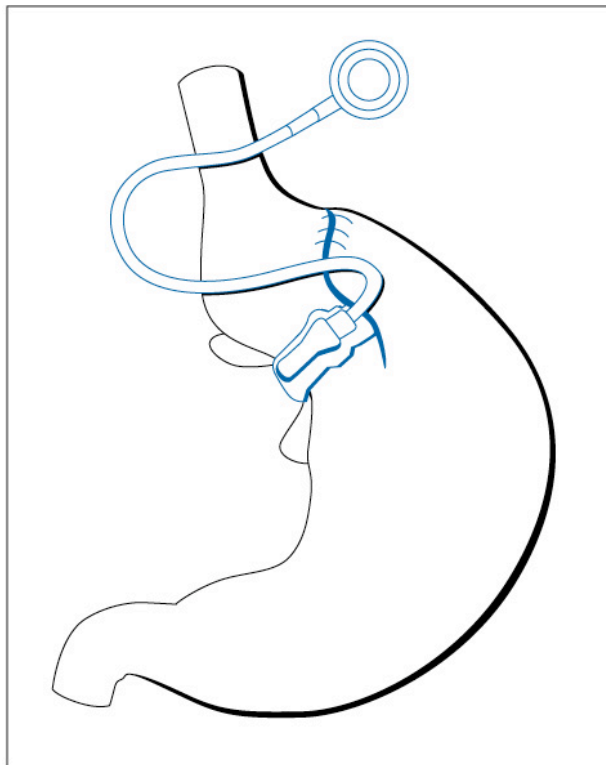


Laparoscopic adjustable gastric band



Mr Grant Beban FRACS

General, Upper GI and Bariatric Surgeon

Mercy Specialist Centre

100 Mountain Road

Epsom

Auckland

Phone: 09 623 2409

Fax: 09 630 8589

Mobile: 021 938 385

Email: gbeban@awls.co.nz

Mr Richard Babor FRACS

General, Upper GI and Bariatric Surgeon

Mercy Specialist Centre

100 Mountain Road

Epsom

Auckland

Phone: 09 623 2409

Fax: 09 630 8589

Mobile: 021 84 87 83

Email: rbabor@awls.co.nz

Contents

Introduction	_____	Pg 3
Surgical overview	_____	Pg 4
Anaesthesia for bariatric surgery	_____	Pg 6
Hospital admission	_____	Pg 7
Follow-up appointments	_____	Pg 10
Potential complications	_____	Pg 11
Nutritional information	_____	Pg 14
Healthy lifestyle choices	_____	Pg 21
10-point plan	_____	Pg 22
Confirmation page	_____	Pg 23

Introduction

This information booklet has been developed to help prepare you for your laparoscopic adjustable gastric band operation. It discusses what you can expect before, during and after your stay in hospital and helps you with the lifestyle changes you need to make after surgery.

There is a confirmation page at the end, which you need to sign. This ensures you have had time to read and understand all the information given to you. It is important that you give yourself adequate time to process all the information, and we are happy to answer any questions that you may have.

There is plenty of space throughout the booklet for you to write questions down and it is advised that you do so in order to remember them when you see your specialist.

Remember, this is the beginning of a challenging journey and it is important that you are well prepared with information and determination to reap the benefits.

Surgical overview

Laparoscopic adjustable gastric band procedure is the least invasive surgical option meaning there is no intestinal re-routing, cutting or stapling of the stomach wall or the bowel involvement. The adjustable gastric band restricts and decreases food intake and does not interfere with the normal digestive process.

In this procedure, a hollow band made of plastic is placed around the stomach near its upper end, creating a small pouch and a narrow passage into the larger remaining portion of the stomach. This small passage delays the emptying of food from the pouch and causes a feeling of fullness.

The band is adjusted via a small access port sutured in place just under the skin. Saline is introduced into the band via the port. A special needle is used to avoid damage to the port membrane. When fluid is introduced the band expands, placing pressure around the outside of the stomach. This decreases the size of the passage through which food must pass. The band can be tightened or loosened to change the size of the passage. Restriction is increased until patients feel they have reached a 'sweet spot' where optimal weight loss can be reached with the minimal fluid required. This is an individual experience and the number of adjustments required cannot be predicted. Most patients require at least one or two adjustments, but some may require several.

The advantages of the adjustable gastric band are:

- Lower mortality risk than other weight loss surgical options
- Food still passes down the normal route so there is no malabsorption
- It is reversible
- It is adjustable
- Most foods can still be eaten with exceptions of bread and chicken.

