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## Understanding obesity

Once obesity reaches a certain level it starts to cause deterioration in your health and it is termed morbid obesity. The known health effects of morbid obesity include dozens of conditions, but many can be improved when you lose weight.

However, many people who are morbidly obese tell us that even more than the health benefits of weight loss, they yearn for a better quality of life through being able to be more active, have more self confidence and do things people of normal weight do such as sit comfortably in airline seats and buy nice clothes.

Most people turn to diet, exercise and medication to treat their obesity. The usual advice is to eat less, choose healthy foods and exercise more. However, many people who do succeed in losing some weight by these methods quickly regain it when they stop the regime. Diet pills can also be effective in the short term. However, for many people, a cycle of losing weight and then putting it back on again is set and this is called the 'yo-yo effect'. Unfortunately medical studies confirm that people rarely lose sufficient

### Conditions that may improve when you lose weight

- Type 2 diabetes
- High cholesterol
- High blood pressure
- Angina
- Asthma
- Sleep problems including snoring and sleep apnoea
- Painful joints
- Acid reflux
- Depression

weight long-term by these methods and morbidly obese people face an even greater challenge when it comes to sustaining their weight loss and improving their health. These are the people who may want to consider surgery.

## Southwest Bariatric Surgery Group

Southwest Bariatric Surgery Group specialises in obesity surgery and is dedicated to your treatment and health improvement.

Our multidisciplinary team includes Nurses, Dieticians, Psychologists, Physicians, Consultant Surgeons and Anaesthetists who specialise in weight loss surgery and who are dedicated to providing you with the best possible care before, during and after surgery.

Our aim is to support you throughout your weight loss journey from when you start to explore your options, through your surgery and, long after your surgery has taken place.



## Want more information?

By requesting this brochure, you have taken the first step towards achieving your weight loss goal and, whilst this will provide you with some of the answers that you require, there can be no substitute for speaking with someone personally and confidentially to discuss your individual needs. You can make an appointment to see one of our team completely free of charge and without any obligation by contacting us on **0845 6031 643**

**Alternatively, take a look at our website – [www.swbariatric.org](http://www.swbariatric.org)** There you will find information, a referral form, our BMI calculator and links to other interesting web sites.

**British Obesity Surgery Patient Association – [www.bospa.org](http://www.bospa.org)** This is a patient organisation dedicated to providing information to people considering obesity surgery and supporting those who have had it. Their website contains a wealth of information on all aspects of surgery. They also run support groups throughout the Southwest.

**NHS Guidance on Obesity December 2006 –** the full government guidance on obesity surgery and other treatments can be viewed on the internet at – <http://guidance.nice.org.uk/CG43>



## Obesity surgery: is it for you?

Surgery is a proven successful treatment for morbid obesity and is available to those who have failed to lose weight with other treatments such as diet and drug therapy.

Obesity is a disease recognised by the World Health Organisation. It has a number of component causes including genetic factors (e.g. having family members who are obese) and environmental factors (e.g. aspects of modern life including fast foods, less active jobs etc). The severity of obesity is usually determined by a measurement of your Body Mass Index (BMI).

### Calculating your BMI

To calculate your BMI, you can use the calculator on our website: [www.swbariatric.org](http://www.swbariatric.org) (which calculates imperial as well as metric measurements) or you can work it out yourself using these steps:

- Firstly you need to know your weight in kilograms and your height in metres
- Divide your weight by your height once
- Divide the result by your height again

	BMI – kg/m <sup>2</sup>
Healthy weight	18 – 25
Overweight	25 – 30
Obese	30 – 35
Severely obese	35 – 40
Morbidly obese	40 and over

Use this space to record your current and ideal weights.

My height in metres	
My weight in kilograms	
My BMI	
My ideal weight (BMI 25)	
My current excess weight	

### Surgery – a recommended treatment

Obesity surgery (known medically as bariatric surgery) has been performed for many years, but it is only in the last 10 years or so that it has advanced to become a mainstream treatment option, mainly through the development of operations that have much less unpleasant side effects for the patient, and the introduction of keyhole (laparoscopic) surgery.

The British government reviews medical treatments and makes recommendations on who is best suited to them – the body responsible for this is called The National Centre for Clinical Excellence (NICE). In 2006, NICE issued guidance that recommended surgery as a suitable treatment for a person who has tried other methods of weight loss treatment unsuccessfully and who:

- Has a BMI over 40kg/m<sup>2</sup> or a BMI over 35kg/m<sup>2</sup> and the presence of medical conditions that would be improved by weight loss
- Does not have any medical or psychological factors that would mean they would not get the benefit from surgery (e.g. endocrine disorders, alcoholism)
- Is fit for surgery and anaesthesia
- Understands the need for long-term follow up

Surgery is recommended as the first line treatment for people with a BMI over 50kg/m<sup>2</sup>

Southwest Bariatric Surgery Group adheres to these guidelines. We also want to ensure that our patients understand the treatment plan and goals and are willing to make the lifestyle changes needed to achieve successful outcomes from surgery.

