

WLSinfo was established in January 2003 by Ken Clare, a Registered Nurse who had undergone a Roux en Y gastric bypass in September 2002. Appalled by the lack of quality information and support available - he developed an innovative solution.

The concept has developed from a small forum, where people shared information and concerns, into a respected organisation that is making a real difference to people's lives.



helpline: 0151 222 4737
www.wlsinfo.org.uk
enquiries@wlsinfo.org.uk



www.wlsinfo.org.uk
making a difference

WLSinfo
PO Box 796 | Ipswich | UK | IP1 9GU

A comprehensive source
of **information** and **support**
for people who have had
or are considering
Weight Loss Surgery

offering members a supportive and sociable environment
where an empathetic ear is guaranteed

HELP AT HAND

The activities of the charity are organised by a team of volunteers, supported by a group of health care professionals who form the Clinical Advisory Group.

The charity's activities include:

- ◆ providing quality assured information online at: www.wlsinfo.org.uk
- ◆ A web accessible library service online at: www.fade.nhs.uk
- ◆ Quality assured printed material via a series of leaflets which are currently being produced.
- ◆ Acting as an umbrella organisation to over 13 physical support groups across the EU.
- ◆ An information support line at **0151 222 4737**
- ◆ Providing an online forum for information and support at: www.wlsinfo.org.uk

SURGICAL PROCEDURES REPRESENTED IN OUR MEMBERSHIP

- ◆ Adjustable Gastric Banding
- ◆ Vertical Banded Gastroplasty (VGB)
- ◆ Jejunio-Ileal Bypass (JIB)
(no longer performed)
- ◆ Roux-en-Y Gastric Bypass (RNY)
- ◆ Bilio-Pancreatic Diversion (BPD)
- ◆ Bilio-Pancreatic Diversion with duodenal switch (BPD/DS)
- ◆ Gastric Pacing
- ◆ Gastric Balloon
- ◆ Sleeve gastrectomy
- ◆ Revision/Re-do surgery

All of the above procedures require lifestyle changes to a greater or lesser degree and we are conscious that many people perceive surgery as a 'magic pill'. It isn't. Our aim is to equip individuals with the information and support to get the most from the opportunity that surgery gives them.

We support members however or wherever they had their procedure. There has been an increasing trend towards UK citizens travelling to the continent for surgery. We aim to raise awareness of surgery options and the improvement of access to NHS services in the UK.

SO WHAT ARE THE OUTCOMES OF SURGERY

The most obvious and most often dramatic effects are weight loss. Average EWL (excess weight lost) reported in literature can vary.

60% EWL after two years is regularly quoted as an average outcome for a starting BMI of 50 with a gastric band or bypass. Some studies report up to 85% EWL with BPD/DS.

Often less reported but equally remarkable are the effects on type II diabetes, hypertension, sleep apnoea, arthritis and the other co-morbidities of obesity.

The effect on individuals' self-esteem and mental health can be dramatic. We have seen many members move away from state benefits and into further education or employment after many years of absence.

“ We believe that obesity surgery is a clinical and cost effective treatment in people with BMI>40 (or 35) with significant co-morbidities. ”

(NICE 2002)