Laparoscopic (keyhole) surgery involves several very small incisions rather than open surgery, which uses one large incision. Harmless CO₂ gas is introduced into the abdomen, inflating it, and creating a space for the Surgeon to work. The Surgeon introduces a long narrow camera and surgical instruments, using these to perform the same procedure that had in the past required an open approach.

Laparoscopic procedures have many advantages, including less pain, a shorter hospital stay and a quicker recovery, as well as significantly reduced risk of wound infection and wound hernias. If for some reason your Surgeon cannot complete the procedure laparoscopically, he can convert to the open procedure safely. The chance of this occurring is low, and would only be done in your best interests.

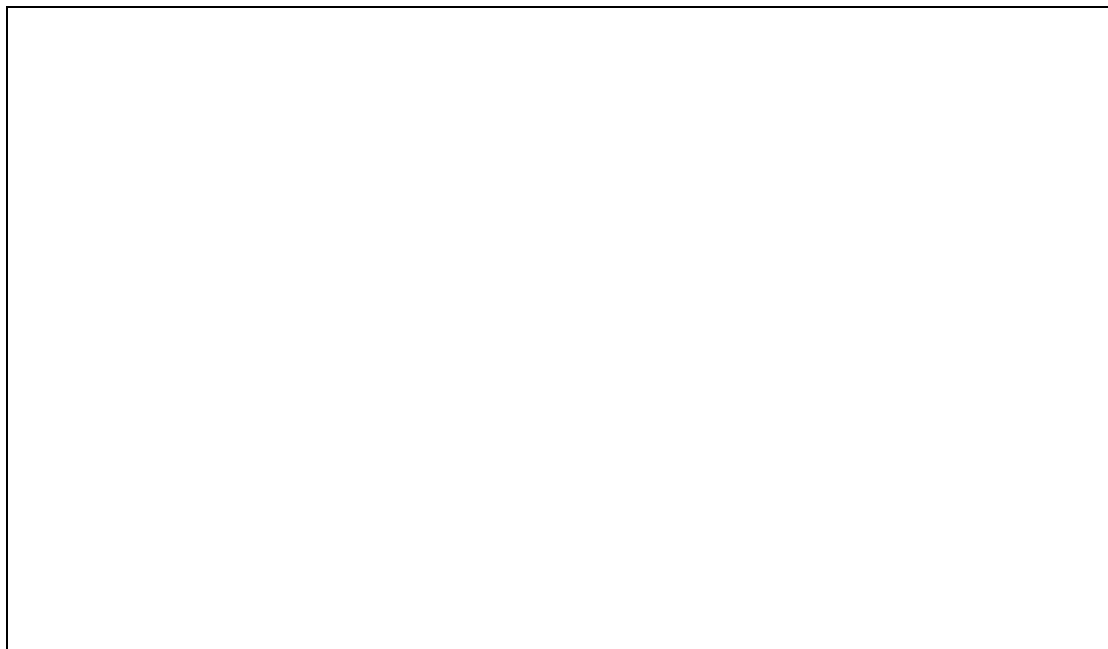
Improved health

Laparoscopic adjustable gastric band reduces the risk of death related to obesity. Many obesity related conditions such as type II diabetes mellitus, obstructive sleep apnoea, joint pain, lipid abnormalities and high blood pressure are either completely resolved, or substantially improved.

Long-term weight loss

Most patients lose near half their excess weight in the first year and then go on to lose more weight over the next 6 to 12 months, before their weight stabilises. Most patients achieve good to excellent weight loss results following adjustable gastric band; typically this is 50% of excess weight. **However, there is no amount of weight loss that is guaranteed.**

Healthy lifestyle changes with better diet and regular exercise, lead to a better outcome after the surgery. Adjustable gastric band is best seen as a tool that makes these lifestyle changes achievable for most patients.



Anaesthesia for Bariatric Surgery

This information is designed to give you the information you require about the anaesthesia for your laparoscopic adjustable gastric band operation. However, your Anaesthetist will be in contact with you prior to your operation and will be able to answer any of your questions that are not answered by this guide. Please feel free to ask about any aspect of your anaesthesia care.

An Anaesthetist is a medical specialist just like a Surgeon, requiring the same length of training, and you will have a fully trained specialist Anaesthetist for your surgery. The Anaesthetist will contact you prior to your surgery to ask you about any previous and current health issues. It is very important you try to answer all questions fully to enable the Anaesthetist to use the best anaesthetic techniques for your surgery. Specifically, it is very important to tell the Anaesthetist about any previous anaesthesia problems, allergies and any history of pulmonary embolus (PE) or deep vein thrombosis (DVT, leg blood clots). The Anaesthetist will arrange for extra tests if they are required for safe conduct of anaesthesia. If needed, they may ask to see you prior to the day of surgery.

