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PATIENT INFORMATION FROM YOUR SURGEON & SAGES

Laparoscopic Surgery for Severe Obesity

- What is severe obesity?
- Medical and surgical treatment options for severe obesity
- How laparoscopic obesity surgery is performed
- Expected outcomes of the procedure
- What can be expected after laparoscopic obesity surgery

- Reduced post-operative pain
- Shorter hospital stay
- Faster return to work
- Improved cosmesis

1. Patients should exceed ideal body weight by approximately 100 pounds (45.5 kg) or 100% above ideal body weight.
2. Patients should have no known metabolic (chemical breakdown of food into energy) or endocrine (hormone) causes for the morbid obesity.
3. Patients should have an objectively measurable complication (physical, psychological, social, or economic) that might benefit from weight reduction. This includes hypertension (high blood pressure), diabetes (too much sugar in the blood), heart disease, breathing problems or lung disease, sleep apnea (snoring) and arthritis, just to name a few.
4. The patient should understand the full importance of the proposed surgical procedure including suspected risks and complications.
5. The patient should be willing to be observed and followed by a medical professional for many years.
6. The patient should have attempted weight reduction using medical treatment without success.

- A thorough medical evaluation to determine if you are a candidate for laparoscopic obesity surgery by your physician.
- Supplemental diagnostic tests may be necessary, including a nutritional evaluation.
- A psychiatric or psychological evaluation may be required to determine the patient's ability to adjust to changes after the operation.
- Consultation from specialists, such as cardiologist, pulmonologist or endocrinologist may be needed depending on your own specific medical condition.
- Continued participation in Obesity Support Group is encouraged
- A written consent for surgery will be needed after the surgeon reviews the potential risks and benefits of the operation.
- The day prior to surgery, you will begin a clear liquid diet.
- Blood transfusion and/or blood products such as platelets may be needed depending on your condition.
- Your surgeon may request that you completely empty your colon and cleanse your intestines prior to surgery.
- It is recommended that you shower the night before or morning of the operation.
- After midnight the night before the operation, you should not eat or drink anything except medications that your surgeon has told you are permissible to take with a sip of water the morning of surgery.
- Drugs such as aspirin, blood thinners, anti-inflammatory medications (arthritis medications) and Vitamin E will need to be stopped temporarily for several days to a week prior to surgery.
- Diet medication or St. John's Wort should not be used for the two weeks prior to surgery.
- Quit smoking and arrange for any help you may need at home.

- You will arrive at the hospital the morning of the operation.
- Preparation before surgery often includes changing into a hospital gown.
- A qualified medical staff member will place a small needle/catheter (IV) in your vein to dispense medication

during your surgery.

- Often pre-operative medications are necessary.
- You will meet the anesthesiologist and discuss the anesthesia.
- You will be under general anesthesia (asleep) during the operation, which may last for several hours.
- Following the operation you will be sent to the recovery room until you are fully awake. Then you will be sent to your hospital room.
- Most patients stay in the hospital the night of surgery and may require additional hospital days to recover from the surgery.

- Persistent fever over 101F (39 C)
- Bleeding
- Increased abdominal swelling or pain
- Persistent nausea or vomiting
- Chills
- Persistent cough and shortness of breath
- Difficulty swallowing that does not go away within a few weeks
- Drainage from any incision
- Calf swelling or leg tenderness

This brochure is not intended to take the place of your discussion with your surgeon about the need for laparoscopic obesity surgery. If you have questions about your need for obesity surgery, your alternatives, billing or insurance coverage, or your surgeon's training and experience, do not hesitate to ask your surgeon or his/her office staff about it. If you have questions about the operation or subsequent follow-up, please discuss them with your surgeon before or after the operation.

ADDITIONAL INFORMATION For additional information on surgical treatment for morbid obesity, please refer to the National Institutes of Health (www.nih.gov) or the American Society for Bariatric Surgery (www.asbs.org).

ADDITIONAL INSTRUCTIONS:

[Doctors may purchase bulk reprints of SAGES Patient Information Brochures from the SAGES Store.](#)

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Requests for single reprints should be sent to:

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