

Laparoscopic Gastric Bypass (Roux-en-Y)

What Is Laparoscopic Gastric Bypass (Roux-en-Y)?

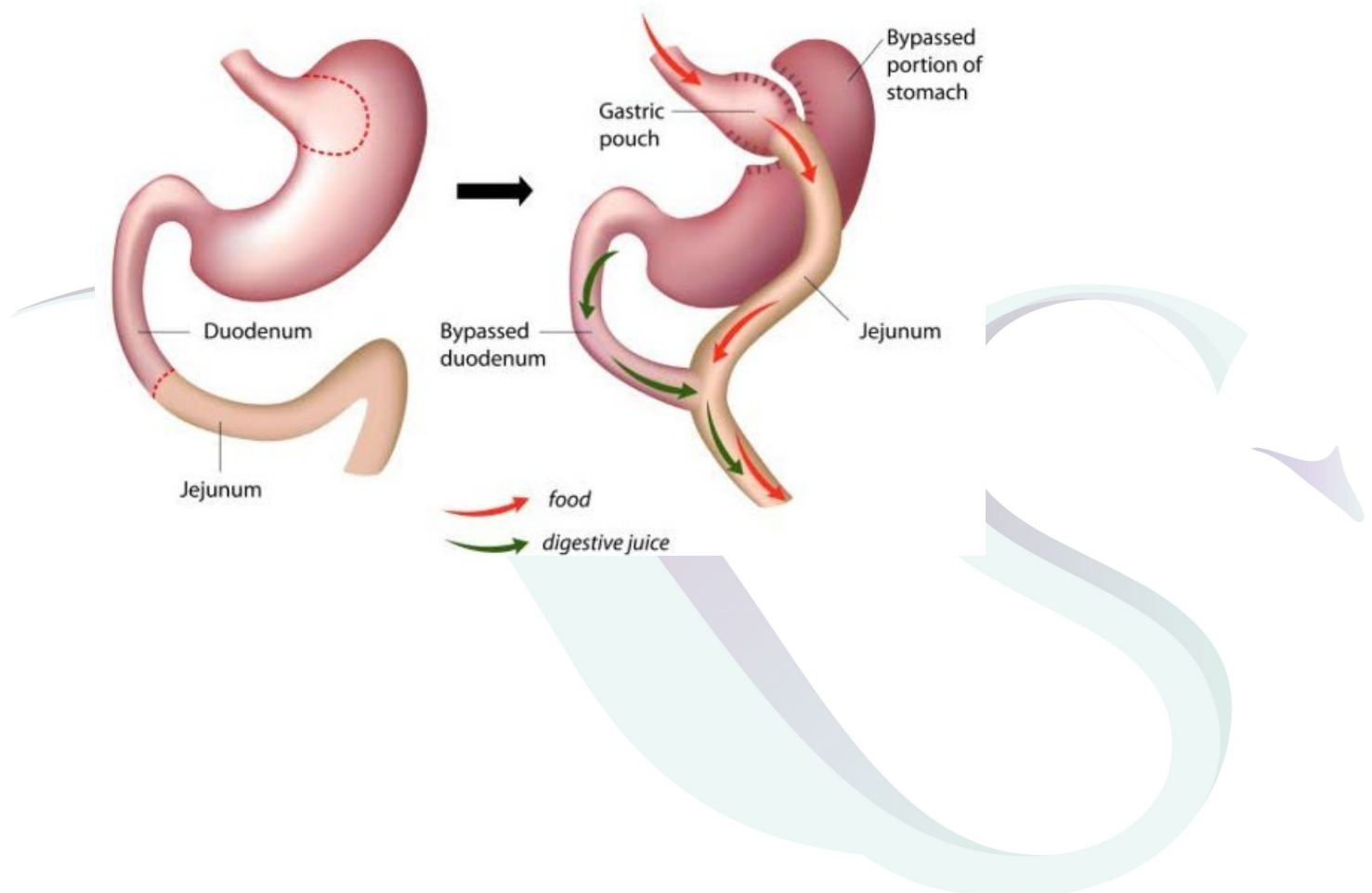
Laparoscopic gastric bypass (Roux-en-Y) is a weight-loss (bariatric) surgery that works by:

- Creating a small stomach pouch to limit food intake, and
- Rerouting part of the small intestine to reduce calorie and nutrient absorption.

This surgery leads to weight loss through restriction, malabsorption, and hormonal changes that reduce hunger and improve blood sugar control.

The procedure is performed using keyhole (laparoscopic) surgery.

Roux-en-Y Gastric Bypass (RNY)



Why Might I Need the Surgery?

