



## Dr Grant Beban

Consultant Surgeon  
Upper GI and HPB Unit  
Auckland City Hospital  
Auckland



## Mr Jon Morrow

General Surgeon  
Department of Bariatric  
Surgery  
Middlemore Hospital

Friday, June 9, 2017

(Room 5)

14:00 - 14:55 WS #45: What You Need to Know re Bariatric Surgery

15:05 - 16:00 WS #57: What You Need to Know re Bariatric Surgery  
(Repeated)

# Bariatric Surgery: What You Need to Know

Grant Beban

June 9 2017



08-11 JUNE 2017 | Energy Events Centre | Rotorua

Auckland  
Weight Loss  
Surgery

# Post-op management

PO Analgesia, PPI 6 weeks

Dressings down 1 week

2 weeks off work

Diet: 2 weeks liquid (pureed)

Then soft foods

Solids at 6 weeks

Normal activities as tolerated



# Common post-op problems

Pain

Constipation

Dehydration

Tiredness

Vomiting



# Complications

The list is long but rates are low.

## Mortality

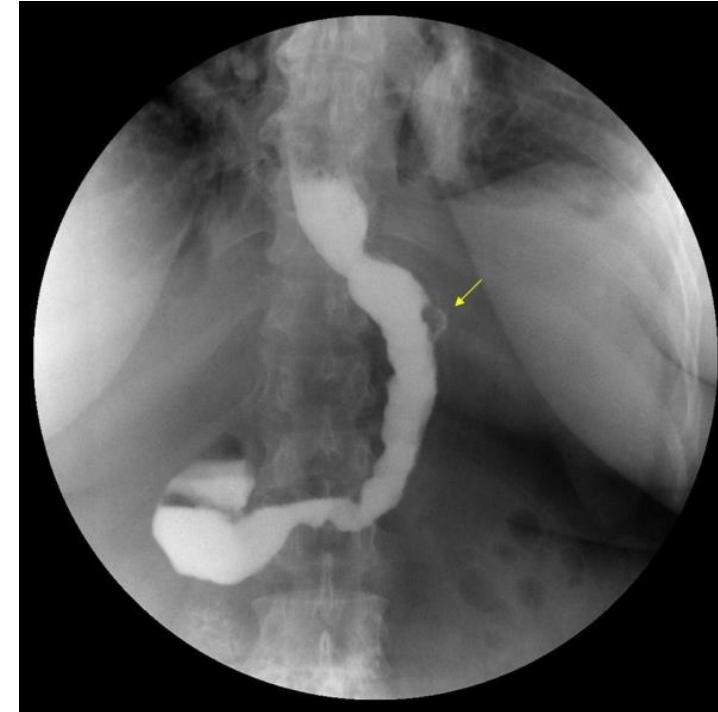
Rare

## Leak

1-2%

Usually in the first 10 days

Presentation **NOT SUBTLE**



Bariatric Surgery versus Intensive Medical Therapy for Diabetes — 5-Year Outcomes N Engl J Med 2017;376:641-51.

Sleeve Gastrectomy vs Roux-en-Y Gastric Bypass. Data from IFSO-European Chapter Center of Excellence Program  
Obesity Surgery April 2017, Volume 27, Issue 4, pp 847–855

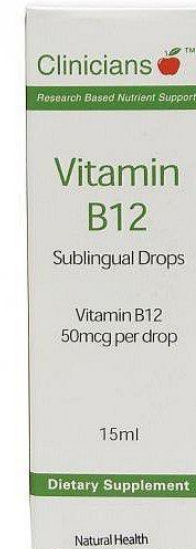
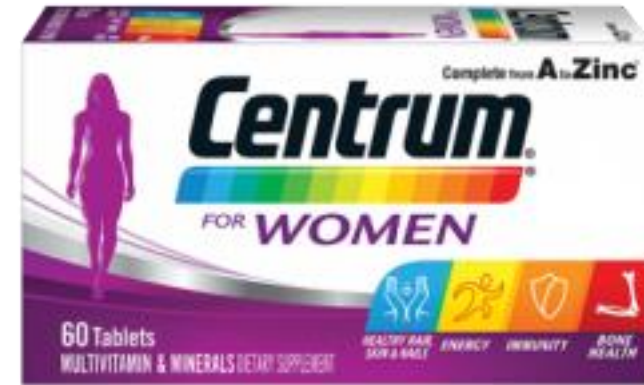
# Nutritional management

