

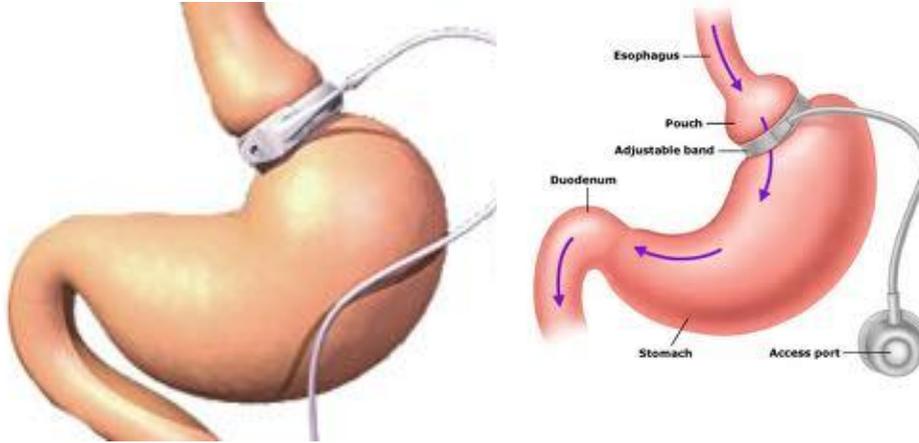
LAPAROSCOPIC GASTRIC BAND



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GASTRIC BANDING AND HOW TO ACHIEVE A GOOD OUTCOME

The Laparoscopic Adjustable Gastric Band procedure has been performed since the 1990s. The procedure is carried out laparoscopically and patients usually spend one night in hospital. The band is adjustable and requires regular fills to ensure a good outcome. Getting the fill right is critical to achieve weight loss

However the band is only a tool to weight loss not a magical cure.

The Lap-Band™ works primarily through the restriction of food and by inducing a feeling of satiety so that the desire to eat is curbed. Successful weight loss with the lap band requires a commitment to working with the band and adhering to the eating plan you will be given. There is a significant maintenance requirement and this needs to be taken into account when deciding upon a Lap-Band. All bariatric surgery carries risks and involves a general anesthetic. 5-10% of patients will experience some form of problem that will involve a further surgical intervention to either correct or remove the band. Generally Lap-Band patients are expected to lose between a half to two thirds of their excess weight within two years of surgery. This however does require long-term dietary and lifestyle

changes.

Who is appropriate for gastric banding?

Gastric banding is generally suited to patients who fall into the following categories.

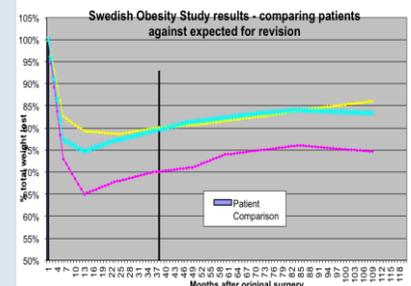
- People with a lower BMI (under 40 preferably)
- People with good mobility who are able to exercise
- People who do not have a sweet tooth and have proven to be good dieters in the past
- People who tend to eat three meals a day without snacks and think that large portion size is a problem

A successful band candidate is someone who has proven to have good will power demonstrated through successful dieting on the past. Is someone who eats large portions rather than snacking between meals. Is able to incorporate a daily exercise and activity routine into their daily life. Does not have a sweet tooth and understands that the band requires a commitment to making fundamental changes in their relationship to food. The band requires hard work, and maintenance.

Once in place the band will require regular fills where a small amount (up to 7mm) of saline liquid are injected into the port to inflate the band and

WEIGHT LOSS THE FACTS

- On average people can lose between a half and two thirds of their excess weight
- There is an eighteen month opportunity for weight loss before the body adjusts and weight loss plateaus
- After two years most people experience some weight regain. The Swedish Obesity Study (opposite) charts the expected weight regain from a study of over 10,000 subjects.



When it goes wrong...

The Lap-band requires maintenance and things can go wrong. Most problems can be 'fixed' but in some cases the band will need to be removed.

Slippage

One of the most common problems is the band slipping. This is usually caused either by a problem placing the band during surgery or through misuse of the band. Slippage can occur when someone consistently over fills his or her pouch causing it to be pushed out of place. Slippage can also occur through excessive vomiting resulting out of inappropriate eating.

Erosion

Erosion occurs when the band works its way through the wall of the stomach into the stomach itself. This is caused by overfilling the pouch to such a degree that the stomach rubs the top of the band to the point that it breaks down causes this.

Port Problems

The inflatable ring at the top of the band is accessed via a tube attached to a port attached to the muscles in the stomach wall. Occasionally the port can twist or flip restricting access to the tubing. On rare occasions the tube itself can be punctured by the fluid needle causing it to leak. These are simple to correct but will in most cases require a further surgical procedure and general anesthetic.

As surgical procedures develop and advance the chances of problems decreases. However the biggest problems are caused by people's non-compliance with the guidelines provided for working with a lap-band.



DIETETIC GUIDELINES PRE AND POST SURGERY

One week prior to surgery patients will be required to follow the milk diet. The purpose of this is to restrict the amount of carbohydrates eaten in order to shrink the liver. For laparoscopic surgery the liver needs to be as small as possible to allow the surgeon access to the stomach. The milk diet consists of 2 litres of milk and 1 litre of other fluid (sugar free). After surgery food is introduced over four phases. The band is left empty when it is placed and fills usually commence six-weeks post operatively.

Phase One: Liquids only

For the first week post surgery patients will need to remain on fluids including clear soups, milk and sugar free juice.

Phase Two: Puree

Week's 2-4 patients progress to pureed food, that is foods that are soft and wet, including liquidized and mashed vegetables and protein as well as yogurt products and sugar free drinks.

Phase Three: Soft & Crunchy

Weeks 4-8 see the introduction of more textured foods including crackers, toast, soft protein and mashed fruit.

Phase Four: Normal

After week 8 it is expected that patients will reintroduce normal foods but in far smaller portions. Some foods like soft bread and solid cuts of meat may remain a problem. The secret is to eat slowly and chew.



Band Saboteurs

One of the most common reasons for band failure is non-compliance with the dietary guidelines provided. Foods such as these all have a high calorific value and easily slip through the band.

Unfortunately these foods tend to be the ones that satisfy emotional eaters or people who use food as a way of dealing with unpleasant thoughts and feelings. It is for this reason that lap-bands are not suitable for emotional or comfort eaters or those with little dietary restraint.

It is important to learn to work with a band and make healthy food choices. If a band is filled too tight then normal foods will not go through and then there is a temptation to eat these 'easy' high calorific foods



Support Network

There are a number of local support groups for people who have had bariatric surgery. Each hospital will have a list of contacts. Support groups provide an opportunity to discuss problems and get advice.



Band Fills

The Lap-band is usually first filled around six weeks post surgery. The initial fill is usually 1-2ml of saline solution. The band is then gradually filled to its maximum over a six-month period. After a year it usually only requires an annual maintenance top up. Some people ask for the band to be very tight in order to restrict food. This is not the way the band works. A band that is too tight will result in inappropriate eating. The band is primarily there to create a sense of satiety, which will result in a feeling of fullness. The band should be loose enough to allow normal food to flow through. There are however a number of rules that should be followed.

1. Eat consciously, not in front of the TV or computer, or whilst driving
2. Eat slowly and chew thoroughly
3. Leave time between mouthfuls for food to go through the band
4. Do not eat and drink at the same time. Allow around 30 minutes either side of a meal before drinking
5. Avoid liquid foods with a high calorific value

Funding for Surgical Weight loss

NICE guidelines for surgical weight loss require patients to have a BMI of 40+ and have tried all non-surgical means of weight loss prior to seeking funding. NHS West Sussex adheres to the NICE guidelines for bariatric surgery. The requirement is for all patients to proceed through the specialist Tier 3 service Why Weight prior to applying for funding. The purpose of this is to ensure that all patients proceeding to surgery are properly prepared and understand the commitment they must make to lifelong aftercare and maintenance. Once a patient has been assessed and treated in Tier 3, Why Weight will then make a request for funding to the Specialised Commissioning Team. If funding is approved Why Weight will then make an onward referral to the patient's hospital of choice.

