serious health problems. Bariatric surgery is a tool to help the body lose its excess fat and stay at a healthier weight.

Your Digestive System

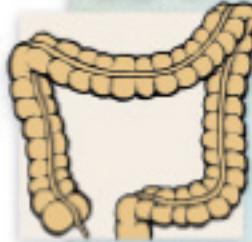
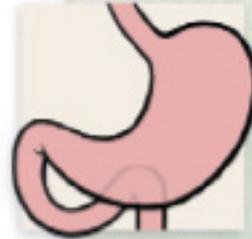


Roles of Your Digestive Organs

After you chew food, muscle action brings it from your mouth down your **esophagus** (food pipe). Then food passes through these organs:

- **The stomach.** This organ stores food and sends it slowly to the small intestine. Food is partially digested in the stomach. The stomach also produces chemicals that help you absorb certain vitamins.
- **The small intestine (small bowel).** Food is mostly digested and absorbed in the small intestine. Enzymes and chemicals help break food down. Some fluids are also absorbed. The small intestine has three sections: the **duodenum**, the **jejunum**, and the **ileum**.
- **The large intestine (large bowel).** Most fluids are absorbed in the large intestine. Waste products are also concentrated and passed through the rectum as stool.

The **liver**, **gallbladder**, and **pancreas** provide enzymes and chemicals. These substances aid digestion.



When Too Much Food Becomes Excess Weight

Your body turns calories in food into the energy it needs. Obesity is a disease that can occur if you take in more food energy than your body needs. The excess energy is stored as fat. When fat builds up, it's harder to be active. With less activity, less energy is burned and more fat builds up. This creates a cycle of weight gain that can lead to serious health problems.

How Surgery Helps Reduce Weight

Surgery changes how much you can eat and how you absorb food. During surgery, the stomach's size is reduced. Then you can eat only small meals. Part of the small intestine may also be bypassed. This makes you absorb less of the food you eat. These changes let your body use excess fat for energy. You lose weight as a result.



Types of Surgery

Roux-en-Y gastric bypass surgery changes the size of your stomach and the length of your small intestine. This causes **restriction** and **malabsorption**. The result is to limit how much food you can eat and your body can absorb at one time. This leads to weight loss.

Restriction and Malabsorption

Roux-en-Y gastric bypass uses these methods to cause weight loss.

- **Restriction** limits how much food you can eat at one time. This is done by making the part of the stomach that holds food much smaller. A portion of the stomach is closed off to create a very small pouch. This pouch holds a few tablespoons of food. Food passes slowly through a narrow opening at the bottom of the pouch. So, you feel full after eating a small amount of food.
- **Malabsorption** limits how much food the body absorbs. This is done by rearranging the small intestine so food travels through only a short section. As a result, most of the food that is eaten is expelled as waste and not absorbed as energy.

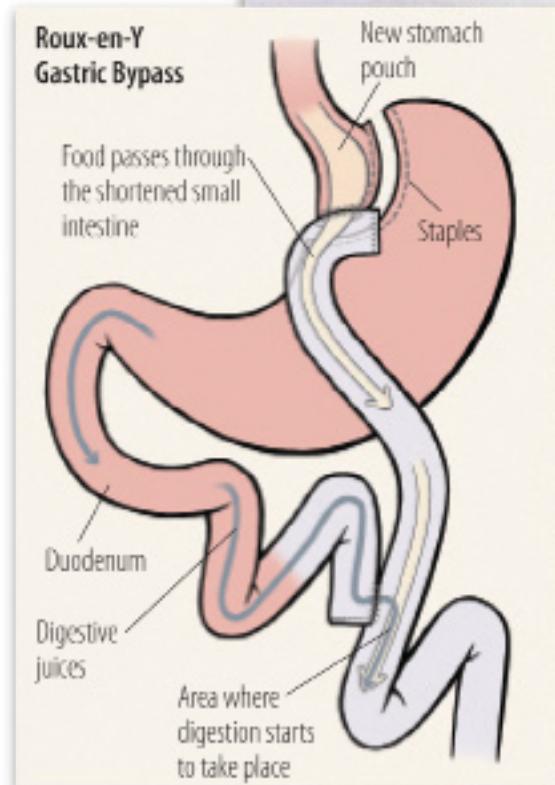
Special Note About the Gallbladder

Roux-en-Y gastric bypass, like all bariatric surgeries, is designed to cause a large amount of weight loss. Weight loss can cause deposits in the gallbladder called gallstones. To prevent this, the gallbladder may be removed during your surgery or at a later date.

During Roux-en-Y Gastric Bypass

During this surgery:

- A large portion of the stomach is closed off with staples. This leaves a small pouch to hold food. The smaller stomach helps restrict the amount of food you can eat at one time.
- The small intestine is cut below the duodenum. Part of it is reattached to the new stomach pouch, leaving a shortened path for food to travel through. Because part or most of the small intestine is bypassed, less food is absorbed.



Your Surgical Experience

It's normal to be nervous about surgery. Knowing what to expect can help. Before surgery, tests will be done to check your health. You will be monitored and kept as comfortable as possible throughout surgery and recovery. Your surgeon can tell you how long the surgery might take. After surgery, you may stay in the hospital for up to 5 days.

