

Getting ready to empower you on your journey to a better life

Your guide to sleeve gastrectomy



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“In order to help you achieve your goals, we will define them and share the adventure with you.”

Sarah Vandaele and Sarah Phelps
Lifestyle Coaches



Congratulations on your decision to take this very important step to improve your health and your life. This booklet will guide you through what to expect before, during and after your surgery and outline how the members of our dedicated team will support you on your journey.

The detailed information in this booklet is designed to provide some of the tools you need. It's essential to bring it with you to hospital and to keep it after your operation to help you stay on track and achieve your goals.

Our bariatric programme has been carefully developed and involves 3 distinct and vital steps designed to take care of you during this journey to a better life.



“The sleeve gastrectomy is now recognised as providing excellent sustained weight loss with resolution of many coexisting medical conditions and has great long term patient satisfaction and improved quality of life.”

Mr S Bann
MB ChB MD FRACS

Step One: Pre-operative evaluation

Before you have your operation you'll meet with the different members of our team to make sure you are prepared for the weeks ahead and help you plan your recovery and your lifestyle changes to achieve your goals.

Counsellor/Therapist

Before surgery you'll meet with our counsellor for two one-hour sessions. Together you'll look at the things about your lifestyle that might be a challenge for you after your operation. Identifying any issues that may come up after your surgery and working out a plan to deal with them prepares you and is a vital part of your care.

You'll also have the option of therapy for emotional issues that may come up. Getting help with these issues is important to achieving your goals.

Dietitian

Our dietitian will help you work out an eating plan to fit in with your lifestyle. They'll also put you on a diet plan to lose some weight before surgery. It is vital that you follow this diet closely for the specified time period before your surgery as it reduces the size of your liver and makes the operation safer and more straightforward.



Any weight you lose is a big step in the right direction.

The diet we give you before the operation is called the Optifast® VLCD Plan. VLCD stands for Very Low Calorie Diet and it completely replaces your normal diet. Instead of your usual meals you'll have 3 sachets of Optifast each day (or 800 kcal). Optifast meals are designed to reduce the fat you have stored while preserving your muscles.



You'll get to choose from milkshakes (chocolate, vanilla, strawberry, coffee), soups (chicken, mixed vegetable), desserts (chocolate, lemon cream) and bars. Add one sachet of Optifast® VLCD to 200 ml of cold or warm (but not boiling) water. Stir, shake or use a blender. A good thing to try is adding ice to the blender – it can really improve the taste!

Low starch vegetables:

asparagus, cauliflower, celery, beans, cucumber, silver beet, beetroot, eggplant, snow peas, bok choy, lettuce, spinach, broccoli, leeks, squash, brussel sprouts, alfalfa, mung beans, tomato, cabbage, mushrooms, watercress, capsicum, zucchini, carrots, onion, shallots, radish.

You can also eat 2 cups a day of low calorie jelly, strained broth or low starch vegetables or salads. These need to be prepared without fat, oil or salt.

Avoid all FAST FOODS

Sample Optifast® VLCD Meal Plan

Breakfast	1 x Optifast milkshake Water Black tea or coffee
Lunch	1 x Optifast milkshake 1 cup steamed vegetables or 1 cup salad with low joule dressing Low calorie jelly Low calorie soft drink, water, black tea or coffee
Dinner	1 x Optifast milkshake 1 cup steamed vegetables or 1 cup salad with low joule dressing Low calorie jelly Low calorie soft drink, water, black tea or coffee
Between meals	Water, low calorie soft drink, tea or coffee

An alert for diabetics: Optifast's low carbohydrate content means your diabetes medicine might have to be adjusted and your blood sugars more closely monitored. Make sure you check with the doctor who manages your diabetes before starting the diet.

“We acknowledge the psychological challenges that people may face before and after surgery; therapy therefore provides a space to explore who you are as an individual as well as cultural and environmental influences.”

Elisabeth Stubbs
Counsellor/Therapist



Surgeon

The surgeon will discuss in full the issues related to obesity and talk in depth about the various surgical options that are available so that you are fully informed and can make an educated decision.

Anaesthetist

Before your operation your anaesthetist – the specialist doctor who puts you to sleep for your surgery – will meet with you or ring you to talk about any medical problems you have had and organise any tests needed, including a chest x-ray, ECG, and blood tests and possibly other tests such as an echocardiograph and blood gases.

