



Laparoscopic Adjustable Gastric Band Owners Manual

CENTRAL BAPTIST HOSPITAL
This is care.



Center of
Excellence
BARIATRIC SURGERY





Dear Patient,

Congratulations on choosing Bariatric surgery, you have made a life-long commitment to improving your health and quality of life.

Your surgeons and staff are highly trained in the field of laparoscopic surgery and bariatrics, and are recognized nationally as quality bariatric surgery providers. As a Center of Excellence Hospital and Bariatric Program, Bluegrass Bariatric Surgical Associates and Central Baptist Hospital/Baptist Physicians' Surgery Center can offer patients the more choices than any other program in Kentucky. Our center was the first center in central Kentucky to offer adjustable gastric banding as well as the gastric sleeve procedure. Currently we are also the only center in the area offering the Laparoscopic Greater Curvature Plication and the ROSE procedure.

This manual is designed to educate you on your surgical procedure, as well as the care you will receive before and after. You will also find education on your nutritional needs and changes, vitamin requirements, risks and benefits, and encouragement to make appropriate changes to improve your health and quality of life. Please read this manual thoroughly, keep it with your Toolkit, and follow the guidelines and recommendations as written. If you have any questions, don't hesitate to ask, we are here to help you every step of the way.

Thank you,

Bluegrass Bariatric Surgical Associates Staff and the staff of Central Baptist Surgical Weight Loss Center.

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Restrictive Procedure: Adjustable Gastric Banding

The Laparoscopic Adjustable Gastric Banding System (LAGB) is an adjustable silicone-banding device that is fastened around the upper end of the stomach to create a smaller stomach reservoir (pouch). We use only United States Food & Drug Administration (FDA) approved bands on the market today. There are two types of LAGB available today; the LAP-BAND[®], which is made by the Allergan Corporation and the Realize™ Band by Johnson & Johnson.

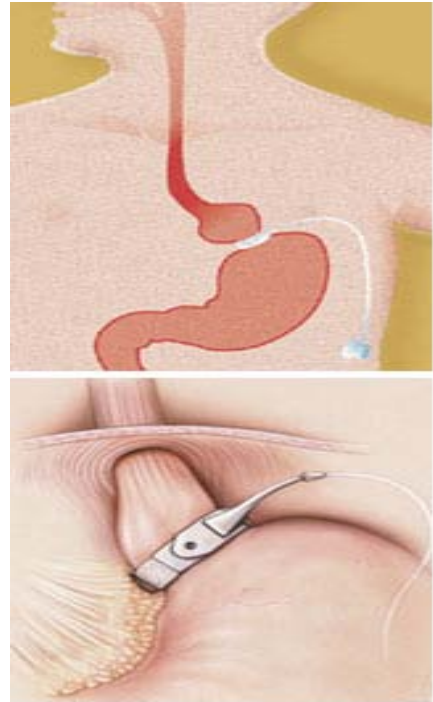
In this procedure, the surgeon makes small incisions through which the laparoscopic instruments are inserted to place and fasten the LAGB around the upper portion of the stomach. There is a small port attached to the band that is secured to the underlying abdominal muscle that is easily accessible for adjustments. Adjustments take less than a few minutes and are performed in the office.

The need for adjustments varies from patient to patient. Most adjustments occur within the first two years. It is a restrictive procedure, although some suggest when it's appropriately adjusted, it does decrease one's appetite, as well.

The difference between the Adjustable Gastric Band and other restrictive bariatric surgeries is that the restrictive level can be adjusted without additional surgery. Weight loss occurs by restricted intake – the smaller stomach pouch creates the sensation of fullness earlier (satiety), thereby decreasing the desire for food and limiting the volume of solid food one is capable of consuming at one time.

There is no division or bypass of the stomach in this procedure. With this limited intake, if you eat too much at one meal, you may feel discomfort and may even vomit. This shows the importance of learning the capacity of your “new” stomach. It generally carries the least complications of all current weight loss surgeries. Weight loss is more gradual than other bariatric procedures and eating high calorie liquid or soft foods can circumvent the procedure. There is no malabsorption of nutrients, no “leaks”, and no “dumping”.

The usual hospital stay is less than 23 hours (outpatient or same day surgery). Weight loss with the Laparoscopic Adjustable Gastric Banding System is reported at 35-68% of excess body weight. Health problems associated with excess weight usually improve or resolve. Lastly, the Laparoscopic Adjustable Gastric Band is easily removed and can be laparoscopically converted to a Roux-en-Y Gastric Bypass or Sleeve Gastrectomy if needed or desired.



