PROCEDURE

Gastric bypass surgery

Gastric bypass is an operation that reduces stomach size and reroutes part of the small intestine to support weight loss.

PURPOSE
Support major weight loss and improve weight-related health conditions

PROCEDURE TYPE
Therapeutic, usually minimally invasive surgery

WHERE IT IS DONE
Operating theatre

ANAESTHESIA
General anaesthesia

HOW LONG IT TAKES
2 to 3 hours

PREPARATION
Fasting, medication review, tests, and often a pre-surgery diet

RECOVERY
One to three hospital nights; no driving while unsafe

MAIN RISKS
Leak, bleeding, blood clots, nutritional deficiencies

RESULTS
Weight loss begins within weeks, continuing for 1 to 2 years

Overview

Gastric bypass is a type of weight-loss surgery, also called metabolic or bariatric surgery. The most common form is a Roux-en-Y gastric bypass.

The surgeon creates a small pouch from the upper part of your stomach. Food then passes from this pouch into a lower section of your small intestine, bypassing most of your stomach and the first part of the intestine.

The operation helps you feel full after eating less. It also changes gut hormones and how your body handles food. These changes can support substantial weight loss and improve some health conditions linked to weight.

Gastric bypass is intended to be permanent. It requires lasting changes to eating, vitamin use,

and medical follow-up.

Why the procedure is performed

Gastric bypass may be offered when excess weight is seriously affecting your health and nonsurgical treatments have not provided enough lasting benefit.

It may help improve conditions such as:

Gastric bypass may be preferred over another operation when severe acid reflux is also a concern. It is not a guaranteed cure for any condition, and individual results differ.

- Type 2 diabetes
- High blood pressure
- Obstructive sleep apnoea
- Abnormal blood fats
- Fatty liver disease
- Joint pain that limits movement

Who should and should not have it

A specialist team assesses your body mass index, or BMI, your weight-related health conditions, previous treatment, and ability to manage lifelong follow-up. BMI compares weight with height but does not describe your health by itself.

Current specialist guidance supports bariatric surgery for many adults with a BMI of 35 or higher. It may also be considered at a BMI of 30 to 34.9 when metabolic disease is present or nonsurgical treatment has not produced lasting results. Local health systems and insurers may use different criteria.

You also need to understand the operation, its alternatives, and the changes required afterward.

Surgery may be delayed or avoided if:

Another procedure may be more suitable if you need regular anti-inflammatory pain medicines, have certain intestinal diseases, or have had complex abdominal surgery. These are individual decisions rather than automatic exclusions.

- Pregnancy is planned or already confirmed

- A medical condition makes anaesthesia or surgery unsafe at present
- Alcohol or drug use is not under control
- An eating disorder or mental health condition would interfere with recovery
- You cannot currently follow the eating, supplement, or follow-up plan
- Smoking or nicotine use has not been addressed as required by the program

How to prepare

Your treating facility's own instructions take priority because fasting, medicine, and admission plans differ between programs.

Before surgery, you will usually have blood tests and assessments of your heart, breathing, nutrition, and general health. You may meet a surgeon, anaesthesia clinician, dietitian, and other members of the bariatric team.

Tell the team about every medicine, vitamin, supplement, allergy, and non-prescription product you use. Blood thinners and medicines for diabetes may need a special plan. Do not stop them unless the treating team tells you to.

Many programs recommend a short pre-surgery diet to reduce liver size and make the operation safer to perform. Follow the specific plan you are given rather than creating your own.

You will need to stop eating and drinking at the stated time. If you use a CPAP machine for sleep apnoea, you may be asked to bring it. Arrange help at home and transport after discharge.

What happens during the procedure

You receive general anaesthesia, so you are unconscious and do not feel the operation.

Gastric bypass is usually performed through several small abdominal cuts using a camera and long instruments. This is called laparoscopic or minimally invasive surgery. An open operation through a larger cut is sometimes necessary.

The surgeon:

Food no longer passes through most of the stomach or the first section of small intestine. No major part of the stomach is usually removed.

The surgical team checks the new joins, closes the cuts, and takes you to a recovery area. The

operation commonly takes about two to three hours.

- Divides the upper stomach to create a small pouch.
- Divides the small intestine farther down.
- Connects one end of the intestine to the new stomach pouch.
- Reconnects the bypassed intestine lower down so digestive fluids can mix with food.

Recovery and what to expect afterward

Abdominal soreness is expected, especially around the small cuts. Gas used during keyhole surgery can also cause temporary shoulder discomfort. Pain medicine and early gentle movement usually help.

You will begin with small amounts of fluid. Food is then advanced through liquid, puréed, soft, and regular textures according to your bariatric diet plan. Eat slowly, take small bites, and stop when you feel full. Drinking separately from meals may be recommended.