High protein, low carbohydrate diet

MV starts at 1 month

Ca+Vit D: Gastric Bypass & young women

Iron supplementation & B12: PRN



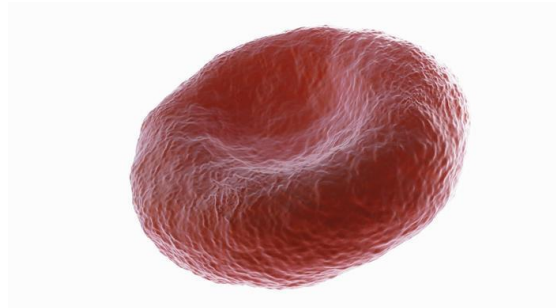
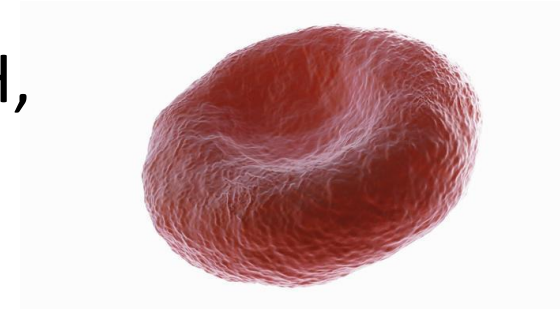
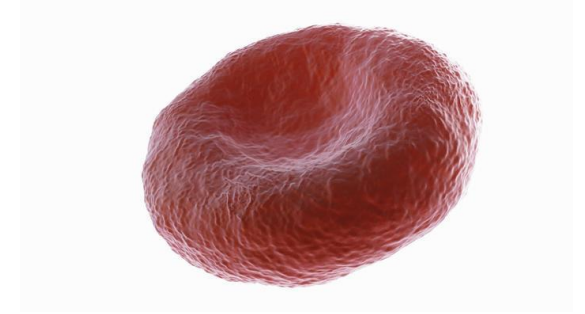
# Nutritional follow up

Clinical

Blood tests:

FBC, U&E, LFT, Ca, Ferritin, B12, Folate, PTH,  
(+/- TFT, HbA1c, Lipids, Vit D)

3 months, 6 months, annually



# Comorbidity management

Diabetes type 2

Hypertension

Hyperlipidaemia

Sleep apnoea

Osteoarthritis

GORD



# Comorbidity management

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Hypertension

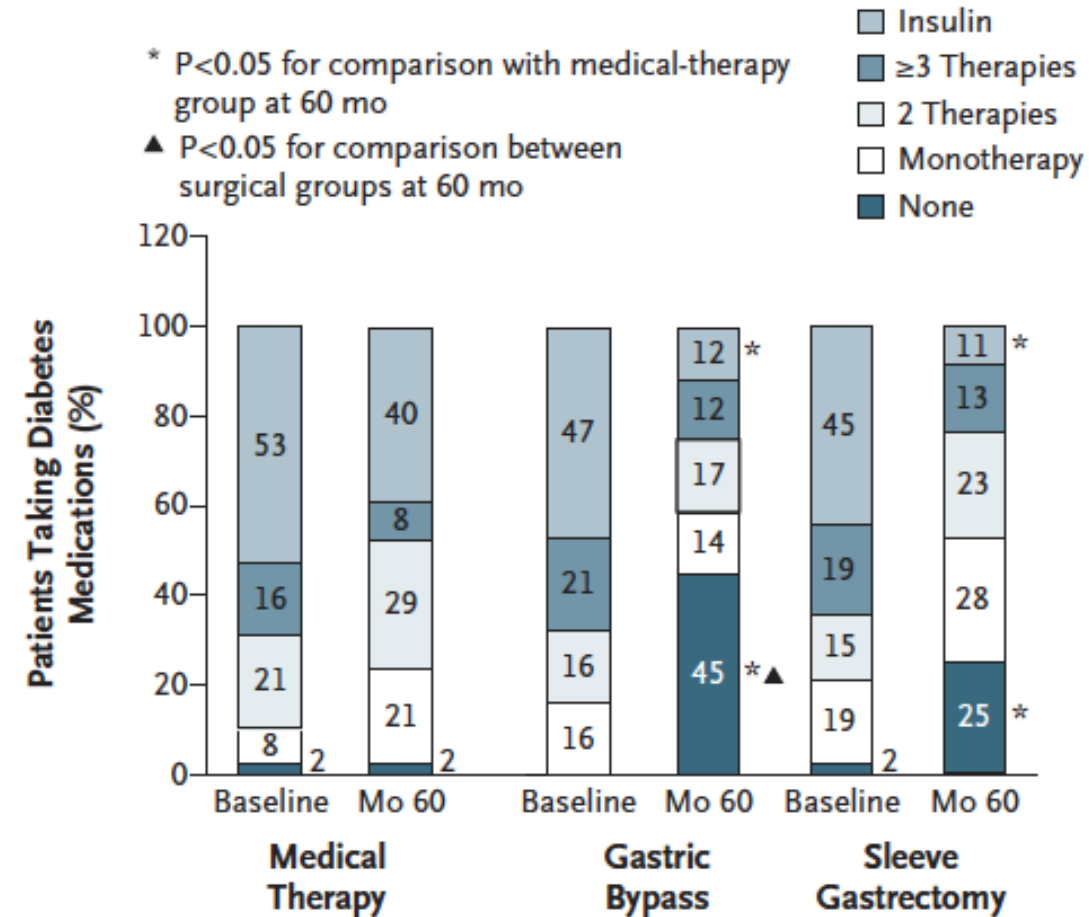
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Osteoarthritis

