

Bariatric Surgery Information Leaflet

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INTRODUCTION

This leaflet has been produced to give you general information about the bariatric (weight loss surgery) service at Castle Hill Hospital. The service is provided by Hull University NHS Teaching Hospitals NHS Trust and is funded under strict criteria by NHS England and Clinical Commissioning Groups. This is based on NICE and local Clinical Commissioning (CCG) policies. There are 4 “Tiers” of weight loss help available to you.

Bariatric surgery is also known as a Tier 4 Service. A patient will need to have met with their GP and found to have a Body Mass Index (BMI) that qualifies for referral directly to the bariatric service for assessment but this depends on their local CCG commissioning guidelines. If accepted, patients must complete 6 months of assessment and stabilisation and preparation within the service before they can be considered for weight loss surgery. *Some practices will have to refer a patient to a medical weight loss service (Tier 3) before referral to Tier 4 Bariatric Surgery Service can be accepted.*

Specific Information about the types of operations and dietary advice are provided in this leaflet. It is not intended to replace the discussion between you and your surgeon / nurse or dietitian. If you have any concerns or require further explanation, please discuss this with a member of the healthcare team caring for you.

IS WEIGHT LOSS SURGERY RIGHT FOR ME?

You have probably struggled with your weight for a long time and tried different methods to lose weight. After discussion with your GP you have requested referral to the bariatric surgery service for assessment as to whether surgery can help you to lose weight and help prevent weight regain. This surgery may also help with other medical conditions, which your surgeon will discuss with you.

WHAT WILL HAPPEN AT MY FIRST APPOINTMENT?

You will be invited by letter to attend a specialist bariatric clinic. At the first appointment you will watch a multidisciplinary team video outlining the Tier 4 Bariatric pathway, what type of operations are performed and what is expected of you from a dietetic point of view. Following this you will be seen by the consultant bariatric surgeon in person.

Lifestyle, emotional factors and historical events can all contribute to weight gain and not being able to lose it. It is a mandatory part of the Tier 4 Bariatric pathway that you will be required to make an appointment for an assessment with a member of the psychology team. A letter will be sent to you after your first appointment with details of who to contact. Evidence tells us that long-term weight loss surgery

results are far more successful when patients are seen and supported by a trained psychological professional.

You will meet the bariatric surgeon and they will discuss your surgical options and speak to you about issues which are specific to you, for example, weight history and medical problems. You will be able to ask any questions or discuss any concerns you may have about surgery.

WHAT WILL HAPPEN AFTER MY FIRST APPOINTMENT?

After your first appointment at the specialist bariatric clinic you will be asked to do the following:

- Attend your local weight loss support group for further help and information. This allows you to speak to patients who have had weight loss surgery. This may help you understand what it is like to live with the experience and effects of surgery. All information regarding these groups is available on the back of this leaflet
- You will see the dietitian at least twice, once as part of a group and then on a one-to-one basis. This will help you make changes to your diet so that it is suitable before surgery and also after your operation. To make appointments with the dietitian, you should ring telephone number **(01482) 674133**. **It is essential that you call to make these appointments**
- If your health is not considered safe for surgery, the surgeon may request that you see another specialist for treatment before having your operation. This could be a cardiologist, anaesthetist or psychology professional for example.
- You will be expected to lose some weight before surgery. We understand this may be difficult for you. If you show commitment by following the dietary advice given to you on how to change your diet before to the operation, some weight loss will be possible.
- ***If you put on weight at any time after your first appointment, or do not complete these steps, we may delay or cancel your surgery.*** The time between your first appointment and second dietetic appointment is usually 2 – 3 months to allow you to complete the above. If you do not attend a follow up appointment and fail to notify us to cancel it, you may be discharged back to the care of your GP.

Please note clinic follow up appointments can either be face 2 face in the outpatient clinic, via telephone or via video link.

HOW DO I PREPARE FOR WEIGHT LOSS SURGERY?

Please share the information in the leaflet with your partner and family (if you wish) so that they can be of help and support. There may be information they need to know if they are taking care of you following your surgery.

You will be asked to contact a local Bariatric Support Group. Information regarding support groups is on the back of this leaflet provided. We consider engaging with the groups important for all patients. This will allow you to talk to other patients at different stages of the surgical process and then help you make an informed decision about your surgical choices.

