

Empowering you on your journey to a better life

Understanding obesity and how we
can help you achieve your life goals.



In association with



WAKEFIELD
HOSPITAL

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You can find out more about Capital Obesity and our services by logging onto our website:

www.capitalobesitygroup.co.nz

Being severely overweight is a serious illness often accompanied by health problems that can have a major affect on your life and the life of your family. Our job at Capital Obesity Group is to help you understand your options and what they will mean for you and, if you decide to have surgery with us, to provide support and lifestyle plans tailored to your needs to make sure you get the best results from your surgery.

Severe obesity in adults has been recognised as a major illness internationally – latest estimates indicate that more than 1.1 billion people worldwide are overweight. The situation in New Zealand is very similar to other western countries. However, severe obesity is more common in Māori and Pacific peoples than in other ethnic groups.

How is obesity calculated?

The World Health Organisation uses a measure called the Body Mass Index (BMI). It is calculated using your height and weight to work out which category you are in.

If you want to calculate your BMI, visit our website: www.capitalobesitygroup.co.nz/dealing-with-obesity/bmi-calculator

Classification	BMI
Underweight	less than 19
Ideal BMI	19 to 25
Overweight	25 to 30
Obese	over 30
Severely Obese	over 35
Morbidly Obese*	over 40
Super Obese	over 50

* Morbidly obese is when your weight is a danger to your health.

Why should I do something about being very overweight?

People who are severely overweight can run the risk of living a shorter life and experiencing a range of medical problems. Being severely overweight often also leads to social problems.

The higher your BMI, the greater the risk to your health. Even losing a moderate amount of weight can make a big difference.

Some of the things that can be helped by losing weight:
Type II diabetes
High blood pressure
Dyslipidaemia (problems with fats like cholesterol in the blood)
Obstructive sleep apnoea (problems with breathing when sleeping)
Venous and lymphatic stasis
Osteoarthritis (joint aches)
Decreased mobility
Increased risk of heart disease and stroke
Infertility

Why is it difficult to lose weight?

People talk about being lazy and greedy, but it's really important to remember that being overweight is **not** about your personality or character – it's a disease. Life in New Zealand makes it easy to gain weight and hard to lose it – the kinds of food that aren't good for us are easy to get and cheap, and many of us aren't very active.

Scientists also believe that our genes may play a part in being overweight. Effectively, your brain and your stomach are working against you when you try the usual methods like dieting. When you diet, your brain works to control your weight, while hormones in your stomach try to make up for the lost weight by making you hungry. That's why when people lose a lot of weight they often put it all back on quickly – and even add more.

What can be done?

Diets, medication and work on changing our behaviour and lifestyle can sometimes result in short term weight loss, but in the majority of people the weight is regained. For people who are severely overweight, this isn't enough to make a real difference to their health. Many people find that dieting and intensive exercise are lifelong battles that they can't win. Surgery has been proven to produce sustained weight loss and reduce risk to life.

Guidelines by the National Institute of Health in the United States rate the success of different approaches to losing weight:

Level 1
Diet, exercise and changes in behaviour – small amount of weight loss
Level 2
Drug treatment, such as reductil and xenical – more effective when used before surgery than on their own
Level 3
Surgery – the only proven way of keeping weight off in the long term





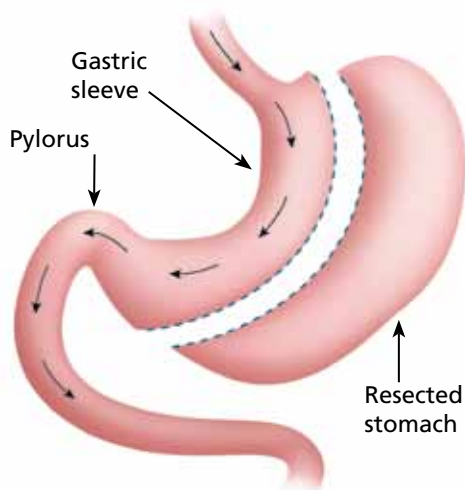
Obesity surgery is not cosmetic surgery.

Who should have surgery?

Weight reduction surgery, known as bariatric surgery, is designed for people who are severely overweight. If you have a Body Mass Index over 40 (or over 35 with medical problems linked to your weight), surgery could be right for you.