### Setting a target for treatment

The likelihood of you developing a life-threatening illness or dying at an early age, is much reduced if you have a BMI of 30kg/m<sup>2</sup> or less.

This therefore, becomes a target for your treatment and will be one of the factors that goes towards deciding which operation is right for you. The target we agree together is individual to you and relates to your own body composition and other factors such as your medical history, lifestyle etc. Two people may start off at the same weight, but the impact that their weight loss will have on their health etc, may lead to them having quite different targets for the amount of weight they want lose on our programme. To get an idea of your treatment target, return to the BMI calculator on our website ([www.swbariatric.org](http://www.swbariatric.org)) to see what your weight would be at BMI 30 kg/m<sup>2</sup> and what percentage of your excess weight you have to lose to reach that target.



It is tempting to look at the results from the different operations and opt for the one that brings about the greatest weight loss. The decision is not as simple as that and for that reason, all our clients undergo a comprehensive surgical assessment and are involved fully in discussions about which operation and treatment plan is best suited to them.

Keep in mind also that a positive attitude, self-discipline and forward planning are keys to the success of surgery which can only help you achieve your long term weight loss target if you are ready to make the commitment to lose weight and keep it off.

Use this space to record your goals.

<p><b>Weight loss goal</b> (examples: "I will get back to the weight I was when I got married" or "I will buy size 14 clothes")</p>	
<p><b>Health improvement goal(s)</b> (examples: "I will reduce my blood pressure" or "I will be able to go upstairs without puffing")</p>	
<p><b>Fitness goal(s)</b> (examples: "I will start gardening" or "I will go cycling with my children")</p>	
<p><b>Lifestyle goal(s)</b> (examples: "I will take a beach holiday" or "I will retrain for a new career")</p>	
<p><b>I have decided now is the right time to tackle my obesity because ....</b></p>	

## Surgery Options

### How surgery works

The body lays down fat stores if the calories in the food you eat exceed the energy you burn up. There are a number of complex processes which the medical profession are only just starting to understand that seem to contribute to increasing obesity – the appetite mechanisms go wrong and you continue to eat even though you do not need the calories. And of course, once your body is carrying the extra weight, it becomes harder to be physically active which would help to regulate your weight.

Obesity surgery works by helping to reduce your intake of calories. There are two ways this can be achieved surgically:

**Restriction** – by reducing the size of the stomach or the available space for food, only small meals can be eaten and the appetite is satisfied by less food.

**Malabsorption** – by bypassing part of the small intestine, less calories from food are absorbed by the body

The main obesity surgery operations are:

- Intra-gastric balloon – the balloon occupies a lot of the internal space in your stomach and restricts your food intake
- Gastric band – this works by restriction creating a smaller stomach pouch
- Gastric bypass – this works by combining restriction and malabsorption.

There are different benefits and risks associated with each of these operations which are discussed more fully in the following pages. However, the choice of which operation would be best for you is ultimately made by you. Although the type of operation is an important factor in how much weight you will lose, a big part of the treatment is your willingness to change your eating and lifestyle habits to ensure you have the most successful outcome.



Tanya, a midwife, has lost 10 stone with her gastric band.

*"Being a health worker, I know how important follow up care is and I value the Southwest Bariatric Surgery Group's commitment to lifetime aftercare."*

## Intragastric Balloon

The intragastric balloon is a soft, silicone balloon that is inserted into the stomach and filled with sterile saline and stays in place for approximately 6 months. With the balloon you will have a feeling of satiety, or lack of hunger. With the help of the balloon you can adopt the lifestyle changes needed to lose weight and keep it off for the long term. To be eligible to have an intragastric balloon inserted you must be at least 18 years old, be at least 10kg over your ideal weight (BMI 30-35 range) and ready to comply with a long term weight management programme.

Your treatment programme will begin with consultations with our bariatric surgeon and dietitian to discuss the treatment in detail.

### Balloon insertion

The insertion of the balloon is undertaken as a day-case. The procedure itself takes 20-30 minutes under sedation (rather than a full general anaesthetic), after which you will be monitored for a short while before being discharged home the same day. Most people feel able to return to work after 24 hours at home.

### Follow up programme

For the first week you will follow a liquid diet with instructions to drink plenty of fluids. Then you will start eating solid foods again with advice from our specialist bariatric dietitian.

