

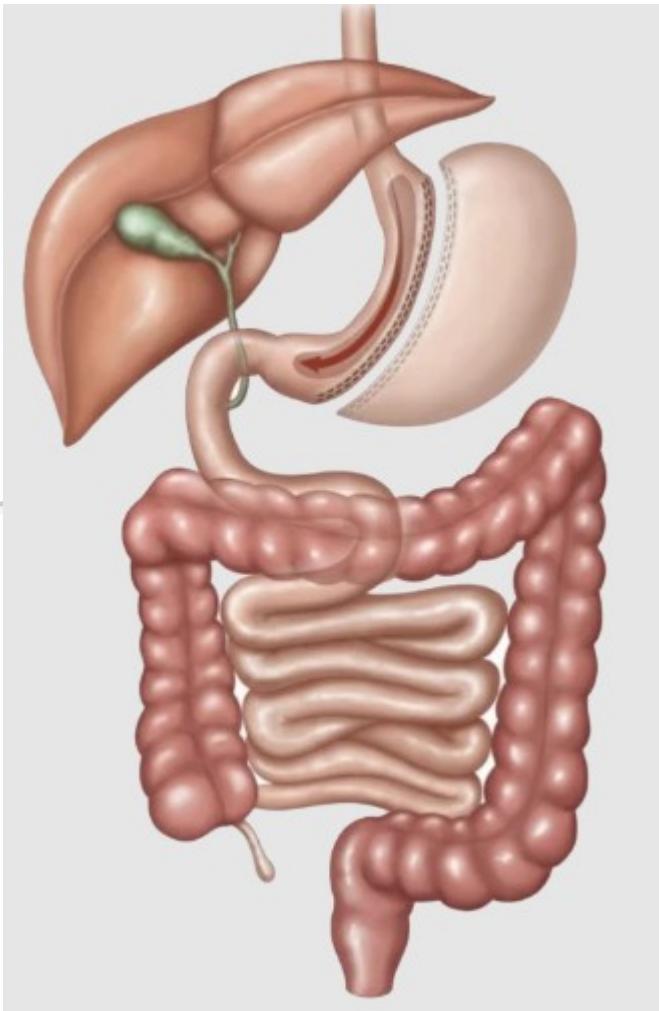
Laparoscopic Sleeve Gastrectomy

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

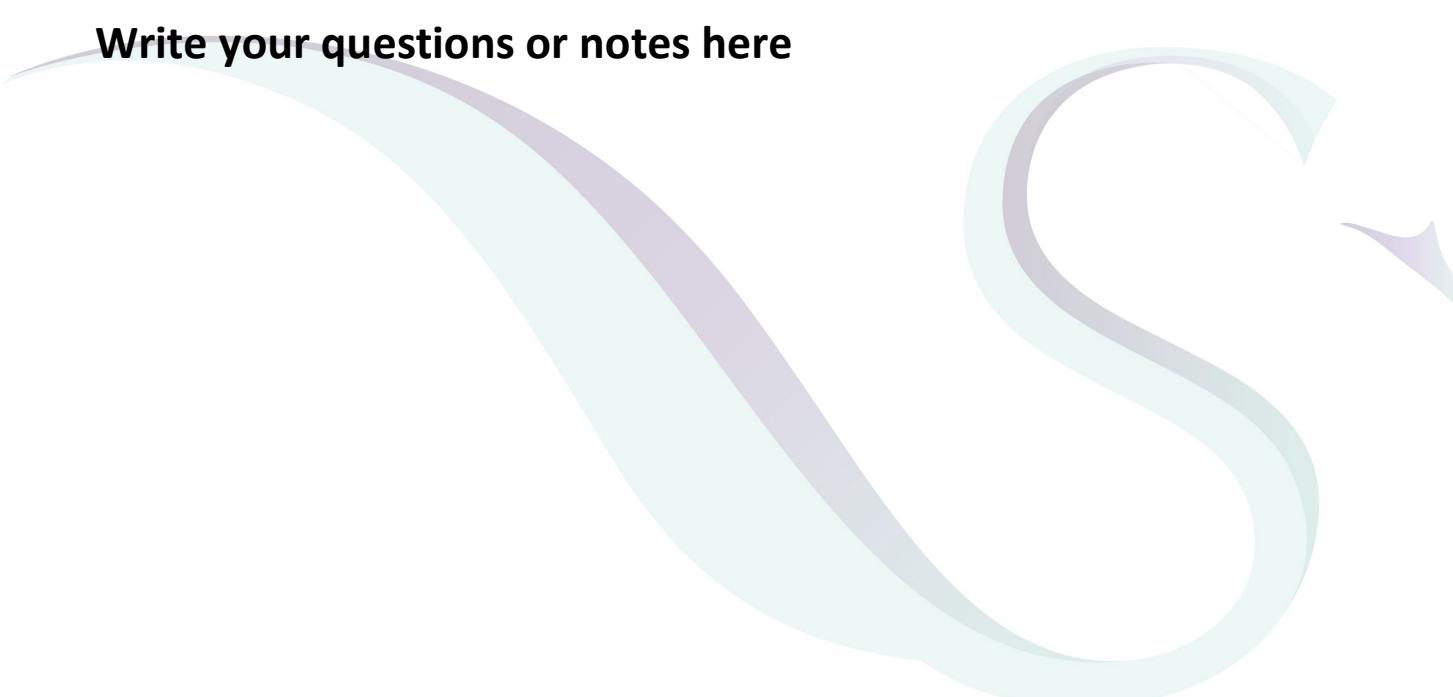
Seek **urgent medical attention** if you develop fever, worsening abdominal pain, persistent vomiting, inability to drink fluids, rapid heart rate, shortness of breath or any sudden deterioration.

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)