

# *Laparoscopic Gastric Banding*

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You have been advised to have a gastric band inserted to aid you in your attempt to lose weight. This will be done by laparoscopic (keyhole) surgery. The following information will help guide you through the procedure and the period after your operation.

## Before your operation

You will need to go on to a very strict diet for a period before your operation in order to shrink your liver. The liver stores fat and can become very enlarged in patients who are very overweight. If the liver is too large at the time of operation it can make the procedure very difficult or even impossible to perform by keyhole surgery. The diet is normally for 2 weeks but in some cases may need to be for longer. If the liver is found to be too large at the time of surgery the operation may need to be abandoned so it is extremely important that you follow the diet you are given to the letter.

## Your operation

You will normally be admitted to hospital on the day of your operation. You will be asked to undergo a short period of starvation and will be advised of the timing of your last meal. The operation is done under a general anaesthetic. Five (or occasionally more) small cuts will be made in your abdomen. The largest of these will be approximately 3 cm in length to accommodate the injection port. The other cuts will be 1cm or less. The surgeon will introduce a laparoscope (like a thin telescope) into your abdomen through one of the cuts. The laparoscope is connected to a camera so that the surgeon can see inside the abdomen. The other cuts are to enable the surgeon to pass thin instruments into the abdomen to carry out the operation. The procedure usually takes about an hour to an hour and a half.

Most patients are out of hospital within 24 hours following their operation. In the first few hours after your operation you may need a painkilling injection but more likely will only require tablets to control any discomfort. Some patients find they experience so little discomfort that they do not need painkillers at all. You will be allowed to drink clear fluids as soon as you want to and will be encouraged to get out of bed. You will then need to follow the post operative diet that has been prescribed for you, gradually progressing from fluids to solid food over a period of a few

weeks. You will find that you get full very quickly and as a result will lose significant amounts of weight in the early weeks following surgery. This weight loss will however start to tail off after usually 4-6 weeks and you will likely need a band fill at that point. This will be done by injecting small amounts of fluid into the injection port to gradually fill the band to a point where it produces sufficient restriction to give you a feeling of fullness after relatively small meals. If you have any difficulty in swallowing, or are troubled by vomiting this may mean that there is too much fluid in the band and you should contact the hospital.

With any operation there is a risk of developing a thrombosis in the veins of the leg. To counteract this you will be asked to wear support stockings whilst in hospital. In addition you will be given injections of a substance called heparin, which helps prevent this. When you get home you may feel tired for the first few days. You should have little discomfort and any that you do have should be easily controlled with simple painkillers such as paracetamol. If you experience severe pain you should contact the hospital or your own doctor. You may resume normal activities (including work) as soon as you feel able. Most patients are 'back to normal' within 2 weeks of their operation, many even faster than this. If you have any stitches or skin staples arrangements should have been made to remove these after a week.

You will be followed up at regular intervals by both your surgeon and nutritionist. Your package will cover these follow ups and any band fills for the first year but you should be prepared to continue with follow up after this period is over.

### What can go wrong?

All operations can result in complications and laparoscopic gastric banding is no exception. Most complications are minor. Bruising around the site of the cuts is common and will resolve itself. If you experience any discharge from the wounds you should get your doctor to look at it as it might indicate a wound infection needing antibiotic treatment. Other complications include bleeding or damage to bowel during surgery that occasionally may require laparotomy (opening of the abdomen) to control.

Specific complications of the band can occur at any time after the operation and include prolapse, pouch dilatation, erosions and injection port problems. Prolapse occurs when the band slips and affects <5% of cases. Symptoms include reflux at night, vomiting, difficulty and pain on swallowing. This complication may require re-operation. Pouch dilatation can arise when the band is too restrictive and results in a larger than normal pouch. This complication can be avoided by ensuring that the band is not overfilled, and by the patient learning to chew food slowly. The incidence of pouch dilatation is <5% and the symptoms are similar to prolapse. X-ray studies are needed to differentiate between the two complications. As with prolapse re-operation may be required. Erosion of the band into the

stomach is now a rare complication that will require removal of the band. The main symptom is loss of satiety (the feeling of fullness). Injection port problems can occur including leakage from the port or tubing and loss of fixation of the port. These complications may require re-exploration and sometimes replacement of the injection port site.Pregnancy

There will need to be some band adjustments during pregnancy. Some fluid may need to be removed in the first and second trimester and it is usual to remove all the fluid in the third trimester. You should consult your surgeon as soon as you know that you are pregnant.

Where can I get more information?

You can get more information by visiting [www.keyholesurgery.net](http://www.keyholesurgery.net)