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Obesity Specialist Group

Bariatric surgery and tourism

Ness Osborne

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Overview

- Introduce the different types of bariatric operations
- Explore why patients might choose to travel abroad to have their surgery
- Discuss the factors that patients may not consider when travelling abroad for surgery

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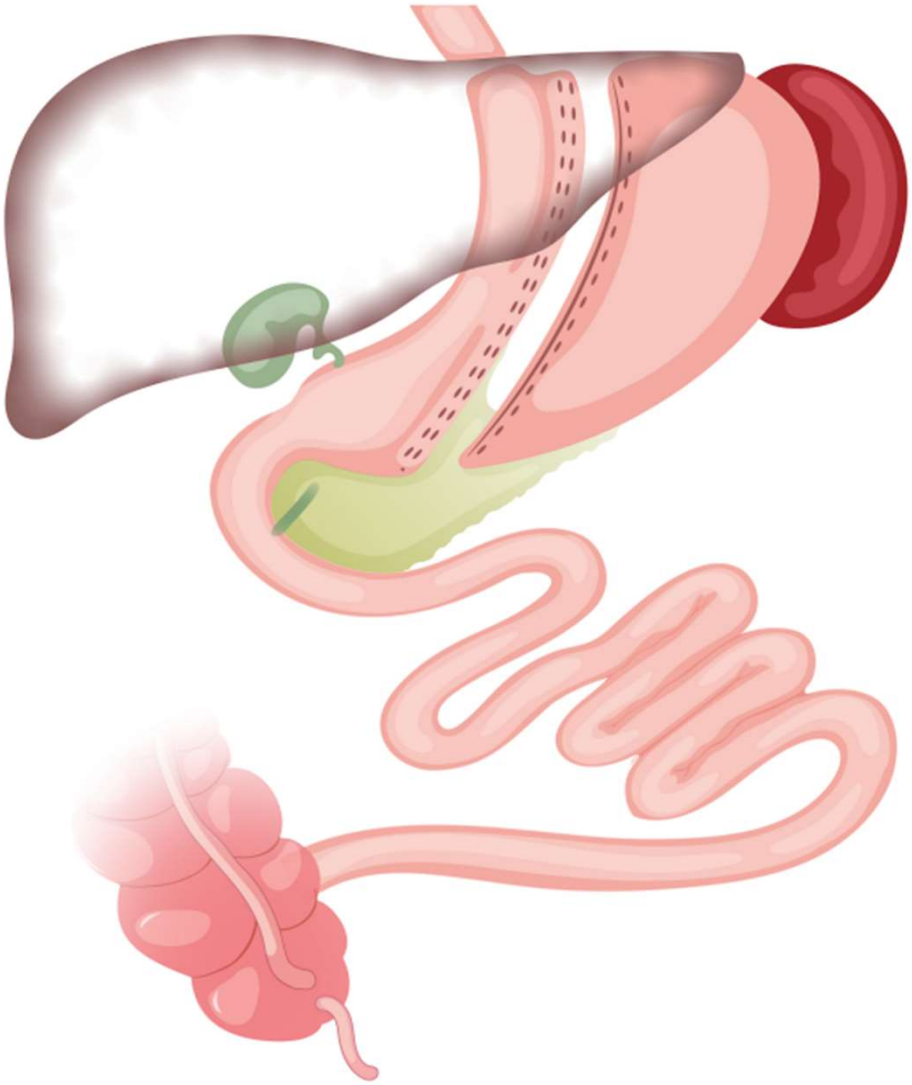
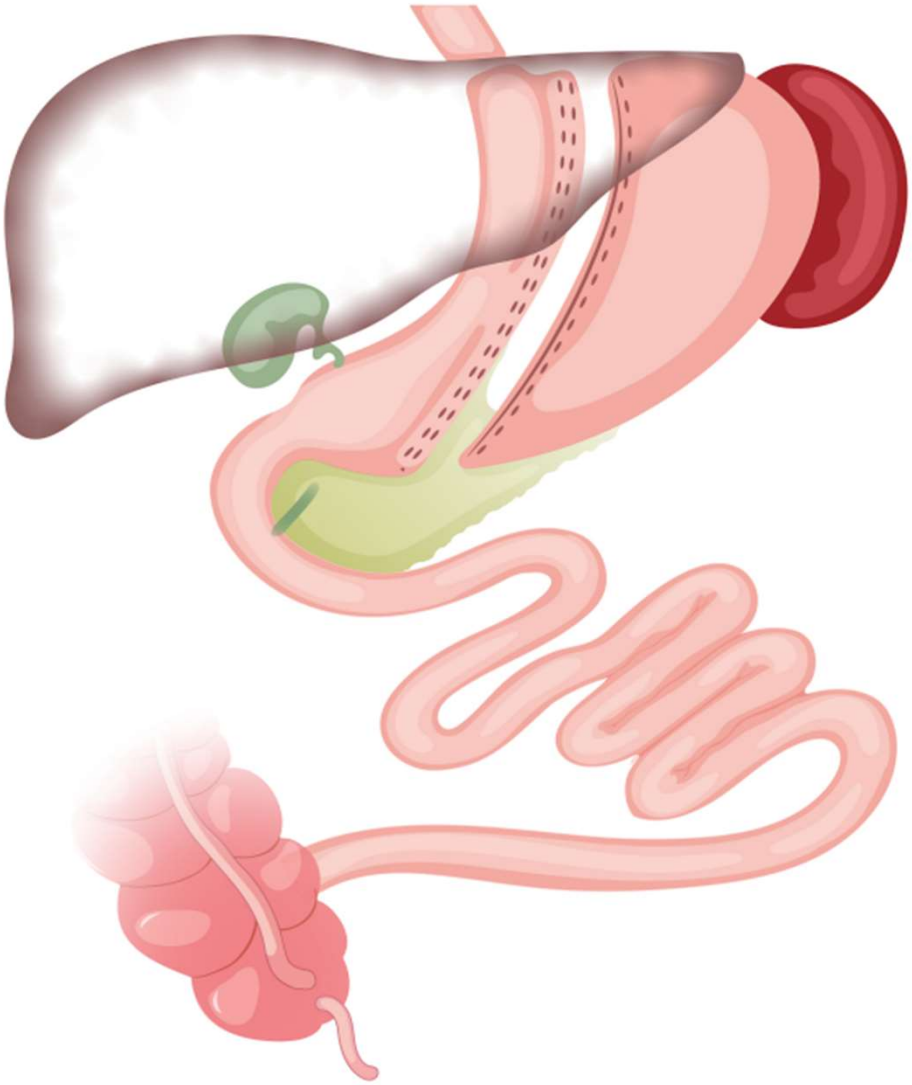
Types of surgery



