Dr Prashant Philip Das

THE PATIENT'S HANDBOOK

Weight-Loss Surgery a considered step.

A careful, honest guide to laparoscopic bariatric surgery — who it may help, how the common operations work, and what a lifelong change really involves. Surgery is a tool, not a shortcut; this guide is here to help you decide well.

Laparoscopic / Keyhole

For obesity & related illness

A lifelong commitment

Dr Prashant Philip Das

MS (General Surgery) · FNB (Minimal Access Surgery)

HEBBAL · BENGALURU

START HERE

What this handbook is for

You are considering **bariatric (weight-loss) surgery**. This is one of the most effective treatments for severe obesity and the illnesses that come with it — but it is also a **major, lifelong decision**, not a quick fix. This guide explains honestly who it helps, how it works, what it asks of you, and its risks — so that if you go ahead, you do so fully informed.

Understanding obesity as a medical condition

Obesity is not a failure of willpower — it is a complex, chronic medical condition influenced by genetics, hormones, environment and metabolism. For people living with severe obesity, the body strongly defends its higher weight, which is why diet and exercise alone so often don't produce lasting results. Bariatric surgery works by **changing that underlying biology**, not by simply making you eat less through discipline.

Keyhole	Team	Lifelong	Health
laparoscopic approach	surgeon, dietitian, physician	follow-up & vitamins	not cosmetic — a medical treatment*

Who might bariatric surgery help?

Surgery is generally considered for adults whose weight poses a serious risk to health, typically defined using **Body Mass Index (BMI)** together with obesity-related conditions. It is usually considered when:

BMI thresholds

A high BMI, or a raised BMI together with conditions such as type 2 diabetes, high blood pressure, sleep apnoea or joint disease. Exact criteria are individualised.

After other efforts

When supervised diet, lifestyle change and medical treatment have not achieved or maintained enough weight loss to protect your health.

Assessed as a whole person

Bariatric surgery is never offered on weight alone. A proper assessment looks at your overall health, your other conditions, your readiness for permanent change, and your understanding of what surgery involves. This often includes input from a **dietitian, a physician and an anaesthetist**, and sometimes a psychologist — a team approach that gives the best and safest results.

An honest word before you read on

Surgery is a powerful tool, but it is **not a cure and not a shortcut**. It works only alongside permanent changes to how you eat and live, and lifelong follow-up. If you are looking for a quick or effortless result, this is not that — and you deserve to know so honestly, up front.

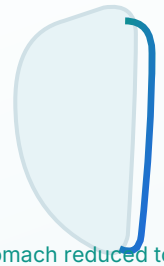
THE OPERATIONS

How the common procedures work

Bariatric operations are done **laparoscopically** (keyhole) and work in two broad ways: by **reducing how much you can comfortably eat**, and in some cases by **changing gut hormones** that control hunger and blood sugar. The two most common operations are the sleeve gastrectomy and the gastric bypass.

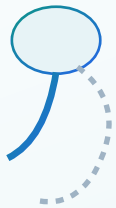
TWO COMMON APPROACHES

Sleeve gastrectomy



stomach reduced to a slim tube

Gastric bypass



small pouch + re-routed intestine

Simplified illustration. Your surgeon will explain which operation suits you, and why, in detail.

Sleeve gastrectomy

A large part of the stomach is removed, leaving a slim tube. You feel full sooner and eat less, and helpful changes in gut hormones reduce appetite. There is no re-routing of the intestine.

Gastric bypass

A small stomach pouch is created and connected further down the intestine. This limits intake and alters gut hormones, and is often particularly effective for type 2 diabetes.

Which operation is right for me?

There is no single "best" operation — the right choice depends on your weight, your other health conditions (especially diabetes and reflux), your eating patterns and your preferences. This is decided **together**, after full discussion of the benefits and trade-offs of each.

BEFORE THE DAY

Preparing — body and mind

Good preparation makes surgery safer and results more durable. The weeks before surgery are used to optimise your health and to begin the habits you'll carry forward for life.

1 **Full assessment**

Blood tests, assessment of your heart and lungs, screening for sleep apnoea and diabetes, and a dietitian review. Other conditions are optimised before surgery.

2 **Dietitian & lifestyle work**

You'll begin dietary changes and learn the eating pattern you'll follow afterwards. This is central — surgery supports these habits, it doesn't replace them.

3 **The pre-op (liver-shrinking) diet**

You'll usually be asked to follow a specific diet for a couple of weeks beforehand to shrink the liver and make surgery safer. Follow it closely.

4 **Medication review & fasting**

Some medicines (including **blood thinners** and diabetes drugs) are adjusted. An empty stomach is needed for anaesthesia — timings will be confirmed.

