**WEIGHT LOSS SURGERY**

Weight loss surgery is now well recognised as the most effective treatment for patients with morbid obesity.

Consideration for weight loss surgery should be given to those patients who have a BMI of 40 or over or a BMI of 35 or over with associated weight related illness.

Illnesses frequently associated with being overweight or obese include type 2 diabetes, obstructive sleep apnoea, hypertension (high blood pressure), high cholesterol, and back and joint problems. Laparoscopic bariatric procedures include laparoscopic sleeve gastrectomy, laparoscopic Roux en Y gastric bypass and laparoscopic mini bypass.

All laparoscopic procedures are carried out through five keyhole incisions in the patient’s abdomen. Patients generally stay 2 nights in hospital and on discharge, are asked to adhere to a liquid diet for 2 weeks.

Prior to surgery, patients have at least one consultation with our dietician to discuss the best way to achieve optimum results from surgery. In addition, patients undergo blood tests to identify any vitamin or nutrient deficiencies with a view to treatment and prevention into the long term. It is important that patients continue long term dietician follow up.

**Laparoscopic sleeve gastrectomy**

The aim of a LSG is to decrease the stomach (gastric volume) so that patients feel full and satisfied after only eating a very small meal. Patients may also report a decrease in appetite due to changes in the level of hunger hormones. LSG is irreversible. The normal flow of food through the gastrointestinal system is maintained with an LSG.

**Roux-en Y gastric bypass**

Roux-en Y gastric bypass combines the restrictive features of a laparoscopic sleeve gastrectomy with an additional metabolic effect of bypassing the small intestine. The stomach is divided in two and food passes through the small stomach into the intestine bypassing a good deal of intestine resulting in a powerful metabolic effect. Laparoscopic Roux-en Y gastric bypass is the most well established of all bypass procedures having been performed for over 50 years. LRYGB is likely to be more effective against diabetes than a sleeve gastrectomy and may be a more appropriate choice then a sleeve gastrectomy in a patient who suffers from gastroesophageal reflux disease. The video below outlines the steps of a laparoscopic Roux-en Y gastric bypass.

**Laparoscopic mini bypass**

Laparoscopic mini bypass is similar to a laparoscopic Roux-en Y gastric bypass with the important difference that there is only one anastomosis (join). This operation may result in fewer short and long term complications then a Roux-en Y g astric bypass.

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