During the six months that your balloon is in place, you will be monitored regularly in our weight management clinic and receive education and training on the nutrition and lifestyle changes you must make to ensure your weight loss becomes a long term success.

### Weight loss expectations

Published studies show that in the six months that their balloon is in place, patients lose on average 15-21kgs (2½ - 4 stones). However, the amount of weight loss and the maintenance of that loss will depend on how well you adopt long term lifestyle changes in your eating and exercise.

*You should not consider an intragastric balloon if you:*

- Suffer from an inflammatory disease or if you have had previous surgery on your gastrointestinal tract
- Are unwilling to participate in a supervised diet and behaviour modification programme.
- Are pregnant or breast-feeding.

Like other weight loss surgeries, the balloon is a tool and works best when you use it properly, following a low calorie diet and maintaining close contact with our weight management team.

### Risks and side effects

Most people experience some nausea in the first week after their balloon is inserted and we prescribe medication to treat this. The greatest risk associated with the intragastric balloon is that of intestinal obstruction should the balloon spontaneously rupture. For this reason we add dye to the saline in the balloon which would change the colour of your urine should a leak occur. In this circumstance, the balloon would be removed immediately.

The balloon is removed by a similar procedure to that when you had it inserted. Some people choose to have a new balloon fitted at the same time as the first one is removed.

As with all medical procedures, there are also potential risks of unforeseen, unknown or adverse reactions to medications or the procedure itself. Our bariatric surgeon and anaesthetist will discuss these with you and answer any questions you may have.

There is no absolute guarantee that you will achieve your desired weight loss with a balloon. Failing to do so can be due to a variety of reasons including poor eating behaviours or problems arising from your surgery.

### Fact summary for intragastric balloon

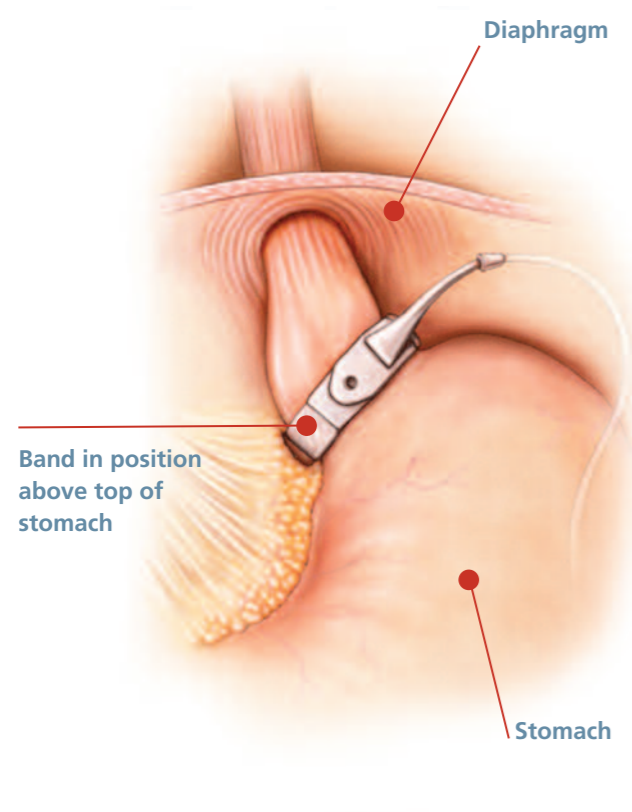
- May be suitable if you have a BMI of 30-35
- No general anaesthetic or overnight stay in hospital required
- The balloon is removed after approximately 6 months
- Nausea and vomiting are common in the first week after placement
- Intestinal obstruction is a rare complication of spontaneous balloon rupture

## Gastric Band

Gastric band (also called Swedish Band, LapBand etc) insertion has gained great popularity worldwide in the past 10 years. In this procedure your stomach is not cut, stapled or re-routed in any way and although the band is intended to be permanent, it is potentially reversible.

### The band insertion operation

The band is placed laparoscopically under general anaesthetic and the surgery usually takes 45 – 60 minutes.



The surgeon makes a few small incisions in the mid and upper abdomen for 'ports' through which he inserts long, thin operating instruments and a tiny camera which enables him to view the surgery on a television screen. A small tunnel is made behind the stomach to allow the band to be wrapped around it like a belt and it is then locked shut – just like the safety catch on a bracelet or wristwatch. For additional security, the outer layer of stomach tissue is stitched in place over the band to help prevent it from slipping up or down. Most people return to work within 2 weeks.