Lifestyle coach

Surgery is only one component of your journey to a healthier life – exercise and changes to your lifestyle are also a vital part. Everyone’s needs are different, so your lifestyle coach will work with you to develop a plan for after your surgery that’s best for you.

After the assessment, the team will discuss your suitability for surgery, and there is a slight possibility that **surgery may be deferred or declined due to concerns raised by the team.**



“We have found that following laparoscopic sleeve gastrectomy, there is excellent weight loss and improvement in medical problems such as diabetes and high blood pressure.”

Mr S Kusal Wickremesekera
MB ChB PhD FRACS

Step Two: Your surgery – laparoscopic sleeve gastrectomy

Sleeve gastrectomy is a weight loss operation that restricts the amount of food your stomach can hold. The outer part of the stomach is removed to create a long narrow tube, reducing the volume of the stomach from around 2 litres to about 100 mls. This procedure is normally performed laparoscopically (keyhole surgery) with only a few days in hospital. It's irreversible.

Because the stomach is smaller, you feel full and satisfied with less food, which encourages you to eat smaller portions. Smaller portions means fewer calories, which in turn means you lose weight. The part of the stomach that produces the hormone that makes us hungry (ghrelin) is removed during the surgery, which may also make you feel less hungry in the early stages. On average, people who have had a sleeve gastrectomy can lose 75% of their excess weight after the first year.



It's important to remember success isn't achieved by surgery on its own.

Surgery is only the tool. Our team will work with you to ensure the surgery is combined with healthy eating and regular exercise. Eventually you should be having three small meals per day of lean source protein, complex carbohydrates, adequate fruits and veges – or a total of less than 1500 kcal per day.

Understanding the risks

Any operation to control weight (bariatric surgery) carries risks, including risk to life. The mortality rates for sleeve gastrectomy are around 0.5%. We'll discuss the risks and any potential complications with you in detail before your surgery. Our team approach to your care, and ensuring you get mobile as soon as possible after your operation, are a big part of the many steps we take to avoid complications. If you smoke you must stop – this will help your recovery after surgery.

It's important to remember that being overweight is in itself a risk to life and can lead to many health issues, so the risks associated with the surgery are considered acceptable. For example, diabetes is completely cured a few months after surgery in up to 80 - 90% of cases. In about two thirds of cases, dyslipidaemia, hypertension and sleep apnoea are also cured.

The risks of having surgery

Surgery requires general anaesthesia so you are asleep during the operation. Anaesthesia is very safe – it is rare for patients to have significant problems from being under anaesthesia.

Any operation involves cuts or incisions, which can sometimes develop infection and hernias. Surgery can also affect the way your body works, leading to complications such as chest infections, blood clots, urine retention and infection.

Any surgery can lead to bleeding and a blood transfusion may be required. Keyhole surgery can sometimes cause damage to other organs like the bowel or spleen. Any keyhole or laparoscopic operation can end up being changed to an open operation and, if difficulties occur during the surgery, plans may be changed or the operation may even be stopped.

Some of the recognised risks of surgery include:

bleeding, splenectomy (removal of the spleen), pain, fever, thrombophlebitis, blood clots, pneumonia, wound problems, infection, intra-abdominal abscess, leaks, pancreatitis, hernia, small bowel obstruction, vitamin and salt problems, hair loss, depression, mood swings, vomiting, diarrhoea and various neuropathies.

Specific risks for laparoscopic sleeve gastrectomy

In any operation where a join is made or an organ is divided, there is a risk of a leak from these areas. For sleeve gastrectomy this is about 1%. If this happens abscesses can form which can be life threatening or may mean a long stay in hospital.

A particular risk with losing weight fast can be gall stone disease, where the gall bladder needs to be removed. In very rare cases, liver disease can be made worse by the operation, but more commonly weight loss improves liver function.



The stomach can become too narrow and may need to be stretched. The stomach or oesophagus can also become inflamed.

Some people also experience troubles with heartburn after surgery.

Long term you may find you lose too much weight or not enough. With weight loss surgery you can also experience problems with dehydration and vitamin deficiency.

The outcomes of your 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.

For the first four weeks after surgery, your food is puréed. Then you can move on to soft foods. By six months most people can eat about a quarter size of their previous meals. This means that at restaurants you should be able to eat entrée sized meals and feel satisfied. You may also find that you lose your appetite completely,

so it will be important to eat your three small meals a day and take your multivitamins and drink about 1.5 – 2.0 litres of fluid a day, to make sure you get enough nutrition.

The amount of weight people lose varies. Remember, the operation is only one part of the process. It's important to focus on eating healthily and maintaining regular exercise.

For some people food can be a form of comfort or response to stress. For others, their relationships can change after surgery. Talk to your counsellor if you have any problems dealing with these types of issues.

It's important to be aware that weight loss surgery is a big step and can lead to changes in the way you feel about yourself and your relationship with others – remember your counsellor/ therapist is here to help.

Sometimes after surgery people lose a lot of weight and they develop loose folds of skin – you can speak to a plastic surgeon in the future if this becomes a concern.

Your surgery: what to expect

Day 1: The day of surgery

You are usually admitted to hospital on the day you have your surgery. After your operation you will wake up with intravenous fluids and (if needed) a patient controlled analgesia (PCA) through a small tube in your arm. When you press the button you will get a dose of pain relief. You won't have anything to eat, but we'll give you ice cubes to stop your mouth feeling too dry.

It's important to get moving as soon as possible to help prevent clots forming in your legs (we'll also give you a small injection for this). Initially, the experienced ward staff will help you sit up and dangle your legs over the side of the bed, and then walk.

Day 2: The day after surgery

A dye study may be undertaken in the x-ray department to check your new stomach. Following this test, and after the doctors have seen you, you can start having clear fluids. Make sure you sip slowly and stop when you feel full. During the day if you can manage it you will build up to fluids like soup, yoghurt, custard, milk and cordial. Again, remember to take small sips and stop when you are full.

Here are some things you can do to help your recovery and lower the risk of complications:

- Get up and walk as much as possible (the first few times your nurse will help you).
- Move your feet and calves as much as possible. You'll be wearing white stockings and we'll give you small injections under the skin to reduce the risk of clots.

Day 3: Going home

If you can manage it you can try some puréed food. Don't worry if this is too difficult, the main thing is to keep up your fluids between meals. Eat slowly and stop when you feel full. Keep walking as much as you can.

On Day 3 you should be able to go home. Your nurse will give you your medication, which you can take, but any tablets need to be crushed.

When you're at home, remember to take small bites: chew, chew, chew (25 times) and put the knife and fork or spoon down between bites.

At home:

Be active – the sooner you get back to normal daily activity, the lower the risk of complications. Try walking for at least half an hour a day, but don't do anything more vigorous, as it could cause problems. Remember, your surgery needs to be accompanied by a healthy diet and sensible exercise, with plenty of fluids between meals. When you feel full, stop eating – meals should take between half an hour and an hour.

What about medication?

When you leave hospital you will be prescribed some medications that are important for your recovery. These are:

Omeprazole

This reduces the acid in your stomach and must be taken for at least six weeks after your surgery.

Analgesia

This is pain relief medication – we'll give you instructions on when to take it.

Multivitamins

It is mandatory that these are taken daily for the rest of your life. They are a precaution against micronutrient deficiency.

Blood thinning medication

You'll need a daily blood thinning injection for one week after surgery.

You should keep taking any medicines previously prescribed by your GP or endocrinologist unless they are stopped by the team.



Please note: any pills bigger than 5 mm will have to be crushed for the first six weeks after surgery – you can buy a pill crusher to help you.



Things to watch out for when you go home

Your wound

Usually there are no issues after the operation, but if you are having problems make sure you contact us.

Dizziness

This isn't unusual and often happens because you're not drinking as much as you used to and your body needs to adjust. It's important not to panic – find somewhere to lie down for a while and it should pass. Remember to drink about 2.0 litres of fluid per day and if it's happening several times a day, call us.

Going to the toilet

It may be difficult to have a bowel motion after surgery. You may need a fibre supplement, and you'll still need to drink a lot of fluids (between 1.5 – 2.0 litres a day).

Vomiting

Occasional vomiting isn't unusual in the first few months. Remember, your stomach can now only hold about 100 mls. Vomiting may happen if you're not chewing enough, eating too quickly or eating the wrong food. Make sure you chew and eat slowly – taking up to 45 minutes per meal – and stop when you feel satisfied. If vomiting persists or you can't hold anything down for more than 8 hours, call us or see your GP. Vomiting too much can cause damage through swelling and blockage so it's important to check it out.

Nausea

Any surgery involving the stomach can cause nausea. It can happen just after surgery or after two weeks at home. Even if you feel unwell make sure you keep drinking water and try to have three small meals each day. Nausea wouldn't normally be accompanied by vomiting – regurgitating white frothy saliva isn't uncommon, but if you have persistent vomiting you should call us. We may ask you to take an x-ray dye study to check your stomach.

Anorexia (not feeling hungry)

You might find you lose your appetite completely – make sure you eat your three small meals each day and continue to drink plenty of fluids.



Step Three: Lifestyle changes after surgery

Your surgery helps you lose weight by reducing the hormones that make you feel hungry and the size of your stomach so you feel full after small meals. The surgery is only the tool to assist you. It needs to be backed up by changes to your lifestyle – what you eat and how active you are. Your lifestyle coach is professionally trained to motivate you and work with you to put together an exercise programme to suit your treatment and your lifestyle. With our help, your success is in your hands.

Your diet after surgery

Your dietitian will help you manage the changes to your diet after your operation and work with you to develop a life-long healthy eating pattern to maintain a steady weight. Their advice will be really important in helping you get where you want to be after surgery.

We divide your diet after surgery into 3 stages:

Stage One: After surgery (In hospital)

Day 1:
Ice cubes after
your surgery.

Day 2:
Clear fluids to full
fluids including
soup, yoghurt,
custard, milk, coffee.

Day 3:
Progressing slowly
to a puréed diet.

Stage One: After surgery	Day 1 until Week 4	Liquid diet moving to puréed food
Stage Two: Adapting to your new stomach	Week 4 to Week 8	Soft diet moving to full diet
Stage Three: Long term maintenance	Week 8 onwards	Healthy eating plan

Make sure you:

- drink enough fluids – 1.5 to 2.0 litres
- eat and drink slowly
- stop when you feel satisfied
- try to avoid overeating as you adapt to your new stomach
- take the multivitamin supplements prescribed.

Once you go home

When you go home you'll be on a smooth puréed diet so you'll need a food processor. You shouldn't feel hungry. Make sure you follow the advice of your surgeon and dietitian and stick to the guidelines that follow.



Each day make sure you drink enough fluids, take your multivitamins and eat small, frequent meals.




Plenty of fluids

Fluids help avoid dehydration and keep your bowels regular so make sure you drink at least 1.5 litres each day in small amounts throughout the day. Fluids include sugar free cordial, water, low fat milk. Avoid fizzy drinks and alcohol.

Protein

You need 60-80 grams of protein each day. Good protein includes lean meat, tofu, fish, chicken, eggs, legumes and low fat dairy products.

 You need to eat the protein first at each meal.

Sample purée diet plan

Breakfast	½–1 weetbix or ¼–½ cup of porridge with low fat milk
Lunch	½ Optifast or ½ cup pureed chicken/meat/fish & vegetable soup
Dinner	½ Optifast or ½ cup pureed chicken/meat/fish & vegetable soup
Morning tea/ Afternoon tea/Supper	100 ml low fat milk or low fat custard/yoghurt

Tips:

- Drink between meals, not when you're eating.
- You won't be able to eat your meals all at once, so eat slowly and stop when you feel full.
- For problems with constipation add a fibre supplement to your purée and make sure you drink plenty of fluids.

Stage Two: Adapting to your new stomach

By Week 4 you should be doing well with the puréed diet and able to manage some soft foods. You can still take supplements like Optifast.

Make sure you continue to drink plenty of fluids, eat small meals, chew slowly and eat the protein first. Your soft diet will continue for at least 2 to 4 weeks.

A summary of the food groups for your soft diet

Cereals	Fruit and veges	Dairy (3 serves a day)	Meat, fish, eggs, legumes (2 x 50 g serves a day)
Instant porridge, semolina or weetbix soaked in low fat milk Spaghetti, noodles, rice or couscous (well cooked)	Soft tinned or stewed fruit Soft cooked vegetables	Skim or low fat milk (no more than 250 ml a day including in tea/coffee) Low fat yoghurt (1 x 150 g tub a day) 1 slice low fat cheese	Eggs (scrambled or poached) Lean minced meat (lamb, pork, veal, chicken) added to casseroles Soft marinated fish or tinned tuna and salmon Well cooked beans and legumes added to casseroles and soups

Sample meal plan

Breakfast	1 weetbix or ½ cup of porridge with low fat milk OR mashed or scrambled eggs
Lunch	¼ cup rice with tuna or soft chicken OR steamed fish or lean mince and gravy with soft veges
Dinner	¼ cup rice with tuna or soft chicken OR steamed fish or lean mince and gravy with soft veges
Morning tea/ Afternoon tea/Supper	100 ml low fat milk or low fat custard/yoghurt

Things to AVOID:

- Fresh or soft bread
- Stringy fruit, fruit skins, raw vegetables
- Ice cream, milk shakes, flavoured milks
- Fatty or fried meats

Stage Three: Long term

Around Week 6 to Week 8 you should be able to try food that is a normal consistency. But you must remember to chew your food well and slowly, eat

your protein first and have small meals. Introduce new foods one at a time – if you have a problem, stop and try again a week later.

Examples of a good balance of healthy foods for your meal plan

Breads and cereals (2 to 3 serves a day)	Fruit (2 serves a day) Veges (3 to 4 serves a day)	Dairy (3 serves a day)	Meat, fish, chicken, eggs, legumes (2 x 50 g serves a day)	Fats, oils (2 teaspoons a day max)
Breakfast cereals with high fibre and low sugar	Fresh or tinned fruit (no sugar added)	Skim or low fat milk (250 ml/ day max)	Lean meat (lamb, pork, veal, beef)	Poly-unsaturated or mono-unsaturated margarines and cooking oil
Spaghetti, noodles, rice, couscous (well cooked)	Variety of veges (add salad veges slowly)	Low fat and diet yoghurt (1 x 200 g tub a day)	Fish	
Multigrain bread (try toast first)		Low fat cheese slices, cottage cheese (30 g a day max)	Chicken	
			Eggs (2 or 3 a week max)	
			Baked beans and legumes (chickpeas, lentils), tofu	

“The rate of nutrient deficiencies is less with the sleeve gastrectomy than with other procedures.”

Angela Phillips
BSc Post Grad
Dip Diet



Sample meal plan

Breakfast	1 weetbix or porridge with low fat milk and half a banana OR 1 x toast with baked beans or low fat cheese
Lunch	1 x toast or 2 x low fat crackers with tuna or cottage cheese and salad. Low fat yoghurt (150 g)
Dinner	Small serve fish, chicken or lean meat with steamed, boiled or lightly stirfried veges
Morning tea/ Afternoon tea/Supper	Fresh fruit

Vitamins and minerals

Because your diet is small you need to be careful of vitamin or mineral deficiencies, so it's vital to take your multivitamins – in the early stages this can be in a liquid form or crushed. We recommend Centrum multivitamin, but if you choose something else be sure to talk with our dietitian and ask if it has 400 µg folate, as this is important. It's also very important for you to have your follow-up blood tests and check-ups so we can be sure you're getting what you need.

Exercise after surgery

Approximately four months after your surgery you'll meet with your lifestyle coach to work out an exercise programme that suits your lifestyle and your health. We work out a programme with you that you'll enjoy because sticking to it is an important part of achieving your goals. It will help improve your overall health, keep up your weight loss and increase your metabolism.

We build up gradually starting with simple exercises like walking, swimming and aqua jogging. Then later you can try things like jogging, cycling and going to the gym.

In the beginning, you may be limited as to how much exercise you can do, but you should eventually aim for 60 minutes of moderate exercise a day – remember, the more energy you use, the more weight you'll lose.

Once your exercise programme is underway, you'll have four more sessions roughly 8 weeks apart to check how the programme is progressing. The lifestyle coach will also be in touch with you regularly to see how you're going.

Check your weight every week

This is the best way to monitor how you're going. If you aren't losing weight, or are putting it on, you'll need to make some changes to what you're eating and how much exercise you're doing.

Don't be afraid to ask for help – we're here to support your new healthy lifestyle.

