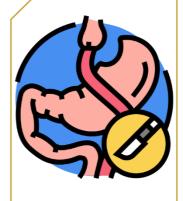


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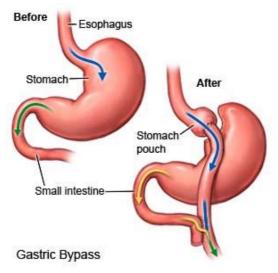
مستشفى الملك فهد الجامعي King Fahad Hospital The University

Roux-en-Y Gastric Bypass



What is Roux-en-Y gastric bypass

Roux-en-Y gastric bypass, also known as gastric bypass, is a type of weight loss surgery. The surgeon creates a small pouch from the stomach and directly connects it to the small intestine during the procedure. This means that food first enters the small pouch and then travels directly to the small intestine, bypassing most parts of the stomach and the initial section of the small intestine.



How does it help lose weight?

This has a dual effect on weight loss in Two Ways:



The smaller stomach can only accommodate a small amount of food, which makes you feel full even after consuming a small portion. Usually, the stomach pouch may stretch, which allows you to eat a little more.



The surgery also alters the way your body absorbs calories. After the procedure, food bypasses most of the stomach and upper small intestine, resulting in the absorption of fewer calories. This process seems to reduce your appetite and change the release of various hormones, which impacts how your body breaks down food.

When is it recommended to perform gastric bypass surgery?

It is recommended that weight loss surgery only be considered for those who meet one of the following criteria:

- BMI exceeds 35.
- BMI is greater than 30 and they have a severe medical condition related to obesity, such as diabetes, sleep apnea, or severe joint pain, that can be improved by losing weigh.



When is gastric bypass surgery not

recommended?



Current drug and alcohol abuse



Uncontrolled and untreated eating disorders (bulimia)



Major depression or untreated psychosis



inability to follow nutritional requirements, including lifelong vitamin replacement



(severe blood coagulopathy)



severe cardiac disease
with high risks for
anesthesia

- At short term: gastric bypass surgery poses similar general risks to other surgeries, such as wound infection, excessive bleeding, and reactions to anesthesia. Nonetheless, gastric bypass surgery also has specific complications, including:
 - Hernia occurs when an organ bulges through a gap in the muscle wall
 - ♣ Small intestine obstruction: Scar tissue can narrow or obstruct the small intestine.
 - ♣ Anastomotic leak: The surgery severs and reconnects the small intestine in multiple places, which can lead to serious infection inside the abdominal cavity if the connection point leaks. Its incidence is less than 1%.

- Long-term complications of gastric bypass surgery:
 Surgical procedures that change the path of the digestive system can cause some digestive complications, such as:
 - ♣ Dumping syndrome: Half of the individuals who have bariatric surgery may experience dumping syndrome, It can occur when your stomach expels food too quickly into the small intestine. symptoms such as nausea, diarrhea, abdominal cramping, and hypoglycemia. The symptoms usually dissipate over time, and healthcare teams provide dietary guidelines to avoid or lessen dumping syndrome while in recovery.



Long-term complications of gastric bypass surgery:

- malabsorption in the small intestine which decrease the absorbed calories, but it can also result in nutritional deficiencies if not managed carefully. Healthcare providers prescribe nutritional supplements to prevent this.
- ♣ Gallstones: Rapid weight loss can also cause cholesterol to collect in the gallbladder, forming cholesterol gallstones, Your healthcare provider may prescribe medicine to prevent gallstones after surgery.



Long-term complications of gastric bypass surgery:

- Ulcers :Healthcare providers recommend avoiding smoking or using NSAIDs to avoid this potential complication
- Weight regain: If you do not commit to changing the way you eat, it is possible that your stomach will expand again.



What are the results of gastric bypass surgery?

Gastric bypass surgery is known for its high success rate in achieving significant weight loss. Typically, weight loss continues for about one to two years after the procedure, and then it levels off. On average, patients can expect to lose between 60 and 70 percent of their excess weight within the first 18 months after the surgery.



Sources and references:

UpToDate (iau.edu.sa)

clevelandclinic.org

Canva.com

Review and audit:

The content of this booklet has been reviewed by General, Bariatric and Minimal Invasive Surgery Consultants King Fahd University Hospital.

General, Bariatric and Minimal Invasive Surgery Department

Health Awareness Unit IAU-24-516