Sleeve Gastrectomy (SG)

- Removes approximately 75% of the stomach
- Restricts food intake
- Gastric emptying and intestinal transit increase

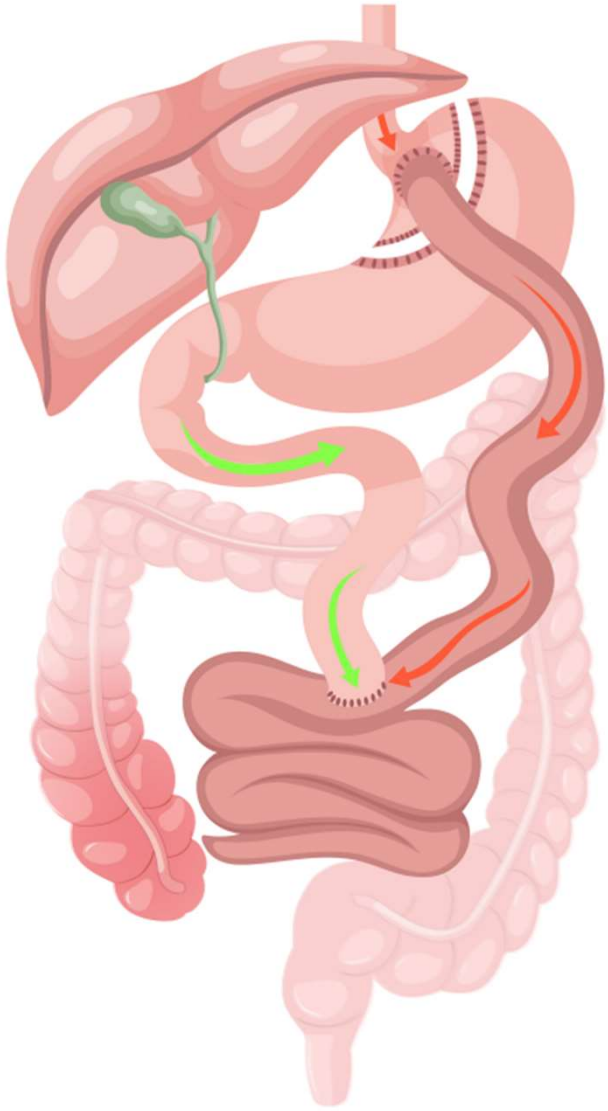


Sleeve Gastrectomy (SG)

Advantages over bypass	Disadvantages
• Simpler and safer • Less micro-nutrient deficiencies • Lack of dumping syndrome • Lower risk of gastric cancer that arises from the excluded remnant stomach	• 1-2% risk of leakage due to the long staple line • Sleeve leaks more difficult to manage • Can have narrowing along the stomach pouch • Acid reflux • Not reversable