You will usually meet your Anaesthetist on the day of surgery, prior to your surgery. They will answer any further questions you may have and obtain your informed consent for the anaesthesia. Laparoscopic adjustable gastric band requires general anaesthesia. This is a combination of drugs used to put you into a state of reversible unconsciousness. The Anaesthetist monitors you continuously during this time, and you will be given painkillers and anti-emetics (which help prevent nausea and vomiting) while you are asleep. In the recovery room further medications will be given as needed.

Pain is normally not too severe after this procedure. Occasionally, the gas used to inflate the abdomen can cause pain in the shoulder tips, but this rarely lasts long and is easily controlled. If ongoing pain relief is needed, then a PCA pump (patient-controlled analgesia, 'pain pump') can be used but is usually not required. You push a button and the pump delivers a dose of painkiller. You cannot give yourself too much; the machine will not let you. Nausea and vomiting can be troublesome for some people but there are many drugs we can use to prevent this. Your Anaesthetist will chart a list of drugs for the ward nurses to give, and we would encourage you to use them as required. The nurses can contact your Anaesthetist at any time for advice about pain-relief and any other non-surgical problem.

Your Anaesthetist will be involved with your care after the operation in concert with your Surgeon. He or she takes care of pain-relief, nausea/vomiting and intravenous fluids, as well as managing most medical problems (eg: diabetes) while you are in hospital.

Hospital Admission

Day 0 (day of admission)

Admission:

You will be admitted to hospital on the morning of surgery unless you have specific medical problems that your Anaesthetist and Surgeon wish to monitor closely overnight. It is understood that you will have had a thorough shower prior to admission, and that you bring along everything you require for your hospital stay. If you have any further questions for your Surgeon or Anaesthetist please write them down and bring them with you to hospital. If your operation is in the morning, you should not eat or drink from midnight the preceding day. If your operation is in the afternoon, you may have a light breakfast at 6 o'clock in the morning, but nothing after that.

CPAP (continuous positive airway pressure):

If you currently use a CPAP machine, please bring it with you to the hospital.

Medications:

Bring in all medications, including over-the-counter and herbal medications. Don't stop any medications unless told to do so first by your Anaesthetist or Surgeon.

During the admission process your Surgeon, Anaesthetist, admission Nurse and theatre Nurse will see you. This will mean that different people ask you the same questions. This is a safety issue and, although it can be frustrating, it is important. Use this time to ask any questions that you may have.

Once you have been admitted and changed into your theatre gown and TEDs (stockings to prevent leg clots), you will wait in the pre-operative area until theatre is ready. A final check between the theatre staff and the admission staff takes place before you are taken into the theatre.

You will move onto the theatre bed, which is narrow and firm. A blood pressure cuff, ECG and an oxygen monitor will be attached to you so your anaesthetic team can monitor you closely throughout the procedure. Your Anaesthetist will place a cannula (drip) into a vein and ask you to breathe some oxygen through a plastic facemask. Your Anaesthetist will then gently send you off to sleep.

Recovery unit:

You will wake up in the recovery unit with monitoring attached to you. You will have a cannula (drip), in place.

Once you are awake and comfortable you will be transferred to the ward.

Ward:

On the ward your Nurse will record your vital signs regularly and give medications to control any pain or nausea.

You will be encouraged to do deep breathing exercises to keep your lungs healthy, and to get up and walk around the ward as soon as you are able. Early mobilisation is good for DVT prevention (blood clots in the legs). You will also have TED stockings on and a FlowTron machine (inflatable stockings). Again, this is to help prevent DVTs.

You can start to drink water on your first night as tolerated.

Day One

You will be encouraged to slowly drink your way through 1 litre of water over the day. After this, your IV can be removed and you can commence a *bariatric free fluid diet* (see nutritional section).

Your Surgeon will see you, as will your Dietician (and Physiotherapist if necessary).

Heparin injections will stop when you are mobilising normally, but you will wear the TED stockings all the time, plus the FlowTron device when not mobilising.

Laparoscopic adjustable gastric banding is very well tolerated by most people and the majority are able to go home the first day. If another day is required however, this is not a problem.