Indications may include:

- Severe obesity where non-surgical weight-loss methods have not been successful
- Obesity-related medical conditions such as:
 - Type 2 diabetes (especially difficult-to-control diabetes)
 - High blood pressure
 - Sleep apnoea
 - Gastro-oesophageal reflux disease (GORD)
 - Fatty liver disease
 - Joint disease
- Revision surgery after failed previous bariatric procedures
- Improvement in long-term health, mobility, and quality of life

Eligibility is determined following assessment by a multidisciplinary bariatric team.

What Are the Benefits of Surgery?

- Significant and sustained weight loss
- High rates of improvement or remission of type 2 diabetes
- Improvement in obesity-related conditions
- Reduced appetite and improved satiety
- Improved quality of life and physical function

Minimally invasive approach offers:

- Shorter hospital stay
- Less pain
- Faster recovery
- Smaller scars

What Are the Alternatives?

Alternatives may include:

- Medically supervised weight-loss programs
- Dietary and lifestyle modification
- Weight-loss medications
- Other bariatric procedures (e.g. sleeve gastrectomy)

These options may be less effective for long-term weight loss or diabetes control in some patients. Your surgeon will discuss suitable alternatives.

How Is the Surgery Performed?

1. The procedure is performed under general anaesthesia.
2. 4–6 small incisions are made in the abdomen.
3. A small stomach pouch is created.
4. The small intestine is divided and reconnected to the pouch (Roux-en-Y configuration).
5. Food bypasses part of the stomach and small intestine.
6. Incisions are closed with sutures or staples.

What Are the Risks and Complications?

All surgery carries risk. Laparoscopic gastric bypass is well established but has specific short and long-term risks that must be understood.

General Risks of Any Surgery or Anaesthesia

Complication	Estimated Risk
Wound infection	1–3 in 100
Bleeding requiring transfusion	<1 in 100
Deep vein thrombosis (DVT)	1 in 1,000–2,000
Pulmonary embolism (PE)	1 in 10,000–20,000
Chest infection	1–2 in 100
Heart attack	1 in 10,000
Stroke	1 in 10,000
Death (elective bariatric surgery)	~0.1–0.3%

Sources: ANZCA, AIHW, ACSQHC, ANZMOSS

Specific Risks of Laparoscopic Gastric Bypass (Roux-en-Y)

Complication	Estimated Risk
Anastomotic leak	1–2%
Bleeding	1–5%
Infection or abscess	1–3%
Internal hernia	1–5%
Bowel obstruction	1–5%
Marginal ulcer	2–10%
Dumping syndrome	Common
Nutritional deficiencies (iron, B12, calcium, vitamins)	Requires lifelong supplementation
Hypoglycaemia	Possible
Weight regain over time	Possible
Need for revision surgery	5–15% over time

