Having a Gastric Band

Hope Building
Upper G.I. / Bariatrics
0161 206 5062
This booklet aims to describe:

- What is a gastric band  
  page 2
- How the operation performed  
  page 3
- How the surgery works.  
  page 4
- The risks and benefits associated with the operation  
  page 5
- What are the results of the operation  
  page 8
- Will I need medication when I go home  
  page 8
- Recovering from the operation  
  page 9
- Band adjustments  
  page 10
- Becoming pregnant with a band  
  page 10
- Additional information  
  page 11
- Becoming pregnant after surgery  
  page 11
- Further information and useful websites  
  page 11

Alongside this information booklet you will also need to read “Having bariatric surgery”

What is a Gastric Band?

This is a silicone band this is placed (using keyhole surgery around the top of the stomach to create a small pouch).

The band is connected by special tubing to a port. This is placed just beneath the skin and used to inflate the band by injecting the fluid into the port.

The amount of fluid in the band can be altered after your operation in order to either increase, or decrease the restriction of the band.

![Diagram of gastric band]

- Oesophagus
- Pouch
- Adjustable band
- Duodenum
- Stomach
- Access port
How the operation is performed

- The procedure is done using a Keyhole (Laparoscopic) technique
- You are put to sleep using a general anaesthetic
- The surgeon then makes five small cuts (1-2cm) on your abdomen
- Gas is then injected into the abdomen to “blow out the abdominal wall. This enables the surgeon to see the internal organs more clearly
- A small tube-like camera is inserted through one of the cuts to view the area of the operation, this is then shown on a large screen
- The operation is then carried out using various instruments through the other cuts in your abdomen
- The band is then placed around the top of your stomach to make the pouch and held in place with a locking device

How the surgery works

The gastric band acts like a belt around the top of your stomach and creates a small pouch. This restricts the amount of food that can pass into the stomach at any one time, making you feel full and satisfied after only eating a small amount of food.

The Band is inflated to adjust the size opening (or restriction) between the pouch and the stomach by injecting fluid into the port, which lies just beneath the skin in your abdomen.

A member of the bariatric team can then control the amount of fluid in the band by altering the amount of fluid in the band using the port with a needle & syringe through the skin into the port. Being able to adjust the restriction of the band is a unique feature of the band and is a normal part of the follow up process.
The risks and benefits associated with the operation

Risks:

There are risks associated with any type of surgery. Some of the complications that may occur with this operation include:

- Complications associated with the general anaesthetic.
- Chest infection: people who smoke must stop for a minimum of two weeks before surgery; otherwise your operation will be cancelled on the day.
- Wound infection; this is rare after laparoscopic surgery. Prophylactic antibiotics are given during the surgery.

- Clots in the legs and/or lungs; to minimise the risk, you will be given elastic stockings to wear before the surgery and will be advised to keep them on for 2-3 weeks afterwards. You will also receive a small injection under your skin to thin your blood before surgery and will be sent home on a course of injections for a minimum of 5 days (a nurse will show you how to administer this injection yourself).

The gastric band carries additional risks after surgery that do not apply to the other bariatric operations, these are:

- Slippage of the band or pouch dilation
  The stomach may move up through the band causing the pouch to become bigger. Slippage of the band rarely occurs (1-2%) as the surgeon stitches the stomach around the band to prevent this. However, the stomach pouch above the band may stretch overtime if you continue to regularly overeat. This occurs in approximately 5-8% of people and would require a further operation to correct the problem.

- Erosion
  If the balloon is tightly inflated the band can work its way through the wall of the stomach causing it to no longer be effective. This occurs in approximately 1% of people and would require further surgery in order to remove the band.

- Leakage
  Can occur from the reservoir or tubing if fills are not carried out with extreme care, or if two of the pieces come apart. If this occurs that part of the band can be replaced. It is rare for the band itself to leak, this happens in approximately 1% of people. In both cases it would require further surgery to correct the problem.