After placement, the band sits snugly around the top part of your stomach, creating an hourglass shape with a small pouch above, limiting the amount of food you can eat at any one time. Because food trickles slowly through the area of restriction created by the band (called the stoma), a feeling of fullness (satiety) is maintained after eating. Food slowly passes through to the main part of the stomach and then into your intestines as normal.

### Band adjustments

The band is a silicone elastomer ring and its main benefit is its adjustability which is possible because it has a balloon (like an inner tube) on the inside surface connected by a length of tubing to a filling reservoir (or port) fixed under the skin at the base of your breast bone or on one side in your upper abdomen. And don't worry, the band will not alarm the metal detectors in an airport!

The band can be adjusted to enhance the degree of firmness with which it fits around the stomach and therefore adjusting both the size of the stomach pouch and the stoma. Conversely by removing fluid, the band is made looser.

For the first few weeks after surgery, you must eat a pureed/liquid diet. This is to ensure that healing is complete and the band settles firmly into place, and that the pouch above your band does not become dilated. You then progress to a soft ('toddler') diet before eating solid food again.

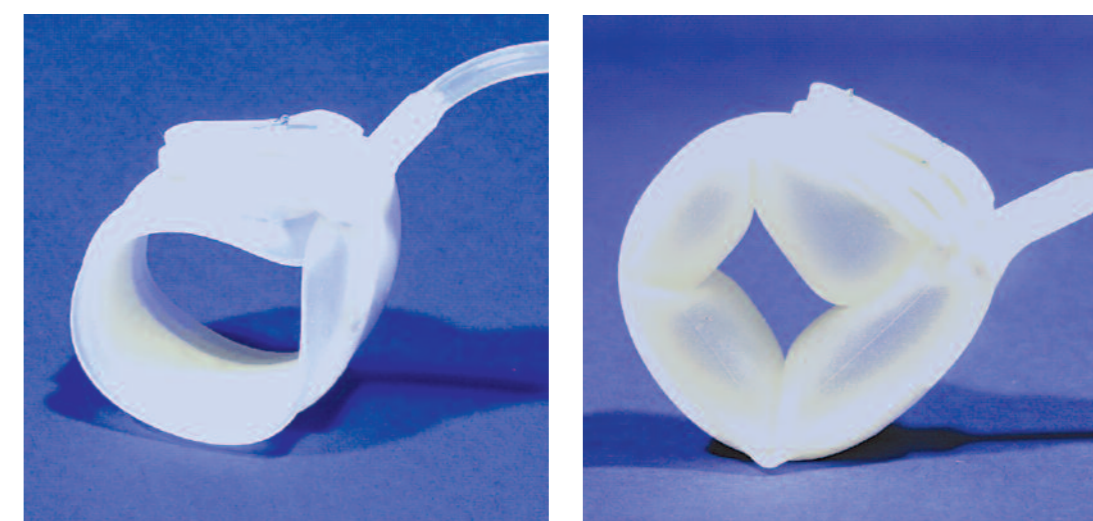
Approximately six weeks after surgery the first 'fill' of the band is done. This is performed by injecting fluid through the access port and is not a painful procedure. This is repeated at regular intervals until you reach your individual 'sweet spot' where your band restriction is sufficient to still enable you to eat enough food to not feel hungry, but reducing your calorie intake to ensure you are losing weight at a steady, gentle pace (½ - 1 kilogram per week is ideal).

By this stage your meals will comprise approximately a starter-sized portion and you should not feel hungry between them. The most important thing to remember is that the band is a tool that restricts your

ability to eat large quantities of food, but to help you reach your weight loss goal, you also need to work at it – make sure your diet is a healthy one, follow a few simple eating rules (such as not drinking at meal times, chewing thoroughly, eating small mouthfuls etc) and increasing your exercise. In your treatment programme you will be helped to achieve the best from your surgery by our multidisciplinary team.

Apart from creating the small stomach pouch, your digestive system is unaltered by the band. Your digestion of food is the same and therefore major nutritional deficiencies will not arise. Although the band can be removed, that is never the intention as part of your treatment plan - it will be a lifelong tool to help keep your obesity under control. If your band is removed, it is likely that your stomach will revert to its original size and you will probably eat more and regain the weight you have lost.

*Inflation of the band creates a small stomach pouch and a narrow stoma through which food passes slowly into the rest of your stomach*



## Risks and side effects

Laparoscopic gastric band insertion is a very safe procedure. But all operations carry an element of risk, especially when you are morbidly obese. The quoted risk of dying from a gastric band is less than 1:1000 patients and is most often caused by a blood clot in your lungs (a pulmonary embolism). To help prevent this, we give you medication to help thin your blood and we get you out of bed as soon as possible after your operation. You will also be required to stop taking any oestrogen therapies for a period prior to surgery, and to stop smoking as far in advance of your surgery as possible.