✦ Come prepared with

- ✓ All reports, scans & a full medication list
- ✓ Details of your other health conditions
- ✓ Insurance / cashless card details
- ✓ Realistic questions & expectations
- ✓ A supportive family member

✦ Come ready to discuss

- × Your readiness for permanent change
- × Past attempts at weight loss
- × Your eating patterns & triggers
- × Any concerns or fears — openly

On the day of surgery

ARRIVE

Admission & check-in

Paperwork, consent, gown, and a meeting with the anaesthetist to plan your care.

ANAESTHESIA

You go to sleep

The operation is done under general anaesthesia — you are fully asleep throughout.

SURGERY

Keyhole operation

The chosen procedure is performed through small ports. Duration varies by operation and individual.

RECOVERY

Close monitoring

You wake in recovery and are watched closely. Early gentle walking is encouraged to prevent clots.

STAY

Short hospital stay

Usually a couple of days, starting sips of fluid and progressing as guided, before discharge with a clear plan.

LIFE AFTER SURGERY

The new way of eating

After surgery your capacity is much smaller, and your relationship with food changes for good. You'll move through carefully staged textures, and adopt habits you'll keep for life. This is where the real work — and the real reward — lies.

The staged diet

WEEK 1–2

Liquids

Clear then full fluids, in small sips. Staying hydrated is the priority.

WEEK 3–4

Puréed foods

Smooth, protein-rich purées in small portions, eaten slowly.

WEEK 5–6

Soft foods

Soft, moist foods introduced gradually as tolerated.

ONGOING

Balanced solids, for life

Small, protein-first balanced meals become your permanent pattern, guided by your dietitian.

✓ Habits for life

- ✓ Protein first, at every meal
- ✓ Small portions; eat slowly & chew well
- ✓ Stop when comfortably full
- ✓ Take prescribed vitamins & minerals daily
- ✓ Stay hydrated between (not with) meals
- ✓ Stay active; attend every follow-up

✕ Pitfalls to avoid

- ✕ Drinking with meals (fills the pouch)
- ✕ Fizzy & sugary drinks
- ✕ Grazing on high-calorie snacks
- ✕ Eating too fast or too much
- ✕ Skipping vitamins — this is dangerous
- ✕ Missing follow-up appointments

! Vitamins are lifelong and non-negotiable

After bariatric surgery your body absorbs fewer nutrients, so **daily vitamin and mineral supplements — for life — are essential**, along with regular blood tests. Skipping them can cause serious, sometimes permanent, deficiency problems. This is one of the most important commitments you make.

SAFETY & EXPECTATIONS

Risks & realistic results

Modern laparoscopic bariatric surgery is well-established and generally safe, and for many people it dramatically improves health and conditions like diabetes. But it is major surgery with real risks, which are discussed with you fully and honestly.

Early risks

- Bleeding or infection
- Leak from a staple line or join
- Blood clots (reduced by early walking)
- Nausea as you adjust to eating

Longer-term considerations

- Vitamin & mineral deficiencies
- Reflux or changes in bowel habit
- "Dumping" after sugary food (bypass)
- Loose skin after major weight loss
- Weight regain if habits lapse

i What good results really look like

Bariatric surgery can lead to substantial, sustained weight loss and major improvements in conditions like type 2 diabetes, blood pressure and sleep apnoea. Results **vary from person to person**, and depend heavily on how closely you follow the eating, activity and follow-up plan. Your surgeon will give you a realistic picture for your situation rather than a promise.

Contact us or go to A&E if you have:

- **Fever, or a fast heartbeat with unwell feeling**
- Severe or increasing abdominal pain
- Persistent vomiting or inability to keep fluids down
- Redness, swelling or discharge from a wound
- A swollen, painful calf or sudden breathlessness

Common questions

Is this the "easy way out"?

No. Surgery changes your biology to make change possible, but the daily work of eating well, taking vitamins and staying active is yours for life. It takes real commitment.

Will I need plastic surgery for loose skin?

Some people choose skin-removal surgery after major weight loss; many don't. It's a separate, later decision, discussed once your weight is stable.

Can the surgery be reversed?

A sleeve gastrectomy is permanent; a bypass can sometimes be revised but is best regarded as permanent. This is why the decision deserves such careful thought.

Is it covered by insurance?

Bariatric surgery is covered by many health insurance policies when medical criteria are met, though terms vary. The hospital's insurance desk can check your specific cover before admission.

Thinking it through?

Bring your reports and your questions to an unhurried consultation. This is a decision to make slowly and well — you'll get an honest assessment of whether surgery is right for you.

SURGEON
Dr Prashant Philip Das
MS (Gen. Surgery) · FNB (MAS)

CONSULTING AT
Bangalore Baptist Hospital, Hebbal
BBH Express Clinic, Lingarajapuram

ONLINE
www.docprashant.in