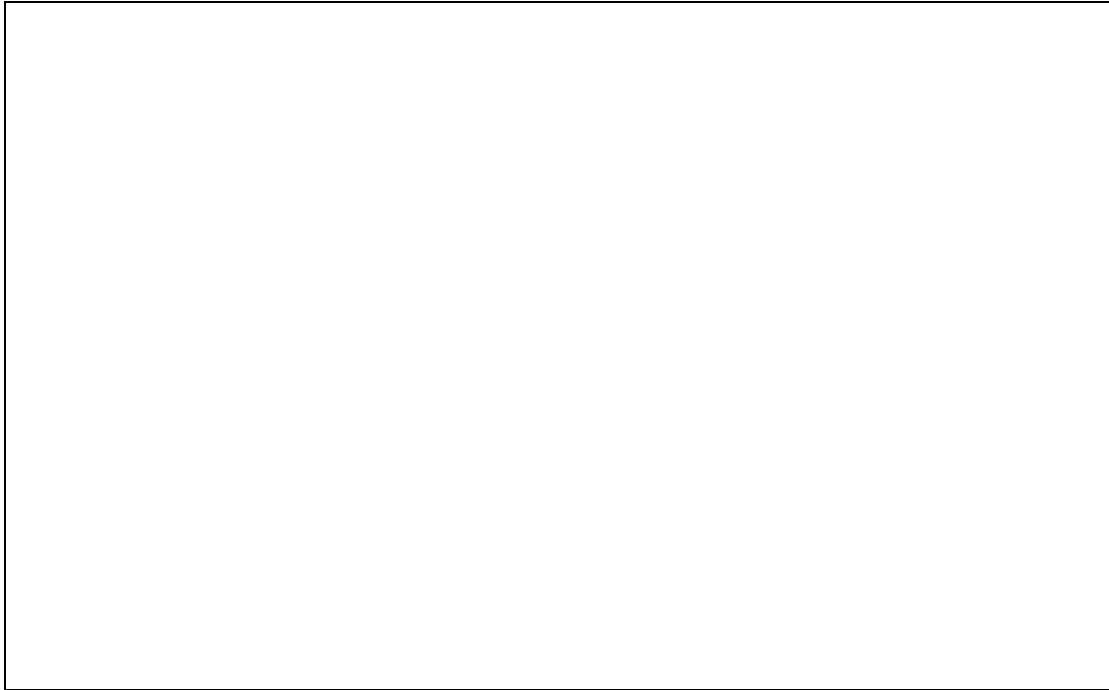
Pain or nausea are usually minimal, but if required you will receive medications for this, which will change to oral forms as you can manage. You will be given a prescription for medications to be taken after discharge. They may include:

- Multivitamins
- Analgesia for pain relief, usually for up to two weeks
- Anti-emetic to help with nausea usually for up to two weeks
- Antacid to reduce stomach acid usually for six weeks
- Perhaps Clexane for prevention of pulmonary embolism
- Occasionally you may be prescribed lactulose for help with bowel movements.

You should continue taking your normal medications that you were on before surgery, unless specifically told to stop. Some tablets taken in the first six weeks after your operation may need to be crushed. We advise you to continue wearing your TED stockings for ten days post operation. This is to prevent DVT and pulmonary embolism.

If you have successfully managed to stop smoking prior to your surgery, then you should aim to maintain this post-operatively.

It is important that you refrain from alcohol post-operatively until you have got used to the effect of the band on your stomach.



Follow-up appointments

One week

You will be contacted by phone around 1 week after your operation to check on your progress. Use this call to ask any questions you may have.

Two weeks

You will be given an appointment to see your Surgeon in two weeks time. Make sure you keep this appointment.

Four weeks

Appointment to see your Dietician

Six weeks

Appointment to see your Surgeon. Some patients may find it helpful to see a psychologist at this time. First band fill.

Every two to four weeks

Appointments to see your Surgeon for a band fill, until optimal adjustment is obtained. Dietician appointments as necessary.

Every six months to a year

Appointment to see Surgeon (or Nurse practitioner)

You will often be asked to obtain specific blood tests in the week before an appointment. Other medications may be prescribed at these follow-up visits.



Potential complications

All surgery has risks and, as any stomach operation for obesity is considered major surgery, it has significant risks associated with it.

People have died from having operations for morbid obesity. It happens rarely but the risk can never be taken away completely. If you are older, or you already have certain health problems related to your obesity, your risk may rise. Heart attacks after the operation, clots that form in the leg veins (which then pass to the lungs) can cause death in morbidly obese people after surgery. This risk is between 1 in 500 and 1 in 100. Thorough precautions are taken during surgery and whilst in hospital to minimise these risks but they cannot be eradicated altogether.

Other problems that can occur after adjustable gastric band surgery include pneumonia and wound infections. Some of these are relatively minor and do not have a long-term effect on your recovery. Other complications may be more significant and require a longer hospital stay and recovery period. Antibiotics at time of surgery, deep breathing exercises and early mobilisation after surgery are some of the measures taken to reduce the risks of these complications.