Your Pre-Op Exam and Tests

Your doctor may see you about a week before surgery. He or she may request blood tests. These tests help confirm that you're well enough for surgery. Chest x-rays may be ordered to check your lungs. An ECG may be done to check your heart rhythm. Other exams and tests may also be done, if needed.

Before Surgery

To prepare for surgery, you may be asked to:

- Stop smoking.
- Lose weight by following a special diet.
- Stop taking certain medications, including aspirin and anti-inflammatories. Ask your surgeon what medications to continue taking. Be sure to mention any herbs or supplements you take.
- Not binge on food before surgery.
- Stop eating and drinking after midnight on the night before surgery, or as instructed.

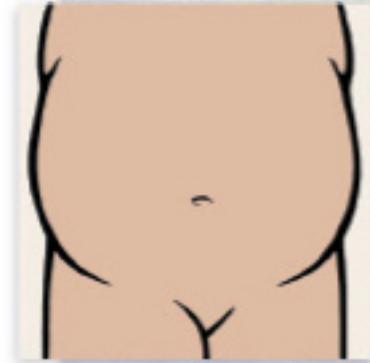
On the Day of Surgery

Be sure to arrive on time on the day of surgery. After you arrive, you will sign any consent forms. On or before the day of surgery, an **anesthesiologist** may talk with you. This is a doctor trained to care for you before, during, and just after surgery. You will be told about your **anesthetics** (medications to block pain), which will let you sleep through surgery.



Reaching the Organs

Your surgeon begins the surgery by making one or more incisions in your abdomen. For a **laparoscopic procedure**, several small incisions are made. During the procedure, surgical instruments are inserted through these small incisions, and the surgeon operates by looking at the organs on a video monitor. For **open surgery** (also called **laparotomy**), one large incision is made. Before surgery, your surgeon will explain what type of incisions you may have. Your surgeon can mark possible incision sites on the diagram to the right.



Your surgeon can mark possible incision sites for you.

Just After Surgery

You may wake up in a recovery room or an **ICU** (intensive care unit). One or more **IV** (intravenous) lines may be in place. IV lines deliver fluids and medications. One IV line may be attached to a **PCA** (patient-controlled analgesia) pump. You can use this pump to give yourself pain medications. Tubes may also be in place to drain or suction body fluids. In some cases, a tube may be in your throat overnight to help you breathe. You may also have special leg stockings to help improve blood flow.

At the Hospital

As you recover from surgery, you will be moved to a hospital room. You will be asked to be active as soon as you can. This helps speed your recovery. You will also be asked to do breathing exercises. These help keep your lungs healthy. X-ray tests may be done to check your progress. As you gain strength, you will start a liquid diet. Your team will tell you when you're ready to go home. Have an adult friend or family member drive you home.



The First Six Weeks After Surgery

Your body needs time to adjust after surgery. Once you're ready, you will be given nutrition and activity programs. Follow these programs as directed. The success of the surgery depends on the choices you make. And be sure to ask any questions you have.

At Home

When you get home, follow your doctor's instructions. At first, you may have stomach or bowel cramping, shoulder pain, or nausea. Tell your doctor if pain or nausea is severe or doesn't improve with time. Take pain medications as prescribed for 1 to 2 weeks. Talk to your doctor about anti-inflammatories, such as aspirin or ibuprofen. To ease back into your daily life, you may be given guidelines like those listed below:

- You may shower within 48 to 72 hours.
- You may return to driving once you no longer need pain medications. This is often 2 to 3 weeks after surgery.
- You may resume sex in 2 to 4 weeks.
- You may return to work in 3 to 4 weeks, or as instructed.
- Avoid lifting anything over 10 pounds for 4 to 6 weeks.

Becoming More Active

Activity helps you lose weight after surgery. Your healthcare provider can help you begin. Start easy, but try to be a little more active each day. You might try walking. Other options include chair aerobics or using a stationary bike.

Call Your Doctor if You Have:

- A fever over 101°F (38.3°C) or chills
- A red, bleeding, or draining incision
- Frequent or persistent vomiting
- Increased pain at an incision
- Pain in your legs or chest
- Trouble breathing



Working with Your Healthcare Team

Your healthcare team members can help you adjust to changes after surgery. Here's how:

- **Your team** oversees follow-up care after surgery. Keep all your appointments, and ask any questions you have.
- **Your dietitian** sets up your new nutrition plan. He or she can help you plan meals you'll enjoy.
- **Your psychiatrist or psychologist** or other mental health professional can help you adjust to change. It may help to talk to someone about your body or other issues.

Eating During Healing

After surgery, a special diet will help your stomach heal. Your healthcare team will explain the diet to you. At first, you will just drink low-sugar liquids. You might have tea or broth, for instance. As you feel better, you'll eat low-fat pureed or semisolid food, such as applesauce. When your system is ready, you'll eat a range of foods in small amounts.

