



Laparoscopic banding and sleep apnoea information



Dr Keith Holt

Gastric surgery for weight loss has become increasingly common in our society. Whilst this may have little impact on day to day activities, it can be something that needs attention if surgery is contemplated. If you have had such surgery, then it is important to make sure that you are suitable to have a general anaesthetic.

Laparoscopic Gastric Banding

Patients who have had gastric banding, depending on how tight the gastric band is, may need to consider having it deflated prior to surgery. This is especially important if the band is inflated to a level that causes moderate constriction. Such devices represent a significant risk should there be any nausea leading to vomiting after the anaesthetic. The inability to vomit up stomach contents into the oesophagus, can lead to a sudden gastric distension and, in the worst case scenario, rupture of the stomach and/or oesophagus.

Problems relating to banding (and other obesity surgery) need to be sorted out pre-operatively. The advice of the surgeon who inserted the device will need to be sought, and his recommendations followed. Hence, unless specific instructions from that surgeon have already been given, he should be contacted for advice prior to the anaesthetic. If deflation is required, this can be done by the inserting surgeon or, with his permission, by Dr Holt's anaesthetist.

Gastric sleeve surgery

In this surgery, the stomach itself is reduced in size. Therefore, there should be no restriction to outflow through the oesophagus. For this reason, no specific changes are required for surgery, and there should be no significant anaesthetic risks related to this surgery.

Sleep apnoea, whilst being a separate condition on its own, is frequently associated with obesity. If you suffer from this, then it is important that the anaesthetist knows about it and, if you own a CPAP machine, it should be brought in with you for use after your anaesthetic.

Sleep Apnoea

Those patients who suffer from sleep apnoea are at risk during the recovery period from anaesthesia. Both general anaesthetics and narcotic analgesics suppress the desire to breathe. This, in association with sleep apnoea, can lead to hypoxia (a lack of oxygen reaching the brain). Hence, if you have sleep apnoea, Dr Holt will need to know this prior to surgery so that the anaesthetist and the hospital can be informed.

If you already use a CPAP machine, this should be brought into hospital with you. It can then be taken to theatre and used in the recovery room. Similarly, it can be used at night or when resting.

If you have untreated sleep apnoea, then it may be best to have this reviewed by one of the respiratory physicians prior to surgery. If necessary, a CPAP machine can then be obtained. If in doubt, a review by one of Dr Holt's anaesthetists may be worthwhile. This can be arranged for you by one of Dr Holt's staff.

Problems and concerns

Phone: +61 8 92124200

Fax: +61 8 94815724

Email: keith.holt@perthortho.com.au

Further information can also be obtained on this and other related topics at:

<https://www.keithholt.com.au>