Complications that can occur with laparoscopic adjustable gastric band are listed below. This list is long, and although most patients have no complications, or minor complications only, please take note and ask your Surgeon and team any questions that will help you to understand the risks associated with obesity surgery.

During surgery:

- Larger incision may need to be made because of technical difficulty with keyhole approach
- Bowel injury from insertion of keyhole instruments
- Bleeding from blood vessels or injured organs
- Injury to the spleen which may require removal of the spleen
- Injury to other organs (eg: oesophagus, stomach, pancreas, liver)
- Technical difficulty leading to change in operation strategy
- Contamination of the band requiring use of second band.

After surgery:

- Death (overall rate = 0.05%)
- Bleeding which may require transfusion or return to surgery
- Infection at keyhole incisions, deep with the abdomen, or around the band
- Sepsis. Severe infection that can lead to organ failure and death. This can lead to prolonged hospital stay and further surgery
- Pulmonary embolus (a blood clot in the lungs that can be fatal, rate = 1%)
- Deep vein thrombosis (a blood clot in the leg veins)
- Pneumonia
- Respiratory failure (inability to breathe adequately after surgery, requiring beathing support in an intensive care ward)
- Heart attack or abnormal heart rhythm
- Stroke
- Pancreatitis
- Urinary tract infection or injury to the urinary tract from catheter insertion
- Complications related to placement of intravenous and arterial lines, including bleeding, nerve injury, or pneumothorax (collapsed lung)
- Nerve or muscle injury related to positioning during surgery
- Allergic reactions to medication, anaesthetic agents or prosthetic devices
- Colitis (inflammation of the colon), usually due to antibiotics used in surgery
- Constipation

In the longer term:

- Troublesome symptoms may include abdominal pain, change in bowel pattern, tiredness, bloating, nausea or vomiting, difficulty swallowing, intolerance to solid or chewy foods
- Erosion of the band through the wall of the stomach: requires removal of the band
- Migration or ‘slip’ of the band requiring surgery to reposition or remove the band
- Migration of the band port under the skin which often requires that the port be accessed under x-ray or ultrasound guidance. (Sometimes a second operation local anaesthetic is required to reposition and resecure the port)
- Damage or puncture of the port or tubing of the band during filling which may require operation to replace the tubing or port
- Excessive or inadequate weight loss requiring further surgery (including the removal of the band and/or trying a different operation)

- Dehydration or imbalance of body salts (usually from inadequate fluid intake) which infrequently requires admission to hospital
- Inflammation of the stomach or oesophagus
- The oesophagus can over a long period of time become dilated (widened) and this may cause problems with swallowing but is usually reversible by deflating or removing the band
- Gallbladder disease (usually from gallstones that form during rapid weight loss) which may require surgical removal of the gallbladder
- Hernias at the site of incisions
- Psychological problems including depression, adjustment disorder, relationship difficulties and (rarely) suicide
- Liver disease or failure which can occur if there is underlying liver damage that is worsened by weight loss or surgery
- Thinning of the bones (osteoporosis) can lead to fractures (especially in women); prevention requires lifelong dietary calcium supplements
- Hair loss from malnutrition



Nutritional information

After adjustable gastric band surgery you will need to make changes to your eating patterns. The diet after surgery progresses from a liquid diet to a pureé d diet to a soft diet and then a modified diet. This progression is designed to allow your body to heal. It is very important that you follow the diet progression to maximise healing and minimise the risk of complications.

Before surgery

For two to six weeks before your surgery you are required to follow a low calorie diet. The programme followed is Optifast or Dr McLeods. Your Dietician and Surgeon will advise on the amount of time you will need for this.

Why is it necessary to lose weight pre-surgery?

- To lower body fat levels for better access for the Surgeon
- To reduce the size of your liver which would otherwise be in the way
- Greater ability to adapt to post-operative dietary requirements
- Improved surgery outcomes
- Reduced operating time and post operative risks
- Improved physical function and mobility post-surgery.

What is Optifast?

- Very low calorie diet (VLCD) that is < 800kcal per day
- Nutritionally complete (all the vitamins and minerals that you need)
- Involves three milkshake sachets per day. Soups and bars are also available.

How does it work?

- Each sachet is mixed with 200mls of water at meal times and provides all essential nutrients, as weight is lost.
- You need to drink at least two litres of the following fluids per day:
 - water
 - diet soft drink
 - black tea or herbal tea without milk or sugar
- A maximum of 2 cups of low starch vegetables are allowed per day
- Replacement fibre – 1tsp of psyllium or equivalent per sachet of Optifast (eg: Metamucil or Benefibre)
- Please see attached 'foods allowed' lists below for more information.

If you are having trouble with this diet or having symptoms such as nausea, please call your Dietician, Surgeon or your GP.

Additional Allowances:

Allowed				Avoid
Fruit*	Chose one of any of the following: 200g strawberries, 1 lychee, 1 apricot, 100g cooked rhubarb, 1 slice of pineapple, 2 passionfruit, 100g grapes, 1 lime, 1 apple, 50g cherries, 1 mango, 1 medium orange, 1 peach, 1 small pear, 120g pear (in natural juice), 120g plums, 5 prunes.			All other fruit (including bananas)
Low-starch and green vegetables (two cups per day)	Alfalfa sprouts Asparagus Beans Bok Choy Broccoli Brussels sprouts Celery Cabbage Capsicum Carrots	Cauliflower Cucumber Eggplant Garlic Lettuce Leeks Mung beans Mushrooms Onions	Radish Shallots Silver beet Snow peas Spinach Squash Tomato Watercress Zucchini	Corn Green peas Legumes Lentils Potato Pumpkin Kumara
Soups	Stock cubes	Vegetable soups (using allowed vegetables)	Miso soup	All others
Sauces and condiments	Lemon juice, vinegar and Worcestershire sauce	Soy sauce (in moderation) Chilli	Mustard Tomato paste	
Herbs and spices	All herbs and spices			
Miscellaneous	Artificial sweeteners	Unsweetened lollies/gum	Diet jelly essence of banana, mint or strawberry	
Calorie free fluids (at least two litres extra per day)	Water Tea Diet soft drink	Diet cordial Mineral water		Fruit juice Alcohol

After surgery

Day 0 (day of surgery)

- Sips of water.

Day One

- One litre of water (slowly, as tolerated)
- Bariatric free fluid diet (anything liquid at room temperature)
- Clear/smooth soups, Optifast, tea/coffee, low-fat smoothies
- Must be low-sugar containing fluids

Day Three (Week one)

- Bariatric pureéd diet
- Very small amounts of pureéd/mashed food only (½ teacup at most).

Weeks one to four

- Bariatric soft diet
- Small amounts of soft/mashed foods only.

Week four onwards

- Small meals of soft food that is high in protein and low in fat and sugar.

When you have your band filled

- Only have fluids for 12-24 hours post filling
- Move back to usual diet as tolerated - remember your pouch is smaller!
- Start on softer food in smaller amounts
- Eat very slowly and chew food well.

General information

During all of the above stages and once recovered it is crucial that you:

- AVOID liquids with meals (do not drink 30 mins pre and post eating)
- Drink between meals and aim for six to eight glasses fluid per day
- Avoid all liquid calories (eg: jelly, milkshakes, soft drink, cordial, full milk, milky coffee)
- Follow a general healthy diet (eg: low in fat and sugar)
- Eat slowly, chew all food well and take time with your meals.

Handy hints

- If you try to eat too much too quickly or drink with meals vomiting or band slippage may occur.
- Take a multivitamin such as “Centrum” daily to ensure adequate vitamin/mineral intake. The capsule version may be better tolerated or crush the tablets
- If constipation is a problem:
 - drink plenty of fluid and get active
 - prunes/prune juice and kiwifruit are all natural laxatives
 - Benefibre from your pharmacy should be taken if constipation continues
- Ensure you have an adequate protein intake. Protein should be eaten before carbohydrates or starchy foods.

Pureéd diet

To be followed from the beginning of week one to the end of week one (as tolerated).

Important points

- Eat very slowly
- Stop Optifast drinks
- Try not to use commercial baby food
- Try to have 3 small meals during the day
- Avoid very hot or very cold foods
- DO NOT drink within 30minutes of meal times
- Eating with a teaspoon is a good idea.

Foods allowed	Foods to avoid
High protein, low-fat pureéd foods, eg: Low-fat milk/yoghurt/cottage cheese Porridge Mashed Weetbix Scrambled or poached eggs Pureéd meat/chicken/fish Pureéd/mashed vegetables/potato Pureéd fruit	Raw fruit/vegetables Breads Rice Pasta Nuts Seeds Fruit/vegetable skins Solid food
Low-fat products	Butter/margarine/oil Avocado Cheese Ice cream/cream
Low-sugar products Low-calorie drinks Water Herbal teas/diluted juice	Cordials/soft drinks Jelly

Sample meal plan (initially one to two tablespoons only at a time)

- Breakfast** Creamota or Weetbix
 Low-fat milk or one tablespoon low-fat yoghurt
 1tablespoon pureéd fruit
- Lunch** Smooth vegetable/pumpkin soup
 Scrambled egg
- Dinner** Pureéd chicken and low-fat gravy
 or mashed fish
 Pureéd potato/pumpkin/vegetables
- Snacks (x3/day)** Pureéd fruit, mashed banana, low fat yoghurt and milk

Soft diet

After your pureé diet move to a soft diet for three weeks. Then gradually move to more solid foods. Aim to have only three meals per day. You should be using a bread and butter plate.

