



Total Upper GI Surgery

WEIGHT LOSS | REFLUX | CANCER | GENERAL SURGERY

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St Vincents Private Hospital Northside,

Level 1/627 Rode Road,

Chermside QLD 4032

Roux-en-Y Gastric Bypass

What to expect for your post-operative patient?

Following Roux-en-Y gastric bypass 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 Roux-en-Y Gastric Bypass.

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**
- ✓ **Multi-vitamin should be taken twice daily**
- ✓ **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 any concerns with medications please contact our rooms for further advice.

1. DUODENUM

2. JEJUNUM

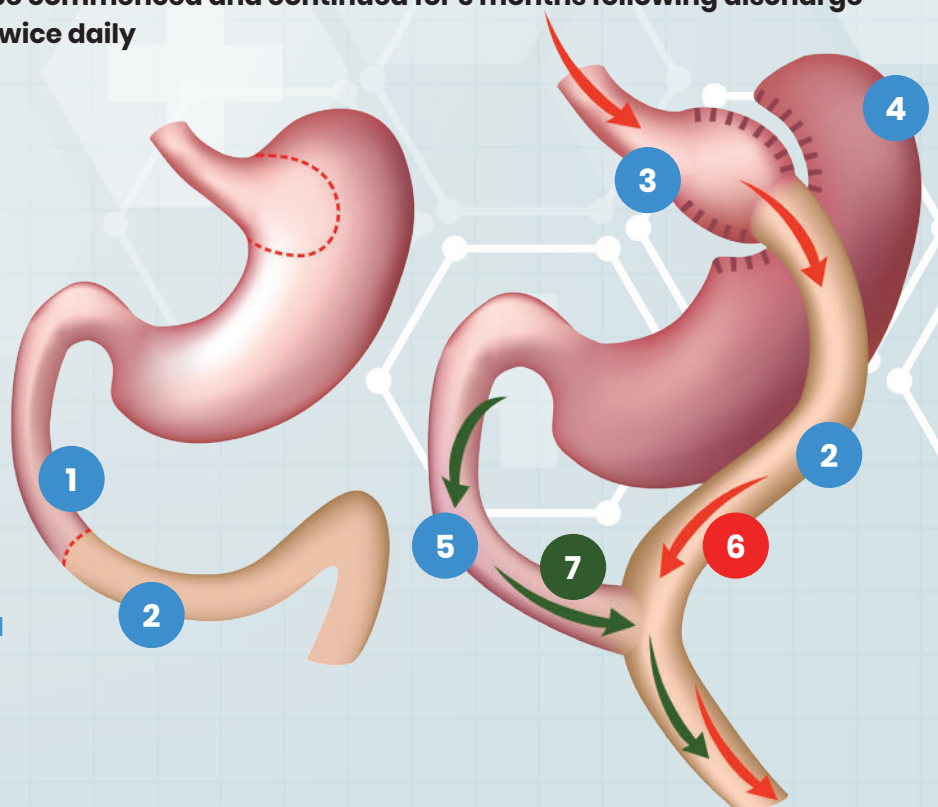
3. GASTRIC POUCH

4. BYPASSED PORTION OF STOMACH

5. BYPASSED DUODENUM

6. FOOD

7. DIGESTIVE JUICE



Dietary Plan Post-operative Roux-en-Y Gastric Bypass

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. 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

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**
- ✓ **Vitamin A**
- ✓ **Zinc**
- ✓ **Copper**

For Diabetics HbA1c can be monitored too.

What to look out for in my post-operative Roux-en-Y gastric Bypass patient?

Roux-en-Y Gastric Bypass is generally a safe low risk (<1% serious morbidity) procedure. Patients should make a quick recovery with early full mobilisation

Pain is common following Roux-en-Y gastric bypass

- ✓ **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**
- ✓ **Dietary changes may need to be made to improve symptoms**

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 (<1%). Symptoms include abdominal pain, nausea, fevers, tachycardia or respiratory symptoms**

Reflux is uncommon post-operatively as Roux-en-Y bypass is the gold standard reflux operation

Strictures – occur in about 10% of patients and may require dilatation

Internal Hernia – occurs in 2-7% of patients. Refers to a hernia within the space created during the surgery. Can present with mild vague recurrent abdominal pain to severe pain with associated obstruction.

What are the benefits of Roux-en-Y Gastric Bypass?

- ✓ **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 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



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

hospital and 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 multi-story 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

📞 (07) 3350 2533

📠 (07) 3350 2511

✉ info@totaluppergisurgery.com.au

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 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.