If you have any medical conditions which the surgeon feels require treatment or investigations before your surgery, this will be organised for you. This will help to reduce your risks of complications when having a weight loss operation.

WHEN WILL I HAVE MY SURGERY?

After completion of your assessments with your surgeon, dietitian and psychological professional and we are happy with your progress; the bariatric team meets as a multi-disciplinary team (MDT) to discuss your progress. At the MDT meeting we discuss whether you have achieved the below:

- You are making lifestyle changes and losing weight
- You are preparing for the effects of surgery
- You are as fit as possible for surgery

You will then be invited back to the clinic to discuss the MDT's recommendations. Should any further care, tests or changes be required, we will discuss these with you. If we are satisfied that you are in a position to move forward with surgery, you will then be asked to make an informed decision as to which operation you would like to have.

At this point, your name will be added to the waiting list for your operation and you will be given a 2-stage consent form (see section on "General Advice and Consent" under specific operation information sheets). This has detailed information on the risks of surgery. We would like you to read and sign each section of this before your operation. It is not possible to tell you exactly how long you will have to wait, but we are committed as a Trust to try to provide your surgery within 18 weeks if you have completed the required 6-month stabilisation period and made the recommended diet and lifestyle changes. Should you change your mind about going ahead with surgery it is possible to change your mind at any point.

PRE-ASSESSMENT AND THE PRE-OPERATIVE DIET

You will be contacted by the waiting list clerk with a date for your surgery. Your pre-assessment appointment will also be arranged for you which will take place about 4 weeks before your surgery date. At this appointment you will have a full blood, health screen and weight check to make sure you are in good health before your anaesthetic. You will be able to ask any questions you may still have.

Pre-Operative Liver Shrinking Diet

You will be advised when to start the 2 week liver shrinking diet. You will be required to complete this before coming into hospital for your surgery. This diet is very important as it will help to reduce the size of your liver before surgery to ensure your liver does not get in the way of your stomach. This will allow your surgeon the room needed to operate on you successfully. A separate information leaflet will be sent to you explaining the liver shrinking diet.

(www.hey.nhs.uk/patient-leaflet/bariatric-surgery-pre-operative-diet/). If you have any queries about the diet please contact the dietitians on 01482 674133.

You will be sent a letter asking you to come to a ward the afternoon before or the day of surgery. If everything progresses as planned, you will spend two further nights in hospital after your operation. You may be asked to attend the day prior to your operation to have a blood thinning injection (low molecular weight heparin, LMWH) and routine blood tests and return the following day to the surgical admissions lounge at Castle Hill Hospital.

You must agree to being followed up in the clinic for at least 2 years after your surgery. This will usually be with the bariatric specialist nurse.

Bariatric Specialist Nurse

You will be seen on the day of your operation and the following day by the Bariatric Specialist Nurse. They will discuss any concerns or queries that you may have. The Bariatric Specialist Nurse will contact you at home by telephone within two weeks of your discharge to discuss your progress and any ongoing concerns that you may have.

WHAT IS A ROUX-EN-Y GASTRIC BYPASS?

A Roux-en-Y Gastric Bypass is a surgical procedure where the surgeon will permanently reduce the size of your stomach by stapling across and dividing the top of your stomach to make a small pouch. This restricts the amount of food and drink which your stomach “pouch” will be able to hold after surgery (the rest of your stomach continues to help digestion even though it doesn't fill with food anymore). Your stomach can usually hold up to 1500ml (approximately 3 pints) but after gastric bypass this reduces to only 30ml (the size of a large egg).

The second part of the operation involves two joins, the first attaching the small bowel onto the pouch. The second join allows the digestive enzymes to join your food further down which reduces how many calories (but also protein and vitamins) you can absorb. This combination of restriction and reduced absorption makes this one of the most effective weight loss operations available.

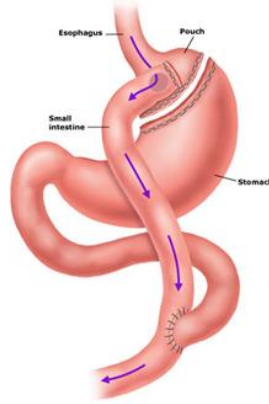


Diagram with the kind permission of Johnson & Johnson Medical Limited

WHAT IS A SINGLE LOOP GASTRIC BYPASS?

