What happens after weight loss surgery?

Ongoing follow-up and support are key

To achieve the best long-term outcomes, it is very important to keep in contact with your surgeon and medical team and attend all your follow-up appointments.[1]

Special considerations after weight loss surgery

As well as following specific diet, exercise and medical guidance to help you maintain excess weight loss, there are some other special considerations to be aware of after weight loss surgery, which are discussed below.

Monitor diet and nutrition

- Malnutrition – where your body does not get enough or the right balance of nutrients – is a risk after weight loss surgery. Ongoing care from your medical team will include advice to manage your diet and supplements for the appropriate multivitamins and minerals.[2,3]
- Regular tests are recommended to check for anaemia (low numbers of red blood cells) and normal nutrient levels including vitamin B12, vitamin D, calcium, iron, and folic acid. These tests are conducted every 3 to 6 months after the procedure until a stable weight is reached, and then every year.[2,3]
- Eating too much sugar or fat can cause dumping syndrome – where food is rapidly emptied from the stomach into the intestines. While not considered a serious health risk, dumping syndrome may cause unpleasant symptoms including nausea, weakness, sweating, and sometimes diarrhoea after eating.[4]

Use contraception

- Both men and women experience increased fertility after weight loss surgery;[2,5] however, pregnancy is not recommended for at least 12 months after the procedure.[2]
- Women of childbearing age are strongly advised to use the most effective forms of birth control during the first 2 years after weight loss surgery. Oral contraceptives are not fully absorbed and may therefore not be effective after weight loss surgery.[2]

Avoid smoking and certain medications

- Smoking and medications such as non-steroidal anti-inflammatory drugs (NSAIDS, e.g., ibuprofen) and aspirin can increase the risk of developing surgical complications such as ulcers and strictures (narrowing of tubes).[2]

Be honest and understanding with yourself

At times, the pressures of everyday life may steer your progress off track. Remember that nobody's perfect and that you're not alone. Your medical team is always available to provide the support you need to get back on track – and to succeed.

Important Safety Information. Since 2012, the Bariatric Surgery Registry has collected safety data from almost 90,000 people who have undergone bariatric (weight loss) surgery in Australia and New Zealand. In 2018-2019, the incidence of adverse events requiring unplanned return to surgery, intensive care unit admission, or hospital readmission in the first 90 days after primary (first-time) bariatric surgery was 2.1%. This indicates that around 1 in 50 people who undergo bariatric surgery will experience a complication such as leaking or narrowing (stricture) of the surgical connection, dehydration or electrolyte imbalance, abdominal pain, bleeding, or vomiting.[6]

Bariatric surgery is generally recommended for people with morbid obesity (BMI ≥40 kg/m^2) or severe obesity (BMI ≥35 kg/m^2) with ≥1 obesity-related conditions, but may be considered for those with a BMI 30-35 kg/m^2 who have poorly controlled type 2 diabetes.[2,7] It may not be suitable for individuals with certain digestive tract conditions. You should consult your physicians to determine your need for a healthy energy controlled diet and physical activity, and whether bariatric surgery is appropriate for you.[7] There are risks with any surgery, such as adverse reactions to medications, problems with anaesthesia, problems breathing, bleeding, blood clots, accidental injury to nearby organs and blood vessels, even death. Your weight, age, and medical history will determine your specific risks.[8] Bariatric surgery has its own risks, including failure to lose weight, nutritional or vitamin deficiencies, and weight regain.[9]

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To be completed in discussion with your healthcare team.

Surgeon details

Name:

Email:

Telephone:

Practice address:

General practitioner (GP) details

Name:

Email:

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