Pre-Op Diet for Weight Loss Surgery

The time leading up to weight loss surgery is not the time to splurge, binge or plan a “last meal”. This is the time to start making changes and preparing for the upcoming surgery. At your consult visit, Dr. Weiss or Dr. Oldham will prescribe a specific diet that you will follow for the 2 weeks immediately prior to surgery. This diet is based on your BMI and medical history. Basically, if your BMI is ≥ 50 you will consume a combination of high protein meal replacement shakes and bars each day. If your BMI is < 50 you will consume 3-4 high protein shakes and bars and a healthy high fiber, high protein meal. Patients who have been following a high protein, low carb diet and who have lost weight since their intake appointment may be placed on a more lenient meal plan.

Benefits of Pre-Operative Weight Loss

Pre-operative weight loss will decrease the risk of complications during surgery by reducing the amount of intra-abdominal fat and the size of your liver. Pre-operative weight loss improves your ability to breath lying down, reduces time in the operating room and speeds recovery time. Additionally, losing weight before surgery:

- Improves the visual field for the surgeon during surgery
- Reduces the severity of comorbidities
- Increases patients understanding of post-op requirements
- Reduces intra-operative and post-operative risks

LAGB Post Op Diet Overview

Days 1-2		Days 3-4	Days 5-6
Clear liquids (32-64 ounces per day). Add liquid protein supplements (70 grams per day).		Add full liquids, V-8 juice, thin soups and yogurt.	Add sugar-free applesauce, pudding, smoothies and bananas.
Day 7 (1 week)	Days 8-10	Days 11-12	Day 14 (2 weeks)
Add mashed potatoes and cream of wheat (No grits, rice, pasta or peanut butter). Well-cooked vegetables, vegetable soup and legumes (beans).	Add sweet potato, oatmeal, soft-boiled eggs, low fat cottage cheese and no sugar-added canned pears.	Slowly add fresh fruits. Continue protein supplement. Drink 64 ounces per day of sugar-free no- calorie fluid like Crystal Light, Propel or water.	Slowly add baked fish, tuna, whole grain toast or crackers, small amount of brown rice, whole grain pasta, vegetables (caution with asparagus, celery, corn) and whole grain cereal (granola bars, protein bars). Decrease protein shake to 1 or less daily
Days 16-18 (approx. 3- 4 weeks)	Day 56 (8 weeks and after)	GOLDEN RULES	
You'll be ready to try baked turkey and chicken.	You can move to lean ground beef, gradually add roast beef, ham and turkey sausage. Steak should be last.	Eat until comfortable NOT FULL. Choose protein first. Eat slowly, chew well. Do not drink 10-20 minutes before and 45-60 minutes after meals. Liquids will <u>not</u> satisfy hunger. Exercise regularly.	

Remember:

Try one new food at a time, in small (1-2oz) servings, and chew, chew, chew.

Dietary Recommendations

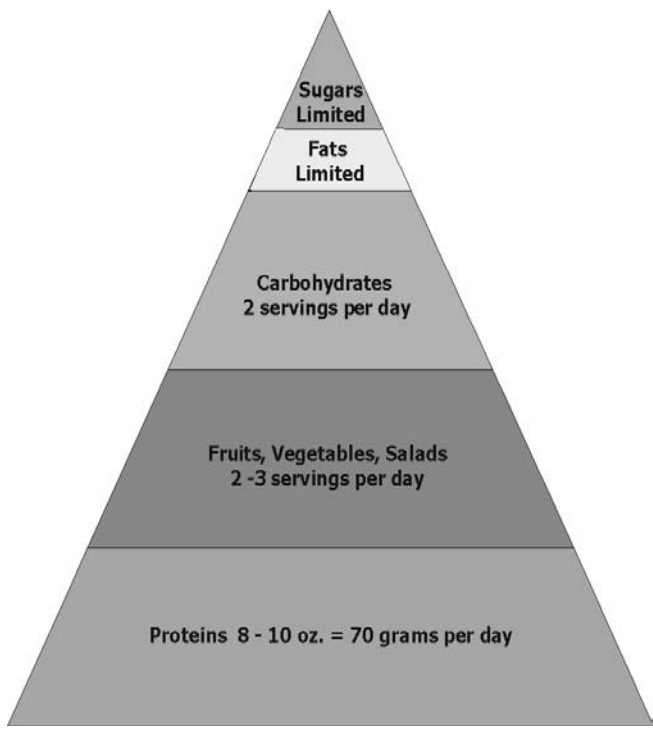
High Protein Low Fat

- **70 grams protein per day**
- **25 grams or less fat per day**
- **Protein foods:**
 - Lean red meats, pork, chicken, fish
 - Turkey
 - Cut fat off of meat, skin off of chicken
 - Low Fat 2% or fat free cheese
 - Eggs
 - Soy
 - **NO FRIED FOODS**
- Nuts (measure one serving/use sparingly; high fat content)
- Peanut butter (use sparingly; high fat content)
- Tofu, beans
- High protein cereals such as Carb Well and Go Lean Crunch

