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SUMMARY INFORMATION ON SLEEVE GASTRECTOMY SURGERY

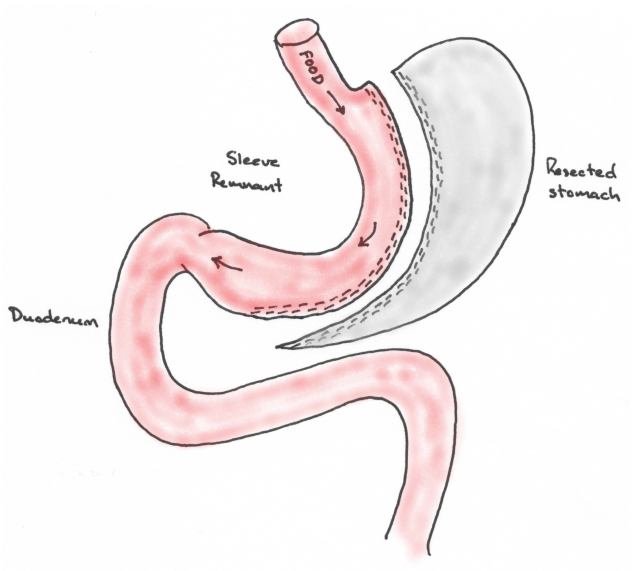
Initial Assessment for Surgery

- An initial comprehensive appointment with Dr Wong will take approximately 30-45 minutes for Dr Wong to get to you know, assess your medical and obesity history and suitability for surgery. A tailored recommendation will be made for you, if a surgical procedure is indicated.
- Prior to seeing Dr Wong, you will be required to complete a written form to outline your medical history, any medications you take on a regular basis, allergies and any previous abdominal surgery you have had.
- If you decide to proceed with surgery, you will see a dietician and psychologist to formulate plan to help you to succeed long term.

Who is the Sleeve Gastrectomy suitable for?

- The Sleeve Gastrectomy as the best "all-rounder" procedure because it is safe, reliable, low complication rate, has good weight-loss nearly comparable to a Roux-en-Y Gastric Bypass, but performs far better and reliably than less effective, less invasive procedures such as the intra-gastric balloon, endoscopic sleeve gastroplasty (ESG) and lap band.
- The sleeve gastrectomy is suitable for most patients with morbid obesity.
- Patients experiencing significant acid reflux, or BMI over 50 may benefit more from a gastric bypass procedure and this will be discussed at consultation.
- It is not recommended for patients with Barrett's metaplasia in the oesophagus, because this may worsen with the sleeve gastrectomy and will require ongoing surveillance.
- Weight-regain can occur in patients who overeat frequently which can lead to stretching of the sleeve and subsequent increased caloric intake. Maladaptive eating patterns or increased alcohol intake can also develop and also contribute to weight regain.

How is the Sleeve Gastrectomy performed?



- Prior to surgery, most patients will be required to complete 2 to 3 weeks of a Very-Low-Calorie-Diet (Optifast).
- The surgery is performed using key hole surgery and there will usually be 5 small incisions.
- A gastroscopy is routinely performed before surgery, to check for Barrett's metaplasia or oesophagitis in the oesophagus, a finding that might mean Roux-en-Y Gastric Bypass would be more suitable instead.
- Surgery is performed under a general anaesthetic and takes around 45 – 60 minutes.
- The majority of the stomach will be removed using a surgical stapling device, calibrated around a narrow tube 1.2cm wide as shown in the diagram.
- Sutures are placed to anchor the oesophagus to the diaphragm hiatus. Nearly 50% will have some degree of hiatal hernia and this will be repaired at the time of surgery. This can sometimes cause temporary discomfort in the shoulder or behind the breast bone with swallowing or breathing.
- Sutures are placed to anchor the sleeve to the greater omentum fat, to prevent twisting and reinforce the staple line.
- The wounds will have skin glue as dressings over the wounds.

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What to Expect After Surgery

- A local anaesthetic nerve block to the abdominal wall at surgery usually means that most patients have well controlled wound pain.
- Pain around the wounds and shoulder tip are to be expected following surgery.
- Swallowing fluids and eventually food may feel different after surgery.
- Most patients will feel better than expected and will be able to be discharged in the afternoon of the first day after surgery.
- You will be able to have ice chips and sip water the day after surgery, and you will be expected to get up and mobilise after you are awake.
- The morning after surgery you will be expected to get up, mobilise, have a shower and will do some exercises with the physiotherapist. You will test out drinking water more freely and if drinking water goes well, you will move onto free fluids.
- When you go home, you will be on a liquid diet (anything you can pour that isn't fizzy or alcoholic) for two weeks.

Potential Complications

Serious Complications during or following surgery are RARE, and the final outcome from surgery can be variable.

I have performed a "triple reinforced sleeve gastrectomy" (staple line reinforcement, hiatal reinforcement and oversewing the staple line, fibrin glue sealant) since I started private practice bariatric surgery in 2017 and maintain an extremely low complication rate, of leak 0%, major bleeding <1%, reflux 4%. Other surgeons locally, including some of the most experienced surgeons have described a leak rate of up to 5%.

Possible complications that occur include:

- Bleeding
- Staple line leak – which can result in serious illness requiring further interventions
- Gastroesophageal Reflux
- Weight Regain over time
- Sleeve dilatation

The amount of weight-loss that can be achieved can vary between people.
It is false to set a "goal-weight" for weight-loss because there is nothing that can predict the exact amount of weight that will be lost. By making up a fictitious "goal-weight" and entering this into an app as that is the weight you hope to become after surgery, can lead to disappointment and fuel poor self-image and feelings of failure, which for some people can manifest in recurrence of emotional or maladaptive eating patterns.