

Weight-Loss Surgery: A decision tool

Your healthcare provider feels that weight-loss surgery may be an option for you. Use this tool to help you decide if weight-loss surgery is the right choice.

What is weight-loss surgery?

Weight-loss surgery, also called metabolic or bariatric surgery, is a procedure that makes changes to your stomach and, in some cases, your small intestine. These changes restrict the amount of food you can eat or limit the number of calories your body absorbs.

What do I need to know about weight-loss surgery?

- **Weight-loss surgery is a treatment for obesity.** It can help you:
 - **Live a longer, healthier life.** Studies show that people who have obesity are more likely to die at a younger age than those who are at a healthy weight.
 - **Lose weight.** Studies show that people who have weight-loss surgery lose the most weight in the first 1 to 2 years after surgery and are able to keep at least half of that weight off 5 years after surgery.
 - **Improve or eliminate costly health problems.** In a study done in Utah, 3 out of 4 patients with type 2 diabetes who had gastric bypass surgery had remission (blood glucose and HbA1c are “normal” for at least 1 year) within 2 years. And, 6 out of 10 of those patients remained in remission 6 years after surgery.



Speak honestly with your doctors about your health problems, the possible risks, and the expected benefits of surgery. This will help you decide if the risk of surgery is more, or less, than living without the surgery.

These diabetes remission rates are not the same for all surgeries. And, the likelihood of having remission depends on how long you've had diabetes and if you use insulin to control it. Ask your doctor for more information. It has also been noted that if diabetes does return, it is often milder and more easily treated.

- **Weight-loss surgery is not a quick fix.** You will still need to make major changes in the way you eat and drink in order to keep the weight off for the long term.
- **Weight-loss surgery is not risk-free.** People who have obesity often have a harder time with surgical procedures than other patients. This is because they are likely to have more health problems. In a study by the Agency for Research and Quality, 2 out of 5 patients experienced a complication from the surgery. This is similar to other abdominal surgeries.

What can I expect after weight-loss surgery?

If you choose to have weight-loss surgery, you will need to set realistic goals. Know that you may not be able to meet them all.

Weight loss

After surgery, you will begin to lose weight quickly. Rapid weight loss can cause some side effects. You may feel tired and cold, have aches and pains or dry skin, or lose some of your hair. These problems are likely to go away as your body gets closer to a stable weight.

You will need to go to all follow-up appointments to check your weight loss and health.

Diet changes

Good nutrition is the key to improving your health, losing weight, and keeping it off. Your doctor will give you instructions on what you can and can't eat as well as how many meals and snacks you can have. Some common instructions are:

- **Eat and drink slowly** to avoid nausea, vomiting, dizziness, sweating, and diarrhea.
- **Choose foods and liquids low in fat and sugar.**
- **Sip small amounts of fluids throughout the day to stay hydrated.** You will need at least 6 to 8 cups (48 to 64 ounces) of liquid each day.
- **Take at least 30 minutes to eat your meals.** Take small bites of food and chew them well. This will keep larger pieces of food from blocking the new, smaller opening to your stomach.
- **Eat 3 to 6 small meals a day.** Each meal should consist of 2 to 4 ounces (4 to 8 tablespoons) in the beginning. This may increase to 1 cup per meal. Always follow your surgeon's recommendation.
- **Measure your food** so you don't overeat.
- **Don't skip any meals or snacks** because it will make it harder to meet your nutrient needs.
- **Don't drink anything with carbonation (bubbles), caffeine, sugar, or alcohol.**
- **Eat more non-meat sources of protein.** Eat a variety of protein sources with softer textures. Dairy products, fish, and beans may be easier to digest.
- **Try new foods one at a time.** After surgery, certain foods may cause nausea, pain, and vomiting or may block the opening of the stomach.
- **Take vitamin and mineral supplements every day.** They are essential in preventing nutrient deficiencies.

Emotional changes

Weight-loss surgery may also make you feel sad or depressed if your results don't meet your expectations. Many of your reasons for overeating don't just go away when you have surgery.

For example, you may:

- Have hoped that people would treat you differently after you lose weight.
- Still have the urge to eat lots of high-calorie foods.
- Miss sharing certain foods or eating out with friends and family.
- Still have worries and concerns about money, health, work, or family that make you feel nervous or sad.

Joining a support group online or at your surgery center can help. Other people who have had weight-loss surgery are likely to understand the changes you are facing.

Time off work

Plan to take 2 to 3 weeks off work to recover and adjust to your new way of living. It's important to drink plenty of water and get up to walk every 2 to 3 hours.

How is weight loss surgery done?

Most weight loss surgeries are done with a laparoscope. A laparoscope is a rigid, narrow tube that contains a light and a camera. This allows the surgeon to see into the abdomen (belly) without making a large incision (cut). The scope and other surgical instruments are inserted into the abdomen through several tiny incisions. Laparoscopic surgery is generally easier on the body, so recovery is faster.

Sometimes, a procedure must be done as an open surgery. During open surgery, the surgeon reaches the stomach and small intestine through a large incision in the abdomen. Generally, recovery from open surgery takes longer.

Which surgery is right for me?

There are several types of weight loss surgery. You and your surgeon will decide which surgery will work best based on your weight and health concerns. The most common weight loss surgeries are listed below.

- **Sleeve gastrectomy.** The surgeon uses staples to divide the stomach vertically, and then takes out more than 85% of the stomach. This creates a tube, or banana-shaped pouch, that limits the amount of food that can be eaten and taken in by the body.
- **Biliopancreatic diversion with duodenal switch.** The surgeon takes out part of the stomach, creating a gastric sleeve (as with sleeve gastrectomy). The sleeve is then attached to the lower part of the small intestine. The sleeve holds much less food because the surgery bypasses the top part of the small intestine.
- **Laparoscopic gastric bypass.** The surgeon makes the stomach smaller (about the size of a walnut) and then attaches it to the middle of the small intestine. This bypasses a section of the small intestine (duodenum and jejunum).
- **Laparoscopic adjustable gastric band.** The surgeon places an adjustable silicone band filled with saline around the upper part of stomach. Intermountain surgeons no longer perform this procedure. They recommend band removals or conversions from band to sleeve or band to bypass.

Making a decision

If weight loss surgery is something you think you want to do, follow these steps to make sure you get all the information you need:

- Go to a surgical weight loss class at one of Intermountain's weight loss surgery centers or at the bariatric surgeon's office. Here, you will learn more about the procedures, your pre-surgery tests, and how your body will change after surgery. For additional information, call one of our accredited bariatric surgery centers at the locations listed on the left.
- Make an appointment with a bariatric surgeon to talk about which procedure may work best for you. The decision will be based on your health condition and needs.
- Meet with a registered dietitian nutritionist (RDN) to learn about diet changes before and after surgery.
- Consider making an appointment with a psychologist, psychiatrist, social worker, or therapist to talk about why you want to have surgery now and the results you would like to see.

Think about why you want to have surgery and why you might not want to have surgery. Write your questions and concerns on the back of this sheet, and bring it with you to your appointments.

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