There is always the possibility of the surgeon encountering a technical difficulty at the time of operation. If your anatomy has been complicated by previous surgery and scarring, or if your liver is very large or fragile, it may not be possible to complete the operation by laparoscopic surgery and conversion to an open operation may be necessary. This does not have any effect on the band, but will delay your recovery time.

Once your band is filled to the 'sweet spot', your restricted stomach will hold just a small quantity of food. If you eat too much, you will develop pains in the top of your stomach or chest and will most likely regurgitate the excess.

In the longer term, medical journals report a 10%-20% chance of you needing further surgery if your band slips, a leak develops in the band or tubing, an infection occurs or if the band erodes into or through

the wall of your stomach. These side effects are less likely to occur when you are treated by an experienced surgeon and managed closely by a multidisciplinary team. Any problems that do arise can usually be remedied.

Despite all the best management, a small number of people will fail to adjust to the new eating habits and don't lose weight with a gastric band. In these circumstances removal of your band and revision surgery (e.g. gastric bypass) may be considered.

## Weight loss expectations

Around the world, the outcomes of gastric band surgery have been fairly consistent, with surgeons reporting that patients lose on average 50-65% of their excess weight, usually in the first 2 years following surgery. Most patients have still maintained this weight loss when followed-up 5-6 years after surgery.

As mentioned earlier, the band is a tool to help you lose weight by reducing your calorie intake. Even after surgery, you could keep your calorie intake too high by eating chocolate or sweets, or drinking high calorie drinks. But what would be the point of that? The eating plan after surgery is based on a healthy well-balanced diet and there are only a few foods that we recommend you avoid because they are particularly fibrous or may cause a blockage in your stoma.

## Fact summary for gastric band

- The average excess weight loss is 50-65%
- Insertion is by laparoscopic surgery with one night stay in hospital
- 10-20% risk of long term problems arising with the band
- Better suited to people who eat healthily but need help with portion control
- Requires regular follow-up for band adjustments and can be removed if necessary
- Will not cause nutritional deficiencies



Janet lost 15 stone following gastric band surgery.

*"In September 2003 my life was totally changed by having gastric band surgery. I have gone from 26 stone and wearing size 32 clothes to 11 stone and wearing size 12. I am happier and more confident than I have ever felt, have heaps of energy and my health has improved dramatically".*



Graham has lost over 10 stone with his gastric band

*"I have more confidence, happiness and energy. I have always loved stand up comedy but being able to make a move into it professionally, has been the fulfillment of a dream".*



# Gastric Bypass

There are several variations of gastric bypass surgery, the most common being the Roux-en-Y bypass, named after the French surgeon who developed the operative technique. A gastric bypass is major surgery with permanent changes made to your digestive tract. Therefore the risks and benefits need to be weighed up carefully before a decision is made to proceed.

## The gastric bypass operation

A gastric bypass combines the effects of restriction and malabsorption. A small stomach pouch is created by sectioning off the top portion of your stomach with a triple staple line. A new opening is then made from this pouch. The malabsorption effect is achieved by bypassing the first segment of your small intestine. The rest of your small intestine is then joined to the new opening from your stomach pouch. The rest of your stomach, which is now redundant, remains quite happily inside your tummy and the enzymes and digestive juices produced in the upper part of your digestive tract enter your small intestine slightly lower down.

The surgery takes 1-2 hours but is usually done laparoscopically. Expect to spend 2-3 nights in hospital and be off work for 6 weeks.

## Weight loss expectations

As you would expect, because you are combining the effects of reducing the amount of food you can take in and absorbing fewer calories from the food you do eat, weight can be lost quite quickly. Global data reports that bypass patients lose on average 65-70% of their excess weight, most of which occurs in the first 6 months after surgery.

Because of the rapid weight loss, people who have obesity-related health problems such as diabetes, high cholesterol or high blood pressure, often see a rapid improvement or resolution of them. In fact, most patients are able to significantly reduce or even stop their medications for many of these illnesses after surgery.

## Risks and side effects

The risk of dying during or as a result of this operation is quoted from global statistics at 1 in 200 patients. The main cause of death is the development of a blood clot in your lungs (a pulmonary embolism) and so, as with all obesity surgery patients, we give you drugs before and after surgery to thin your blood and we get you out of bed soon after your operation. There are a lot of internal stitches and staples in your stomach and intestines and one of these seams could leak, requiring on some occasions a return to theatre in the first few days for a second operation to repair it.