Low Carbohydrates

- **Less than 100 grams** per day of complex carbohydrates
 - Whole grain breads, cereal, brown rice, sweet potato
 - Whole grain pasta
 - Peas & corn
 - Oatmeal (Quaker Weight Control)
- **Simple carbohydrates (sparingly):**
 - Sugar, honey, cake, pie, pastries
 - Juice

Bariatric Food Pyramid



Eat Protein First!

Helpful Tips:

- **Caffeine** is a diuretic and can lead to dehydration. Caffeine also stimulates your appetite.
- **No straws-** Straws introduce excess air into the stomach, causing burping and bloating.
- **Cut food into small pieces-**Then cut it again (size of pinky fingernail). Chew very well.
- Breeding and/or cornmeal may be difficult to tolerate if you have a band. Consider a small bite as a trial, to test your tolerance, before consuming the usual band serving.
- For band-friendly meals, remember to consume the lean protein first, followed by vegetables and/or fruits then grains.
- Fish is a good source of protein.
- Choose lean cuts of beef and pork that end in “loin” for softer, better-tolerated meats. Avoid meats that are dry, stringy and/or thick.
- **EAT ONLY 3 SMALL MEALS A DAY** - Learn how much your stomach pouch can comfortably hold and do not exceed this amount. Overeating can lead to vomiting.
- **LIMIT SNACKS TO 1-2 PER DAY** - Appropriate snacks include carrot sticks, apple slices and beef jerky and limited to ≤100-200 calories.
- **EAT SLOWLY AND CHEW THOROUGHLY** - Allow plenty of time when eating. Take small bites and chew food thoroughly.
- **STOP EATING WHEN YOU ARE NO LONGER HUNGRY** - Eating until you are full can lead to nausea and vomiting.
- **DO NOT DRINK WHILE YOU ARE EATING** - Do not drink liquids 15-20 minutes before and for at least 45-60 minutes after eating.
- **EAT ONLY HIGH QUALITY FOODS** - Choose lean protein, fruits, vegetables and whole grains.
- **DRINK ENOUGH FLUIDS DURING THE DAY** - As you lose weight your body’s stored fat will metabolize. Drink plenty of fluids to rid your body of waste products. Remember to keep liquids separate from food intake.
- **DRINK ONLY NON-CALORIE LIQUIDS** - Weight loss will be minimal if you drink calorie-containing beverages even if otherwise following the diet guidelines.
- **EXERCISE REGULARLY-** As you lose weight, exercising should become easier. Walking and swimming are good ways to start an exercise routine. Increase activity in daily living.
- Patients who exercise 30 minutes each day lose more excess body weight than patients who do not.

Foods to Avoid

High-Calorie, Nutritionally void foods:

- Syrups & Honey
 - Cakes & cookies
 - SWEET TEA
 - Sweets
 - Jam
 - Chocolate
 - High fat dressings
 - Chips
 - Pie
 - Pastries / Biscuits
 - Gravy
 - Cheese Sauces
- **Carbonated, Alcoholic and Caffeinated beverages**

Common Problem Foods

Some foods have difficulty passing through the opening of the stomach and may cause blockage, pain and possibly vomiting. Introduce these foods slowly and individually to see if they are tolerated.

These include foods such as:

- Dry meat
- Shrimp
- untoasted bread
- Pasta
- Rice
- Peanut butter
- Dried fruit
- Certain vegetables like corn, asparagus and celery
- Nuts
- Coconut
- Popcorn
- Seeds and skins of fruit and vegetables
- Membrane of citrus fruit or apples

The Importance of Support

After bariatric surgery, behavioral, lifestyle and dietary changes will affect you physically & emotionally. A strong support system can assist you with these changes. You are not alone on this journey. Please read the following list and if at all possible, check every box before you have surgery.

