## What the doctors may do?

Your surgeon will discuss with you the risks and benefits of surgery and may suggest alternatives.

You should tell your anaesthetist if you snore heavily or have obstructed breathing during sleep Depending on the type of operation, your anaesthetist may suggest a local anaesthetic e.g., a spinal, epidural or a limb block. This reduces or even avoids the need for general anaesthesia. The benefits include pain relief without the use of strong pain killers (like morphine) and improved postoperative breathing and mobility. However, spinal and epidural anaesthetics are technically more difficult in obese patients and may not always be possible.

## Can I still be a day case?

Yes you may well be able to have day surgery and go home straight after the operation. Where you stay postoperatively depends upon many factors including the complexity of the surgery and your degree of medical problems.

# How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to or after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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Issue date: Sept 2016 Review date: Sept 2018 Leaflet code: SGY-003

Version: 2.0

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# Pre-operative advice for overweight patients having surgery

You have been given this advice sheet as you are above ideal weight. Your doctor wants you to be aware of the risks of being obese, and what you can do to minimise them prior to your surgery.

#### **Patient Information Leaflet**

If you require a translation or an alternative format of this leaflet please call PALS (Patient Advice & Liaison Service) on 01296 316042

Safe & compassionate care,

every time

## **Defining Obesity**

#### What is obesity?

The standard way is to refer to body mass index, BMI

Ideal BMI is 20-25 kg/m<sup>2</sup> Obesity is 25-30kg/m<sup>2</sup>

Your BMI is .....kg/m<sup>2</sup>

# **Your Shape**

If your waist measurement is more than half your height, you have central obesity or are 'apple shaped'. This is due to fat around your internal organs. This central fat is associated with diabetes, high cholesterol and high blood pressure.

# Am I at increased risk because of my weight?

Although many overweight people are fit and healthy, there are definitely some increased risks associated with being obese. These are all the more likely if you have central obesity and are apple shaped.

Your risk of suffering a serious complication during or after your operation can be increased if you suffer from these obesity related diseases:

High blood pressure Diabetes Obstructive sleep apnoea History of thrombosis Angina

After an operation obese people are more likely to experience:
Chest infections
Difficulty breathing
Wound Infections
Poor wound healing

# What can you do to reduce your risk

Fortunately there are some things you can do to reduce your risks

- Stop smoking
- Exercise. This improves your fitness and enables you to cope with the stress of an operation. If you are having orthopaedic surgery, building up strength will aid your recovery.
- Lose weight. Just a few kg of weight loss can make the surgery easier for the surgeon. This is especially true if you are having laparoscopic (keyhole) surgery.
- If you are diabetic, good control of your blood sugar is essential to ensure healing and minimise infection.
- If you have a continuous positive airway pressure (CPAP) machine for sleep apnoea you should use it every time you sleep, and make sure you bring it with you into hospital.

## After the operation

It is very important to get out of bed and walk around as soon as possible. In most cases, this is within a few hours of surgery.

It is vital you breathe deeply to reduce the risk of chest complications.