

Gastric Bypass Surgery

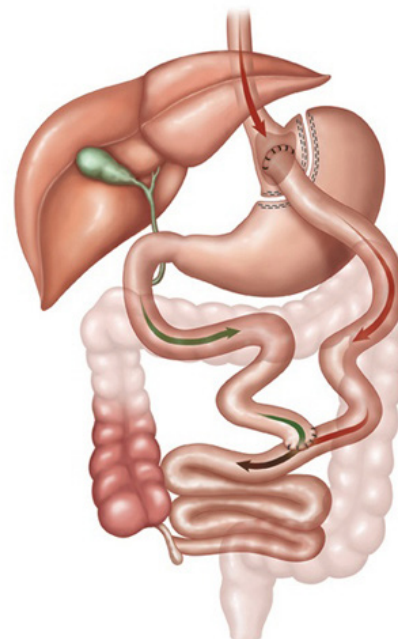
KEY POINTS



Gastric bypass surgery involves creating a small pouch at the top of the stomach with a stapling device. This pouch is small and separated from the rest of the stomach. The intestine is joined straight on to this pouch and food is separated from the digestive juices to some extent.

The small pouch restricts portion sizes and separation from digestive juices may result in some calories not being absorbed. In addition to this, there are also hormonal changes favouring weight loss and diabetes control. Some surgeons (including Mr Clough) favour placing a ring around the pouch to prevent stretching over time. This is then termed "banded bypass".

The gastric bypass operation has been around in various forms for around 50 years and has plenty of good data and research published on its efficacy. It is known to be excellent for type II diabetes and does not involve permanent removal of any organs. There is usually less vomiting compared to gastric banding and weight loss is quicker and often greater in magnitude. Reflux symptoms usually resolve or improve markedly after bypass surgery.



Below is a list of estimated complication rates associated with gastric bypass surgery. Note that these rates assume a good risk patient with-out previous weight loss surgery and within a fairly standard weight and BMI range for the clinic.

Complication	Frequency	Comment
Death	1/1000 (0.1%)	
Leak	1%	Severe complication
Bleeding	2-5%	May require transfusion or sometimes re-operation
Open surgery required	1%	
Pulmonary Embolus	1%	Clot in the lungs which may cause respiratory failure or death
Stomal Stenosis	10-20%	Requires balloon stretching of the main join
Marginal Ulcer	2-5%	Ulcer at the main join
Small Bowel Obstruction	2%	Twist in the bowel due to re-arranged anatomy
Diarrhoea	Occasional	
Dumping Syndrome	Frequent	Depends on dietary choices
Nutritional Deficiencies		Watch B12, Vit D, Calcium, Iron. Supplements required.
Failure to lose 25% of excess weight		5%
Failure to lose 50% of excess weight		25%

Gastric bypass can be reversed, although this is a major procedure.

Please sign and date to indicate your understanding of the above:

Sign: _____ Print Name: _____ Date: _____