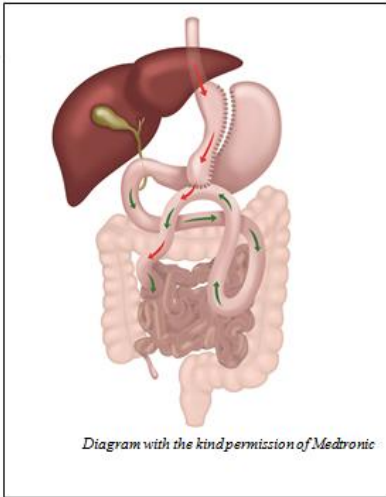


Diagram with the kind permission of Medtronic

A Single Loop Gastric Bypass is a slightly different version of the gastric bypass might be an option for heavier patients. This involves making a longer, thinner stomach and gastric pouch. This is done by creating only one join with a loop (around 1.5metres) of the small bowel which is where digestive juices (green arrows) mix with the food (red arrows). This is only suitable for certain patients and your surgeon will discuss with you whether this is an option you might want to consider. Occasionally the small bowel cannot safely reach the stomach pouch to make a gastric bypass because a patient's weight is too high. This might limit the only alternative operation to a “stomach-restriction” operation (sleeve gastrectomy).

WHAT IS A SLEEVE GASTRECTOMY?

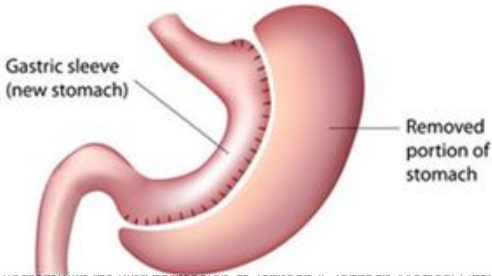


Diagram with the kind permission of Johnson & Johnson Medical Limited

A sleeve gastrectomy is a surgical procedure which permanently reduces the size of your stomach to help you lose weight and maintain weight loss. The surgeon will divide and seal any blood vessels supplying the part of the stomach to be removed. The stomach is then surgically stapled and sealed using a

calibration guide tube to measure the size of the stomach tube left behind. This will remove around four-fifths of the stomach permanently. This is known as a restrictive operation. This means it restricts the amount of food / drink that your smaller stomach will be able to hold after surgery. Your stomach can usually hold up to 1500ml (approximately 3 pints) but this reduces to less than 200ml (less than ½ pint).

Removal of this part of the stomach can reduce hunger as it removes cells that produce a hunger-stimulating hormone called ghrelin. Food absorption is not affected by this operation. Absorption of iron and certain vitamins (particularly vitamin B12) can be affected requiring supplementation of these long-term.

HOW ARE THESE OPERATIONS PERFORMED?

These operations are usually completed by “laparoscopic” (keyhole) surgery. Several small cuts (1cm or less) are made to place hollow tube “ports” into the cavity of the abdomen. Long thin instruments and a camera are passed into the “ports” to allow the surgeon access to your organs. The abdomen is temporarily inflated with a gas (carbon dioxide) to create the space in which the surgeon works. It is necessary for you to have a general anaesthetic (be asleep) whilst your abdomen is inflated by this gas. At the end of the operation the gas is released, the wounds are sutured and you are woken up. If you have a sleeve gastrectomy the stomach is removed through one of the keyhole wounds.

Occasionally internal scar tissue, a large heavy liver or other problems prevent the surgeon performing the operation through keyhole surgery. This may require a larger incision (“conversion to open”) or abandoning surgery altogether for safety reasons.

CAN THERE BE ANY COMPLICATIONS OR RISKS?

There are always risks of complications associated with surgery. Overall, less than 1 in 20 patients experience a serious complication. Risks are increased by heavier weight (higher Body Mass Index (BMI)) and medical conditions associated with weight gain.