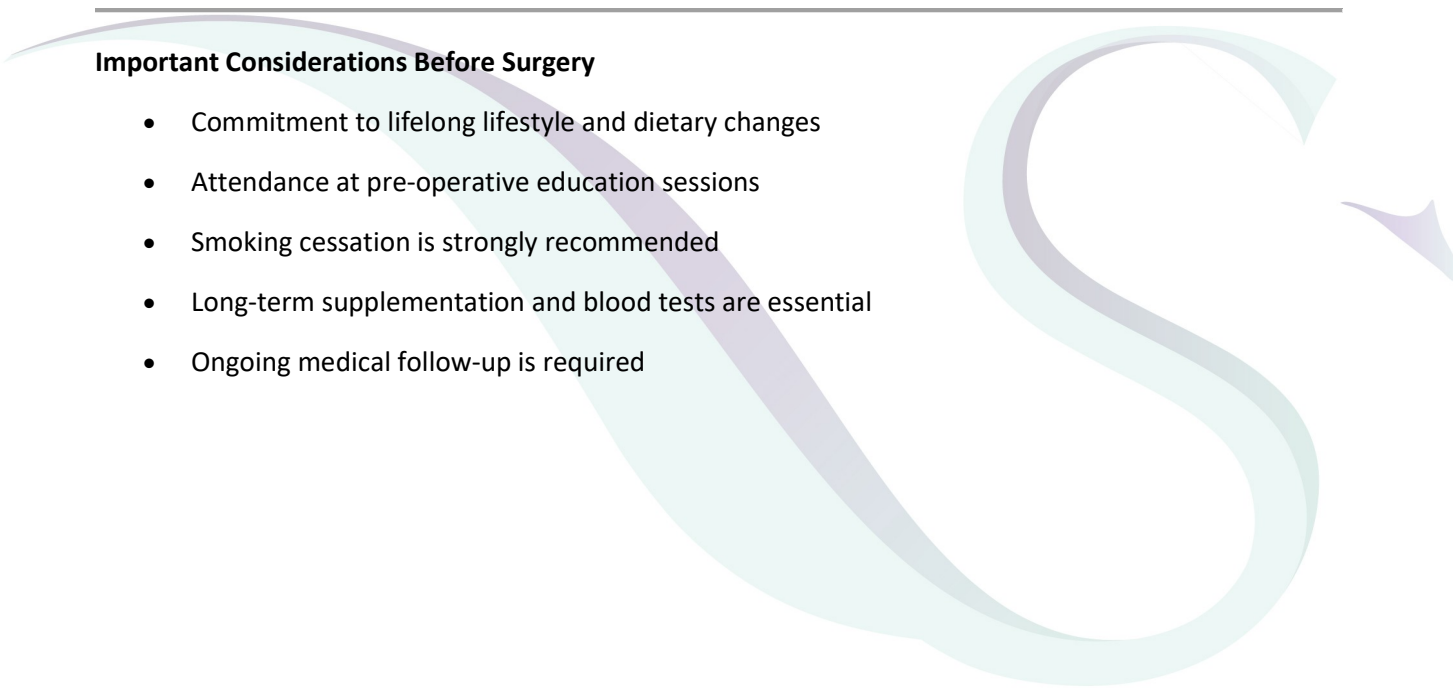
Things That Increase My Risk

- Very high BMI
- Smoking
- Poorly controlled diabetes
- Obstructive sleep apnoea
- Heart or lung disease
- Previous abdominal surgery
- Poor adherence to dietary guidelines or follow-up

Recovery and Expected Outcomes

- Hospital stay: 1-2 days
- Gradual return to daily activities over 2–4 weeks
- Strict dietary progression:
 - Liquids → purée → soft foods → solids
- Lifelong dietary changes required
- Lifelong vitamin and mineral supplementation essential
- Regular follow-up with bariatric team required
- Most patients lose 60–80% of excess weight over 12–18 months

Important Considerations Before Surgery

- Commitment to lifelong lifestyle and dietary changes
 - Attendance at pre-operative education sessions
 - Smoking cessation is strongly recommended
 - Long-term supplementation and blood tests are essential
 - Ongoing medical follow-up is required
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Evidence-Based Resources for Patients

1. Healthdirect Australia
<https://www.healthdirect.gov.au/weight-loss-surgery>
2. Better Health Channel (Victoria State Government)
<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/weight-loss-surgery>
3. Australian & New Zealand Metabolic and Obesity Surgery Society (ANZMOSS)
<https://anzmoss.com.au>

Contact Details

Seek urgent medical attention if you develop fever, worsening abdominal pain, persistent vomiting, inability to drink fluids, rapid heart rate, shortness of breath, or any sudden deterioration.

During business hours: contact the rooms on 1300 985 677

After hours or in an emergency: attend the nearest Emergency Department or call 000.

This sheet is provided for general patient education and does not replace direct consultation with your healthcare provider.

Write your questions or notes here

Compliance Statement (Internal / Accreditation)

This document aligns with:

- Royal Australasian College of Surgeons (RACS) – *Informed Consent: A Guide for Surgeons*
- Medical Board of Australia (AHPRA) – *Good Medical Practice*
- ANZCA – *Guidelines on Informed Consent for Anaesthesia*
- **Australian Commission on Safety and Quality in Health Care (ACSQHC)*

Consent for Laparoscopic Gastric Bypass (Roux-en-Y)

Informed Consent Checklist

Please read and tick each box:

- ☐ I understand why laparoscopic gastric bypass is recommended
- ☐ I understand what the surgery involves, including permanent changes to my stomach and intestines
- ☐ I understand the expected benefits and that weight loss is not guaranteed
- ☐ I understand the general and specific risks, including long-term complications
- ☐ I understand the reasonable alternatives, including non-surgical options
- ☐ I understand the need for lifelong dietary changes, supplementation, and follow-up
- ☐ I have had adequate time to ask questions, and they were answered clearly
- ☐ I have provided accurate medical information, including medications and allergies
- ☐ I understand that nutritional deficiencies can occur if supplements are not taken
- ☐ I understand that unexpected findings or complications may require further treatment
- ☐ I understand that consent is voluntary and can be withdrawn at any time

Statement of Consent

I confirm that:

- I have read and understood the information provided
- The procedure, risks, benefits, and alternatives have been explained
- I consent to undergo laparoscopic gastric bypass (Roux-en-Y)

Patient Name: _____

Signature: _____

Date: _____

Surgeon Declaration

I confirm that I have:

- Discussed the procedure, risks, benefits, and alternatives
- Answered the patient's questions
- Assessed the patient's capacity to provide informed consent

Surgeon Name: Dr Suzanne Ma

Signature: _____

Date: _____