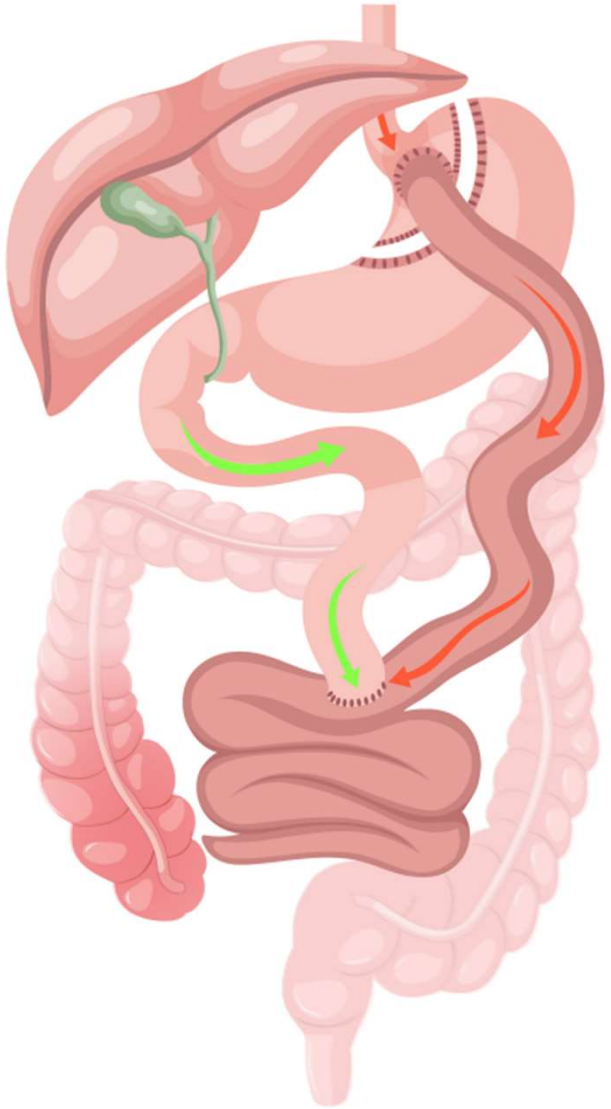
Roux-en-Y Gastric Bypass (RYGB)

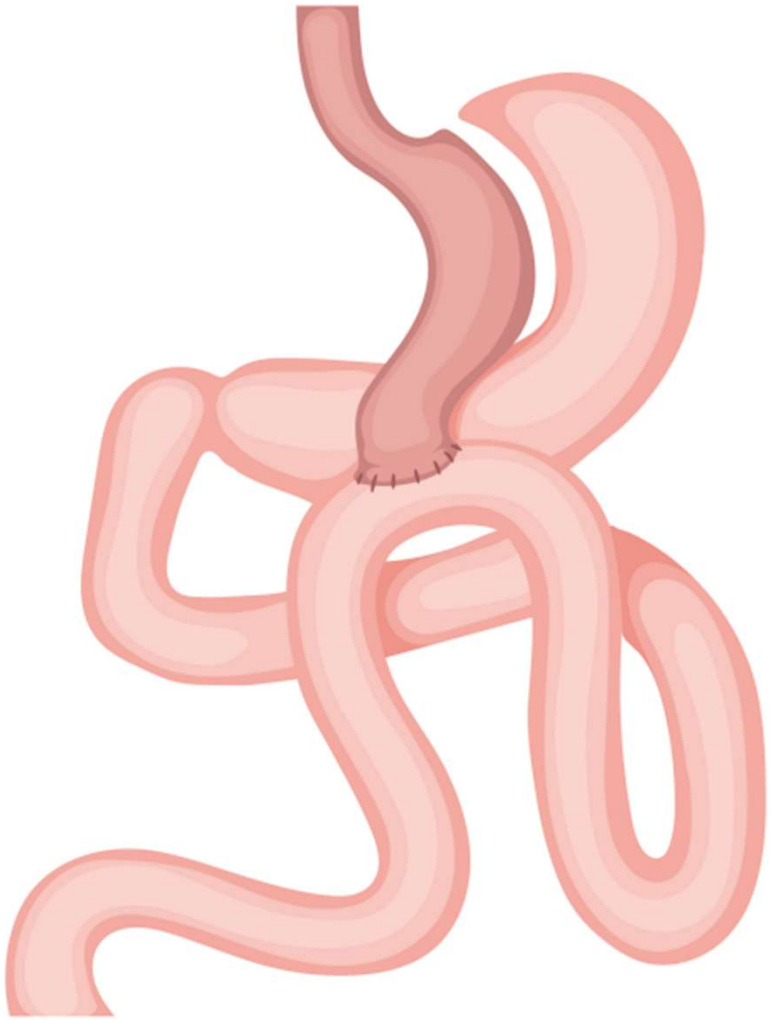
- Stomach divided into two chambers using stapler
- Upper chamber holds ~ 30 ml
- Small intestine divided and connected (“anastomosed”) to the pouch.
- A second connection (“anastomosis”) is made to connect the disconnected stomach and duodenum to the small bowel.
- Digestive fluids can meet the ingested food enabling nutrient breakdown and absorption.
- Distance between the two connections can vary by surgeon preference but is generally 50 to 150 cm



Roux-en-Y Gastric Bypass (RYGB)

Advantages	Disadvantages
• Superior for weight loss and resolution of obesity related comorbidities • Most cost-effective procedure for NHS • Reversable	• Risk of micronutrient deficiency- will need more supplementation • Higher risk of ulcers