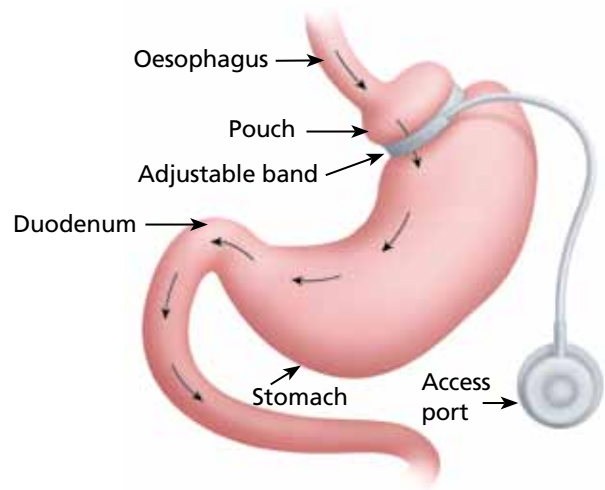
Because surgery is just one part of controlling your weight, if you're not committed to making changes to your lifestyle and want to go on eating whatever you like, bariatric surgery is probably not for you. That's why it's important for you to meet with our whole team – the surgeon, the counsellor/therapist, the dietitian, the lifestyle coach and the anaesthetist – so we can make sure surgery is a good choice for you and you get the best results.

Sleeve gastrectomy



The stomach is divided and stapled to create a narrow tube that makes the stomach smaller and restricts the amount of food it can hold. This less invasive procedure minimises many of the unwanted side effects of gastric bypass surgery and, as it is completed using keyhole surgery, the risk of complications and the amount of time in hospital are reduced. Resolution of health problems such as diabetes and hypertension are likely to occur.

Gastric banding



A silicon collar is placed just below where your oesophagus (or gullet) meets the stomach. It contains an inflatable bladder that can be adjusted to restrict the amount of food your stomach can take in. Several hundred thousand gastric bands have been inserted worldwide. Its success is highly dependent on following advice on what to eat after the operation.

What to expect:

- keyhole surgery
- no foreign body
- restricts amount of food in stomach
- 66% excess weight loss after 3 years

What to expect:

- keyhole surgery
- a foreign item inside your body
- if the band is removed weight is regained
- restricts amount of food entering the stomach
- results available suggest less weight loss

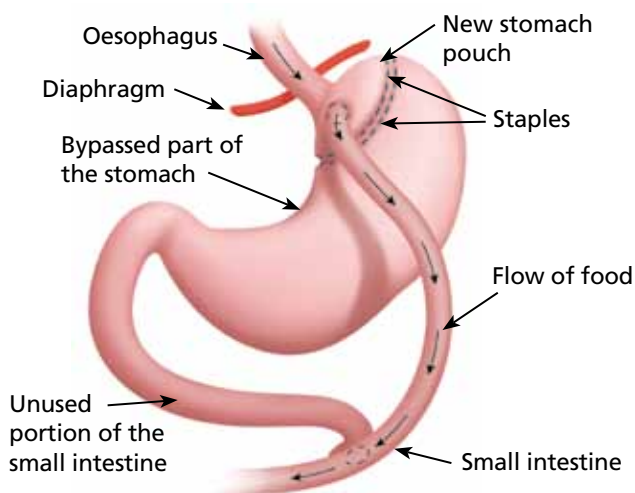
What are the different options for weight loss surgery?

There are two main ways that weight loss surgery helps you lose weight. One is to restrict the amount of food you can hold in your stomach, while the other shortens your gut so the food you eat can't be absorbed into your body properly. Some procedures, such as gastric bypass, use both. Some are performed using keyhole surgery, while others require open surgery.

Different types of surgery help people lose different amounts of excess weight. The ones that provide the greatest loss in weight also tend to involve bigger operations and greater compromises to your way of life long term. The surgeon will talk to you about the various surgical options so you can have all the information you need to make your decision.

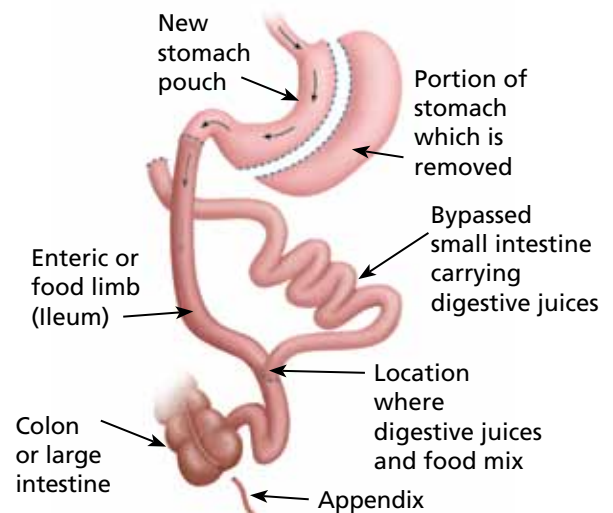
Surgery can make a real difference to your life if you are suffering from health problems as a result of being severely overweight. Here are some of the options for you to consider.

Gastric bypass



A small gastric pouch is created at the top of the stomach and the rest of the stomach is bypassed to restrict the amount of food the stomach can hold and absorb. There are a number of different procedures depending on how the bypass is constructed. The amount of weight lost and the resolution of health problems associated with being overweight are similar to sleeve gastrectomy, but the risk of complications and vitamin deficiencies is greater.