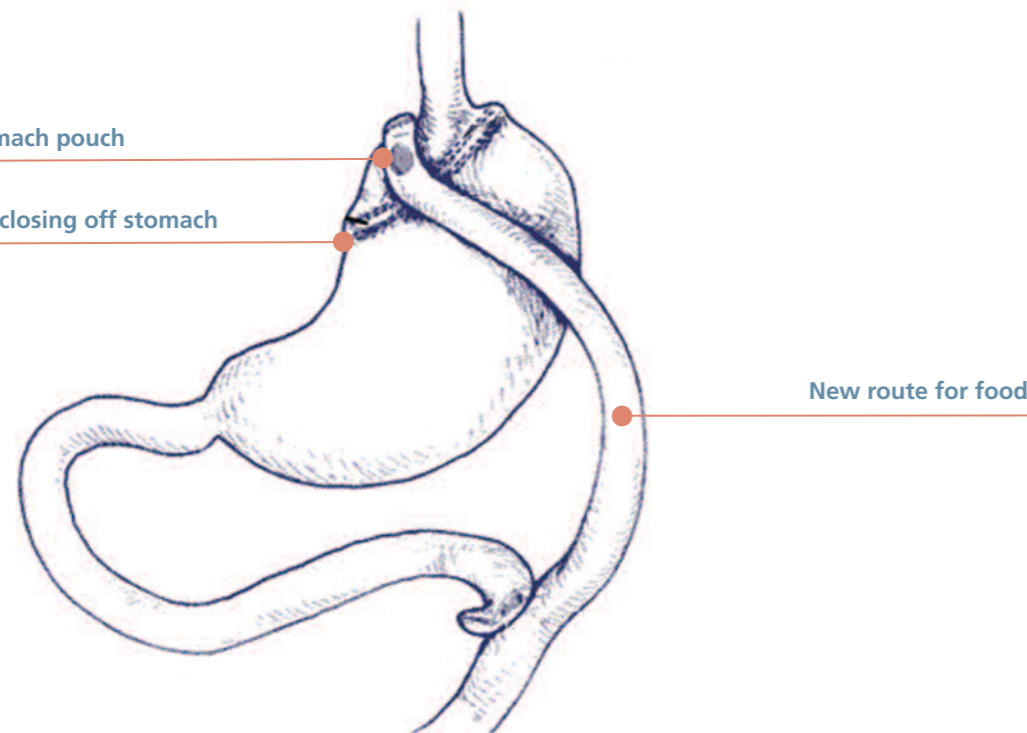
Because your digestive tract has been altered, it is more prone to strong reactions to the foods you eat. You need to allow your body at least three months after surgery to adapt to your new digestive pathway. Some days you will be able to eat a particular food without problem and the next time you try it, it will cause nausea – there is no obvious explanation for why this occurs. An unpleasant effect called ‘dumping’ occurs if you overdo the sugar in your food and too much fat can also be disturbing. Occasionally, longer term side effects such as stomach pouch dilatation or tightening of the stoma between your stomach and intestine need remedial surgery, but these are quite rare and once you have settled down after your surgery, most people do not experience any problems long-term.

Because your food absorption is altered, we regularly check your blood vitamin and mineral levels post-operatively to ensure you do not develop any deficiencies. All bypass patients take a daily multivitamin tablet for life and about a third of patients will also need additional supplements (e.g. calcium, iron or vitamin B12).

Despite all the best management, a small number of people will fail to lose weight even with a gastric bypass, mainly because they fail to adjust their eating habits.

New outlet from small stomach pouch

Line of staples closing off stomach



## Fact summary for gastric bypass

- The average excess weight loss is 65-70%
- Surgery is carried out laparoscopically and requires a 3-4 night stay in hospital
- 1 in 200 risk of mortality from surgery
- Especially beneficial for people with sweet eating problems, with severe health effects of their obesity or large amounts of weight to lose
- Need to take multivitamins for life but low risk of long term side effects
- Not reversible



Alison has lost 7 stone following gastric bypass surgery.