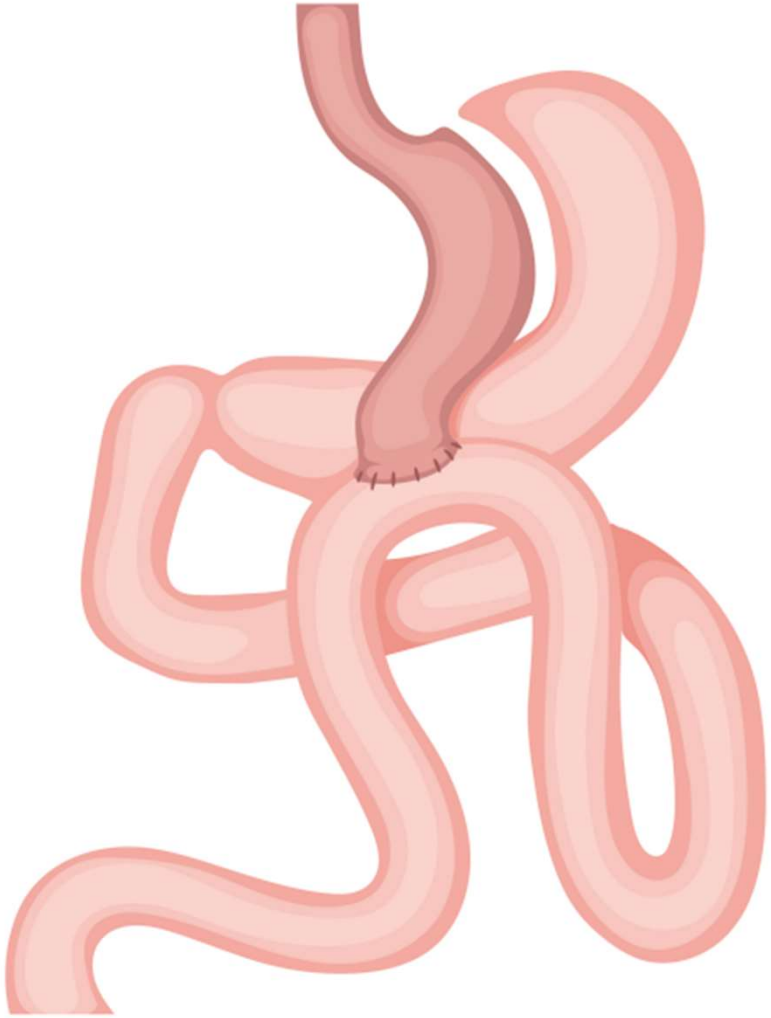




One Anastomosis Gastric Bypass (OAGB)

- Long and narrow – restrictive lesser-curvature gastric pouch
- A 150-200 cm jejunal bypass with a single antecolic gastro-jejunostomy (GJ) anastomosis, which leads to significant (fat-)malabsorption.

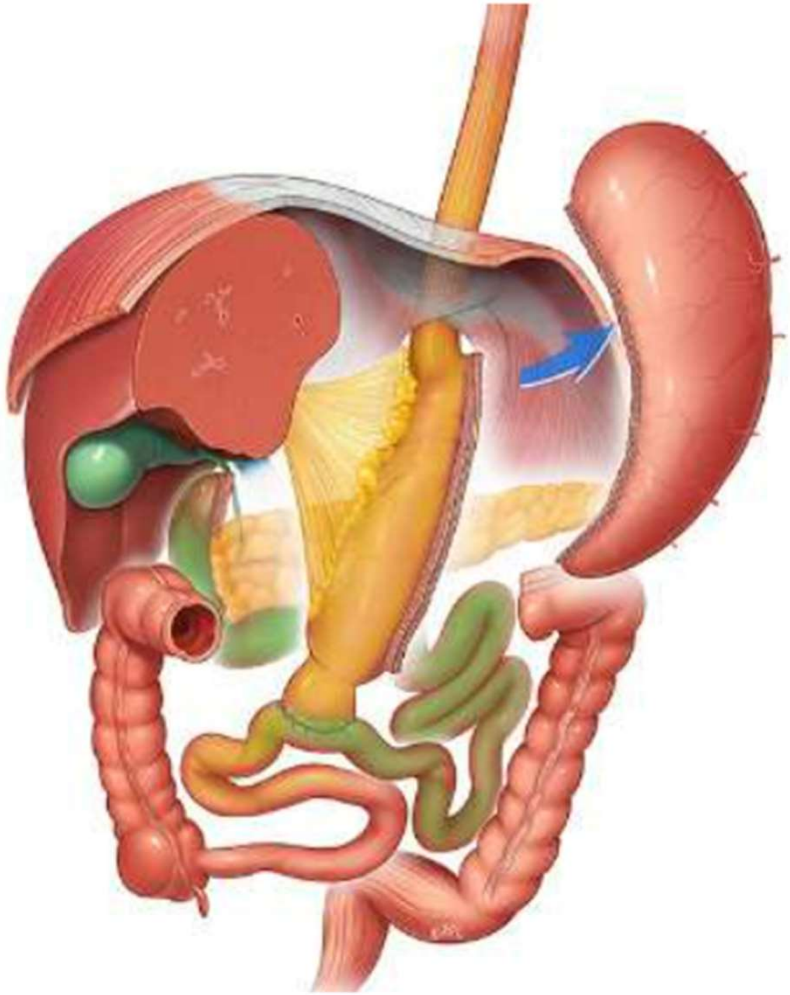
One Anastomosis Gastric Bypass (OAGB)