Biliopancreatic diversion



As with bypass surgery, a gastric pouch is created but this time the pouch is larger and the remaining stomach is usually removed. The two parts of the bowel are rejoined to create a 'diversion' that leaves a very short common channel for reabsorbing food. In a variation on this (a biliopancreatic diversion with a duodenal switch), the stomach, duodenum and small bowel are all divided and reconnected to create the diversion. Again, while these procedures produce greater weight loss, they are more invasive and malnutrition can be a long-term complication.

What to expect:

- open or keyhole surgery
- a foreign item in your body in some cases (Fobi Pouch)
- restricts amount of food in stomach
- prevents food being absorbed properly
- 68 – 75% excess weight loss after 5 years

What to expect:

- open surgery
- no foreign body
- restricts amount of food in stomach
- prevents food being absorbed properly
- 70 – 77% excess weight loss after 8 years



After your sleeve gastrectomy you will lose weight, but just how much will be up to you. It's really important to set yourself a realistic goal and get the support you need to get there. And don't forget, our whole team is dedicated to helping you get the best results, so feel free to ask them any questions you have at any time.

There are three vital steps on your journey to a better life:

Step One:	Step Two:	Step Three:
Pre-operative evaluation	Your surgery – laparoscopic sleeve gastrectomy	Lifestyle changes after surgery
Our team will assess you and your suitability for bariatric surgery. We make sure we can identify any potential problems and that you get the best results from your surgery.	The surgery reduces the volume of your stomach and can't be reversed so understanding what's involved is important. You'll usually spend a few days in hospital so we can monitor your progress before you return home.	Surgery is only the start of your new life. What you eat and the amount and type of exercise you do are vital parts of your journey. Our dietitian and diet plans, counsellor and lifestyle coach are there to guide you through.
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Step One:

Pre-operative evaluation

Our team will assess you and your suitability for bariatric surgery. We make sure we can identify any potential problems and that you get the best results from your surgery.



Please be aware that after the assessment you may be told you are not suitable for surgery.

A full team will assess you and your suitability for bariatric surgery. This assessment is in your best interests to ensure you get the optimum results from your surgery and to make sure we identify any potential problems.

Initially, you'll spend time one-on-one with our counsellor/therapist so you can think about your lifestyle and work through any issues that may come up after surgery.

Our dietitian will help you work out a nutritional plan that will fit with your lifestyle. To make the surgery straightforward, safer and successful we'll also give you an Optifast diet to replace your normal diet – you will have to follow this diet for at least two weeks before the surgery.

Your surgeon and an anaesthetist – the specialist doctor who puts you to sleep for your surgery – will talk with you about your operation and any medical problems, and arrange any further necessary tests before surgery.

“Losing weight has empowered me to make positive changes in my life, it has given me confidence to challenge myself both physically and mentally, an ongoing journey which is enriching my life.”

Trish



In a laparoscopic sleeve gastrectomy, the outer part of your stomach is removed to create a long narrow tube. This reduces the volume of the stomach from around 2 litres to about 100 mls. This operation is usually performed laparoscopically (by keyhole surgery) and requires only a few days in hospital.

Step Two:

Your surgery – laparoscopic sleeve gastrectomy

The surgery reduces the volume of your stomach and can't be reversed so understanding what's involved is important. You'll usually spend a few days in hospital so we can monitor your progress before you return home.

The part of the stomach that produces the hormone that makes us hungry is removed during the surgery, which may make you feel less hungry in the early stages.

What are the risks?

As with any surgery, there are risks involved, including a risk to life. Some of these are the risks experienced with any type of surgery, and others are specific to your procedure. These risks, and all other potential complications, will be discussed with you in full before proceeding with your surgery. Our team approach to your care, and ensuring you become mobile as soon as possible, are a big part of the many steps we take to avoid complications.

How it works

Your stomach is smaller

You feel full and satisfied with less food

You eat smaller portions (fewer calories)

With fewer calories you will lose weight



Remember: results aren't achieved by surgery alone – lifestyle changes and regular exercise are vital parts of your programme.



How does sleeve gastrectomy compare...

...with gastric banding?

- Slightly higher surgical risk
- No foreign body
- No need for further adjustments
- More rapid weight loss
- Less food intolerances so easier to have a balanced diet
- Greater weight loss

...with gastric bypass?

- Less time in hospital and quicker recovery than open surgery gastric bypass
- Less chance of not getting enough of certain important vitamins and minerals
- Avoids stomach ulcers
- Avoids small bowel obstructions

What happens after the surgery?

