Bariatric Surgery:
Understanding your patients' options

Mr Jon Armstrong

Consultant Bariatric, Endocrine and General Surgeon

Mr Armstrong works in an integrated multidisciplinary practice. For his bariatric practice he works with a team of three dietitians, two clinical psychologists and an exercise physiologist.

Performing bariatric surgery since 2005, Mr Armstrong has operated on over 3000 patients. He is the founder and director of Advance Surgical, a practice that provides the full range of bariatric procedures including sleeve gastrectomy and gastric bypass.

Mr Armstrong is available to assist doctors and other health professionals with medical education on a range of bariatric, endocrine and general surgery topics.

For Enquiries & Appointments

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Who should have bariatric surgery?

We try to make things as clear as possible for our patients and referring doctors.

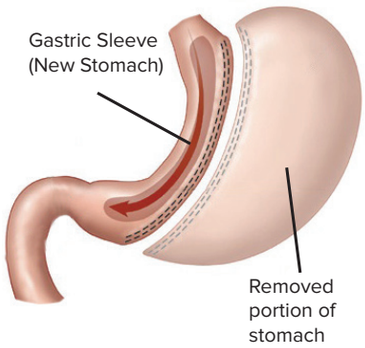
Most patients above a certain weight, or BMI over 35, will unfortunately fail at diet and exercise long term. With BMI 35 and above overall mortality from all known causes doubles and bariatric surgery can be considered.

Occasionally we operate on patients with a sub BMI 35, especially if they have a significant weight related co-morbidity such as Type 2 diabetes, bad sleep apnoea or crippling joint problems.

Which procedure is the best for my patient?

There has been so much change in bariatric or metabolic surgery recently and opinion is still divided.

Sleeve gastrectomy is now the most common procedure worldwide and is usually not too complicated to perform. It involves removing ¾ of the stomach, and is therefore not reversible. Patients lose weight through a combination of reduced portion size and reduction in appetite. Most will lose about 70-80% of their excess weight and reduce their co-morbidities quickly.



Advantages

- Very predictable weight loss
- Usually good quality eating
- Major nutritional deficiencies unlikely

Disadvantages

- Not reversible
- A leak in a sleeve can take months to fix with drains, stents and endoscopic procedures
- Late weight regain can occur
- Some patients will develop new reflux

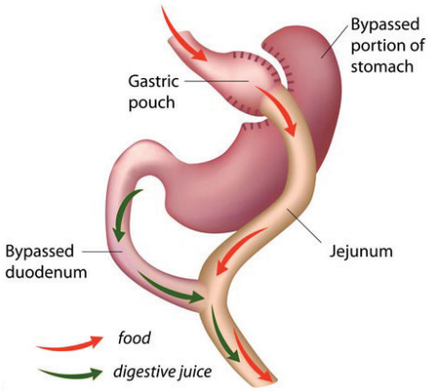
The risks of sleeve gastrectomy are:

- leak (0.3% in our series at Advance Surgical)
- weight regain after 5 years, reflux which can occur de novo
- occasionally B12 or iron deficiency.

Gastric bypass procedures may be preferable in certain situations. There are now three different bypass procedures being performed.

The choice of the procedures is tailored to the patient and their particular co-morbidities. Patients with reflux tend to do better with a Roux-en-Y procedure. Superobese patients may lose more weight with a One Anastomosis Gastric Bypass (OAGB). We will guide the patient through the options.

All these bypass procedures work by excluding a portion of proximal small bowel from absorbing food. Patients lose weight with a combination of restriction from a smaller stomach and a malabsorptive component. The weight loss is generally very good, perhaps more than would be achieved by a sleeve in some situations. Resolution of co-morbidities is very solid. Early complications include leak (1%), bleeding, stricturing at the anastomoses, and dumping syndrome. The downside of the better weight loss is that more long term nutritional support is required and patients require lifelong follow up. Patients are at increased risk of B12, iron and other micronutrient deficiencies.



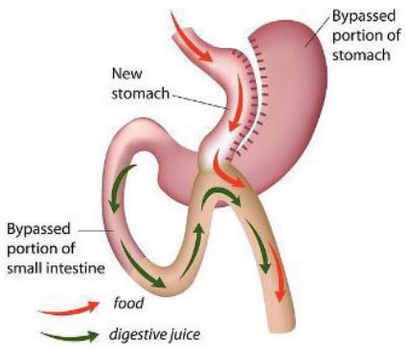
Roux-en-Y bypass

Advantages

- Tends to reduce reflux as bile cannot reach the stomach in this arrangement
- Excellent resolution of Type 2 diabetes
- Long term 20 year data on Roux bypass

Disadvantages

- More nutritional support required life long
- Can have late complications with blockage of the bile limb
- Dumping can occur



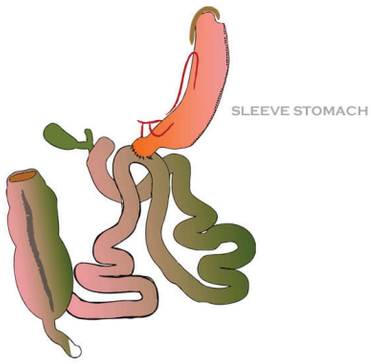
One Anastomosis Gastric bypass

Advantages

- Only one join. Not too technically complicated.
- Good for weight regain after a sleeve if required
- Weight loss probably better than a sleeve due to the extra malabsorption component of excluding 150 cm of small bowel

Disadvantages

- May produce more bile reflux
- Only performed for 10 years
- Rare malabsorption
- Long term nutritional support required



SIPS Procedure

Advantages

- Probably less bile reflux as pylorus intact
- Excellent weight loss, more than sleeve

Disadvantages

- New procedure. No long term data
- Technically complicated
- Leak could occur near pancreas with poor outcomes
- Malabsorption syndromes could occur longterm
- Lifelong nutritional support

What advice can GPs give their patients?

If you have patients considering bariatric surgery they need to have exhausted diet and exercise options. Most have!

- The evidence is that 98% of patients with a BMI of 35+ will not significantly reduce their weight with diet and exercise at 5 years. Surgery is then an option.
- Active smoking is a contra-indication due to the increased risks
- We see patients from 18-70 years
- Private health insurance is preferable. Some patients are using superannuation to cover out of pocket expenses. We do assist uninsured patients, but if they were to have a complication in a private hospital it could be very expensive and we inform them of this. We often will encourage patients to join a private health fund if they can, and come back in 12 months when they will be covered in a private hospital.

How should these procedures be followed up?

At Advance Surgical we continue to follow up patients for several years.

- We will perform blood tests and dietitian follow-up for our sleeve gastrectomy patients for at least 18 months. If they are low in B12 or iron we will keep seeing them once a year in an effort to normalise any abnormalities.
- Gastric bypass patients will be seen every year for as long as possible.
- All patients are encouraged to take once a day multivitamins and Vitamin D lifelong.
- If a patient attends a GP for follow up, we would suggest ordering FBC, U&E, Iron, B12, Folate and Vit D as a baseline.
  Any reflux should be investigated with an endoscopy and a barium swallow. We can assist general practices with facilitating this.

At Advance Surgical we also encourage exercise, particularly resistance training in the periods of rapid weight loss.
We have a DEXA scanner to assess body composition and employ an exercise physiologist to assist patients.