Advantages	Disadvantages
• Superior for weight loss and resolution of obesity related comorbidities • Easily revisable • Reversable	• Risk of micronutrient deficiency- will need more supplementation

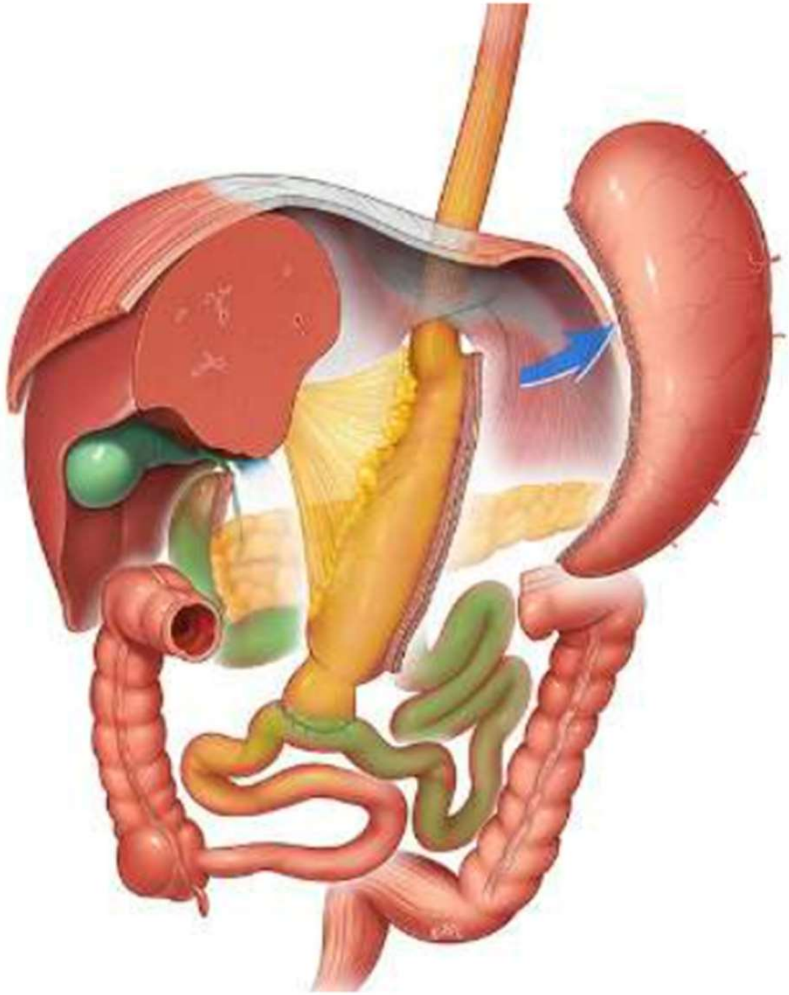
Single Anastomosis Duodenal-Ileal bypass with Sleeve (SADI-S)

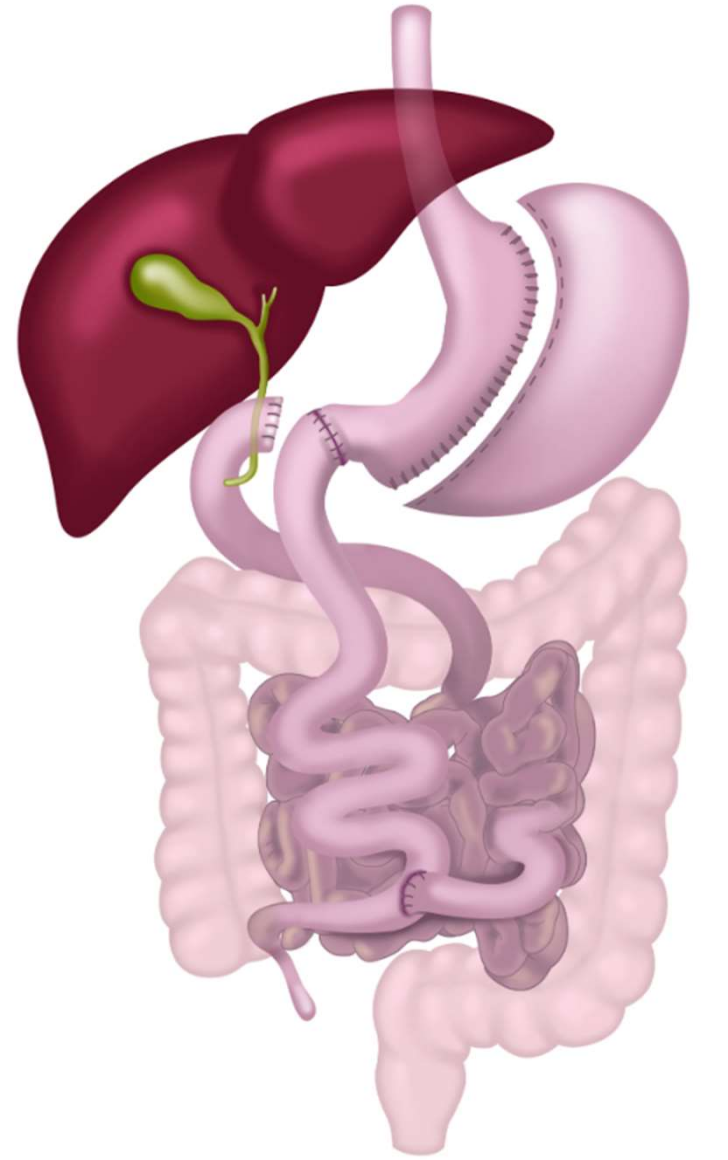
- Sleeve gastrectomy performed
- Duodenum connected to the ileum, food bypassing a long segment of the small bowel, which remains in the abdominal cavity, but is excluded from the food circulation
- Anatomical changes decrease oral intake and reduce the absorption of the nutrients and calories eaten