Immediate and short term complications:

- Conversion to a conventional operation (uncommon)
- Anastomosis or staple line leak and peritonitis (uncommon)
- Wound infection (uncommon)
- Bleeding (uncommon)
- Death (very uncommon)

Anaesthetic complications after surgery

- Heart attacks (uncommon)
- Chest infections (uncommon)
- Deep vein thrombosis and pulmonary embolism (uncommon)

Longer term complications

- Stomach ulcers (uncommon)
- Strictures (uncommon)
- Adhesions
- Internal hernia causing obstruction (uncommon) (Single Loop Gastric Bypass and Roux-En-Y Gastric Bypass only)
- Nutritional deficiencies after surgery
- Less predictable drug and alcohol absorption
- Infertility, contraception and pregnancy
- Depression and maladaptive eating (uncommon)
- Weight gain and recurrence of obesity related illness

Single loop gastric bypass only

- Bile reflux (uncommon)
- Inflammation or risk of cancer changes in stomach pouch (very rare)

All of the common and several of the not so common complications have been listed. The list is not exhaustive. If you have any of these after your operation, you may require an emergency re-operation in order to correct the problem or longer stay and treatment in hospital.

The surgeon will also discuss with you your estimated mortality rate from this kind of surgery. This varies greatly between each patient. Everyone has different risks based on their weight and other illnesses. The average risk to life is around 1 in 300.

On rare occasions a laparoscopic (keyhole) procedure is not possible and in this case an open (abdominal incision) operation would be performed. This will be discussed with you before surgery.

YOUR STAY IN HOSPITAL AFTER WEIGHT LOSS SURGERY

When you have had your surgery you may spend some time within the recovery area of the operating department. They make sure you are not in pain and awake enough to be transferred to the Critical Care Unit or a High Observation Bed where nursing staff can monitor you carefully, usually for your first night after surgery. You will have your blood pressure and other vital measurements taken regularly throughout the night.

When you need to use the toilet the nurse will help you get up to go if needed. A catheter is NOT routinely needed. It is important to start moving and walking as soon as possible after your operation, to reduce the chance of blood clot or chest infection developing. You will be wearing compression stockings and/or mechanical compression boots to encourage circulation after surgery.

Please make sure your friends and relatives are aware you will not be on the ward for your first night after surgery. It is normal to spend your first night after surgery on the Critical Care Unit or a High Observation Bed.

You will be transferred to the ward and stay a further 1-2 days

POST-OPERATIVE SWALLOW TEST

Shortly after your operation, on the first or second day usually, you may have a contrast swallow test. This is an X-ray test where you will be asked to swallow some colourless liquid (contrast), which then passes through your stomach and bowel and can be seen on X-ray. It will show the doctors if there are any leaks or blockages. Once this is confirmed to be normal, you will be able to start drinking and eventually start your diet plan. Until this test is completed, you will often have IV fluids (drip), to make sure you have enough fluid in your body and therefore do not get dehydrated.

EATING AND DRINKING AFTER WEIGHT LOSS SURGERY

You will not have anything to eat or drink until after your X-ray swallow test. The doctor will inform you when you can start to drink fluids. Until this time you will have fluids to hydrate you through a drip. You may get a very dry mouth. The nurses will offer you mouth washes and you will be able to gargle as long as you do not swallow anything.

When the results of your swallow test are known, you will be able to start drinking, very slowly at first. At meal times you will also be able to start to eat a liquid meal. You will not be discharged until you are managing to eat and drink successfully.

The specialist dietician will have already discussed the post-operative diet with you in detail and provided you with a written diet plan for the weeks after surgery. They may also see you on the ward. Your diet will gradually build up to more solid food. You must avoid drinking fluids at the same time as food to avoid vomiting and dumping syndrome (see below).

Use the diet plan as a guide but it will be trial and error over what food you can manage at first and it takes time to get used to feeling fuller more quickly. The first 3 months can be difficult and it is not uncommon to occasionally feel sick or regurgitate food but this should settle completely with time.

If you are unsure about your diet or fluids, ask to speak to the dietician before you are discharged from the ward, or ring up for advice (**01482 674133**) if you are in-between outpatient appointments. Do not struggle on unnecessarily; our specialist dietician/nurse will always be happy to advise you.

Dumping Syndrome

This is an unpleasant set of symptoms including feeling sick, weak, faint, sweaty and diarrhoea. It is where the food in your stomach is either too liquid and sugary or too quickly washed into the small intestine through the join. This is why it is vital to never have sugary drinks. You should also avoid drinking liquids 30 minutes before or 1 hour after a meal. (More common in Roux-En-Y Gastric Bypass and Single Loop Gastric Bypass)

DISCHARGE AND MEDICATION ADVICE

You must take the discharge medication below as outlined on your discharge letter:

