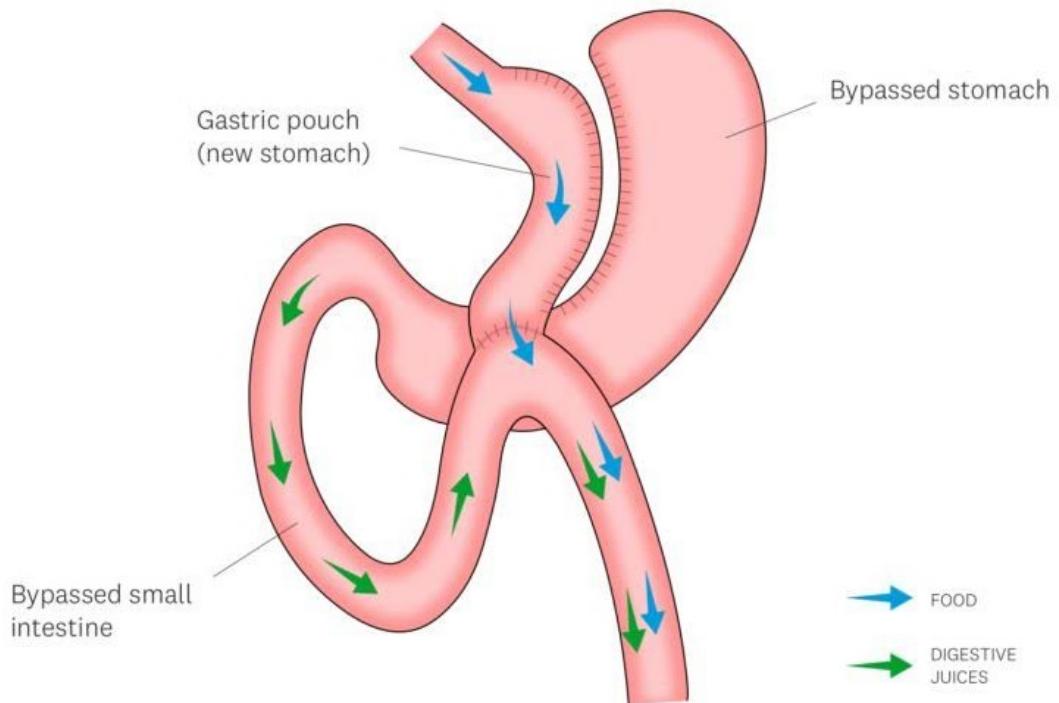


## Laparoscopic Single Loop (Omega) Gastric Bypass

(Also known as *Mini Gastric Bypass / One-Anastomosis Gastric Bypass*)



## What Is a Laparoscopic Single Loop (Omega) Gastric Bypass?

Laparoscopic single loop (omega) gastric bypass is a **bariatric (weight-loss) surgery** that combines:

- **Restriction** (a long, narrow stomach pouch), and
- **Malabsorption** (bypassing part of the small intestine)

Food passes from the stomach pouch directly into a loop of small bowel via a **single surgical join (anastomosis)**.