Walking soon after surgery helps recovery and lowers the risk of blood clots. Avoid heavy lifting and strenuous activity until your surgical team says these are safe.

Do not drive home. Resume driving only when you are no longer taking sedating pain medicine, can move comfortably, and could perform an emergency stop safely. Check any local legal or insurance requirements.

Many people return to desk-based work within a few weeks. Physically demanding work may require more time. Your recovery, complications, and job duties affect the timing.

Risks and possible complications

All major surgery has risks. Early complications can include bleeding, wound infection, blood clots, injury to nearby organs, and reactions to anaesthesia.

A leak can develop where the stomach or intestine was joined. This requires urgent medical assessment and may need antibiotics like amoxicillin or doxycycline , drainage, or another procedure.

Later problems can include:

Dumping syndrome can occur when food, especially food high in sugar, moves rapidly into the small intestine. It can cause cramps, nausea, diarrhoea, flushing, a racing heartbeat, weakness, or dizziness after eating.

Reduced absorption can lead to low levels of iron, vitamin B12, folate, calcium, vitamin D, and other nutrients. Lifelong supplements and blood tests are important.

- Narrowing or ulcers at a surgical join
- Bowel blockage or internal hernia
- Gallstones during rapid weight loss
- Low blood sugar after meals
- Weight regain
- Vitamin and mineral deficiencies

Results and follow up

Weight loss begins after surgery and usually continues over the following 12 to 24 months. Some weight regain can occur later. Results are affected by eating patterns, activity, biology, medicines, and follow-up care.

Blood sugar and blood pressure may improve quickly, sometimes before much weight has been lost. Medicines may need prompt adjustment, but only your healthcare team should make those changes.

Follow-up is frequent during the first year and continues for life. Visits may cover weight, eating, emotional wellbeing, medicines, and any symptoms. Blood tests check for anaemia and vitamin or mineral deficiencies.

Most people need lifelong vitamin and mineral supplements. Your bariatric team will specify the products and arrange monitoring. Pregnancy is usually delayed during rapid weight loss; discuss contraception and future pregnancy with the team.

Alternatives

You do not have to choose gastric bypass. The realistic alternatives include:

- Structured lifestyle treatment: Avoids surgery and focuses on food, activity, sleep, and behaviour. Average weight loss is usually smaller, and maintaining it can be difficult.
- Weight-management medicines: Can produce meaningful weight loss without surgery. Treatment may be long term, side effects can occur, and weight may return after stopping.

- Sleeve gastrectomy: Removes most of the stomach without bypassing the intestine. It is simpler and causes less malabsorption, but it is irreversible and may cause or worsen reflux.
- Adjustable gastric band: Does not cut or bypass the intestine and can be removed. It usually produces less weight loss and may require later adjustment or another operation.
- Duodenal switch procedures: Can produce greater weight loss and metabolic improvement. They carry a higher risk of nutritional deficiencies and require especially careful follow-up.
- Endoscopic procedures: Use instruments passed through the mouth, avoiding abdominal surgery. They are less invasive but generally produce less weight loss and may not be widely available.
- No procedure now: Allows more time to consider the decision or continue nonsurgical treatment. Weight-related health problems may remain or progress.

When to call your healthcare team

Seek emergency help for severe trouble breathing, chest pain, fainting, confusion, or signs of a serious allergic reaction.

Contact your surgical team urgently for:

Mild soreness, temporary tiredness, constipation, and questions about food progression can usually be discussed during routine follow-up. Contact the team sooner if these are worsening or preventing you from drinking, eating, or moving as instructed.

- Severe or worsening abdominal pain
- A fast heartbeat with pain, fever, or weakness
- Repeated vomiting or inability to keep fluids down
- Vomit containing blood or black, bloody stools
- A swollen, painful, or red leg
- Increasing wound redness, swelling, drainage, or separation
- Very little urine, severe dizziness, or other signs of dehydration

Common questions

Will I be asleep during gastric bypass surgery?

Yes. Gastric bypass is performed under general anaesthesia, so you are unconscious throughout the operation.

Can I drive myself home?

No. You will need someone else to take you home. Do not drive until you can move freely, stop suddenly without pain, and are no longer using sedating pain medicine.

How painful is gastric bypass surgery?

Pain is usually strongest during the first few days and improves gradually. Most people have soreness around the cuts rather than severe ongoing pain. New or worsening pain needs medical advice.

When will I know if it worked?

Weight loss occurs over months rather than immediately. Blood sugar, blood pressure, or sleep apnoea may improve earlier, but follow-up measurements are needed.

Can gastric bypass be reversed?

It is designed as a permanent operation. Reversal may sometimes be technically possible for serious medical reasons, but it is complex and carries additional risks.

Will I need vitamins forever?

Yes. Lifelong supplements and regular blood tests are normally required because gastric bypass reduces food intake and nutrient absorption.

Sources

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