- Vitamin D and calcium (in a combined tablet) e.g. Calceos® or Calcichew® D3 Forte
- A multivitamin A-Z complete with iron (e.g. Forceval® or other alternatives are available, please seek advice from your pharmacist)
 - *Please note: ensure you leave a gap of 2 hours between taking the vitamin D and calcium combined tablet and the A-Z multivitamin.*
- Lansoprazole 30mg (oro-dispersible) once daily for 4 weeks
- Low Molecular Weight Heparin injections (a total of 7 days including your inpatient stay)
- Ferrous Fumarate 210mg once daily

- 6 weeks following your surgery, your surgeon or specialist nurse may recommend that your GP commences vitamin B12 injections every 3 months or a daily tablet of Cyanocobalamin, as your absorption of this vitamin is affected by weight loss surgery.
- Ensure that you wear your **anti-embolic compression stockings (TEDS) for 2 weeks** after your surgery.
- You can shower but not bathe for 1 week after your surgery.
- Ensure that if you have any dressings you keep them clean and dry for 5 days and then remove the dressings. Most wounds are closed with absorbable stitches. If you have any bleeding, redness, swelling or excessive pain, please contact the discharging ward, Bariatric Specialist Nurse or your GP.
- Your drain site may ooze for few days after discharge but this should stop within 2 to 3 days. Additional dressings will be provided by the ward if needed.
- Ensure that you have requested a 'fit' note from the ward doctor if you require one. You should expect to return to work after 2 to 4 weeks.
- Regular blood tests will be required over the 2 year follow up period and occasionally, additional supplements will be needed if levels fall.
- Ensure that you have your dietetic post-operative diet sheets before you are discharged.
- Check your car insurance policy before driving. You can usually drive when you can safely perform an emergency stop and turn to look at your blind spot usually after 1 to 2 weeks providing you are not taking any medication that may affect your ability to drive.
- Do not do any abdominal/heavy exercises for at least 6 weeks post- operative.
- You may resume intimate activities when you are ready.
- If you become constipated, before seeking further advice ensure that you are drinking **at least two litres** of water daily in-between your meals.
- Please speak to your doctor for advice if you intend to fly within the next few months. See also <http://www.caa.co.uk/Passengers/Before-you-fly/Am-I-fit-to-fly/Guidance-for-health-professionals/Surgical-conditions/>

EXERCISE BEFORE AND AFTER SURGERY

You should walk daily straight away. After 3 weeks you should try to increase your activity with something that is realistic and accessible. Gardening, housework, swimming and dancing are all popular and effective ways to get your heart rate up. Strength exercises such as squats (crouching down) and shoulder shrugs are simple ways to maintain posture and upper body strength. Those with limited mobility should attempt chair-based exercises wherever possible. You can attend the gym after 3 weeks but avoid heavy weights for 6 weeks.

HOW MUCH WEIGHT WILL I LOSE AND WHAT EFFECTS WILL IT HAVE?

Roux en-Y Gastric bypass and Single Loop Gastric Bypass surgery can achieve over 70% excess weight loss. That is 70% of the extra weight you are carrying over and above your ideal weight for your height.

Sleeve gastrectomy surgery can achieve an average of 65% excess weight loss. That is 65% of the extra weight you are carrying over and above your ideal weight for your height.

This can improve symptoms like fatigue, shortness of breath and improve quality of life such as your energy levels, ability to walk and exercise and may reduce pain in weight bearing joints and the back. In addition several medical conditions can improve resulting in reduced need for medication. These include:

- Type 2 Diabetes
- High blood pressure
- Sleep apnoea (interrupted breathing during sleep)
- High cholesterol
- Polycystic ovaries

Because you are absorbing less energy (calories) you can occasionally feel faint and a small snack between meals may be needed. It is common to have short-term hair loss (usually in first 6 months) which can be distressing but this recovers and regrows in time. Ensure you discuss your protein intake with your dietitian as this can influence hair loss.

You will be absorbing fewer essential vitamins and after this operation you must take the supplements (see Discharge Medication and Advice section) to avoid complications like thin bones or anaemia.

You must have regular blood tests for the rest of your life and may occasionally need additional iron or vitamin D for example if these levels fall too low.

WHAT MUST I DO TO ENSURE MY OPERATION WILL WORK LONG-TERM?