- Infection
  The port could become infected or erode through the skin in less than 1% of people and this requires the port to be removed and a new port replaced 3 months later. Occasionally, however, the infection spreads to the band itself and requires the whole band to be removed (it cannot be replaced).
Gastro-oesophageal reflux disease (GORD):
If you already suffer with GORD, then the band may not be the best option and a gastric bypass is preferable. Some patients could develop GORD months or years after band placement, and this could be due to a band too tight, pouch dilatation or oesophageal dilatation. A contrast study (barium swallow) is needed to investigate this further. The remedy will depend on the exact cause but could involve loosening the band, its repositioning or removal.

Benefits

- On average people tend to achieve approximately 40-50% excess weight loss (EWL) within 1-2 years after surgery. EWL is defined as any extra weight above the upper limit of the normal body mass index (BMI) of 24.9 kg/m²
- No cutting or stapling of the stomach
- The ability to change the restriction of the band
- The procedure is reversible
- Ability to exercise more comfortably, compared with open surgery
- A reduction in complications associated with obesity which can include but not limited to high Blood pressure, Diabetes, Heart disease, Respiratory disease, Increased risk of cancer, Infertility, Improved self-esteem

What are the results of the operation?

On average people lose between 40-50% of their excess weight in the first 1-2 years. After that your weight will usually stabilise. Unfortunately around 10% of people fail to achieve much weight loss at all with the band.

Significant weight loss brings about marked improvements in obesity-related complications such as diabetes and heart disease.

Some 20-25% of patients regain the lost weight in the long term as the band offers little restriction against small, soft foods such as sweets, high calorie drinks, alcohol and fruit juices. You need to work much harder with the gastric band in order to achieve comparable results to that of the gastric bypass and sleeve.

Will I need medication when I go home?

YES

You will be given a discharge prescription before you go home. This will have all the medications you require. All your medications will be supplied in a form that will allow you to take them while on a liquid diet. You will need to arrange a repeat prescription from your G.P before they run out.

What you will be given:

Painkillers:
Paracetamol and possibly codeine which should be sufficient on discharge

Anti-coagulation therapy:
You will be given small injections of heparin to have once a day for a minimum of 5 days, in order to prevent clots in the legs and lungs. You will either be taught to give the injections to yourself before you go home or referred to the district nurse.
You should start to build your exercise tolerance such as swimming, brisk walking or going to the gym and aim for four 30min sessions per week. Your ability to exercise will improve dramatically following your surgery.

As you are aware exercise helps weight loss by burning off extra calories and helps build muscle tone and to a lesser extent, excess skin that results from surgery.

You may resume driving 10-14 days following your operation. You should be able to competently carry out an emergency stop and no longer be on strong pain killers.

Most people return to work approximately 1-2 weeks to heal and you are advised to avoid heavy lifting or straining during this time.

Your normal medications

Will be altered to allow you to take them on a liquid diet. Diabetes medications may be reduced immediately following your surgery. However as you begin to lose weight your G.P should review your medications on a regular basis.

Recovering from the operation

It is important to stay mobile after the operation and gentle exercise is very much encouraged.

Your wounds will take approximately 1-2 weeks to heal and you are advised to avoid heavy lifting or straining during this time.

You should not be sick from food or feel uncomfortable unless you have overeaten.

Band adjustments

Sterile fluid is either inserted or removed from the gastric band via the port, in order to alter the restriction of the band on the stomach.

Your first band fill will usually be done approximately 4-6 weeks after your operation. This is carried out under X-ray control for quality assurance.

After this, the band can be filled by a member of the bariatric team in clinic. People usually have between 3-5 band fills in year-1, 1-2 fills in year-2, and perhaps 1 adjustment every 1-2 years thereafter.

After your band fill you will feel more restriction with your band and you might need to return to a liquid diet for one day before progressing to soft foods and then onto a regular diet. You should not be sick from food or feel uncomfortable unless you have overeaten.

If you continue to have these symptoms please refer to the Having Bariatric Surgery leaflet or contact the dietician or specialist nurse (see page 11 for contact details).

