

## **Morbid obesity surgery - Laparoscopic Tube Gastrectomy**

### **Patient Information Sheet**

#### **Introduction**

By the time you have considered surgery for your obesity, you will probably have been battling with a weight problem most of your life. You may have tried different diets, acupuncture or hypnotherapy, or perhaps have been prescribed appetite suppressants, antidepressants, Xenical or stimulants.

If you are like most patients, any limited success you will have had with these techniques has been temporary and any lost weight rapidly regained and then exceeded.

Morbid obesity surgery is designed principally to make it easier for you to sufficiently modify your food intake to bring your weight down to a safer and more comfortable range.

#### **Why perform surgery for morbid obesity?**

Morbid obesity surgery is not cosmetic surgery. All doctors recognise that once a patient's weight exceeds a certain range they are more likely to suffer from a wide range of illnesses such as diabetes, sleep apnoea, asthma, hypertension, arthritis, varicose veins and skin problems. Their chances of dying at a premature age are also greatly increased. Their employment prospects, mobility and social acceptance also suffer. Depression is much more common in the morbidly obese. The main aim of this surgery is to bring your weight down to a safer range where most of these associated conditions are reduced in severity and many completely reversed. Along the way most people find an improvement in their mobility, body image, self-esteem and enjoyment of life.

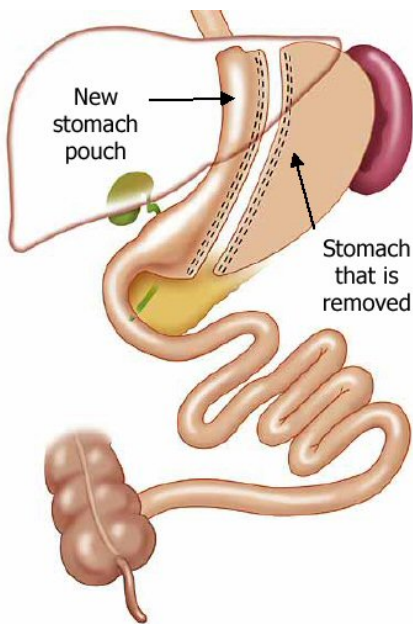
#### **Who is a candidate for this surgery?**

There are a number of widely accepted criteria which make a patient suitable for this operation:

- Weight greater than 45 kg above the ideal body weight for sex and height.
- BMI (Body mass index) > 40 by itself, or >35 if there is an associated obesity illness, such as diabetes or sleep apnoea. Sometimes we will accept people for lap band with BMI 30 - 35.
- Reasonable attempts at other weight loss techniques
- Obesity related health problems
- No psychiatric or drug dependency problems
- A capacity to understand the risks and commitment associated with the surgery.

#### **Laparoscopic "Tube" Gastrectomy**

A "reductive operation": The stomach is reduced in size from a 1000 mls bag to a 100-200 ml tube with a stapling device. This can be done laparoscopically (keyhole surgery) but is not reversible. The residual stomach capacity is large enough so a generous entree should be possible. Predicted excess weight loss (EWL): 60 - 70 % over 2yrs.



#### Advantages:

- Keyhole operation
- Simply reduces the amount of food not the type of food
- Normal stomach emptying, therefore no vomiting
- No malabsorption
- “Set and forget” operation: no adjustments required
- Ideal for patients in remote areas
- A further operation (Duodenal switch) can be added later if insufficient weight loss

#### Disadvantages:

- Possible long term weight regain if tube stretches
- Relatively new operation so long term results not defined
- Risk of bleeding or suture line leak immediately after operation

### **Is this surgery effective?**

The Lap Tube is a comparatively new procedure. The weight loss after Lap Tube surgery seems to be a little better and more rapid than with purely restrictive procedures such as gastric banding, but it is not adjustable. The average excess weight loss (EWL) is 60-70% EWL over two years. The long-term success rate is expected to be similar to gastric banding with about 60 % to 70 %, whereby success means not only losing 60-70% of your excess weight but also keeping it off for at least five years.

Most failures are due to poor dietary choices on the patient’s part (high calorie liquids and/or fried, salty snacks), although a significant percentage of failures are due to mechanical failure such as the dilatation of the stomach tube.

### **What are the risks of the surgery?**

- All surgery carries some risks, and these sorts of operations are technically difficult and demanding.
- The risk of dying from the Lap Tube procedure is less than 1:2500.
- There is a risk of bleeding stomach or bowel injury or other organ injury from the laparoscopic instruments or ports, which may also lead to peritonitis.
- There is a risk of leak from the staple lines or joins immediately after surgery. If this occurs you can become very sick very quickly, may require further surgery to correct the problem and spend weeks in hospital recovering.
- The most serious complications of this sort of surgery are deep venous thrombosis (DVT) and pulmonary embolism (blood clots to the legs and lungs) and gastric or bowel leak. Any of these complications can be fatal, but fortunately they are uncommon. These complications occur early after surgery and require immediate attention.
- There is the risk of injury to the liver or bile duct during removal of the gallbladder if this is required. This may result in leakage of bile or blockage of the liver and require further surgery to correct.
- The Spleen may be injured and may need to be removed.
- Minor complications include wound infection and hernias, collapse of the lung bases and bladder infections.
- Late complications include staple line disruption, dilatation of the gastric tube, bowel obstruction from adhesions and nutritional deficiency including osteoporosis and iron deficiency if supplements are not taken; these are rare and can be corrected.