GORD

**B Diabetes Medications**



# Reflux

Mostly in LSG

6/52 PPI

30% need more

Unpredictable

Can improve for 1 yr

Surgery in 2%



# Weight regain

All will regain

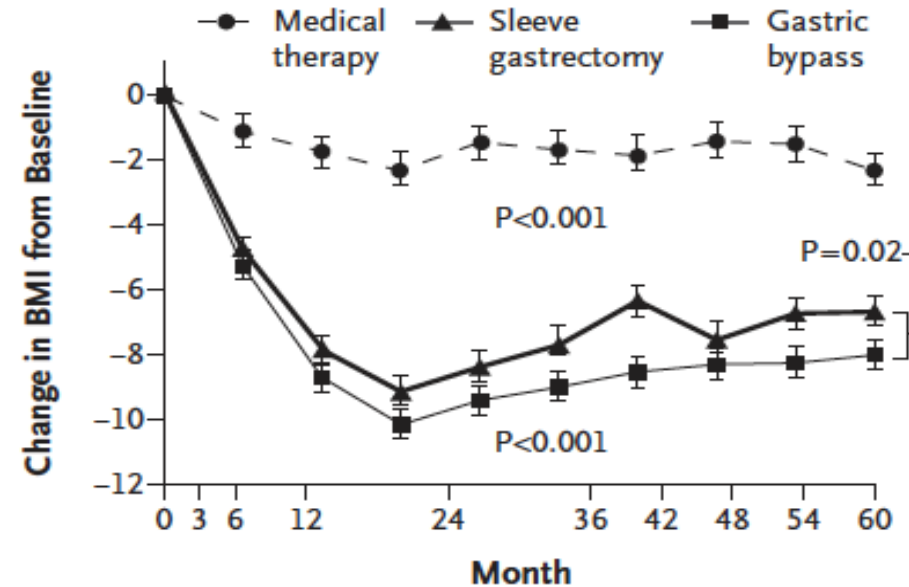
30% significant

Dietary intervention

Exercise

Reoperation for few

C Body-Mass Index



Mean Value at Visit

|                     |      |      |      |      |      |      |
|---------------------|------|------|------|------|------|------|
| Medical therapy     | 36.4 | 34.1 | 35.0 | 34.8 | 35.1 | 34.0 |
| Gastric bypass      | 37.0 | 26.9 | 27.4 | 28.2 | 28.6 | 28.9 |
| Sleeve gastrec-tomy | 36.0 | 26.9 | 27.7 | 28.1 | 28.2 | 29.3 |

