



Anaesthesia for Bariatric Surgery

If you need to undergo bariatric surgery, preparation will help to ensure that the experience is a positive one. Bariatric surgery may also be referred to as weight loss surgery, obesity surgery or metabolic surgery.



This pamphlet will:



Provide you with general information about anaesthesia for bariatric surgery



Encourage you to ask questions of your anaesthetist



Help you approach the planned procedure positively

If you have any further questions, you should ask your specialist or relevant health professional.



Types of surgery

The most common types of Bariatric surgery in Australia are gastric sleeve surgery, gastric bypass and sometimes gastric banding. Surgeries are usually performed as laparoscopic or 'keyhole' surgery, however sometimes open surgery with larger cuts is required.



You are in good hands

Australia is one of the safest places in the world to have an anaesthetic. Specialist anaesthetists in Australia are highly trained medical specialists. They have gone to medical school, completed an internship and spent at least five years undergoing specialist anaesthetic training. Training includes anaesthesia, pain management, resuscitation and the management of medical emergencies.



Before the surgery

Your anaesthetist will want to know about your medical history. This may include seeing them in their rooms or a telehealth consultation before the date of your surgery. You might need further tests or consultations with other medical and health specialists before your surgery. Although these tests and investigations may delay your surgery, having you in the best condition prior to surgery is crucial to a successful outcome and to your long-term health. Sometimes there may be a delay between your consultation and the date of your surgery. You must notify your anaesthetist if you develop any new medical conditions during this time.



Your medications

Most medications can continue up until surgery. Blood thinners and diabetic medication require special consideration and you will be given specific instructions on what to do with these medications. If you are unsure, please ask your surgeon or your anaesthetist.



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Preparation

Before your surgery, you will need to fast and not consume food or clear liquids. Generally, this is no food six hours prior to surgery and no clear liquids for two hours, however your anaesthetist will discuss this with you before the procedure.



What to expect

Bariatric surgery is performed under a general anaesthetic. A general anaesthetic is what people describe as 'going to sleep'. The anaesthetist will insert a cannula into your vein and attach fluids (a drip). Before going under a general anaesthetic, you will usually be asked to breathe oxygen through a mask. Anaesthetic medications are usually given through the cannula to start the anaesthetic. Once you are fully 'asleep' a breathing tube will be placed in your windpipe to help with your breathing during surgery.

Your anaesthetist will keep you 'asleep' and monitor you during the entire operation. Sometimes extra monitoring needs to be used, such as an arterial line, a cannula placed in an artery to monitor your blood pressure and draw blood to monitor your blood electrolytes. You may also have a central line inserted. Central lines are inserted via the neck, chest or groin into large veins in your chest and abdomen. These extra lines may be inserted once you have been anaesthetised.

At the end of the operation, your anaesthetist will transport you to the recovery room where you will be cared for by specially trained nursing staff. In some settings you will be transferred to the High Dependency Unit (HDU) or Intensive Care Unit (ICU).



Post-Surgery

It is normal to feel drowsy as you wake up. You may also experience some discomfort, pain or nausea. There will often be medications to treat these given to you on a regular basis. If they are not improving your pain or nausea, please ask your nurse for extra medication. You may also notice a dry or sore throat or have a headache. However, this usually passes in 1-2 days. Generally, you can expect to stay in hospital 1-5 days after surgery. Please confirm this with your surgeon and/or anaesthetist before you have surgery.



Risks to be aware of

Major complications with anaesthesia for bariatric surgery are uncommon when anaesthesia is administered by a specialist anaesthetist.

Minor risks can include bruising, fatigue, sore throat, headache, sleep disturbances afterwards, drowsiness, muscle pains, nausea and vomiting. Blood thinners and diabetic medication require special consideration and you will be given specific instructions on what to do with these medications. If you are unsure, please ask your surgeon or your anaesthetist.

While extremely rare, serious side effects such as severe allergic reaction, severe bleeding, heart attack, stroke, seizure, lung damage, pneumonia, damage to the vocal cords or infection exist. Remember that the risks of these more serious complications, including death, are very rare.

You are encouraged to ask your anaesthetist any questions you may have. They will be more than happy to answer them and discuss the best and safest plan for you and your surgery.

This pamphlet provides general information about anaesthesia for bariatric surgery. It is not a substitute for advice provided by your specialist about your personal treatment plan. Every effort is made to ensure that the information is accurate and up to date. However, we do not guarantee or warrant the accuracy or completeness of the information provided. This information may change with time due to advancements in clinical research and knowledge. Use this pamphlet only in consultation with your specialist. We prefer our members to link to our website rather than print or republish our materials on your own website to ensure you have access to the most up-to-date version. For the latest version please visit the ASA Website. Last reviewed 12/03/24.