*"I decided to have a gastric bypass operation in 2004 at a time when I knew that my health was suffering – I had high cholesterol, high blood pressure and was on the verge of having Type 2 diabetes. The decision to have a gastric bypass changed my life. Within 12 months of surgery I went from being totally shy and introverted to being a complete extrovert."*



## Life after obesity surgery

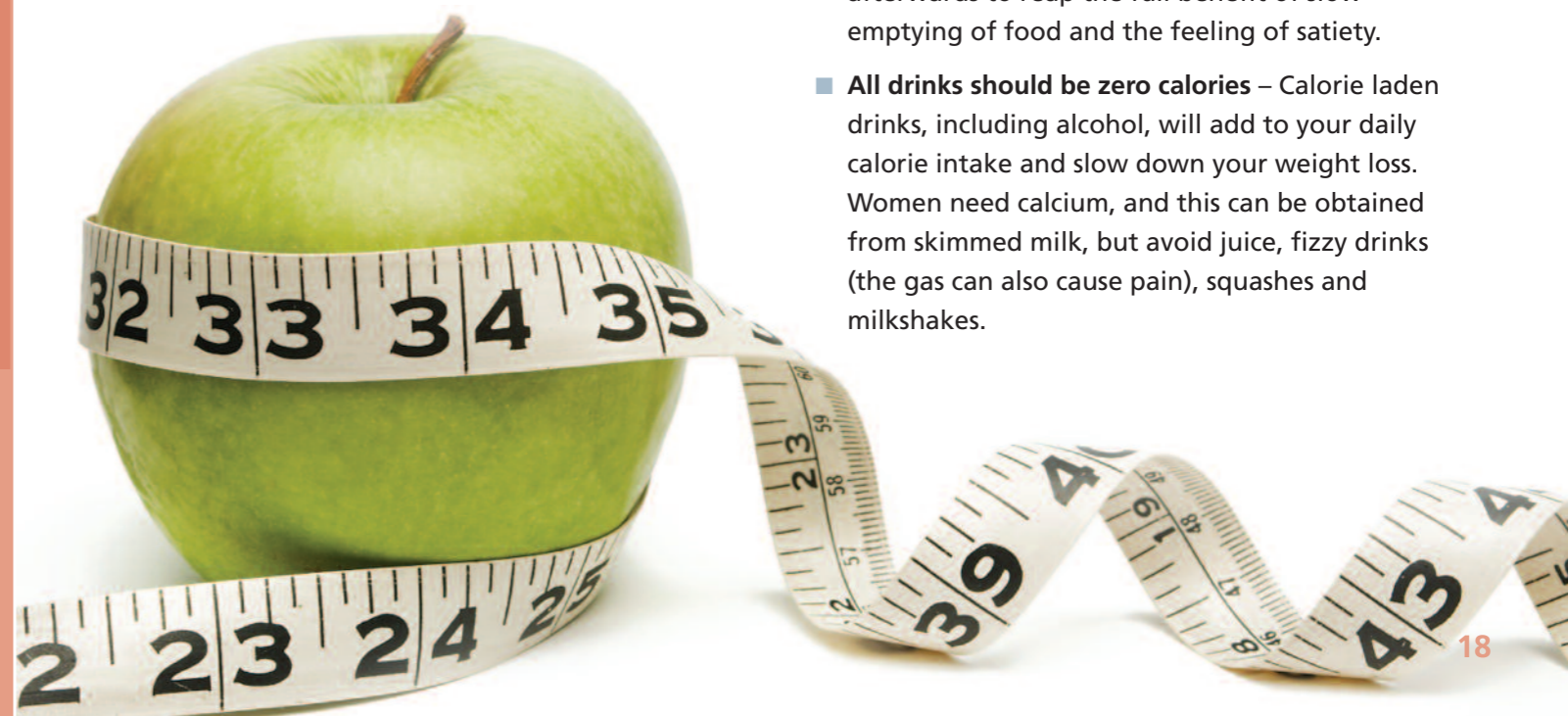
Your operation is really just one step in your treatment, which will continue for the rest of your life. It will take a little while to adapt to the changes in your body, but the rewards of improved health, looking and feeling better about yourself and being able to participate more in life are well worth the effort on your part.

### Dietary changes

Immediately after your gastric band or bypass operation, it is very important to adhere to the post-op eating and drinking instructions to allow yourself to heal properly. It is also important in the early stages not to stretch your stomach pouch by eating too much. For this reason you will be advised to follow either a liquid or pureed diet for the first few weeks, before progressing to mashed food then a solid diet. Full guidance on foods and meals to choose will be given to you before your operation. We also prescribe medication which reduces the production of stomach acid and minimises the chance of developing heartburn as you are healing.

