



Laparoscopic Gastric Banding

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BARIATRIC INTRUCTIONS

INTRODUCTION

Congratulations!!! By scheduling Laparoscopic Gastric Banding with Advanced Weight Loss Solutions you have taken the first step toward losing weight and improving your health. This booklet contains information about your hospital stay, your diet after surgery, and discharge instructions.

John Bock, M.S., R.D., C.N.S.D. Clinical Coordinator and Dietitian will work closely with your surgeons and will educate you further about the contents of this booklet.

If you are a smoker, we have asked you to quit smoking immediately after your first appointment. Smoking greatly increases the risk of pneumonia and other respiratory problems after surgery. Thus, it is imperative that all patients are smoke-free before and after surgery.

BEFORE SURGERY

Preoperative Diet

Two to three weeks prior to surgery, you will need to start a liquid diet, which is high in protein, and low in carbohydrate. The majority of obese patients have a fatty liver and a pad of fat covering the top of the stomach. Losing weight prior to surgery is **mandatory**. Which means if you are not compliant with your diet and have not lost weight, your surgery will be cancelled.

Testing

Approximately one week before surgery you will have pre-admission testing. Tests include blood work, a chest x-ray, and an EKG. We will request that you have an ultrasound of the gallbladder prior to surgery. If the ultrasound shows gallstones or gallbladder disease, we will discuss treatment options with you.

DAY OF SURGERY

The nurses in the Ambulatory Care Center will complete you pre-admission paperwork and will get you ready to be taken down to the operating room. You will wait on a stretcher in the "pre-operative holding area". Nurses, physicians, and anesthesiologists will ask you numerous questions and will tell you what to expect in the operating room. An IV will be started.

Family and friends can wait in the surgical waiting area on the first floor of the A Building. Surgery lasts about one to two hours for most laparoscopic band cases.

It is recommended that your family and/or friends bring a book, magazine, or a hobby to keep them occupied during your surgery. Please encourage them to eat breakfast/lunch after you are taken to the operating room.

YOUR HOSPITAL STAY

When you wake up from your surgery, you will already be in the recovery room. Once your breathing is normal, you will be taken to the Intensive Care Unit or a private surgical suite.

If you have been diagnosed with sleep apnea (through a sleep study) you may remain on a ventilator (breathing machine) overnight or until you are breathing well on your own. If you use a C-PAP machine at home, you will need to bring it with you to use in the hospital.

TUBES AND DRAINS

Once you are asleep in the operating room, a catheter may be placed in your bladder and a tube is placed through your nose and into your stomach. The tube in your nose and the catheter (urine drain) will stay in until the day after your surgery. You may have a sore throat from the tube in your nose and the breathing tube used during surgery. The soreness will go away in a day or two. They will be removed once the upper GI is done and you are discharged.

ACTIVITY AND CIRCULATION

Activity is a **very important** part of your recovery and weight loss process. Activity helps prevent pneumonia, blood clots, constipation, and increases weight loss. For these reasons, your exercise program will start while you are in the hospital. You will get out of bed and sit in a chair the evening of your surgery. Later that same evening, you will start walking in the hall. Although you will be very sore when you start to get up after surgery, it is the best way to help with your recovery and prevent blood clots.

Compressions hose (SCD's) are plastic sleeves that wrap around your legs and will gently squeeze your legs to help circulation to your legs and feet. These help prevent blood clots and will be used during surgery and for the first few days after surgery.

BREATHING EXERCISES

You will be provided with an "Incentive Spirometer". The nurse will show you how to use it. It is very important for you to take about ten breaths into your spirometer every hour to help prevent pneumonia, lung collapse, and other breathing problems. Coughing and deep breathing are also excellent ways of preventing respiratory problems. Holding a pillow to your incision during coughing will help discomfort.

If you have asthma, please bring your inhalers with you to the hospital the day of surgery.

DIET

In order to give your stomach pouch time to heal after surgery, your diet will be as follows.

- Day of surgery: no food or drink
- Day 1 after surgery: ice chips (after the upper GI is completed), advance to sugar free liquids prior to discharge
- Week 1: Clear liquids – 100% juices, broth, water, and Sugar Free Jell-O.
- Week 2: Full liquids - Milk products, creamed soups, custard, and pudding.
- Week 3: “Mushy” foods – Blenderized diet.

Your diet will advance during your office visits as tolerated. The blenderized diet will be discussed in detail later in this booklet.

UPPER GI

On the day after your surgery, you will have an Upper Gastrointestinal Fluoroscopy (Upper GI). A clear liquid will be given for you to drink and x-rays will be taken. This test will verify that your band is in place and that fluid flows through the lower part of the stomach and into your intestines. To relieve discomfort, ask your nurse for a pain medication before your Upper GI.

DISCHARGE INSTRUCTIONS

You should go home the day after your surgery, unless your surgeon tells you that he plans to extend your hospital stay, or if you have serious health problems, which might require additional time in the hospital.

If you have any questions or concerns once you are at home you can discuss them with the Clinical Coordinator, John Bock at 609-585-1400.

ACTIVITY

Exercise is **the key** to continued success after Gastric Banding surgery. You should be walking 2 miles or one hour per day within two months.

If you have joint problems or arthritis and cannot walk without difficulty, swimming is an excellent alternative. Your surgeon will tell you when it is okay for you to swim (usually 2-4 weeks after surgery). Some patients prefer bicycling, aerobics, and other forms of exercise. These should be discussed with your surgeon prior to starting. Once you are at home, you may use the stairs as tolerated.

ACTIVITY RESTRICTIONS

To allow your body to heal properly and to decrease the risk of getting a hernia, you must adhere to the following rules:

- No lifting anything over ten pounds for one month
- No lifting or holding babies, children, or animals for one month
- No heavy housework (vacuuming, mopping, lifting heavy laundry baskets, etc.) for one month
- No driving for two weeks
- No sexual intercourse for one month

CARE OF YOUR STAPLE LINE

Laparoscopic Gastric Banding cases will likely have Band-Aids along the incision sites. In order to prevent infection, it is imperative that you keep the staples and incision sites clean. You will do so by taking a shower each day and gently cleaning the staple line with soap on a soft washcloth. Once out of the shower, you should gently pat the incision sites dry. It is not necessary to use ointments and solutions on the staples.

Call the surgeons office if you notice any of the following:

- Redness, swelling or heat at your incision site
- Increased soreness or pain in your incision
- Fever (greater than 100°)
- Drainage from your incision

If these symptoms occur, you may have a wound infection, and it may be necessary for you to have your incision examined. You should call John or your surgeon's office if you suspect a wound infection.

Not all drainage is caused by an infection. More commonly is a problem called "seroma", or fluid collection under the incision. This condition is very common and does not usually require treatment. The seroma may drain small amounts or very large amounts.

If your incision does start to drain, you should do the following:

1. Look at you skin. Make sure it is not red. You can expect to have a small amount of redness around each staple and over the incision, but large areas of redness might require examination.
2. Check the drainage for odor and color. If it is a yellowish-red color, it is most likely a seroma. Thick brown drainage should be reported to your surgeon. Seroma drainage does not have an odor. Infected drainage usually has a bad odor.
3. If the drainage does not have an odor and is yellowish-red in color, you should wash the area and cover with a piece of gauze.
4. If you have any suspicions or questions about whether you have an infection, you should call John or your surgeon's office.

PREGNANCY

You **MUST** avoid getting pregnant for the first year after Banding Surgery. Pregnancy would be very dangerous for you and for your baby during the first year after surgery and may result in birth defects. For this reason, you need to take precautions to prevent pregnancy. Rapid weight loss increases fertility, so you must be extra careful.

IRREGULAR MENSES

For women who still get their menstrual cycle (period), you should expect some short-term menstrual irregularities. It is not unusual for patients to have their cycle start early, even as soon as two weeks after the last cycle. Remember, this is only short-term and is caused by hormonal changes after surgery. You should be back on a regular cycle after the first month or so. Any long-term abnormal “female” bleeding should be reported to your gynecologist.

EMOTIONAL CHANGES

Be prepared for emotional ups and downs. Some, but not all, patients feel like they are on an “emotional roller coaster” after surgery. These feelings are completely normal and usually disappear. A follow-up visit with a psychiatrist or psychologist may be helpful during your post-op recovery period.

MEDICATIONS

You will be given prescriptions for nausea and pain medications as needed upon discharge.

Medications to Avoid

Do not use the following medications, as they may cause ulcers in your pouch:

Advil	Aspirin
Motrin	BC Powder
Ibuprophen	Pepto Bismol
Aleve	Excedrin

You should permanently avoid taking drugs that are classified as “non-steroidal anti-inflammatory drugs”, or NSAID’s. These greatly increase the risk of ulcer after Gastric Banding surgery. If it is necessary for you to take one of these drugs, you should take Carafate to protect you stomach from ulcers; this is available only by prescription. Tylenol is an acceptable pain medication after Gastric Banding.

Vitamins/Minerals

Laparoscopic Gastric Banding is a restrictive surgical approach to permanent weight loss. Malabsorption of nutrients does not usually occur after this procedure. If you are not eating a variety of foods, however, you may require a multiple vitamin to support your dietary intake.



REMEMBER!! STAYING ON THESE VITAMINS FOR THE REST OF YOUR LIFE IS A REQUIREMENT!!

TIPS FOR A SUCCESSFUL WEIGHT LOSS

- Drink LOW CALORIE fluids such as water, sugar-free Kool-Aid, or Crystal Light beverages. Do NOT fill up on low calorie fluid without first meeting your food requirements. If water makes you nauseous, try drinking Crystal Light, diet Kool-Aid, or Crystal Light beverages. **NO CARBONATED BEVERAGES.**
- Do not drink alcoholic beverages, including beer wine and liquor. Alcohol affects your liver very quickly after surgery causing serious liver damage. Alcoholic beverages can cause weight gain and result in poor nutrition since they are high in calorie and low in nutrients.
- Do not eat sweets or drink sweetened beverages unless they are sweetened with sugar substitute.
- Do not chew sweetened chewing gum. If you chew sugar-free gum, make sure that you do not swallow it.
- Remember to take your vitamins and minerals every day.
- Exercise regularly. Work up to at least 30 minutes – 1 hour of exercise daily.

Note: Some people experience a “bad taste” in the mouth during the first month after surgery. This is completely normal and is due to rapid weight loss and lower food intake: It will go away after a couple of weeks.

POSSIBLE PROBLEMS

As discussed in the office, there are risks to the Laparoscopic Gastric Banding. Be aware of possible problems you need to report to your surgeon’s office. Some of your problems may be related to your diet.

Vomiting

Eating too fast, too much drinking with meals, or not pureeing your food properly may cause vomiting. Most patients will, at some point, vomit.

If you vomit, stop and think what may have caused it. For example, did you eat too fast? Did you eat too much? Did you eat solid food when you should have pureed it? If the answer is “no” or if you are unsure, call John or your surgeon’s office.

Band Slippage/ Pouch Dilatation

Usually caused by repeated vomiting, the band will “slip” or fall off of the axis around the stomach. This can create a large pouch, creating an increase in oral intake and ultimately weight gain. Blockage of the outlet from the pouch into the stomach can also occur, causing repeated nausea and vomiting when food or liquid enters the pouch. The lap band will need to be surgically repositioned if this complication does occur. It is essential that you notify John or your surgeon if repeated vomiting occurs.

Gastric Erosion

If the band is dislodged or creates friction against the stomach lining, the band can wear through the tissue and create erosion. Gastric erosions can be indicated by mild to severe pain in the left to middle upper abdomen. Nausea, vomiting, and/or fevers may develop if you have a gastric erosion. Notify us immediately if these symptoms arise.

Ulcer

As was mentioned earlier in the booklet, ulcers are possible after Gastric Banding surgery. They are usually treatable with anti-ulcer medication. If you experience severe nausea or pain with eating, call the nurse or your surgeon’s office.

Changes in Bowel Habits

Constipation after Gastric Banding surgery is not uncommon, and is more likely to occur if you are taking iron. Because of possible problems with hemorrhoids, hernias, and intestinal blockages, it will be important for you to prevent constipation.

If you are taking iron, you will have more of a tendency to become constipated. It may be necessary to take a stool softener for the first month or so until you can drink more fluids and eat more fiber. Stool softeners (Colace) are available over the counter. Generic Colace is acceptable, and much more affordable. Do **not** take laxatives on a regular basis.

