

A blurred, red-tinted photograph of a surgical team in an operating room. The image is overlaid with a large, bold, black text that reads "PREPARATION FOR SURGERY". The background shows a surgeon in the foreground, wearing a surgical cap, mask, and glasses, focused on a patient. Another team member is visible in the background. The overall scene is dimly lit, with the primary light source being the surgical lamps, creating a professional and clinical atmosphere.

PREPARATION FOR SURGERY

PREPARING PHYSICALLY

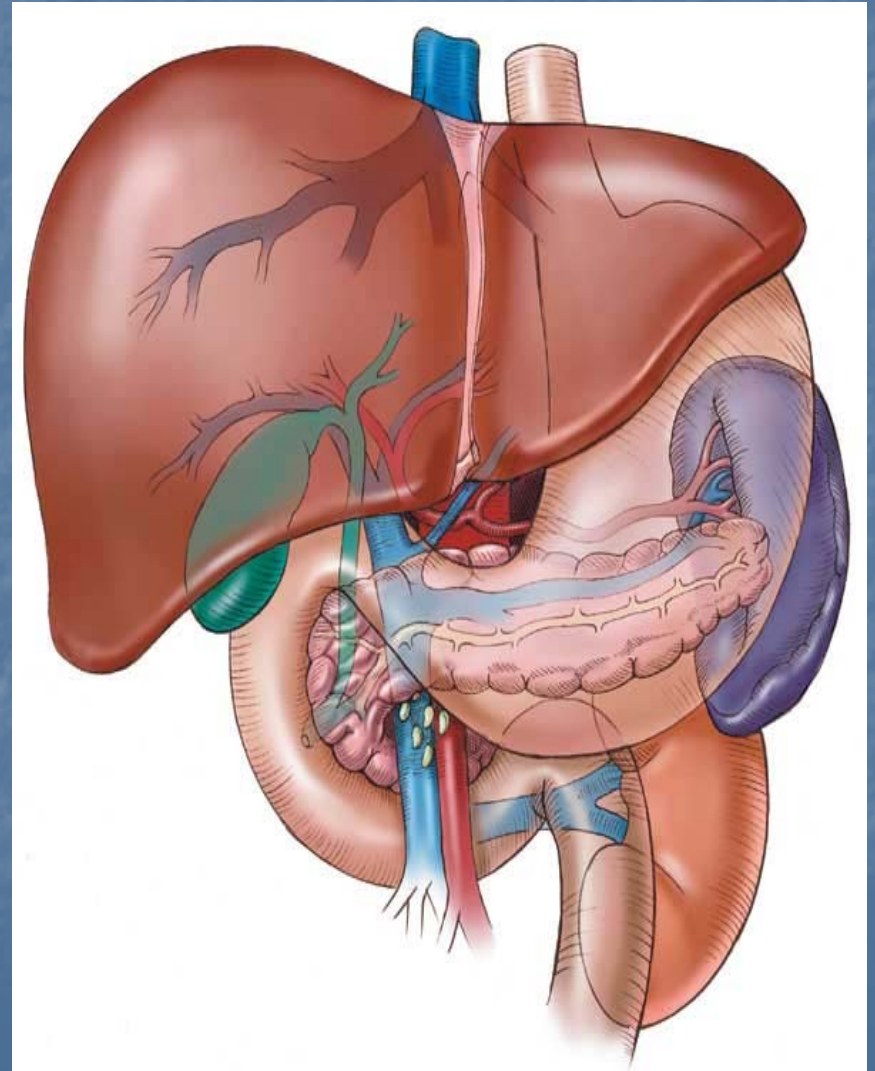
- FITNESS FOR ANAESTHETIC
- SHRINKING THE LIVER

PRE OPERATIVE ASSESSMENT OF CO MORBIDITIES

<i>SYSTEM</i>	<i>CONDITION</i>	<i>MIN EVALUATIONS</i>	<i>ADDED EVALUATIONS</i>
<i>Cardiovascular</i>	Coronary Artery Disease Congestive Cardiac Failure Hypertension	Physical examination ECG	Stress testing Cardiology consult Echo
<i>Metabolic</i>	Diabetes Hypercholestraemia PCOS	Fasting glucose Lipid profile HbA1C	Metabolic consult
<i>Pulmonary</i>	Asthma COPD Sleep Apnoea	Physical examination Respiratory consult Pulmonary Function Test	Sleep study Chest Xray
<i>Gastrointestinal</i>	Fatty liver Gallstones GERD	Physical examination	Endoscopy Abdo ultrasound
<i>Musculoskeletal</i>	Degenerative joint disease	Physical Examination	MRI Radiology Orthopaedic consult