Your long term healthy eating plan requires that you choose healthy food combinations and follow a few simple rules:

- **Eat three meals per day** – your new stomach pouch empties slowly throughout the day and your appetite should be satisfied eating three small meals a day without getting hungry in between meals. Beware of developing 'grazing' eating patterns of having a number of snacks throughout the day.
- **Eat healthy, solid food** – Choose solid foods containing protein and vegetables. Soft foods slip down easily but also tend to contain higher levels of fats and carbohydrates – if you follow a soft diet you may be eating more calories than you realise and your weight loss will slow down or stop.
- **Eat slowly and stop as soon as you feel full** – Take tiny bites and chew each mouthful thoroughly. At some point you will start to feel a slight tightness in your upper abdomen / chest - stop eating at this point as it is a sign of fullness (satiety).
- **Do not eat between meals** – you should not need to eat between meals because of hunger if you are eating three sensible meals per day. Grazing can lead to extra calorie intake and slow your weight loss down.
- **Do not drink at meal times** – Liquids speed up the passage of food through the stomach pouch so avoid drinking at meal times or for one hour afterwards to reap the full benefit of slow emptying of food and the feeling of satiety.
- **All drinks should be zero calories** – Calorie laden drinks, including alcohol, will add to your daily calorie intake and slow down your weight loss. Women need calcium, and this can be obtained from skimmed milk, but avoid juice, fizzy drinks (the gas can also cause pain), squashes and milkshakes.



Some foods are less easy for band patients to digest. Red meat and fibrous fruits and vegetables (e.g. pineapple, rhubarb or asparagus) may present difficulties. Also soft white bread, pasta and rice are often difficult to digest. You will learn to test your own diet and may prefer to avoid certain foods that cause you a problem. Working with our multidisciplinary team, we will try to help you avoid developing food aversions and to maintain a healthy diet.

### Improving your fitness

Weight loss surgery is a tool to help you succeed in improving your health – but that process also needs your active participation.

You do not need to rush out and join a gym or buy any fitness equipment to use to improve your fitness following surgery. Many people find using a pedometer and working up to a level of walking 10,000 steps per day (about 5 miles) an effective and simple way of increasing their fitness.

### Emotional support

It is important to remind yourself the surgery is performed on your stomach, not your mind, and it will take a while to unlearn some of the bad habits that contributed to your excess eating in the first place! We recognise that you deserve to be treated as a whole person and therefore our care is provided by a multi-disciplinary team which includes a counselling psychologist. We also access other professionals as needed.

However much advice we can give you as health professionals we also recognise the importance of patients helping each other and we work closely in partnership with BOSPA, the patient support charity. They run local support group meetings throughout the Southwest and we recommend you become a BOSPA member. Find out more at [www.bospa.org](http://www.bospa.org)



## Our Treatment Programme

We strongly recommend that you speak to your GP and gain his/her support for your having weight loss surgery. Your GP will send us a referral letter or use the referral form on our website ([www.swbariatric.org](http://www.swbariatric.org)). If it is not possible to involve your GP, you may self-refer. We will keep your GP updated on your progress unless there is a specific request made by you not to do so.



### Are you a suitable participant?

*You may be a suitable person to participate in our surgical treatment programme if:*

- Your BMI meets the criteria of the NICE guidelines for surgery (gastric band or gastric bypass) or you are 10 kg or more over your ideal weight (intra-gastric balloon)
- You have made serious attempts to lose weight before
- You are prepared to make substantial changes to your eating habits and lifestyle
- You are willing to be participate in our follow-up programme

*Our programme is not right for you if:*

- You have an inflammatory disease of the digestive tract (e.g. an ulcer, severe oesophagitis or Crohn's Disease) or an autoimmune connective tissue disease (e.g. systemic lupus erythematosus or scleroderma)
- You have a severe heart, lung or another condition that makes surgery and anaesthesia too high a risk for you
- You have a problem that could cause stomach bleeding (e.g. oesophageal varices, portal hypertension), a congenital or acquired intestinal abnormality or have had problems with stomach surgery in the past
- You have cirrhosis of the liver or chronic pancreatitis
- You are pregnant
- You are addicted to alcohol or drugs
- You cannot or do not want to comply with the eating rules following the procedure or attend the appointments



## Our assessment process

Providing you meet the eligibility criteria, we will offer you a place in our assessment programme, the goals of which are to:

- Obtain baseline measurements and to agree the individual targets for your treatment
- Assess your current medical health, including endocrine status and diseases that are influenced by your obesity as well as your fitness to undergo surgery
- Establish a rapport between you and our team – we are entering a partnership for your treatment for a long time!
- Ensure you understand the implications of surgery fully and are willing to co-operate with the treatment plan

The assessment appointments are usually conducted in one clinic and providing everything is in order, surgery is then generally booked for a few weeks later to fit in with your schedule. We urge you to make contact with the patient support group before your operation and we will also make any other arrangements needed to confirm your operation date, including any further tests recommended by the team. All patients then attend the hospital again for a pre-admission assessment where an ECG and other tests and checks are performed.

If we do not consider you suitable for surgery in our programme, we will advise you of other treatment paths you may wish to follow, or refer you on to another obesity treatment programme.