

5 steps to success following weight loss surgery



After you've had weight loss surgery, you may be wondering "now what?" – but there are key steps you can take to set yourself up for success.



01 Get extra help to give yourself the best chance at success

Following surgery, you might need advice from other types of healthcare professionals, apart from your surgeon and GP, to give you the best chance to achieve and maintain long-term weight loss.^{1,2}

These allied health professionals – such as dietitians, exercise physiologists, and psychologists – can help you make healthy lifestyle changes and manage any barriers you may face.^{2,3}

Who can help? Allied health professionals



02 Attend all your follow-up appointments

It is important to attend all of your follow-up appointments with your surgeon and all of the members of your medical team, to help maintain your weight loss and lifestyle strategies after your surgery.^{1,4}

Research shows that people who engaged with their healthcare team after surgery lost more weight and improved their mental and physical health more than people who didn't get support.⁵

Who can help? Your surgeon and healthcare team

Ongoing follow-up and support are key

To achieve the best long-term outcomes, it is very important to keep in contact with your surgeon and medical team and attend all of your follow-up appointments.¹



03 Get in the right mindset

Your state of mind is crucial in achieving and maintaining weight loss.³

Perhaps you are putting up barriers to success or have a destructive relationship with food?³ Don't be afraid to get help to address your roadblocks or to talk about your thoughts and experiences with like-minded people.

- Regular community meetups are held by the Weight Issues Network (WIN)*
– www.weightissuesnetwork.org

Who can help? Psychologist or counsellor



If your progress gets off track after surgery, remember, your medical team is there to support you and provide the tools to help you succeed.



04 Eat well

Poor diet quality and lack of exercise are linked to weight regain after weight loss surgery.⁶

Aim for a well-balanced diet:

- Focus on fibre-rich foods, such as fruit, vegetables and whole grains. Include protein-rich fish, meat, eggs, dairy, soy, lentils and other legumes in your daily diet.⁸
- Eat small meals and avoid drinking until at least 30 minutes after eating.^{8,9}
- Eating too much sugar or fat can cause dumping syndrome – where food is rapidly emptied from the stomach into the intestines, leading to symptoms such as nausea and dizziness.⁹
- Ensure you eat enough to avoid malnutrition. If your body does not get enough food or the right balance of nutrients – resulting in anaemia or protein deficiency – it can lead to problems like hair loss.^{7,8}

Who can help? Dietitian



05 Get active

Lack of physical activity not only increases your chances of weight regain, but it also affects your quality of life and even your sleep.⁶

Aim to be active on most days:

- Try to include 150–300 minutes of moderate intensity or 75–150 minutes of vigorous intensity exercise each week.³
- Aim to do muscle-strengthening activities on at least two days each week.³

Who can help? Exercise physiologist

This resource is intended as a guide and should not replace the advice or guidance provided by your doctor/surgeon. If you have any questions about your health or individual circumstances, speak with your doctor.

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Important Safety Information. Since 2012, the Bariatric Surgery Registry has collected safety data from almost 90,000 people who have undergone bariatric (weight loss) surgery in Australia and New Zealand. In 2018-2019, the incidence of adverse events requiring unplanned return to surgery, intensive care unit admission, or hospital readmission in the first 90 days after primary (first-time) bariatric surgery was 2.1%. This indicates that around 1 in 50 people who undergo bariatric surgery will experience a complication such as leaking or narrowing (stricture) of the surgical connection, dehydration or electrolyte imbalance, abdominal pain, bleeding, or vomiting.¹⁰

Bariatric surgery is generally recommended for people with morbid obesity (BMI ≥ 40 kg/m²) or severe obesity (BMI ≥ 35 kg/m²) with ≥ 1 obesity-related conditions, but may be considered for those with a BMI 30-35 kg/m² who have poorly controlled type 2 diabetes.^{2,4} It may not be suitable for individuals with certain digestive tract conditions. You should consult your physicians to determine your need for a healthy energy controlled diet and physical activity, and whether bariatric surgery is appropriate for you.⁴ There are risks with any surgery, such as adverse reactions to medications, problems with anaesthesia, problems breathing, bleeding, blood clots, accidental injury to nearby organs and blood vessels, even death. Your weight, age, and medical history will determine your specific risks.¹¹

Bariatric surgery has its own risks, including failure to lose weight, nutritional or vitamin deficiencies, and weight regain.¹²

References. **1.** National Health and Medical Research Council. *Clinical practice guidelines for the management of overweight and obesity in adults, adolescents and children in Australia*. 2013. Melbourne: National Health and Medical Research Council. **2.** Australian & New Zealand Obesity Society. *The Australian Obesity Management Algorithm*. 2020. Available at: <https://www.anzos.com/publications> (accessed June 2023). **3.** Yates N, et al. *AFP*. 2017; 46(12): 918–921. **4.** Mechanick JL, et al. *Surg Obes Relat Dis*. 2020 Feb;16(2):175–247. **5.** Marshall S, et al. *Obes Rev*. 2020; 21(7): e13012. **6.** Santos C, et al. *Int J Environ Res Public Health*. 2022;19(14): 8328. **7.** Pareek M, et al. *J Am Coll Cardiol*. 2018;71(6):670–687. **8.** Dagan SS, et al. *Adv Nutr*. 2017; 8(2): 382–394. **9.** Scarpellini E, et al. *Nat Rev Endocrinol*. 20;16(8):448–466. **10.** Monash University Bariatric Surgery Registry. *Bariatric Surgery Registry 2018/19 Report*. June 2019. Available: <https://www.monash.edu/medicine/sphpm/registries/bariatric/reports-publications> (accessed June 2023). **11.** Mohabir PK, Coombs AV. Surgery. December 2020. *MSD Manual Consumer Version*. Available: <https://www.msmanuals.com/en-au/home/special-subjects/surgery/surgery#> (accessed June 2023). **12.** Bray GA, et al. *Endocr Rev*. 2018;39(2):79–132.

To be completed in discussion with your healthcare team.

Surgeon details

Name:
Email:
Phone:
Practice address:

General practitioner (GP) details

Name:
Email:
Phone:
Practice address:

Other healthcare professional details (e.g. dietitian, exercise physiologist, psychologist, plastic surgeon)

Type:
Name:
Email:
Phone:
Practice address:

Type:
Name:
Email:
Phone:
Practice address: