

Bariatric Surgery

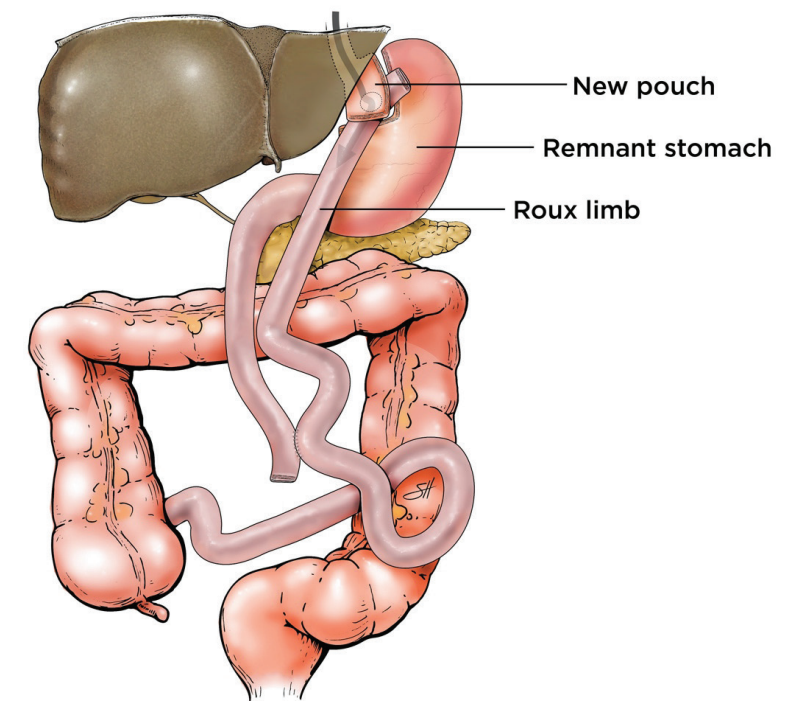
ROUX-EN-Y GASTRIC BYPASS

MICHAEL E. DeBAKEY
DEPARTMENT OF SURGERY

A body mass index (BMI) of 35 and higher is a result of excess body weight in relation to height. This BMI range indicates a health condition where someone is abnormally overweight. A Roux-en-Y gastric bypass is a weight-loss procedure that may be necessary for obese patients when routine diet and exercise unsuccessful. The loss of excess weight can help lower the risk of other serious weight-related health issues such as heart disease, Type II Diabetes, high blood pressure/cholesterol, obstructive sleep apnea and infertility. With the surgery bypassing a large part of the stomach, it will allow for hormonal adjustments that will dramatically reduce appetite.

OVERVIEW

This procedure is done through the laparoscopic approach, where a few small incisions are made and the surgeon uses long instruments to perform the surgery inside your abdomen with a camera. Your upper stomach is reduced during this procedure to a tiny pouch (roughly the size of a small egg). The surgeon does this by stapling off the upper stomach region. The Roux limb of the small intestine is then immediately connected to this pouch by the surgeon. It creates a "Y" shape. As a result, the remainder of your stomach and the top portion of your small intestine are skipped over by the food you eat. Because the size of the pouch is small, it limits how much food you can consume and reduces hunger. You will also absorb fewer calories and fat from your diet, as well as less vitamins and minerals.



All images are copyright
Baylor College of Medicine

bcm.edu/weightloss



Follow us on @/baylormedicine

STEPS

1. With the use of general anesthesia, you will be asleep during the surgery.
2. Your surgeon will place a port through a tiny (approximately ½ inch long) incision in your abdomen. To make space inside your abdomen for the surgery, the surgeon will inflate your abdomen.
3. A small and lighted video camera will be placed into the port. The space inside this area of the body will be displayed on a screen by the camera.
4. Your surgeon will insert more ports through one to three additional incisions and finish the process with long and skinny tools.
5. The top portion of your stomach will be cut into a tiny pouch by the surgeon using a surgical stapler.
6. The surgeon will cut your small intestine. The top end, which becomes the Roux limb, is then attached to the tiny stomach pouch. The other end of the Roux limb is then joined to another section of the small intestine.
7. Your surgeon will use stitches to close the wounds. The stitches are placed under the skin and will dissolve over time.
8. Your surgeon may perform an upper endoscopy or a dye study to check for leakage.

AFTER SURGERY

What to expect during recovery

During the first few days after the surgery, you will experience some discomfort and abdominal pain. You may need to take pain medicine during this time. You may also notice some bruising in the areas of the skin that are close to the wounds. Since the surgery makes your stomach smaller, you will get full more quickly when drinking and eating. You will not be hungry, yet you will have to push yourself to drinking plenty of fluids to avoid dehydration. These symptoms improve over time.

Discharge Instructions

You will receive a “help card” from your clinical team when you leave the hospital which will contain details about your care at home and when to call us.

Eating after surgery

Your doctor will tell you exactly what you should drink and eat after surgery. During the first month after surgery, your stomach can only handle small amounts of liquids at a time. To keep from getting thirsty, you should try to keep sipping water throughout the day. Right after your surgery, you might notice that you aren't going to the bathroom as often as usual.

Your care team will advise you how and when to start eating solid foods again. Make sure to chew your food well and stop just before you feel full. This can take some getting used to because you will feel full after eating much less food than you usually do. If you don't chew your food well or stop eating quickly enough, you might feel uncomfortable or sick, and you might even throw up. Do not drink and eat at the same time. Avoid drinking soda or fruit juice, as these have a lot of calories and will keep you from losing weight.

Your care team will help you plan healthy meals that give you enough protein, vitamins, and minerals while you are losing weight. You will always need to take vitamin and mineral supplements after the surgery, even if you maintain a balanced diet.

Medications

- Acetaminophen (Tylenol) is recommended to reduce temperature and discomfort
- Stronger painkillers will also be prescribed after surgery
- You may be given medicine to reduce stomach acid or treat heartburn
- You may be given anti-nausea medication to avoid vomiting
- You may be given blood thinners to avoid clots after surgery
- If you are taking water pills, your care team will advise you of necessary dose changes

Breathing exercises

Take deep breaths and cough 10 times every hour. This will keep you from getting pneumonia and help you clear your airway. You might need to support your abdomen by holding a pillow there. An incentive spirometer will be given to you to help you take deep breaths. Put the piece of plastic in your mouth and breathe in slowly and deeply. Hold the breath for as long as you can. Then cough and let the air out.

Walking

Take short walks several times a day. Walking helps keep blood from clotting. At your follow-up visit, ask your care team what the best exercise plan is for you. Typically you will be advised to start regular exercise four to six weeks after surgery, and you will be able to go back to school or work in two to three weeks

Caring for the surgical site

It is recommended that you keep the wounds as dry as possible. You can take a shower from the first day but do not take a bath or soak in a pool for two weeks. This is because if the wounds get wet, the chance of getting a wound infection goes up by a lot. Don't rub the wounds when you start to shower. Instead, pat them dry with a clean towel.



CALL YOUR DOCTOR OR SURGEON IF YOU EXPERIENCE:

- Abdominal pain
- Diarrhea
- Nausea and vomiting
- Palpitations
- Chest pain
- Fever (101 or higher)
- Constipation or poop that looks black or bloody
- Shortness of breath
- Dehydration
- Leg swelling
- Wound drainage or redness

For non-urgent concerns:

Send a MyChart message or call the bariatric surgery office to schedule a same-day appointment.

For concerns after office hours (8-5 Monday through Friday):

Call the on-call surgeon for advice. The answer service will connect you with the on-call surgeon.

FOR EMERGENCIES INCLUDING TROUBLE BREATHING, COUGHING UP BLOOD, OR SEVERE CHEST PAIN, CALL 911.