Lapband Surgery & Follow Up Care
Lapband

- Restrictive surgical weight loss procedure/smaller amount of food to feel satiety

- The Lapband creates a small pouch so a person can eat a small amount of food to feel satiated; less than 9 ounces

- The Lapband sends a signal to the appetite center of the brain known as the hypothalamus via the vagus nerve
Lapband Advantages

- Lowest mortality rate
- Least invasive surgery
- Does not require stomach stapling, cutting, or re-routing of the intestinal tract
- Adjustable
- Reversible
Surgery

- The Laparoscopic Adjustable Gastric Band (Lapband) surgery is performed as a Laparoscopic procedures
- Laparoscopic surgery is a minimally invasive operation performed through small incisions in the abdomen
- Average operation time is 30 minutes, patients are typically discharged the same day

- Advantages include a reduction in pain, reduction in wound complications, reduction in hospital stay and a quicker return to normal activities
Lapband

- The Lapband is a surgically implanted device
- The Lapband is a reversible procedure
- An adjustable silicone band is placed around the upper portion of the stomach
- The port of the Lapband is anchored to the abdominal muscle wall under the skin during surgery
- Average operation time is 30 minutes and patients are discharged the same day
Surgery & Recovery

• The small incisions allow for surgical instruments to be placed in the abdomen including a small scope with camera

• A non-toxic gas is used to lift the abdominal wall to allow the Surgeon access to the stomach and intestines during surgery – this gas may cause discomfort in the chest and shoulder after surgery. Walking is the best way to relieve this pain.

• Walking after surgery also decreases the risk of developing blood clots in the lungs and legs and reduces the affects of anesthesia
Surgery & Recovery

• Coughing and deep breathing using an incentive spirometer helps to prevent pneumonia

• Medications that are needed will be prescribed and directions given

• Sipping water slowly is crucial to allow the stomach and intestines time to heal
Surgery & Recovery

Symptoms that require a phone call to the office during the first 30 days include but are not limited to:

- Fever over 101, chills
- Shortness of breath
- Chest pain
- Fast heartbeat/palpitations
- Lightheadedness/fainting
- Leg pain/swelling/cramping
- Severe pain in the abdomen
- Vomiting
- Fluid leaking from the surgical incisions
Weight Loss Expectation

• Excess Weight Loss (EWL) is a calculation between how much an individual weighs compared to how much of their excess weight they have lost.
• Average excess weight loss expectation with the Lapband is:
  – 45% at 1 year
  – 55% at 5 years
• The Lapband surgery is only a tool to help you lose weight.
• To lose more weight than what is average a person must work harder.

• Example:
  – An individual’s starting weight is 250 pounds
  – Ideal weight is 150 pounds
  – Resulting in 100 pounds of excess weight
  – Expected weight at 1 year would be 205 pounds
  – Expected weight at 5 years would be 195 pounds
Lapband Adjustments

• The Lapband can be tightened (adjusted) to help slow the passage of food and amount consumed at one time.

• The need for an adjustment is based on hunger level, daily intake, and eating technique.

• The first adjustment may be 6 weeks after surgery.

• Normal saline is the fluid that is added or removed to adjust the diameter of the band – this is an adjustment or fill.

• Adjustments are done in the office under ultrasound guidance using a special needle to access the port.
## Lapband Adjustment

### Green Zone Theory

<table>
<thead>
<tr>
<th>Yellow Zone (need a fill)</th>
<th>Green Zone</th>
<th>Red Zone (need deflation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Looking for food between meals</td>
<td>Not hungry</td>
<td>Heartburn</td>
</tr>
<tr>
<td>Not satisfied with small portions</td>
<td>Satisfactory weight loss (1-2 lbs per wk)</td>
<td>Night time coughing</td>
</tr>
<tr>
<td></td>
<td>Small meals satiety for prolonged period of time</td>
<td>Dysphagia (difficulty swallowing)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vomiting</td>
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<tr>
<td></td>
<td></td>
<td>Regurgitation</td>
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After a Lapband Adjustment

• If an adjustment is needed the first fill may be between 0.5cc-1cc, subsequent fills may be 0.25cc-0.5cc depending on eating technique

• After each fill the following protocol must be followed
  1. First 24 hours – clear liquids (tea, water, crystal light, diet iced tea)
  2. Then Phase 1 x 2 days (clear liquids and 3 protein shakes)
  3. Then Phase 2 x 2 days (liquids, 2 shakes and a mushy meal)
  4. Then Phase 3 until next fill (liquids, 2 shakes, and one small meal)
Fluids

- Speed limit – 1 ounce every 5 minutes

- It is important to drink fluids slowly after surgery
- The esophagus (tube that connects the mouth to stomach) is a flexible tube and can stretch (dilation) if fluids are consumed too quickly and if meals are too large
- Eating and drinking fast large amounts can also cause stomach/chest discomfort / damage to the position of the Lapband
Lapband Complications

• Erosion
  • Heartburn, abdominal pain, decreased satiety, slowed weight loss
  • This is caused by medications, alcohol, smoking
  • This may be diagnosed with an UGI xray or Endoscopy (EGD)
• Port leak
  • No restriction, lack of satiety
  • This can be diagnosed by measuring the fluid in the band
Lapband Complications

- Band slippage
  - Symptoms: nausea/vomiting, abdominal pain, heartburn, regurgitation
  - This is caused by eating large portions, eating fast, not following eating technique
  - This is diagnosed by an UGI x-ray or an EGD
- Esophageal dilatation
  - This can be caused by several factors such as the Lapband being adjusted to tight, drinking (gulping) to quickly, or eating to fast causing the esophagus to dilate (overstretch)
  - This is diagnosed by an UGI x-ray or an EGD
Medications

• All medications should be liquid, chewable, crushable (check with your Pharmacist to see if your medications can be crushed), in a caplet that can be opened or the size of a tic tac or smaller after surgery.

• Large pills can become stuck above the Lapband where there is limited stomach acid to dissolve them and they can block the small opening into the stomach causing irritation.

• Medications that are swallowed (tic tac size) must be taken one at a time with 10 minutes in between.
Medications

• **Avoid NSAIDs** (non-steroidal anti-inflammatory) – they are irritating to the stomach lining and put you at risk of bleeding in the stomach and complications like band erosion.

• **Prednisone** is irritating to the stomach and can cause ulcers. After bariatric surgery it should be avoided. If you must be on Prednisone for a short time for an allergic reaction or asthma you should phone our office for advice. Patients with a lapband may need fluid removed to decrease complications.

• **Potassium** replacements must be taken in the form of Klor-Con Powder. It is dissolvable in water. Tablet and liquid forms are irritating to the stomach.
Other Considerations

• **Alcohol** – not recommended. If it is consumed it should be limited as empty calories lead to weight gain. (Gastric Bypass patients absorb alcohol more rapidly.)

• **Smoking** – can lead to Lapband erosion

• **Pregnancy** – oral birth control is held for one month prior to and one month after any surgery. Pregnancy is discouraged for the first 2 years after any bariatric surgery. Fertility may increase with weight loss and a barrier method is recommended.
Health Improvements Lapband

• Medical conditions improve or resolve with weight loss resulting from Lapband surgery
  
  – Type II Diabetes – 60%
  – Sleep Apnea – 90%
  – High Blood Pressure – 55%