Single Anastomosis Duodenal-Ileal bypass with Sleeve (SADI-S)

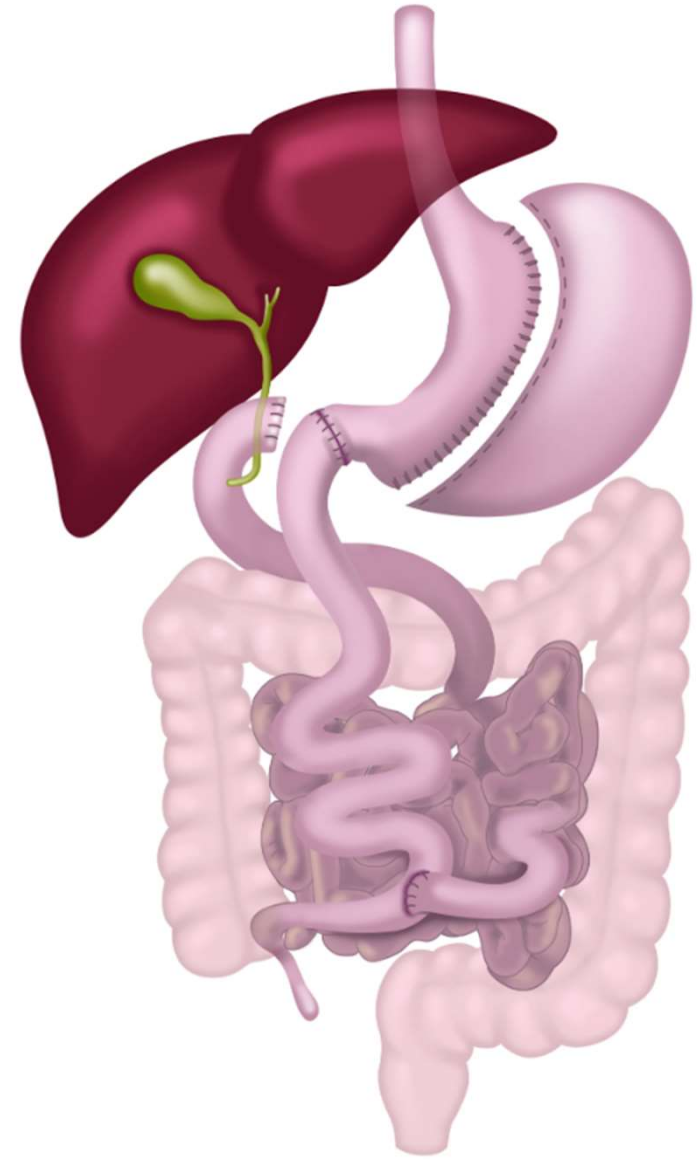
Advantages	Disadvantages
• Up to 70% of excess of weight in one year • Good resolution of comorbidities	• Surgery much more complex and higher complication rate • Extremely high risk of nutrient deficiency- will need more supplementation and close monitoring by GP • High rate of biliary reflux





Biliopancreatic Diversion with Duodenal Switch

- Sleeve gastrectomy
- Duodenum cut and connected to the last 250 to 300 cm of small bowel, bypassing about 2/3 of the total length of small bowel.
- Bile juice is also diverted and mixes with food at the last 100 cm of the small bowel. Fat absorption occurs only in this short segment of intestine.
- Amount of food you can eat is reduced as well as the absorption of fat, proteins and calories.