Food group	Foods allowed	Foods to avoid
Meat, chicken and fish	Tender chicken, fish and meat in bite sized pieces or minced Shaved ham, turkey or chicken Tinned salmon/tuna in springwater	Hard or stringy meat fat, chicken skin or gristle Fried meats
Milk/milk products	Low fat milk, cottage/ricotta cheese, low fat yoghurt.	Ice-cream, high fat cheeses, cream and full-fat milk
Fruit	Soft fruits (peeled pears, apples, stone fruit, melon)	Pips, skins, pith
Vegetables	Cooked vegetables (mashed, stir fried, grilled or boiled) Introduce salads slowly	Tough or raw vegetables; beans, corn, celery, broccoli stalks, etc.
Breads and cereals	Low-fat crackers (eg: Cruskits), rice, pasta, noodles, porridge, Weetbix, bran flakes.	Doughy bread, muesli, high fat cereals.
Drinks	Diluted juice, diet soft drinks/ cordials, herbal teas, coffee/tea (with low fat milk).	Soft drinks, energy drinks, milkshakes, full-fat milk drinks, juice
Miscellaneous	Artificial sweetener, herbs and spices, Marmite, stock, low-fat hummus, minimal oil when cooking.	Sugar, chocolate, sweets, syrups, jams, butter, cooking oils, potato chips, high-fat crackers, creamy sauces.

Handy hints

- Aim to have only three meals per day
- Introduce more solid foods after a few weeks (steak and chicken breast may not be well tolerated)
- Avoid bread and instead have low fat crackers, eg: Cruskits, rice crackers (look for < 5g of fat per 100g)
- Continue to chew food well and take your time eating
- Avoid fluids with meals – wait at least 30mins before and after eating
- Do not over eat as this will make you uncomfortable and may cause vomiting
- Continue to eat regular meals and select healthy food options to optimise your continued weight loss
- You will need to make sure that your meals are nutritious and include all the nutrients your body needs.

Food to include at each meal

Protein:

You need to include low-fat protein at each meal to ensure you maintain your muscle stores and loose fat stores, eg:

- Lean red meat two to three times per week (eg: mince, eye fillet)
- Fish and chicken (no skin)
- Low fat dairy products e.g. trim milk, low fat yoghurt and cottage cheese
- Tofu, beans and lentils e.g. baked beans, hummus, kidney beans.

Protein is very important; you should start each meal with it. Hair loss (temporary) can be a problem if there is inadequate protein in your diet.

Fruit and vegetables:

- Fresh, frozen or canned vegetables (avoid hard seeds and pips)
- Fruit that has been peeled and membranes removed.

Carbohydrate/starchy food (two to four serves per day):

- One serve = ½ cup pasta/cereal, one slice of bread, one (egg-sized) potato
- Potato, bread, rice, pasta and cereals (should be eaten in very small amounts only)
- If you are having bread, use wholegrain varieties (eg: Vogels) and toast it as this will fill you up more
- Protein foods should take priority.

Fluid:

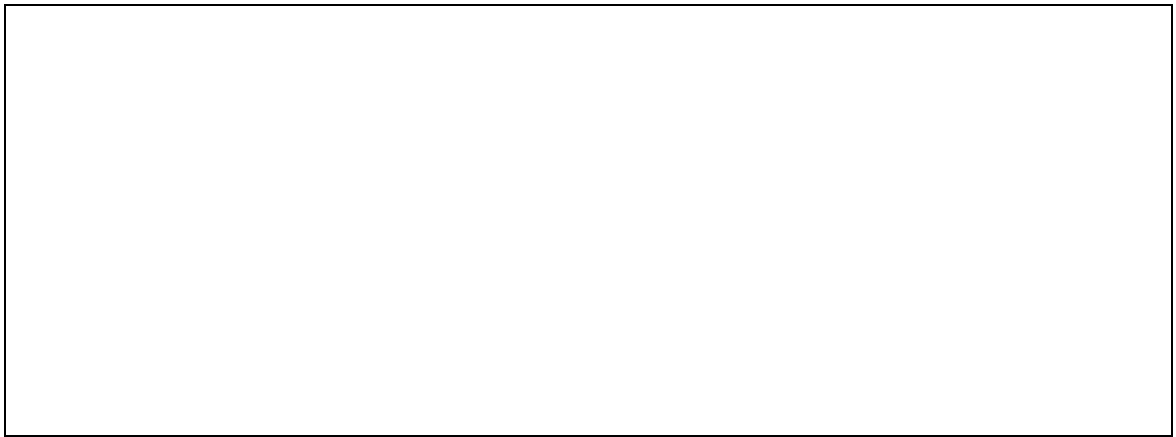
- Six to eight glasses of fluid per day (do not include coffee, alcohol or caffeine drinks)
- Avoid full strength juice, cordials, high-calorie fizzy drinks, milkshakes, etc.

