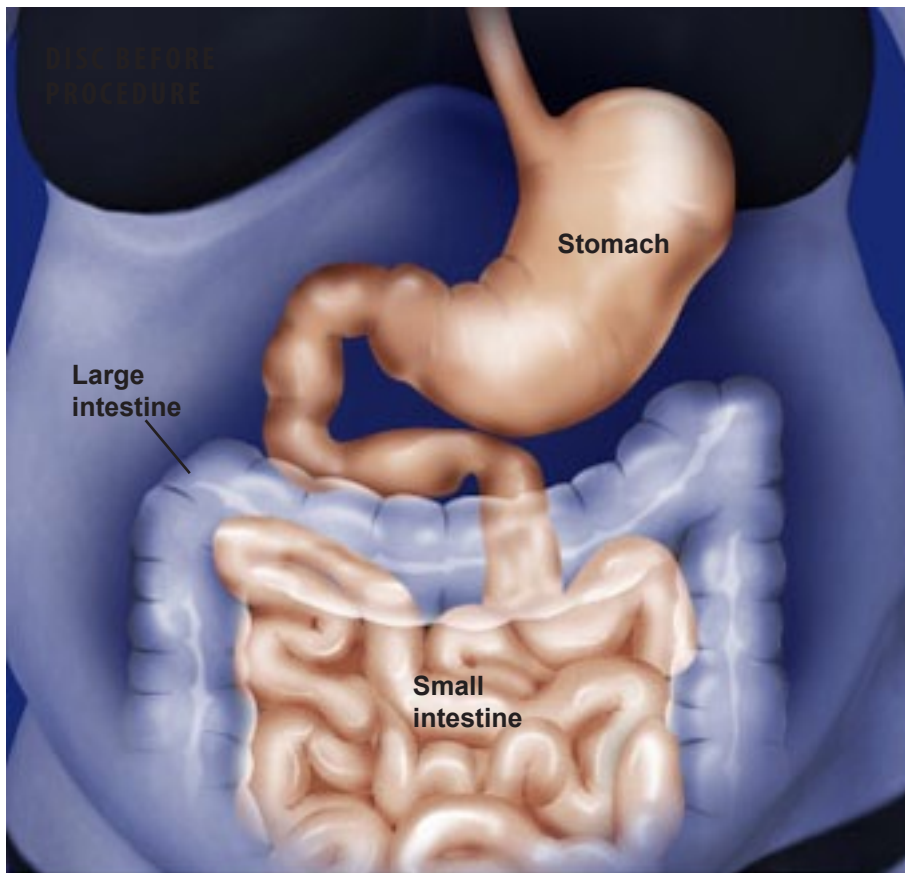


Roux-en-Y Gastric Bypass (RGB, Laparoscopic)



Overview

This surgical weight-loss procedure reduces the volume of the stomach so that the patient feels full after eating a small amount of food. It also bypasses part of the intestinal tract so that fewer nutrients are absorbed by the body. Gastric bypass surgery is performed under general anesthesia, and usually requires a hospital stay of several days.

Preparation

The patient lies down to expose the stomach, and anesthesia is administered. The skin at the surgical site is cleaned.

Accessing the Stomach

The surgeon creates a series of small incisions in the abdominal area and inserts a laparoscopic camera and tools into the abdominal cavity. The camera allows the surgeon to view the procedure on a monitor.

Dividing the Stomach

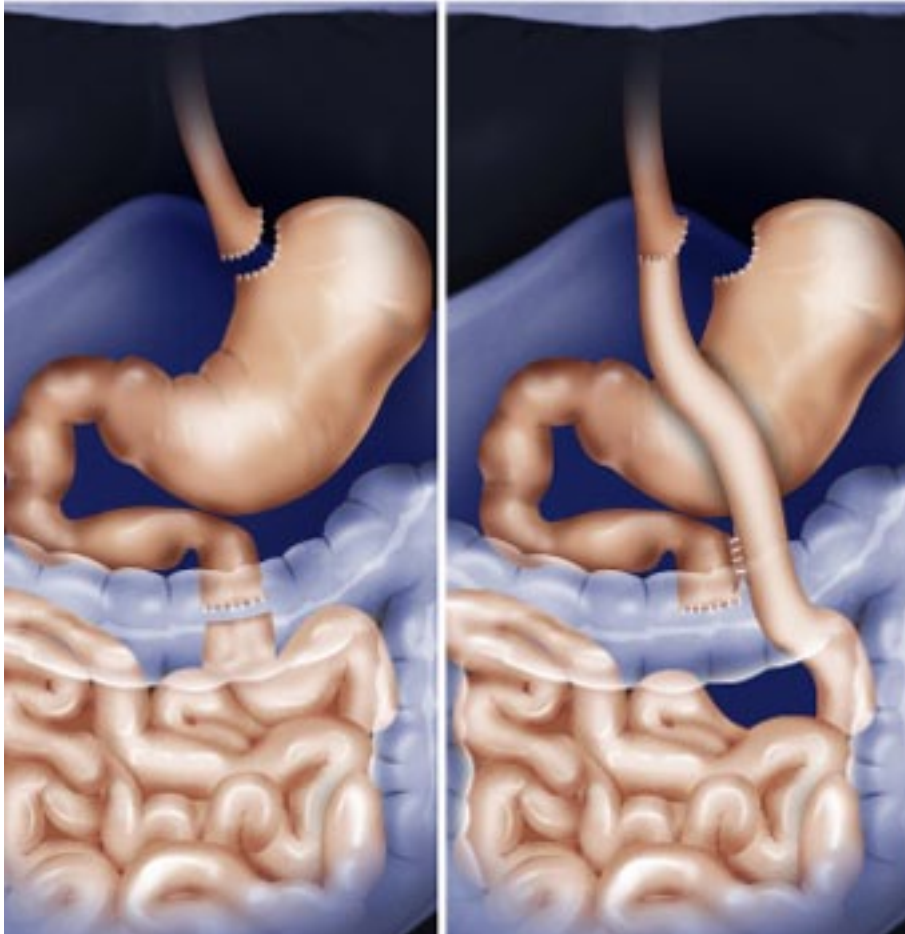
The surgeon places a line of surgical staples across the stomach to divide it into two compartments. The upper compartment, about the size of a thumb, will be used for food digestion. The large lower compartment will not be able to accept food, but will continue to produce digestive juices to aid the digestion process.

Rerouting the Small Intestine

Several inches below the stomach, the small intestine is divided into two sections. The portion below the incision is pulled up to reach the stomach's small upper pouch. The surgeon creates an opening in the pouch and surgically attaches the intestine to the pouch, creating a new pathway for food.

Connecting the Loose End

The remaining piece of the small intestine, which hangs from the stomach's lower pouch, is surgically attached to the rerouted section. This allows for digestive juices and other fluids to drain out of the lower stomach and into the intestinal tract.



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End of Procedure

The incisions are closed with sutures or surgical staples (a drain may be inserted to remove excess fluid). The stomach is bandaged.

After Care

The patient is given pain relievers and closely monitored in the hospital during recovery. The patient may feel tired for up to a month after surgery. Physical activity must be limited during this time.

Eating After the Surgery

For the first day or two the patient will be fed through an IV tube. Gradually, the patient will be able to eat juices, broths and pureed foods, working up to solid foods about a month after surgery. Nutritional supplements may be required.