Check-ups after your surgery – these are important

3 weeks	We'll talk about progress and make sure you're getting the right balance of nutrition, fluids and multivitamin supplements.
3 months	We'll carry out blood tests and meet again to check progress with your diet, nutrition and fluids, and multivitamin supplements.
6 months	We'll meet for a full review of your progress to date, including further blood tests to ensure you remain healthy.
1 year	At this point, you will be discharged from regular follow-up, as you would have settled in to your new lifestyle.
After 1 year	If you would like to see us again, a fee is charged for further follow-up.

Some tips for staying on track

Don't forget that your surgery is your starting point – getting your weight where you want it in the long term is all about the changes you make to your lifestyle. Your counsellor, dietitian and lifestyle coach are there to help you along the way, but in the end the changes you make are over to you. Here are some tips to help you along the way.



Tips for getting the best out of your new stomach

- Eat small and healthy meals and avoid food with lots of calories
- Stop eating when you feel satisfied
- Stick to your 3 meals a day
- Eat slowly – try chewing each mouthful 25 times
- Eat food in the best order for your stomach: protein, then fruit and veges, then grains
- Don't have anything to drink for 30 minutes before you eat and 30 minutes afterwards
- Be careful of the calories that come with liquids like soft drinks and milkshakes
- Introduce new foods one at a time – if you're having problems, leave it a week then give it another try
- Getting your protein is really important (60 to 80 grams a day) – the charts at the back on the sources of protein and the protein counter make this nice and simple
- You need around 2.0 litres a day of fluids to stop you getting dehydrated and it's also important for your bowels and kidneys
- After surgery alcohol will have a much stronger effect on you so be careful and don't drink and drive – it also has lots of calories but no nutrition
- Make sure you take your multivitamin and fibre supplements if needed (and remember to drink plenty of water with the fibre supplement)
- If you're struggling with your new lifestyle and eating patterns, talk to your counsellor

Exercise tips

- Exercise every day – it'll be difficult at the start but it will get easier and you'll start to enjoy it
- Stick to the programme your lifestyle coach has given you and make sure you keep seeing them regularly to check on progress and get their support
- Stop smoking

As well as planned exercise, make sure you increase the amount you move and walk during the day – every little bit helps.

Try these:

- Stand rather than sit
- Spend time outside rather than inside
- Walk rather than drive
- Park your car away from where you need to get to and walk
- Climb the stairs – even just one flight.

Sources of protein		
Food groups	Recommended serves for each day	Examples of serving size
<p>Meats and alternatives Sources of protein, iron, zinc and vitamin B12</p>	<p>Aim for 2 serves daily</p> <p>Low fat varieties</p> <p>Buy lean meat</p> <p>Avoid processed meat like ham and salami</p> <p>Trim all fat</p> <p>Don't deep fry</p>	<p>50 g of meat, chicken, fish</p> <p>½ cup of lean mince</p> <p>½ cup of cooked beans, lentils, chick peas, split peas or canned beans</p> <p>1 egg</p>
<p>Dairy products Source of protein, calcium and zinc</p>	<p>Aim for 3 serves daily</p> <p>Low fat/diet varieties</p>	<p>250 ml of low fat milk (1 cup)</p> <p>150 g of yoghurt (1 small carton)</p> <p>20 g low fat cheese (1 slice)</p> <p>250 ml low fat custard (1 cup)</p>

Protein counter

Food item	Portion	Protein (grams)
Legumes Baked beans, kidney beans, chick peas, lentils	½ cup	7
Eggs Egg	1	6
Meat/chicken/seafood Beef, lamb, pork, veal	50 g	8
Chicken, no skin	50 g	8
Fish	50 g	8
Prawns	5 pieces	7
Lobster, crab	30 g	5
Dairy Milk, skim	1 cup	8
Cheese, cottage	½ cup	14
Cheese, parmesan, grated	¼ cup	12
Cheese, ricotta	½ cup	14
Cheese, mozzarella	30 g	8
Yoghurt, low fat	150 mls	8
Soy items Soybean	½ cup	14
Tofu	½ cup	10
Textured soy protein	½ cup	11
Soy milk, low fat	1 cup	6-7
Soy nuts	½ cup	15

Please note 1 cup = 250 mls



You can find out more about Capital Obesity and our services by logging onto our website:
www.capitalobesitygroup.co.nz



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