

Sleeve Gastrectomy

This operation is designed to help you lose weight by restricting the amount of food that you eat. The effect is thought to occur in two ways. Firstly the size of the stomach is permanently reduced thereby restricting intake of food. Secondly the portion of stomach that is removed produces a hormone called ghrelin that normally produces a sensation of hunger. Both of these effects lead to a feeling of early satiety (satisfaction) following a smaller meal portion. Eating less then produces the weight loss.

The operation

The operation is normally a keyhole procedure involving usually 5 small cuts in the abdomen. The surgeon removes the outer portion of the stomach (about 85% in all) using a laparoscopic stapling device thereby considerably reducing its size and capacity for food. The remaining stomach continues to function normally. Recovery is usually rapid and you can expect to be in hospital for 3-4 days. The operation can be used as part of a two-stage procedure to achieve satisfactory weight loss in very obese patients (BMI > 60). It is however being increasingly used a single stage procedure in patients with BMI in the range of 35-50 and can produce very satisfactory long term weight loss equivalent to that seen following gastric banding or gastric bypass (around 2/3rds of excess weight loss). It has the advantage that no foreign material is used (as in the gastric band) and there is no need for long-term nutritional supplements (as in the gastric bypass). The disadvantage over the gastric band however is that it is irreversible and not adjustable. Also if eating habits do not improve the stomach may stretch over time reducing the effectiveness of the operation.

What can go wrong?

All operations carry some risk. These risks can be divided into the risks of any operation and specific problems related to the gastrectomy. General complications include wound or chest infection, DVT (blood clots in the leg) and bleeding. Measures will be taken to minimise these risks, for example antibiotics to cover against infections will be given at the time of the operation. Specific complications of the sleeve Gastrectomy include bleeding from or breakdown of the staple line. Specific measures are taken to prevent both of these complications and the risk of this occurring is low (<3%). Leakage from a disrupted staple line however is a serious complication if not recognised and dealt with, possibly by an open operation. Damage to the spleen can also occur as this is very close to the upper part of the stomach.

Rarely the spleen may need to be removed if bleeding from it occurs and this may necessitate conversion to an open operation. The mortality rate is low at around 1:400 This is higher than for the gastric band (1:2000) but lower than for the gastric bypass (1:200).

What do you need to do afterwards?

It is vitally important that you follow your nutritionist's instructions to achieve maximum weight loss following your surgery. It is also important to eat slowly and stop eating when you no longer feel hungry and you must not snack between meals. It goes without saying that exercise is important and hopefully you will feel more inclined as you see your weight fall.

Where can I get more information?

You can get more information by visiting www.keyholesurgery.net