Any weight loss surgery can fail to help you lose weight if vital lifestyle changes are not made before and after surgery. This can cause weight regain if lifestyle changes are not followed. Only you can make these changes. This is why we prepare you for surgery over at least 6 months to ensure you are making the correct changes in diet and exercise to ensure it will succeed. If we feel that you are not able to make these changes (which is hard work) then you may not be offered surgery.

Examples of essential changes are:

- A diet consisting of regular 3 meals per day that is low in sugar
- Avoiding drinking liquids with meals
- Avoiding snacks like crisps and sweets or sugary juices/drinks
- Increased activity (see section on “Exercise Before and After Surgery” below)
- Consider other ways to improve your mood or relax instead of relying on food

IMPORTANT POINTS ABOUT WEIGHT LOSS SURGERY

Pregnancy

Losing weight can result in increased fertility. Female patients having weight loss surgery may wish to have children but must avoid falling pregnant ideally in the first 2 years after surgery. The growing baby may be harmed by a lack of nutrition during this time. Different types of contraception (e.g. coil, barrier methods) should be considered after this surgery as the reliability of the contraceptive pill may be reduced.

Residual Excess Skin after Losing Weight

Loose excess skin is not uncommon after weight loss surgery. The bariatric service does not perform surgery for excess loose skin. If this becomes a future concern you should discuss this with your GP. It is unusual for the NHS to fund such excess skin removal surgery and this is only by special agreement after an application by your GP. Many patients are not concerned by loose skin but for those who are, a private consultation with a plastic surgeon may be something you wish to consider but it is most likely you will need to pay for this.

Smoking

Smoking is a serious health risk and you must stop smoking if you wish to have weight loss surgery. Smoking increases overall risk of complications and the specific risk of ulcer formation in the stomach. This can lead to long-term pain, vomiting and even internal leaks or perforation. Smoking cessation services are available through your GP.

Should you require further advice on the issues contained in this leaflet, please do not hesitate to contact the Bariatric Department on Tel no: **(01482) 624309**.

For Dietetic advice contact **(01482) 674133** or **(01482) 875875** Extension: **3168**

GENERAL ADVICE AND CONSENT

Most of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion with the healthcare team.

Consent to treatment

Before any doctor, nurse or therapist examines or treats you, they must seek your consent or permission. In order to make a decision, you need to have information from health professionals about the treatment or investigation which is being offered to you. You should always ask them more questions if you do not understand or if you want more information.

The information you receive should be about your condition, the alternatives available to you, and whether it carries risks as well as the benefits. What is important is that your consent is genuine or *valid*. That means:

- you must be able to give your consent
- you must be given enough information to enable you to make a decision
- you must be acting under your own free will and not under the strong influence of another person

INFORMATION ABOUT YOU

We collect and use your information to provide you with care and treatment. As part of your care, information about you will be shared between members of a healthcare team, some of whom you may not meet. Your information may also be used to help train staff, to check the quality of our care, to manage and plan the health service, and to help with research. Wherever possible we use anonymous data.

We may pass on relevant information to other health organisations that provide you with care. All information is treated as strictly confidential and is not given to anyone who does not need it. If you have any concerns please ask your doctor, or the person caring for you.

Under the General Data Protection Regulation and the Data Protection Act 2018 we are responsible for maintaining the confidentiality of any information we hold about you. For further information visit the following page: [Confidential Information about You](#).

If you or your carer needs information about your health and wellbeing and about your care and treatment in a different format, such as large print, braille or audio, due to disability, impairment or sensory loss, please advise a member of staff and this can be arranged.

Notes

Notes

Notes

Weight Record Chart

DATE	HEIGHT	WEIGHT	+/- AMOUNT	BMI

Contact Information

Claire Hunt
Bariatric Specialist Nurse

01482 62 4309
(Answerphone available)

Mobile: **07876 502 619**

Email: Claire.Hunt@hey.nhs.uk

**Grimsby Weight Loss Surgery
Support Group**

Please call for more information.
Contact: Mags Bradley:

01472 753 755

Please leave an answerphone
message

OWLSS
Weight Loss Support Group

Virtual Meetings
*Dates and times available on
Facebook page*

To be invited to the Facebook group
please contact the below email
advising you have attended your first
appointment:

owlsshull@gmail.com

Dietitian appointment line:

01482 674133

You must telephone to book all
dietetic appointments within 1 month
from your latest dietetic appointment.

If you do not comply with this you
may be discharged back to the care
of your General Practitioner and this
discharged from the Bariatric
Pathway.