- Attend our support group meetings led by our Nutrition Coach. Please attend at least one meeting before surgery and as many as you can after surgery. We have our meetings in a classroom at HealthwoRx in Lexington Green, the first Saturday of every month at 11am.
- Bring your family to the support group meeting, we can answer their questions and bring them on board for your continued success. They can join you on your journey to a healthier life.
- Educate yourself and your friends and family. Visit our website at www.cbhweightloss.com or go to another website such as www.bluegrassbariatrics.com, www.obesityhelp.com.
- Discuss the reasons for surgery with your family. Explain to them the health benefits you expect with significant weight loss and ask them to help you achieve your goals.
- Surround yourself with other individuals who have had the surgery and can identify with you and share your experience.
- Form your own network; get together with others to talk, exercise or just to hang out to share your feelings.
- Start planning activities together that help you visualize life after significant weight loss, like playing with children or grand children, taking a vacation, or attending an event.
- Become aware of when, why and how much you eat. Learn what triggers you to overeat. Ask someone to be your accountability partner on this one. That person may recognize patterns in your eating behaviors that you do not. Knowing when and why we eat is as important is what and how much we eat.
- Visualize yourself healthy, active and at your goal weight.



Nutrition Coaching

You will have a nutritional consultation with our Professional Nutrition Specialist twice before surgery, during your intake and pre-operative visits. Studies have demonstrated that individuals who attend follow up visits with their dietitian and attend support group meetings before and after surgery have more successful weight loss.

During your intake nutritional evaluation, our dietitian will review your 24 hour diet recall, discuss your eating habits and assess your knowledge of nutrition. She will review your basal metabolic rate test results with you. She will evaluate your willingness and ability to comply with pre and post-operative nutritional requirements for bariatric surgery. From this interview & evaluation process the registered dietitian will write a report on your readiness for surgery. This report is required for insurance coverage and will be submitted to your insurance provider before surgery. All BBSA & CBH Surgical Weight Loss Patients, including those who are self-paying for surgery, are required to undergo a nutritional evaluation with our Professional Nutrition Specialist.

Exercise: A Step in the Right Direction

Regular exercise is an important part of successful weight loss surgery. Done properly and under supervision, exercise speeds healing and recovery and provides a host of health benefits. Starting any post surgical exercise program may be difficult, especially if you are unaccustomed to exercising or have been previously unable to exercise. So, we invite you to begin your routine exercise program *before* surgery, to ease into healthy habits and become more comfortable with exercise in a quiet, safe, and personal environment.

HealthWorx, Central Baptist Hospital's Fitness and Wellness Center is located in Lexington Green just off Nicholasville Road overlooking New Circle Road. HealthWorx is equipped with state-of-the art strength training and cardio equipment and hosts a variety of fitness classes, specialty classes, personal training, nutrition counseling, massage therapy and more. If you are interested in beginning a supervised exercise program, we recommend the professionals at HealthWorx. Your orientation to an individualized exercise program will be with an American College of Sports Medicine Certified Personal Trainer or a professional Exercise Physiologist, by appointment to provide you with one-on-one attention and privacy. After your initial visit, you can workout anytime. The fitness center is always staffed with a trainer to ensure safety and help clients with workouts, answer questions or demonstrate exercises.

We host all of our support group meetings at Healthworx, the first Saturday of every month beginning at 11:00am. You are welcome to tour the facility when you come to your support group meeting, and then schedule an appointment for consultation with an exercise specialist.



Walking

Your post-operative recovery requires walking. Walking will prevent blood clots and pneumonia and a host of other complications. Walking after surgery is not an option and will begin the day of your surgery. If possible, you need to begin your walking program before surgery. Below is a simple guideline for starting a walking program:

1. Find a walking partner. You will enjoy the experience more and you will feel safer walking with someone who can help you if you need assistance. This is especially important for those who have been sedentary for a long time.
2. Wear comfortable, supportive walking shoes and comfortable clothing.
3. Focus on the amount of time you walk rather than the distance. Increase the amount of time you walk gradually each day.
4. Be consistent and walk every day.
5. Keep a log to show your progress.
6. Consider starting a walking program such as Walk of Life. This is a great way to motivate yourself and keep track of your progress.

Walk of Life - 10 Week Program

We recommend using a walking program such as Walk Of Life. You can find details at <http://walking.about.com/od/weightloss/u/weightloss.htm>. Walk to fitness, weight loss, and a healthy lifestyle. Day-by-day walking assignments, exercise, tools for eating right, setting and achieving your fitness goals.

Walk of Life Intro

Introduction to the Walk of Life 10 Week Program to get fit through walking and healthy nutrition.



Is another great place to find support online when beginning an exercise plan by offering an online calorie counter and workout tracking tool.