Fatty Liver

- Obesity is associated with an enlarged fatty liver
- Obscures the view of the gastro-oesophageal junction
- Can increase the surgical risk undergoing laparoscopic surgery
- If damaged during the surgical procedure can bleed heavily.
- Can be cause for conversion to an open procedure

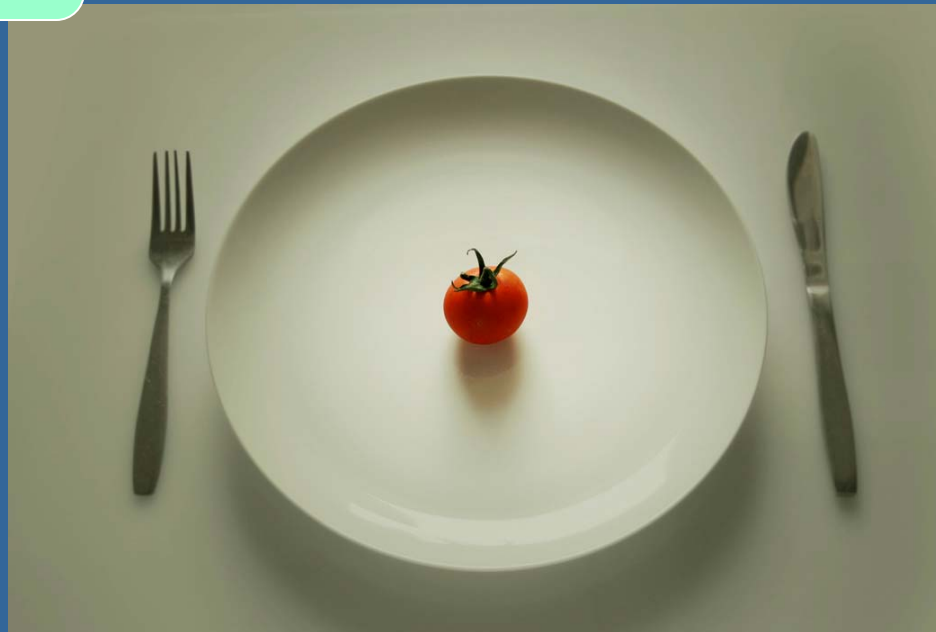


1000 calorie food diet

Most commonly used approach

Fairly prescriptive portion controlled

1000kcal, low carb (100g) & fat



good compliance

Encourages routine

Approx 6kg wt loss in 3 to 4 wks

Avoids last minute binge

Liquid Preparation

Duration: 3-4 weeks

Approximately
1000
kcal / day



Good for those
who can not
control eating

Avoids last
minute
bingeing

Proprietary products
e.g. Slim Fast,
Cambridge or Optifast

Milk and Yogurt

4 pints of s. s
milk, multivitamin,
2 pints of other
fluid,
1 stock cube

Requires
extra fibre &
multivitamins

No good for
lactose
intolerance



Used by
surgeons
for years

Anecdotaly
report
improves
liver texture

It is based on
semi skimmed
milk and
yoghurt



PREPARING
MENTALLY

Building relationships to support change

Education on lifelong implications

Managing patients expectations

Empowering patients to make informed decisions



judged by society

SUPPORT



Evidence of association between support group attendance and good weight loss outcomes (Song et al 2009)

Part of NICE recommendations

Success of group based weight management eg: WW



Why don't people
JUST change
their eating
habits??

"It'll never happen to me"

•Precontemplation

•Contemplation

•Preparation

•Action

•Maintenance

•Relapse

"It's not my fault"

uninterested

thinking

planning

doing

maintaining

back and forth

Dreams

*MANAGING PATIENTS
EXPECTATIONS*

Weight Loss Expectations

Patients dream
weight loss:

89% EBW

What they would be
disappointed at:

49% EBW

- WEIGHT LOSS
% EBW

- EATING AFTER SURGERY

 - Problem foods

 - Family/friends perceptions

 - Eating out

- FOLLOW UP

- WEIGHT LOSS SIDE
EFFECTS

 - Excess skin

 - Hair loss

*Will I get
excess skin
after losing so
much weight
and what can
be done about
it?*



***Help my
hair's
falling out!***

- 4/12
- Rapid weight loss*
- Not micronutrients*



Empowering patients to make informed decisions

- Operation choice

How much
wt to lose?

How
quick?

Other Co-
morbidity?

Ability to alter eating
habits

Prepared for
surgery risk?


Key questions

Binge eater?

Reversible
procedure?

Sweet
eater/
snacker

Committed to
follow up



It is not the *strongest* of the species that survive, nor the most intelligent, but the one most responsive to change.

- Charles Darwin