

## Laparoscopic Sleeve Gastrectomy

---

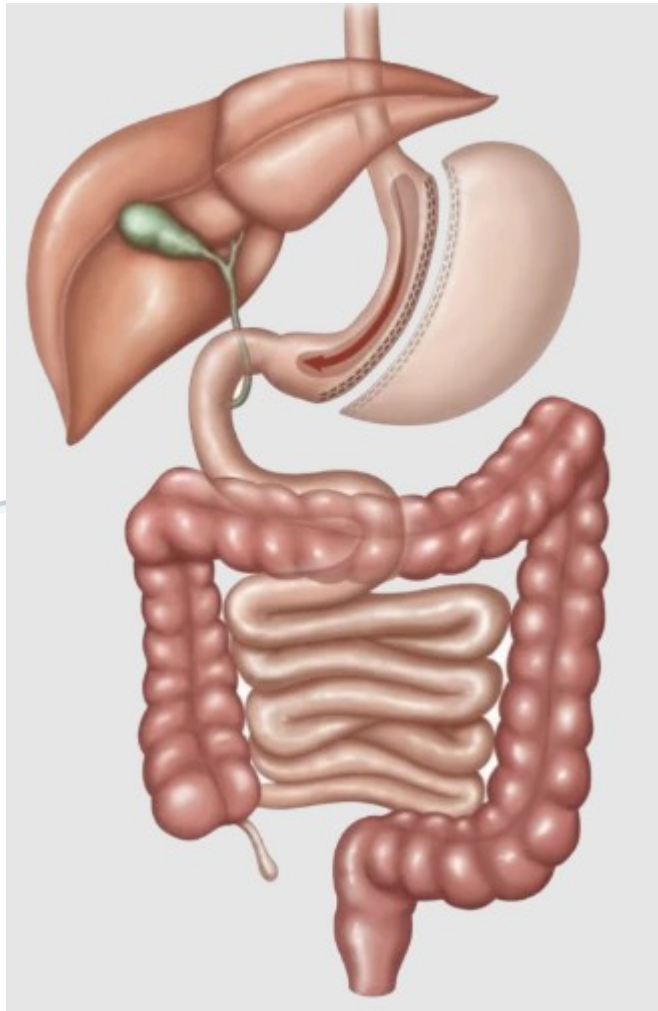
### What Is Laparoscopic Sleeve Gastrectomy?

**Laparoscopic sleeve gastrectomy** is a **weight-loss (bariatric) surgery** that reduces the size of the stomach by removing approximately **70–80%** of it.

The remaining stomach is shaped like a tube (“sleeve”), which limits the amount of food you can eat and reduces hunger by lowering levels of hunger-related hormones.

The procedure is performed using **keyhole (laparoscopic) surgery**.

---



## Why Might I Need the Surgery?

### Indications may include:

- Severe obesity where non-surgical weight-loss methods have not been successful
- Obesity-related health conditions such as:
  - Type 2 diabetes
  - High blood pressure
  - Sleep apnoea
  - Fatty liver disease
  - Joint disease
- Improvement of overall health, mobility, and quality of life

Eligibility is determined after assessment by a **multidisciplinary bariatric team**.

---

## What Are the Benefits of Surgery?

- Significant and sustained weight loss
- Improvement or resolution of obesity-related conditions
- Reduced hunger and improved satiety
- Improved mobility and quality of life
- 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. gastric bypass)

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

---

### How Is the Surgery Performed?

1. The procedure is performed under **general anaesthesia**.
2. 4–5 small incisions are made in the abdomen.
3. The stomach is divided using surgical staplers.
4. The removed portion of the stomach is taken out.
5. The remaining stomach forms a narrow sleeve.
6. Incisions are closed with sutures or staples.

---

### What Are the Risks and Complications?

All surgery carries risk. Laparoscopic sleeve gastrectomy is commonly performed but has specific 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 Sleeve Gastrectomy

Complication	Estimated Risk
Staple line leak	1–3%
Staple line bleeding	1–5%
Infection or abscess	1–3%
Gastro-oesophageal reflux (new or worsened)	10–30%
Stricture (narrowing of stomach)	<1%
Nausea or vomiting	Common early
Nutritional deficiencies (iron, B12, folate)	Requires lifelong monitoring
Weight regain over time	Possible
Need for revision surgery	5–10% 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 or follow-up recommendations

---

### 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
- Regular follow-up with bariatric team essential
- Most patients lose **50–70% 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 vitamin and mineral supplementation required
  - Ongoing medical follow-up is essential
-

### 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> (Patient information resources)

---

## 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 1300985677

**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**



## Consent for Laparoscopic Sleeve Gastrectomy

### Informed Consent Checklist

Please read and tick each box:

- ☐ I understand why laparoscopic sleeve gastrectomy is recommended
- ☐ I understand what the surgery involves, including permanent removal of part of the stomach
- ☐ I understand the expected benefits and that weight loss is not guaranteed
- ☐ I understand the general and specific risks, including long-term effects
- ☐ I understand the reasonable alternatives, including non-surgical options
- ☐ I understand the need for lifelong dietary changes 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 supplementation and monitoring are required long-term
- ☐ I understand that unexpected findings or complications may require additional 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 sleeve gastrectomy

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: \_\_\_\_\_

### 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)