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

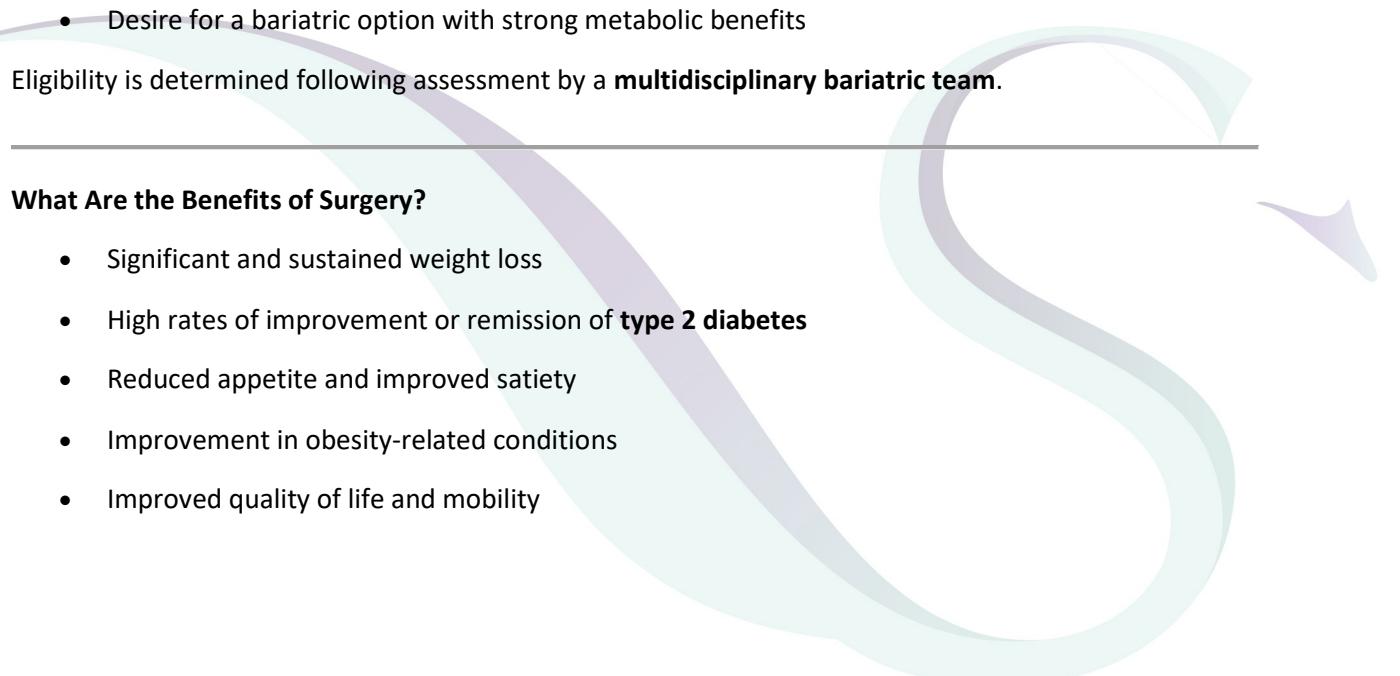
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## Why Might I Need the Surgery?

Indications may include:

- Severe obesity where non-surgical weight-loss methods have failed
- Obesity-related medical conditions such as:
  - Type 2 diabetes
  - High blood pressure
  - Sleep apnoea
  - Fatty liver disease
  - Joint disease
- Revision surgery after a failed bariatric procedure
- Desire for a bariatric option with strong metabolic benefits

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



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## What Are the Benefits of Surgery?

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

### Minimally invasive approach offers:

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

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### 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, Roux-en-Y gastric bypass)

Your surgeon will discuss which option is most appropriate for you.

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### How Is the Surgery Performed?

1. The procedure is performed under **general anaesthesia**.
2. 4–5 small incisions are made in the abdomen.
3. A long, narrow stomach pouch is created.
4. A loop of small intestine is brought up and joined to the stomach pouch.
5. Food bypasses a portion of the small intestine.
6. Incisions are closed with sutures or staples.

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### What Are the Risks and Complications?

All surgery carries risk. Laparoscopic single loop 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

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

## 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 and follow-up recommendations

## Specific Risks of Laparoscopic Single Loop (Omega) Gastric Bypass

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

## Recovery and Expected Outcomes

- Hospital stay: **2–3 days**
- Gradual return to daily activities over **2–4 weeks**
- **Strict dietary progression:**
  - Liquids → purée → soft foods → solids
- Lifelong vitamin and mineral supplementation required
- Regular follow-up with bariatric team essential
- Most patients lose **60–80% of excess weight** over 12–18 months

## Important Considerations Before Surgery

- Commitment to **lifelong dietary and lifestyle changes**
- Attendance at pre-operative education sessions
- Smoking cessation is strongly recommended
- Long-term blood tests and supplementation are essential
- Ongoing 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>

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## 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 98 5677

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

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

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**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 Single Loop (Omega) Gastric Bypass

### Informed Consent Checklist

Please read and tick each box:

- I understand why laparoscopic single loop gastric bypass is recommended
- I understand what the surgery involves, including permanent changes to my stomach and intestine
- I understand the expected benefits and that weight loss is not guaranteed
- I understand the general and specific risks, including bile reflux and nutritional deficiencies
- I understand the reasonable alternatives, including other bariatric procedures and non-surgical options
- I understand the need for lifelong 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 failure to follow dietary advice increases complication risk
- 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 single loop (omega) gastric bypass**

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: \_\_\_\_\_