

The first 6 weeks after weight loss surgery

This leaflet outlines what to expect in the first 6 weeks following your weight loss surgery and provides information and advice to support you. If you have any questions, please feel free to discuss them with your Bariatric Team.

Eating and drinking

In the first 4-6 weeks after the operation, it is vital that you keep to the diet that we have advised in order to reduce the possibility of complications and in the case of a gastric band, this allows the band to settle in the correct position. It is important to keep to the diet and not rush or skip stages in order to allow your pouch and intestines to heal if you have had a bypass or sleeve, as well as to reduce discomfort, the risk of vomiting or if you have had a band, the risk of the band slipping and needing removal. Your diet will progress from liquid to solid foods. However, please be aware that these stages are guidelines and although 6 weeks is regarded as the minimum time to safely achieve a degree of eating normal textures in small portions, some people may take longer before they are able to regularly tolerate more solid food.

Gastric bypass & Sleeve gastrectomy:

- Stage 1: Fluids only
- Stage 2: Runny puree
- Stage 3: Thicker puree
- Stage 4: Soft/mashable foods
- Stage 5 Normal healthy eating

Gastric bands:

- Stage 1: Fluids only
- Stage 2: Pureed foods
- Stage 3: Soft/mashable foods
- Stage 4: Normal healthy eating

Drink very slowly by taking small sips. Try not to gulp. You need extra fluids after the operation and may find you cannot drink a whole glassful at once so have several small drinks between each meal. Try to take a pint more water than you usually would in a day. Avoid fizzy drinks and drinking through a straw as these may cause wind trapping in your stomach which can be painful. Avoid caffeine containing drinks as these act as a diuretic (make you pass water) and can contribute to dehydration.

Start with small amounts, but stop eating if you feel any discomfort. You should chew the food thoroughly and eat slowly aiming for a 20p sized mouthful every minute.

The dietitian will provide you with more detailed info about eating and drinking after surgery.

Exercise

Most people lose some weight quite quickly after the surgery and feel more energetic quite soon after the operation. Others feel more tired. Start walking more as soon as you feel able. With time you should gradually try to increase this until you are walking for a total of 30 minutes every day. You should aim to walk at a speed that makes you slightly short of breath and slightly sweaty. If you attend a gym or fitness club, you should have a break of at least 4-6 weeks and then gradually get back into it.

Sleeping

You will find it more comfortable to sleep propped up in a semi-sitting position using several pillows.

Returning to work

Most patients are back at work 4-6 weeks after a bypass or a sleeve operation and 2 weeks after gastric band surgery. If your job involves heavy lifting or stretching, check with your surgeon pre-operatively about how long you should plan to take off.

Driving

You should be able to drive again after 2 weeks (if you can do an emergency stop, it is safe to start driving again). However please check with your car insurance broker as different companies have different rules with regard this time frame which may affect your cover.

Alcohol

Alcohol is absorbed by the body more quickly after bariatric surgery and you may be more prone to intoxication than you used to be. Please ensure that you are in a safe place before trying this and especially avoid driving after drinking any alcohol. Be aware too of the fact that alcohol contains liquid calories and will bypass the effects of your surgery.

Support available after surgery

Time is needed to get used to eating such small amounts, although most people report that they have little or no appetite and have to eat to routine. Initially, it will be necessary to take liquids and then gradually progress towards normal food. Even when fully recovered, you will not be able to eat as you did prior to surgery. You will have to eat slowly, chew your food well and there may be certain foods that you do not tolerate well. If you have had a band you may be frustrated by the slowness of early weight loss. The key to success is to be patient. It may take a few band adjustments to get the optimal satiety levels right for you. You are not alone! You will be able to obtain telephone or email advice and support from the clinical nurse specialist and specialist dietitian.

Further follow up after surgery

Roux-en-Y bypass and sleeve gastrectomy: People who have undergone a bypass or a sleeve will be followed up at 6-8 weeks following surgery. At this appointment you will see or talk to the surgeon, obesity physician or specialist nurse. You will then be followed up by the specialist dietitian at regular intervals for up to 2 years after your surgery when you will be monitored every year by your GP.

Gastric band: Your first appointments are with the surgeon about 3-4 weeks after surgery and you will be booked for your first band fill in the X-ray Department at about 6-8 weeks after surgery. You will then be seen every 6-12 weeks thereafter by the bariatric specialist nurse or dietitian for the first year. Further band adjustments will be organised as appropriate.

Blood tests post-op for life

It is important that you know that after the operation you must have regular blood tests at your GP surgery to check that you are not developing any deficiencies as a result of your surgery. The tests will be every 3 months in the first year and then every 12 months after that, for life. We will write to your GP to tell him or her which tests are needed, but you will need to make the appointment for them to be done at the intervals we recommend.

