

## ANAESTHESIA FOR WEIGHT-LOSS SURGERY

This patient advisory is intended to provide you with general information. It is not a substitute for advice from your anaesthetist. You are encouraged to discuss the benefits and risks of anaesthesia with your anaesthetist. This is an abridged version of the ASA patient education pamphlet: *Anaesthesia for Weight-Loss Surgery – a guide for patients*. The complete pamphlet may be obtained from your anaesthetist.

### Before your surgery

Before the operation, your anaesthetist will want to discuss the best anaesthesia for you. Different anaesthetics and anaesthesia techniques are available.

Tell your anaesthetist your full medical history, including any allergies or reactions to anaesthetic drugs or medicines you may have had.

You will be advised if you should stop taking any of your usual medicines and when you should stop eating and drinking before the operation. You may be given pre-operative medications.

Some patients require diagnostic tests of blood, urine, lung function and heart function, among others.

To reduce the risks of anaesthesia, patients with obesity-related health problems may need treatment before surgery is undertaken. This includes lung conditions, obstructive sleep apnoea, high blood pressure, diabetes or oesophageal reflux disease, among others.

### General anaesthesia

General anaesthesia is usually recommended for weight-loss surgery. A general anaesthetic acts on the brain and nervous system, putting the patient into a deep sleep during surgery.

Depending on your case, you may have general anaesthesia combined with epidural or regional anaesthesia.

Most patients will have laparoscopic surgery (which uses a thin telescope inserted into the abdomen). However, some patients may require open surgery, which uses a longer incision.

Anaesthetic medications are given into a vein or by inhalation through a face mask.

The anaesthetist usually inserts a breathing tube after anaesthesia has been induced. The tube is attached to a ventilation machine to provide oxygen and to assist breathing.

The patient is closely monitored by the anaesthetist throughout the surgical procedure.

### After surgery

When the operation is complete, the patient is transferred to the recovery area. The patient's pulse rate, breathing and general well-being are monitored by nursing staff.



After recovering from the anaesthetic, the patient is transferred to a ward.

The length of hospital stay depends on how well the patient is recovering, the type of weight-loss surgery, and whether any complications occur.

### Pain relief after surgery

Pain relief is important. It reduces stress and helps the patient to get out of bed and start walking as soon as possible. Most patients who have a gastric band report good pain relief using paracetamol or paracetamol and codeine.

Other patients who have had more complex surgery (such as Roux-en-Y gastric bypass or sleeve gastrectomy) may require stronger pain relief for a few days.

### Possible risks and complications

Modern anaesthesia is safe but does have risks of side effects and complications. Patients having weight-loss surgery may be at increased risk of complications due to obesity-related health problems. Anaesthetic procedures tend to be more difficult in these patients.

If you are concerned about risks, discuss this with your anaesthetist.

Although uncommon, complications are possible. These are more fully outlined in the complete ASA patient education pamphlet on weight-loss surgery and should be discussed with your anaesthetist. ©