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St Vincents Private Hospital Northside, Level 1/627 Rode Road, Chermside QLD 4032

Sleeve Gastectomy

What to expect for your post-operative patient?

Following sleeve gastrectomy patients will typically be discharged on day 2. Our surgical staff will advise patients which medications to start and continue following discharge. Our dietitians will advise the patient of the dietary plan following sleeve gastrectomy.

Regular Medications:

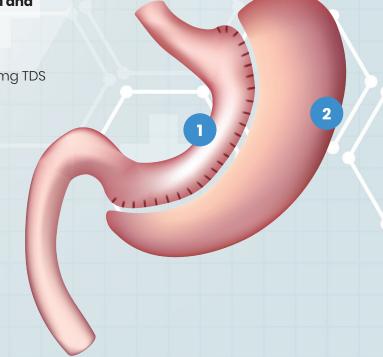
- Patients should maintain regular medications following discharge unless advised otherwise
- Oral hypoglycaemics are usually reduced or ceased prior to discharge
- ✓ Anti-hypertensive medications may be ceased prior to discharge

 Oral Proton Pump Inhibitor will be commenced and continued for 3 months following discharge

- PRN Medications
 - Paracetamol 500mg QID
 - Anti-emetics Ondansetron S/L or Maxolon 10mg TDS
 - Endone if required
- NSAIDS and smoking should be avoided following surgery

If you have any concerns with medications please contact our rooms for further advice.

- 1. GASTRIC SLEEVE NEW STOMACH
- 2. REMOVED PORTION OF STOMACH



Dietary Plan Post-operative Sleeve Gastrectomy

Following surgery, patients will be on a modified diet for 6 weeks. Our surgical and dietetics team will discuss with each patient the dietary plan both pre and post-operatively.

Weeks 1&2:

- ✓ Patients will be on a fluid diet post-operatively
- ✓ A total volume of 1.5-2.0L should be consumed daily
- ✓ Fluids should be a smooth consistency (no lumps)

Weeks 3&4:

- A pureed diet should be commenced (smooth no lumps)
- ✓ Patients should consume 5-6 meals per day
- Hydration should be maintained with fluids

Weeks 5&6:

- ✓ **Soft diet** this includes naturally soft/moist foods or foods which have been cooked to soften
- Avoid foods which are dry, tough or stringy
- ✓ Patients should consume 5-6 meals per day
- Hydration should be maintained with fluids

If you have any concerns, please contact our rooms for further advice.

Wound Care Management

Wounds will be dressed with waterproof dressing following discharge, Dressings should remain intact until they begin to peel off. Dressings should be removed in the shower for comfort. The RUQ incision is typically larger and more uncomfortable.

If you have any concerns for infection oral antibiotics can be commenced or please contact our surgical team for further advice.

Normal Activity

Depending on the type of work, patients usually can return to work 2 weeks post-surgery at full or reduced duties. Patients can drive when they can safely operate a vehicle and have ceased opiate analgesia Patients can commence normal activities eg. walking. However, strenuous exercise and heavy lifting is limited due to the risk of developing an incisional hernia.

Follow Up

Our surgical and dietetics team will follow up each patient within 4 weeks of surgery. Initial surgical review will occur 4 weeks post-operatively. Follow up will occur every 3 months thereafter. Dietitian review within 2 weeks.

Blood Tests

Bloods include:

✓ FBC

✓ U+E

✓ LFTs

✓ Iron studies

✓ B12

✓ Folate

All patients will have bloods prior to discharge from hospital. Follow up bloods will be performed 3 months post op and repeated 3 monthly thereafter. Bloods include FBC, U&E, LFTS, Iron studies, B12 and folate. For Diabetics HbA1c can be monitored too.

What to look out for in my post-operative sleeve gastrectomy patient?

Sleeve gastrectomy is generally a safe low risk (4% serious morbidity) procedure. Patients should make a quick recovery with early full mobilisation

Pain is common following sleeve gastrectomy

- ✓ Shoulder tip and abdominal pain is common, however should improve following surgery
- ✓ If pain is not improving or new please notify our surgeons

Patients should be consuming 1.5-2.0L. of fluid per day

Dumping:

- Refers to early transit of high sugar or carbohydrate foods into the small bowel leading to a physiological response
- ✓ Can be early (1/2 hr) or late (> 2hrs) post meal
- Early symptoms include nausea, bloating, abdominal cramps or diarrhoea
- Late symptoms include dizziness, palpitations, sweating/flushing and are secondary to hypoglycaemia
- ✓ Generally improves 6/52 post-operatively

Altered bowel habit

- ✓ Diarrhoea usually secondary to high fat and carbohydrate foods
- ✓ Constipation increase dietary fibre and ensure 1.5-2.0L fluid intake

Leaks

- ✓ Are uncommon (< 2%)</p>
- Symptoms include abdominal pain, nausea, fevers, tachycardia or respiratory symptoms

Reflux can develop post-operatively.

What are the benefits of Sleeve Gastrectomy?

- Marked improvement in weight related co-morbidities
- ✓ Greater than 50% excess weight loss (Weight > BMI 25) at 12 months
- ✓ Diabetes medications can generally be ceased at 12 months in 80% of patients
- ✓ Blood pressure improves and generally medications need to be tapered
- ✓ OSA typically resolved within 12 months (No CPAP) of surgery
- ✓ Joint pain improves and analgesia medications can generally be reduced
- ✓ Improvement in fertility has been demonstrated to improve post weight loss surgery

Please feel free to contact our surgical team at any time for advice or any concerns about our patients. All our surgeons work publicly at the Royal Brisbane & Women's Hospital and privately at the following hospitals: All our bariatric data is submitted to the National Bariatric Surgery Register.



Dr Robert Finch

MBBS FRACS

Upper Gastro-Intestinal, Bariatric & General Surgeon



Dr David Mitchell

BSC MBBS FRACS

Upper Gastro-Intestinal, Bariatric & General Surgeon

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Dr Kevin Chan

BPHARM MBBS FRACS

Upper Gastro-Intestinal, Bariatric & General Surgeon

Operating Locations

St Vincent's Private Hospital Northside

627 Rode Road, Chermside 4032

(07) 3326 3000

Parking: You may use the main entrance for temporary set down on your arrival or departure. Public parking is available, for a fee, in the multi-storey car park adjacent to The Prince Charles Hospital main entrance.

St Andrew's War Memorial Hospital

457 Wickham Terrace, Spring Hill, Brisbane Qld 4001

(07) 3834 4444

Parking: The main hospital reception & Drop off/pick up zone are located on level 3 of main

hospitaland accessed via Wickham terrace. Parking restrictions in the surrounding streets around hospital are enforced. Paid parking is available in the main hospital car park located via North Street. Secure parking is also available under St Andrew's Place (entry via North Street) and Little Edward Street (entry via Hope street).

The Wesley Hospital

451 Coronation Drive, Auchenflower QLD 4066

(07) 3232 7000

Parking: You may use the patient drop-off/pick up zone which is located off Chasely Street. A multistory paid public parking is available with entry via Chasely Street.

Consulting Locations

St Vincent's Private Hospital Northside

(previously Holy Spirit Northside)

Total Upper GI Surgery

Level 1 Sister Edith Centre 627 Rode Road, Chermside QLD 4032

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St Vincent's Private Hospital Specialist **Suites North Lakes**

Total Upper GI Surgery

Suite 506, Level 5, 6 North Lakes Drive North Lakes 4509

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Parking: Ample free car parking is available on site.