Most weight loss takes place over the first 12 months. At first, eating is quite restricted but as your stomach recovers you should be able to eat three small meals a day. You may also find that you lose your appetite completely, so it will be important to make sure you eat your three small meals a day and continue to drink enough fluids. The degree of weight loss varies. Remember, the operation is only one part of maintaining good health. It's important to make the necessary changes in your lifestyle with our help.

Some things to look out for will include feeling light headed or dizzy after the surgery. This is often because you need to adjust to drinking less than before. Nausea is also quite common after any stomach surgery. Watery bowel movements can happen after the surgery because of your liquid diet, but as solid foods are introduced this should settle down. Some people also experience occasional vomiting. It's important to remember your stomach will be very small and can only hold a small amount.

If any of these symptoms are severe, happening frequently, or causing you concern, we'll be there for you to contact us, so we can check things out.

After surgery you'll start with a liquid diet and soft foods, gradually working up to solid foods. We put together an eating and lifestyle plan for you to help you adjust to your new stomach.

What will I be able to eat?

Your surgery helps you lose weight by reducing the stomach hormones that make you feel hungry and the size of your stomach so you feel full after smaller meals.

You will need to:

- have small meals
- chew your food well
- eat slowly
- stop when you feel full

Our goal is to help you develop a healthy eating pattern so you can maintain a steady weight for the rest of your life. Your dietitian will talk to you about the things you can eat. We recommend you get their advice after your operation as they play a really important role in helping you meet your goals. You will need to constantly be aware of getting enough fluids.

Because your diet will remain small you will need to continue to have your multivitamin supplements, and to come to your check-ups so we can make sure everything is going well.

What about exercise?

You'll meet with a lifestyle coach specially trained to motivate you and help you work out an exercise programme to help you achieve your goals.

Exercise helps improve your health, maintain your weight loss and increase your metabolism. By following the programme designed by our lifestyle coach to suit you, it will help you get the best result from your surgery. We'll work with you to find an exercise programme you enjoy. In the beginning your size may limit the amount of exercise you do, but we'll aim to build up to 60 minutes of moderate exercise a day – remember, the more energy you use for exercise, the more weight you will lose. You'll start with simple exercises such as walking and swimming or aqua jogging and later on you might like to try jogging and cycling and eventually a gym programme.

Step Three:

Lifestyle changes after surgery

Surgery is only the start of your new life. What you eat and the amount and type of exercise you do are vital parts of your journey. Our dietitian and diet plans, counsellor and lifestyle coach are there to guide you through.

We talk about your diet after surgery in three stages:

Stage 1: Straight after surgery	
Day 1	When you wake up after your surgery we give you ice cubes to prevent your mouth from feeling too dry.
Day 2	Starting with clear fluids and then trying other fluids like soup, yoghurt, custard, milk and coffee.
Day 3	Trying pureed foods (until the end of Week 4, so when you go home you will need to prepare all your foods with a food processor).

Stage 2: Adapting to your smaller stomach	
Week 4	You should be able to try soft foods like cereals, pasta and rice, soft cooked vegetables, tinned fruit, low fat dairy products, eggs, and some meats and fish.
Week 6 to 8	You can start to have food that is the normal consistency, but you will still need to remember to chew your food well and eat slowly. If you have a problem when you're trying to introduce a new food, you can leave it for a week or so and try again.
6 months	Most people can eat about a quarter the size of their previous meals. This means that in restaurants you should be able to eat entrée sized meals and feel satisfied.

When will I need to come in for check-ups?

Check-up schedule	
3 weeks	We'll talk about progress and make sure you're getting the right balance of nutrition, fluids and multivitamin supplements.
Week 6 to 8	We'll meet again to check progress with your diet, nutrition and fluids, and multivitamin supplements.
6 months	We'll do blood tests and carry out a full screening to monitor your health. We'll also discuss your long-term eating plan.
1 year	We'll meet for a full review of your progress to date, including further blood tests to ensure you remain healthy.
After 1 year	We do not routinely see you but we are available to give you any help and advice you need, if that is required.

As time goes by, you'll need to keep an eye on your weight so you can make changes if you need to. You'll also need to continue to eat small healthy meals of the right foods, avoid snacking, high calorie foods and drinks, and limit alcohol.



The success of your surgery depends on a successful change in lifestyle – your surgery is a tool and, in the long term, it is the changes you make to your lifestyle that will help you achieve your goals.

Things that will be important include making sure you get enough protein through lean meat, fish, eggs and low fat dairy products, avoiding processed meats like ham and salami and boiling, baking or steaming rather than frying. You will also need to make sure you have enough fibre to help with your digestion – we'll give you supplements for this, but if all goes well and you have enough fibre in your diet you may be able to stop taking these supplements.

It will be important to continue to make sure you get enough fluids, while avoiding fluids that contain calories such as soft drinks and alcohol.

In the long term with weight loss some people may develop loose skin folds. You may wish to seek the opinion of a plastic surgeon in the future.





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