Other ways to help improve regularity include:

- Eat sugar-free applesauce, oatmeal, and/or unsweetened pureed prunes daily
- Sprinkle 1 tbsp raw Miller’s Wheat Bran (found in health food stores) into shakes, applesauce, and hot cereal
- After 4 weeks, try baked potato with skin, whole grain breads, bran cereals with more than 3 grams of fiber per serving (such as Fiber One), and raw vegetables and legumes (dried beans)
- Drink lots of water
- Exercise regularly

If your problem is still not resolved, you may use Dulcolax suppository, Senokot-S, Lactulose, Fleets enema or Milk of Magnesia. If these do not work for you, call your surgeon’s office.

Gas problems are also common after Gastric Banding surgery. If you have gas pains at home, try simethicone drops, Bean-O, Phazyme, or Gas-X. If these problems continue, call the office for other suggestions.

Weight Gain

Gastric Banding surgery will help you lose weight and keep it off if you follow the advice of this guide. It is not a “magic cure” and requires your compliance for the rest of your life. If you follow some simple rules, you will lose the weight you wish to lose and you will keep it off!

You must avoid eating sugary foods and limit high fat foods, which will slow weight loss and actually cause weight gain.

The following foods must be avoided since the calories add up very quickly:

Milk - 2% or Whole	Bacon
Doritos and Fritos	Onion rings
Fast food	Peanuts
French fries	Pork rinds
Fried food	Potato chips
Corn Chips	Ice cream

Ask your dietitian about substitutions, such as fat-free crackers and low fat cheese. You must also avoid all foods cooked in lard, bacon grease, Crisco, butter or margarine. Try using spices, seasonings, Molly McButter, Butter Buds or “I Can’t Believe It’s Not Butter Spray” to season foods. Herbs, spices, vinegar, salsa, mustard and other condiments low in fat and sugar may also be used.

The following sugar containing foods must be avoided because of their high caloric content (unless it is sugar-free):

Cake	Molasses	Candy bars	Pastries	Candy
Pies	Chewing Gum	Pudding	Cookies	Sugar
Custard	Sugary Cereals	Granola	Sweet rolls	Honey
Ice Cream	Sweetened fruit	Jam & Jelly	Syrup	
Sweetened Condensed Milk				

DO NOT DRINK: Regular soft drinks, regular fruit drinks, Ensure, Ultra Slim Fast or any sweetened beverages (unless sweetened with saccharin, aspartame, or sucralose).

FOLLOW-UP

Your surgeon will need to see you at least yearly for the rest of your life. If you move or change phone numbers, let our office know.

Once you are discharged, you must return for a follow-up at the following intervals (each appointment is important to ensure you are eating well, maintaining adequate nutrition, keeping weight off, and staying healthy.)

- 1 weeks after surgery
- 2 weeks after surgery
- 1 month after surgery
- 2 months after surgery
- 6 months after surgery
- 1 year after surgery
- Every year thereafter

We will send you yearly reminders for your annual check up, but it will be your responsibility to schedule the check ups. Sometimes patients find it helpful to note when the appointments will be due on a calendar.

BAND ADJUSTMENTS

It is imperative that you attend all of your follow-up appointments. Band adjustment is a regular part of follow-up for this procedure. It's also a feature that may become more important as you lose weight. There are reasons you might need to change how much food you can eat. These can include your weight loss progress, pregnancy, and illness. With the Lap-Band system, the amount of food you can eat can often be changed without more surgery. This can be done by simple inflating or deflating the band.

PUREED DIET (THE FIRST 4 WEEKS)

For safe weight loss, you need to eat a healthy, well-balanced diet. The normal stomach usually holds 40 oz or 5 cups of fluid. During your surgery, staples will be put into your stomach to make it the size of a small egg; your new stomach "pouch" will hold about 2 oz or ¼ cup.

It takes about 4 weeks for the staple line in your stomach to heal. In order to prevent "breakdown of the staple line", everything you eat must be blended to the consistency of applesauce for four weeks.

Eating blended food for the first month will be a challenge for you. Stick to it and be creative! Buy or borrow a blender or a food processor if you do not own one. Keep in mind: if you can blend it, you can eat it (except for junk foods and foods with sugar).

Tip: Freeze foods in ice cube trays and store in Zip lock bags. When ready to eat, microwave frozen cubes.

Instructions for Blending Foods

1. Cut foods into small pieces about the size of your thumb nail.
2. Place food in a blender or food processor.
3. Add enough liquid to cover the blades (broth, juice, milk).
4. Blend until smooth like applesauce.