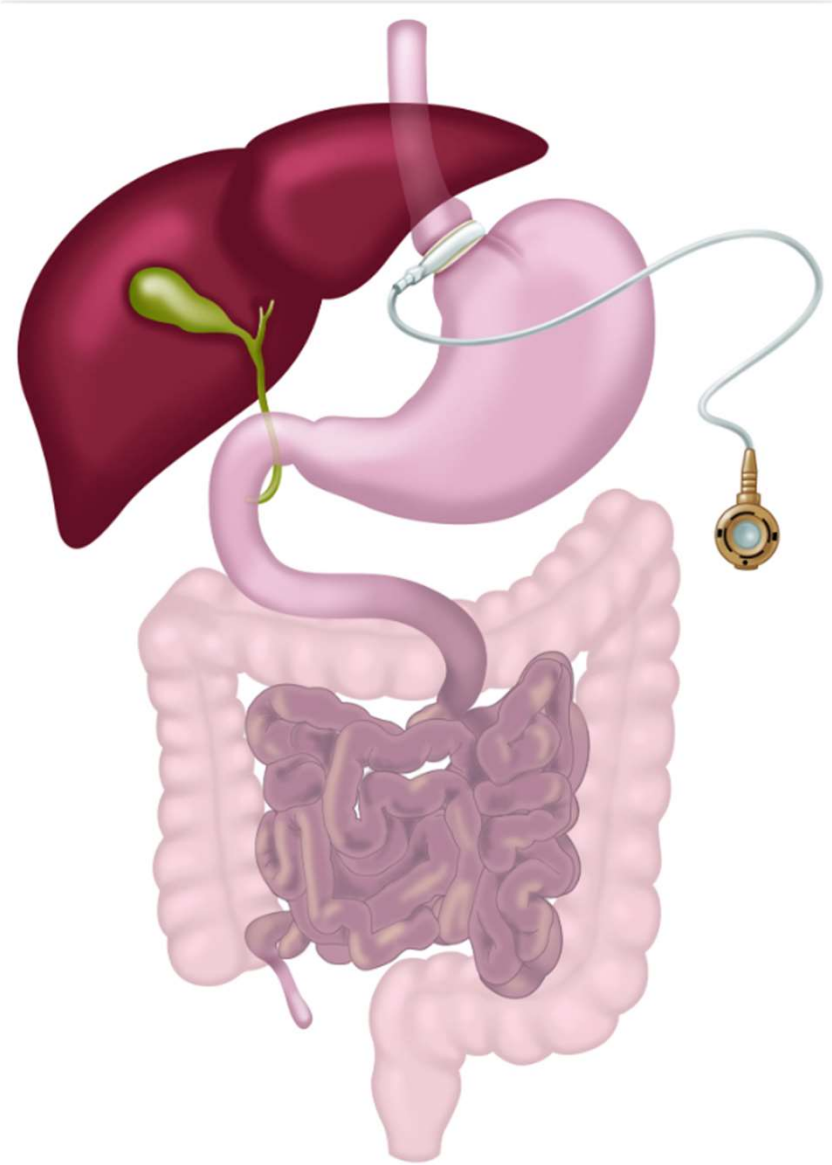


Biliopancreatic Diversion with Duodenal Switch

Advantages	Disadvantages
• Most effective in terms of weight loss and long-term resolution of comorbidities (40% weight loss)	• Higher risk of post-op complications • High risk of micronutrient deficiency- will need more supplementation • GI side effects: increased frequency of bowel movements, bloating and malodorous gas

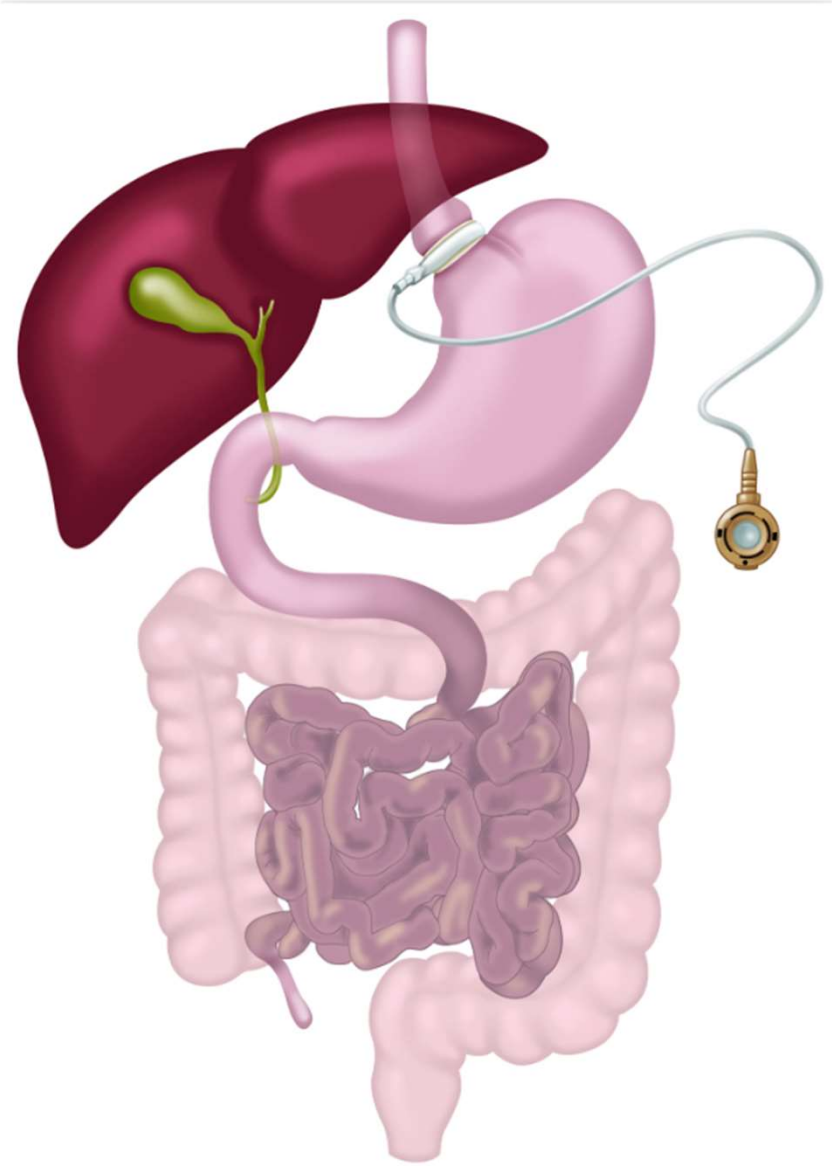
Adjustable Gastric Band

- Inflatable band positioned in the upper part of the stomach creating a small pouch above
- Band inflated through a port placed under the skin and connected to the band by a tube
- Sterile saline injected in the port causes distention of the band and consequently the stomach above the band
- Induces satiety and fullness, which helps to reduce calorie intake



Adjustable Gastric Band

Advantages	Disadvantages
• Absorption is not altered by this procedure • No cutting/staple lines	• Liquid calories can easily be ingested and limit the success of the technique • High rate of reoperation or conversion to other surgeries for complications, side effects and insufficient weight loss or weight recurrence



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How does BMS work?

Affects **gut hormones (ghrelin, GLP-1, PYY, OX)**

reduced hunger, increased satiety, improved insulin secretion and improved glucose homeostasis.

RYGB- bile acids act as endocrine factors by activating receptors in the terminal ileum and colon **->**

increased levels of GLP-1 -> improved glycaemic control.

From changes in pH of the gastric remnant and proximal SI, in bile acid flow and nutrient metabolism

change in gut microbiota after RYGB

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Why travel abroad?

Why travel abroad?

- Cost vs. private in the UK
- NHS waiting times for work up and surgery
- Perception of surgeon skill set
- Not aware of eligibility for surgery in UK
- Travelling to country of origin
- Unrealistic expectations

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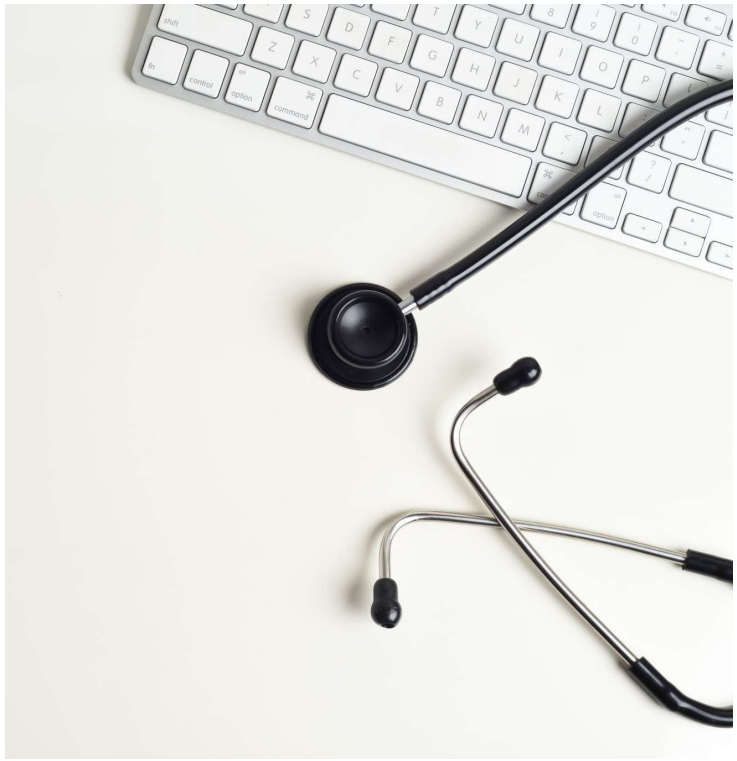
Why be concerned?

Considerations

- Not enough specialist pre-op assessment and counselling
- Procedure offered not always most appropriate
- Details of the operation done unknow, or a different procedure being done to the one the patient expected
- Unknown quality and safety of surgery
- Risks of long-distance travel immediately following operation, e.g. blood clot in the leg or lung (which can be potentially life-threatening)
- Poor or non-existent access to routine post-operative follow up care, increasing risk of outcomes such as weight recurrence and nutritional deficiencies
- No direct access to specialist care if a late complication develops (and most GPs are not proficient in bariatric surgery care)



References and Resources

- International Federation for the Surgery of Obesity (IFSO) – credit for images used
- Miss Aya Musbahi, consultant surgeon at South Tyneside and Sunderland Hospital- Credit for images used
- Statement on going abroad for weight loss surgery – British Obesity and Metabolic Surgery Society (BOMSS)