Possible problems

- **Regurgitation:** Contrary to some things you may have read about weight loss surgery, regurgitation or vomiting is not common. If you get full but continue to eat more or eat quickly without chewing thoroughly, chances are an episode of vomiting/regurgitation will result. You will have to 're-learn' your way of eating by eating slower, chewing food well and stopping when you feel satisfied.
- **Diarrhoea:** Your bowels should quickly return to normal after the operation, although diarrhoea is not uncommon to start with. This is especially the case if you have had gastric bypass surgery but should settle. If the diarrhoea returns it is usually caused by what you are eating. The most common reason is eating foods high in sugar such as sweets or chocolate or foods high in fat such as crisps or fried foods. Make sure you drink extra fluid if you have diarrhoea until it settles but make sure to avoid sugary drinks which will make the diarrhoea worse. Avoid the foods you think might be causing the diarrhoea.
- **Constipation:** Your body will take a little time to adjust to the smaller quantity of food you are eating. To prevent or treat constipation, drink more water – about a pint a day more than you used to. If the constipation persists, speak to a member of the team who will advise which laxatives are safe to use.
- **Dry skin:** Many patients report developing very dry skin when losing weight rapidly. You can help prevent and combat this by drinking plenty of fluids, taking all recommended vitamins and minerals and applying a good moisturising cream daily.
- **Transient hair loss:** Hair loss and hair thinning is a common side-effect which may occur during the first 6 months. Although can be alarming, it will not lead to baldness and is reversible. Once your weight stabilises and you take in more protein, the hair will grow back.

Hair treatments and perms should be avoided. Be sure to take in an adequate amount of protein. Most patients report that their hair returns fuller and thicker than before.

- **Dumping syndrome:** If you have had a gastric bypass or sleeve gastrectomy, a condition known as dumping syndrome can occur after eating too much sugar. Symptoms can include vomiting, nausea, weakness, sweating, faintness and diarrhoea. While it generally isn't considered a serious health risk, it can be very unpleasant and can happen after eating only small amounts of easily absorbed sugar e.g. sweets or sugary drinks. It is important not to treat these symptoms by eating more sweet foods or sugary drinks as it will only make the symptoms worse.

Important – please note:

If you have:

- A persistently high fever.
- Sudden shortness of breath, chest pain or a rapid pulse.
- Pain, redness or swelling in one or both of your legs.
- Difficulty in swallowing that does not settle after changing back to clear fluids for a few hours.
- Severe abdominal pain.
- Uncontrollable vomiting.
- Any other concerns.

Please contact us by telephoning the ward that you were discharged from, or in an emergency go to the nearest Emergency Department (A&E).

Gastric band fills

The first band fill is at 6-8 weeks following surgery and is done in the X-ray (Radiology) Department so they can check that the band is in the correct position. Subsequent band adjustments will depend on whether you have obtained adequate satiety (satisfaction after eating) and will be done in either Radiology or by the bariatric nurse specialist. The volume put in will be adjusted to your individual needs.

Problems can arise if the band is too tight and typically patients will start to gain weight. This occurs because they start to take high calorie liquids or softer foods which prevents the band from working properly. Typical problems can include reflux/heartburn, regurgitation and difficulty or pain on swallowing. A band that is too tight is likely to lead to complications such as a pouch dilatation (stretching) and band slippage.

Follow up group sessions with the psychologists

These group sessions aim to provide a supportive environment in which you can discuss struggles and successes with people who have been through a similar pathway to yourself, though there is no obligation to contribute more than you feel comfortable. These are run virtually via Microsoft Teams and cover topics such as:

- Plan for life after surgery
- Cravings and emotional eating
- Self-compassion

- Body image
- Staying motivated/stumbling blocks
- Creating new habits

These groups can help you to keep sight of your personal goals whilst on your bariatric journey, and can offer support at times when things may feel more difficult as well as providing an opportunity to discuss specific issues or concerns that members may have.

Information on when and where these sessions are running is available at your dietetic appointments, or you can call the Clinical Health Psychology admin number 0118 929 6474 or email ClinicalHealthPsychology@berkshire.nhs.uk for any post-op group enquiries.

Follow up with the bariatric dietitians

We provide regular one-to-one review appointments during the 2 years after surgery, during which time we will support you on your lifestyle-change journey with relevant dietary advice, problem solving where needed and blood test monitoring to avoid any potential deficiencies. We work closely with our psychologist colleagues together to provide a seamless support network during this time.

Contact details for the dietitians are via telephone 0118 322 7116 (with voicemail for out of hours) and email: Dietitians.rbh@royalberkshire.nhs.uk

Useful websites

British Obesity Surgery Patient Association: www.bospauk.org

Weight Loss Surgery Information: www.wlsinfo.org.uk

Contacting us

To contact the Bariatric Team via Centre for Diabetes and Endocrinology, telephone: 0118 322 8109 /8811. Or email the Bariatric Specialist Nurse at katharine.hallworth-cook@royalberkshire.nhs.uk

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Centre for Diabetes and Endocrinology (Bariatric Surgery)

Reviewed: December 2023

Next review due: December 2025