5. Strain out the lumps, seeds, or pieces of food.
6. Use spices to add flavor to blended foods.
7. Enjoy!

FOOD GROUPS

A healthy, well-balanced diet should include food from the following food groups everyday. All foods listed are equal to one serving from that group.

The 5 food groups are:

1. Protein (6 servings per day; or 50 grams for women and 63 grams for men.)
2. Vegetables (2 servings per day)
3. Fruits (2 servings per day)
4. Starches (2 servings per day)
5. Fats (3 servings per day)

PROTEIN GROUP: 6 Servings Per Day

Protein is important for wound healing and healthy hair.

Milk & Dairy

- 1 cup skim or 1% milk
- 1 cup Lactaid milk (for those who experience gas or diarrhea from regular milk)
- 1 packet Sugar-free Carnation Instant Breakfast
- 1 cup Sugar-free yogurt
- 1 cup Silk (Lactose-free) 1% fat Soy Beverage

Meat & Meat Alternatives (blenderized)

- 2.5 oz jar strained baby food meats (plain)
- 1 oz blenderized meats such as chicken, turkey, beef, fish, veal, and venison
- 1 oz canned salmon or tuna (packed in water)
- ¼ cup egg substitute
- ¼ cup small curd cottage cheese
- 1 oz cheese (melt cheese or mix in warm foods)
- 2 Tbsp. creamy peanut butter (subtract 2 Fat servings and check sugar content)
- 1/3 cup beans (navy, kidney, pinto, lentils, chickpeas, black-eyed peas, bean soup, split pea soup)
- 1/3 scoop Designer Protein or any other equivalent sugar-free protein powder

VEGETABLE GROUP: 2 Servings Per Day

Vegetables are a good source of vitamins, minerals, and fiber.

- 1/2 cup Vegetable juice (V-8, Tomato, Carrot)
- 1/3 cup blended vegetables, examples include:

Beets	Spinach	Zucchini
Carrots	Broccoli	Cabbage
Green Beans	Greens	Cauliflower

FRUIT GROUP: 2 Servings Per Day

Fruits are a good source of vitamins, minerals, and fiber.

½ cup unsweetened 100% juice

1/3 cup blended, unsweetened canned, frozen or fresh fruits. Eat fruits canned in water or fruit juice only. Do NOT eat fruits in syrup or light syrup.

STARCH GROUP: 2 Servings Per Day

Starches are a good source of carbohydrates, vitamins, minerals, and fiber.

Soups:

1 cup of blended soup

Cereal:

½ cup cooked cereal (unsweetened cream of wheat, oatmeal, and grits)

Note: It is not necessary to blend these, as long as they are not lumpy and the texture resembles applesauce.

Starchy Vegetables:

1/3 cup blended corn, potatoes, lima beans, squash, peas, or yams.

FAT GROUP: 2 servings Per Day

Fats are essential for healthy skin. Fats may be easily mixed with vegetables, meats, and starches.

1 tsp margarine

1 Tbsp sour cream

1 Tbsp salad dressing

1 tsp canola or olive oil

1 tsp mayonnaise

1 tsp canola/corn oil

Blend foods together to increase flavor and nutrient content (remember, you may not be able to eat all of it at one time).

- 1/3 cup canned fruit blended in 1/4 cup small curd cottage cheese = 1 fruit and 1 protein (add sugar substitute to sweeten)

- 2.5 oz jar strained baby food meats blended with 1 cup soup = 1 protein and 1 starch
- 1 ounce cheese melted into 1/3 cup blended vegetable = 1 protein and 1 vegetable

Food Diary

After being discharged, keep a food diary everyday until your first follow-up visit. After that, you may need to keep a three day food diary prior if your weight loss is slowing down and bring it with you to the follow-up visit.

Record the following information:

1. Time
2. Type of food (example: baked chicken without skin)
3. Amount eaten (example: ½ breast or ½ cup)
4. How food was prepared (example: baked with broth). Be sure to include any butter, oil, grease, or margarine that was added to the food.

Please remember to bring these records with you for the dietitian to review.

Helpful Tips

- In order to meet the Gastric Banding daily requirements, start eating a few hours after waking up and eat 3 smaller meals per day
- Poor appetite and decreased tolerance to food is common with lap band patients when trying to eat early in the day.
- Try to keep your meals balanced to meet your nutritional goals (meat, vegetables, starches and some fats should be eaten everyday)