Fats:

- Use very minimal margarine or preferably none
- Avoid oil in cooking - grill, bake, boil, dry stir-fry/roast
- Avoid fatty meats (eg: sausages, luncheon sausage, salami).

Handy hints

- Order entrée size meals
- Aim to exercise at least 30mins 6 days per week. This should be continuous cardio type of exercise rather than weights (eg: brisk walk, cycle, cross-trainer, aqua jogging or swimming).



Healthy lifestyle choices

There are several long-term habits that you should adopt to get the most out of your surgery. The first post-operative year is a critical time that must be dedicated to changing old behaviours and forming new, life-long habits. You need to take responsibility for staying in control. Lack of exercise, poorly balanced meals, constant grazing and snacking, and drinking carbonated drinks are frequent causes of not achieving or maintaining weight loss.

To maintain a healthy weight and to prevent weight gain, you must develop and keep healthy eating habits. You will need to be aware of the volume of food that you can tolerate at one time and make healthy food choices to ensure maximum nutrition in minimum volume. A remarkable effect of bariatric surgery is the progressive change in attitudes towards eating. Patients begin to eat to live; they no longer live to eat.

Obesity cripples the body. As weight is lost, the burden on the bones, joints and vascular system is decreased. Given proper nutrition and physical motion it will rebuild its broken framework. The most effective way to heal the body is to exercise. People who successfully maintain their weight exercise daily.

Exercise and the support of others are extremely important to help you lose weight and maintain that loss following gastric sleeve surgery. You can generally resume higher impact exercise two to four weeks after the operation. Sooner than that, you can take walks at a comfortable pace and progress as you tolerate. Exercise improves your metabolism, whilst both exercise and attending a support group can boost your confidence and help you stay motivated.

A Physiotherapist will see you whilst you are in hospital. They can give you initial advice regarding exercise. Your GP can give you information about groups or programmes in your area. Your Surgeon can give you details of Physiotherapist-run programmes that specialise in the needs of bariatric patients. There is a lot of support around you, however ultimately it is up to you to make use of it.



10 point plan

1. DO NOT drink liquids with meals. Drink fluids before the meal. Wait until one hour after meals before resuming.
2. Eat three tiny, protein-focussed meals per day at regular times, sitting at a table. Eat slowly, savouring your food, using a teaspoon.
3. Stop eating when feeling full or if feeling discomfort.
4. Always cut food into small pieces and chew food very well.
5. Concentrate on eating protein rich foods such as fish and seafood, cheese, eggs and poultry. Eat protein foods first before any other food.
6. Do not snack between meals.
7. Avoid very sweet food, lollies, chocolate, and high-sugar drinks.
8. Sip liquids slowly, drinking at least ½ cup every hour between meals to avoid dehydration.
9. Minimise alcohol intake as it is high in calories, may cause an ulcer and the effects may be felt much more quickly.
10. Take a multi-vitamin supplement every day and other supplements if required.

Confirmation page

It is important for you to have read and understood all the information given to you regarding this procedure. The information will help you make an informed decision, and allow you to proceed with your eyes wide open.

Surgery alone is not a quick fix to obesity problems and as such you are effectively entering into a partnership with your surgical team. We will help and support you through this lifestyle choice but in return we need to know that you are committed to this pathway too.

Once you have read this booklet, take time to think about it and ask questions of your surgical team. When you are ready, please sign this page to confirm you have completed this important step toward your laparoscopic adjustable gastric band. Please bring this booklet with you to all your appointments.

I, _____ acknowledge that I have read and understood all the information given to me in this booklet, including the risks of surgery and my responsibilities. I have been given sufficient opportunities to ask questions from the bariatric team, and I believe that I am ready for a laparoscopic adjustable gastric band operation.

Signed: _____

Date: _____