# Weight regain

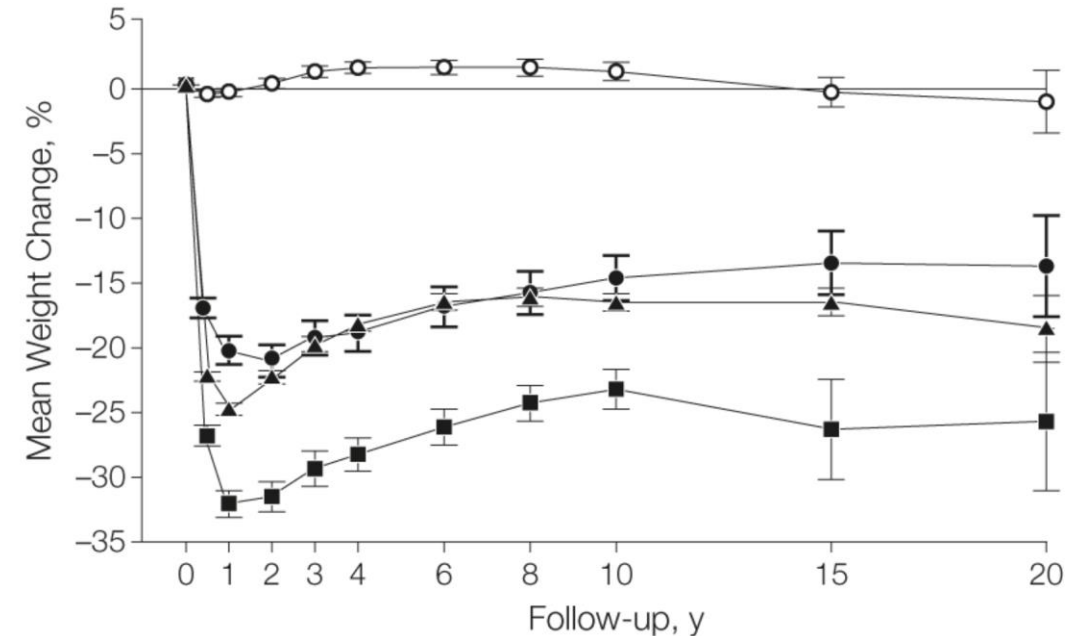
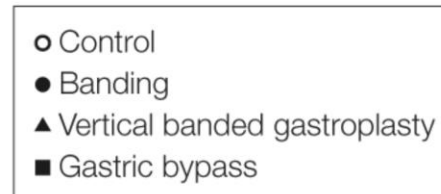
All will regain

30% significant

Dietary intervention

Exercise

Reoperation for few



|                              |      |      |      |      |     |     |
|------------------------------|------|------|------|------|-----|-----|
| No. of patients              |      |      |      |      |     |     |
| Control                      | 2037 | 1490 | 1242 | 1267 | 556 | 176 |
| Banding                      | 376  | 333  | 284  | 284  | 150 | 50  |
| Vertical banded gastroplasty | 1369 | 1086 | 987  | 1007 | 489 | 82  |
| Gastric bypass               | 265  | 209  | 184  | 180  | 37  | 13  |

Auckland  
Weight Loss  
Surgery

# Addiction transfer

Alcohol, nicotine, drugs, gambling, sex, shopping

Risk factors:

Pre-operative alcohol consumption

Males

Binge eating disorder



Hair loss



Loose Skin



# Pregnancy

WAIT 18-24 months

Pros:

Improved fertility

?Less miscarriage

Lower GDM

Fewer LGA

Healthier children

Cons:

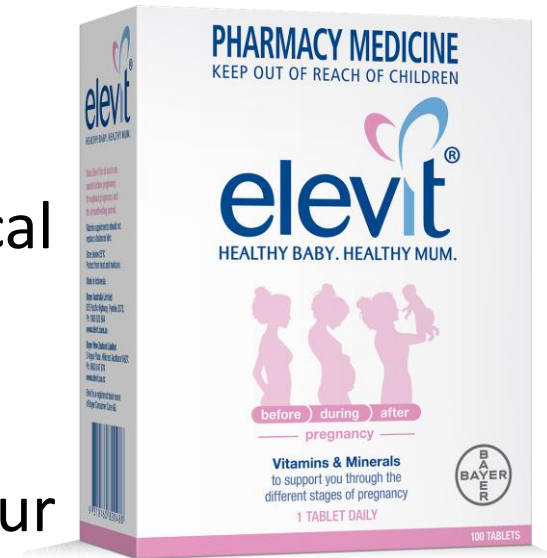
Slightly higher surgical risk

More SGA

?More preterm labour

?C-section

?stillbirth



Thank you