Special Issues

Certain problems may occur after surgery, depending on the type of surgery you have. These problems can include:

- **Malnutrition.** Your body may not be able to absorb all the vitamins it needs. Symptoms include fatigue, swollen ankles, or excessive hair loss. Take vitamin supplements as prescribed, for life, to help prevent this.
- **Dehydration.** A smaller stomach means liquids must be consumed in smaller amounts. Not getting enough liquids can lead to dehydration. Symptoms include feeling "dried out" or having dark urine. Ask your healthcare team for guidelines on getting enough liquids.
- **Dumping Syndrome.** This can occur after procedures that bypass part of the small intestine. After eating high-sugar foods, you may have weakness, cramps, nausea, diarrhea, sweats, or fainting. Avoid foods that cause these symptoms.
- **Lactose Intolerance.** You may lose the ability to digest lactose (a sugar found in dairy products). Symptoms include cramps, bloating, and diarrhea. Avoid dairy foods (such as milk and cheese) if this happens.



Moving in a New Direction

After surgery, success is in your hands. The changes you make need to be lifelong commitments. Follow any instructions on nutrition and activity. Be aware that how you see yourself and how others see you may change. Turn to those close to you for support. They can help you adjust to your new life.

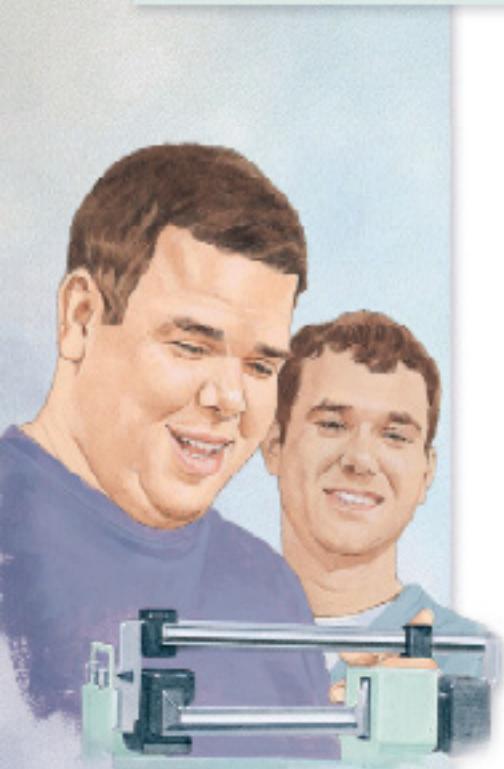
What to Expect As You Lose Weight

Most likely, you will lose weight steadily each month after surgery. The most rapid weight loss often happens during the first 6 months after surgery. Most patients lose over half their excess weight in the first year and a half. After that, you may gain a small amount of weight back. This is normal. Most likely, you won't reach your ideal weight. But you'll reach a healthier weight.

Changing Your Eating Habits

What and how you eat will change after surgery. And you will need to eat this way for life. Follow your meal plan and any instructions you are given. To stay healthy, you may be given guidelines such as:

- Choose high-protein foods to help prevent nutritional problems.
- Eat slowly. Take small bites. Chew each bite well before swallowing it.
- Stop eating as soon as you feel full.
- Do not snack between scheduled meals.
- Drink sugar-free liquids, such as water. Drink them between (not with) meals. Wait 1 hour after meals before drinking liquids.
- Take vitamins as directed.
- Avoid fibrous foods, such as celery, string beans, and unprocessed meat.
- Avoid alcohol and carbonated drinks.



Having an Active Lifestyle

To lose weight, you need to be active for life. Exercise is an important part of your weight-loss plan. It can also help reduce stress. The goal is 30 minutes of exercise a day, most days of the week. These tips can help you succeed:

- Choose a form of exercise you enjoy.
- Exercise at your own pace.
- Ask a friend to join you.
- Keep a record of your exercise activity in a calendar or notebook. Some people find this a good way to track their progress and stay motivated.

Finding Support

After surgery, you may miss eating certain foods. And your image of yourself may change. As you lose weight, you'll be able to do more. So you may have new tasks at work or home. And new issues may arise. For instance, your relationship with your spouse may change. Some changes can be stressful. But asking for help can ease the stress. You might talk to:

- Friends and family members.
- Other bariatric surgery patients. Often they know just what you're going through. You may find other patients through a support group at your bariatric surgery program. Or there may be a group in your local community.
- A mental health professional. If you spoke before surgery, you might seek him or her out again. Special counseling or classes may be suggested.

Following Up with Your Doctor

After surgery, be sure to see your doctor as instructed. At first, you may see a member of your healthcare team weekly or monthly. In time, as you adjust to the changes, your visits will be less frequent. Be sure to also involve your primary care doctor and any specialists, as needed, in your progress. This will help you stay healthy.



A Healthy New Start

As you lose weight, you may have more energy and find it easier to be active. Any health problems you have may improve, too. Celebrate the new you! Buy clothes that fit in your new size. Try a new haircut or a makeover. You've worked hard, and you deserve to feel good.



Resources

The resources listed below can help you learn more about obesity treatment options. If you choose surgery, the resources may also help you adjust to life after surgery.

- **National Heart, Lung, and Blood Institute
Obesity Education Initiative**
www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt

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