Becoming pregnant with a band

If you become pregnant with a gastric band it is important you seek advice from a member of the bariatric team, as you may need to have it deflated during your pregnancy.
Additional information:

What will happen if I decide not to go ahead with surgery?
You will be referred back to your G.P or referring consultant for conservative (medical) weight management.

What are the alternatives to this procedure?
There are alternative surgical and medical treatments available. If you wish to discuss these further you should contact the consultant secretary to arrange a further appointment.

Becoming pregnant after surgery
Obesity can cause infertility, but following weight loss surgery ovulation and periods can recommence. Pregnancy is safe after surgery, reduces the risk of miscarriage, high blood pressure and diabetes.
However patients are advised not to get pregnant for the first 12 months after surgery, to allow the weight loss to slow down and establish a regular eating pattern. If you were to get pregnant it is advised that you should your dietician and G.P to ensure that you are having all the nutrients you and your baby require. Once you become pregnant you are advised seek medical advice on the medications you are taking to ensure they are suitable for pregnancy.
There is no reason why you should not have a normal delivery and be able to breast feed after surgery.

Further information

Specialist Nurse
0161 206 5062
(voicemail service)

Dietitian
0161 206 1223

Secretary
0161 206 1160

@weightmanagement@srft.nhs.uk

Be aware that the above numbers have a voicemail attached please leave a message with your name and contact number and we aim to return your call as soon as possible though this may not be the same day.

Hospital switchboard
0161 789 7373

Useful websites:
British Obesity Surgery Patient Association (BOSPA)
www.bospauk.org
08456 020 446

British Obesity and Metabolic Surgery Society (BOSS)
www.bomss.org.uk
02073 044 786

Weight Loss Surgery Information and Support (WLSinfo)
www.wlsinfo.org.uk
0151 222 4737

Weight Loss Resources UK
www.weightlossresources.co.uk
01733 345 592

Drinkaware – alcohol advice
www.drinkaware.co.uk
020 7766 9900

Quit smoking with support
www.nhs.uk/smokefree
0300 123 1044

Alternatively download app or speak with your local pharmacy and/or GP
For further information on this leaflet, it’s references and sources used, please contact 0161 206 5062.

Copies of this leaflet are available in other formats (for example, large print or easyread) upon request. Alternative formats may also be available via www.srft.nhs.uk/for-patients/patient-leaflets/

In accordance with the Equality Act we will make reasonable adjustments to enable individuals with disabilities to access this service. Please contact the service/clinic you are attending by phone or email prior to your appointment to discuss your requirements.

Interpreters are available for both verbal and non-verbal (e.g. British Sign Language) languages, on request. Please contact the service/clinic you are visiting to request this.

If you need this information leaflet translated, please telephone:

- Polish
  Jeżeli potrzebne jest Państwu tłumaczenie, proszę zadzwonić pod numer.

- Urdu
  اگر آپ کو اس ترجمان کی ضرورت ہو گئی تو میرینے کر کے کیونہ کرن-کرن

- Arabic
  إذا كنت بحاجة إلى تفسير أو ترجمة هذا الراجح الاتصال

- Chinese
  如果需要翻译，请拨打电话

  0161 206 0224

  or Email: InterpretationandTrans@srft.nhs.uk

Salford Royal operates a smoke-free policy.

For advice on stopping smoking contact the Hospital Specialist Stop Smoking Service on 0161 206 1779

This is a teaching hospital which plays an important role in the training of future doctors. The part patients play in this process is essential to make sure that we produce the right quality doctors for all of our futures. If at any time you would prefer not to have students present please inform the doctor or nurses and this will not affect your care in anyway.

Salford Royal NHS Foundation Trust
Stott Lane, Salford, Manchester, M6 8HD
Telephone 0161 789 7373
www.srft.nhs.uk

If you would like to become a Foundation Trust Member please visit:
www.srft.nhs.uk/for-members

If you have any suggestions as to how this document could be improved in the future then please visit:
http://www.srft.nhs.uk/for-patients