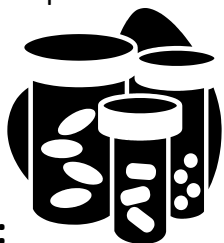


Insurance & Financial Considerations

Bluegrass Bariatrics & Central Baptist Hospital Surgical Weight Loss Center have separate insurance & financial counselors specifically for the bariatric program. These counselors will meet with you to discuss your insurance coverage, financial obligations, financing options, out-of-pocket expenses, co-payments, deductibles, program fees, and payment policies required for surgery.

Once you have met the BBSA/CBH and insurance or CMS requirements for surgery, all the necessary documentation will be submitted to your insurance company. The insurance company may take up to 90 days to review and ultimately approve of or deny your bariatric surgery.

- Please be aware, payment to Central Baptist Hospital is required one week before surgery. That includes all hospital co-payments, out-of-pocket and deductibles. If paying with a personal check, we must post it 2 weeks before surgery. AMEX is not accepted. Visa and MC are.
- If you are using a financing company such as Care Credit, or BLIS Financing, CBH must receive payment from no later than one week prior to your scheduled date of surgery. We may postpone your surgery if payment is not received by that date. We highly recommend that if you are using Care Credit or BLIS, that you complete the application process as soon as possible to avoid any delays.
- Payment to BBSA and CBH are separate.
- Payment to Baptist Physicians' Surgery Center is made only at that facility.
- Your program fee is payable only to BBSA.
- BLIS insurance questions are deferred to BBSA.



Medications:

- Stop cortisone injections, birth control pills, estrogen replacement therapy or any herbal supplements **30 days before** surgery because these medications can increase your risk for blood clots after surgery.
- No Depo-Provera shots 3 months before and 1 month after surgery (and approval by your surgeon) due to increased risk of blood clots.
- If you are unsure about which medications to stop, contact Bluegrass Bariatrics.
- Schedule an appointment with your PCP to discuss any medication changes necessary before surgery.
- Do not take aspirin, non-steroidal anti-inflammatory drugs (for example ibuprofen or Aleve) or other prescribed arthritis medications (Celebrex, Mobic) 1 week before surgery as these medications can increase the risk of bleeding.
- Start Foltx (Folic Acid), which is the prescription that was given to you at your surgeon consult, one week before surgery.

Surgeon Consult Day

At your pre-operative appointment you will meet Dr. Derek Weiss or Dr. John S. Oldham, Jr. Your surgeon will discuss your preferred surgery, the risks, benefits and potential complications. If you have not decided which surgery you want to pursue, that's ok, you can discuss the possibilities with your surgeon at this appointment.

You will watch a consent video specific to your surgery and sit in on a question and answer session with a group of patients who are interested in the same surgical option. Your surgeon will be present for this discussion.

You will attend an educational class and watch a pre-operative video specific to your surgery. Everything you see in video format is also given to you in print. We want you to have a great outcome, so watch, read, listen, and ask what you need to know before your surgery.

Before Surgery

Careful attention to personal hygiene can help reduce the risk of infections after surgery. Daily bathing several days before surgery with any antibacterial soap will be helpful. Careful attention should be given to cleansing the abdominal area (from breasts to groin) making sure to clean well between folds of skin. PLEASE brush your teeth, floss and gargle with Listerine twice/day.

24 Hours before Surgery

- Begin a clear liquid diet - broth, black coffee, tea, Jell-O, popsicles.
- Shower with antibacterial soap,
- You will receive antibacterial wipes at your Pre-Admission Testing appointment.
- Use these after your shower the night before surgery; follow the directions provided with the wipes.
- No insulin or diabetic medications after 12:00 midnight unless instructed otherwise by the physician.
- Nothing by mouth after midnight. This includes gum, mints and/or water.
- PLEASE brush your teeth and gargle with Listerine twice each day.

Day of Surgery

- You may shower, and then use the 2nd envelope of wipes received at your Pre-Admission Testing appointment at Central Baptist Hospital or you may skip the shower and use the wipes alone. Remember that if you shower first, you must allow adequate time for the skin to dry before using the wipes. Please refer to the instruction sheet provided with the wipes.
- Take any blood pressure, heart or seizure medication (with just a sip of water) the morning of surgery unless instructed otherwise by a doctor or nurse.
- PLEASE brush your teeth and gargle but do not swallow anything.
- Have a responsible adult with you to drive you home. We recommend that someone be with you for 24 hours. If you do not have someone to drive you home, your surgery will be canceled.
- Please wear comfortable clothes and slip on shoes, no makeup, no contact lenses.

After Surgery

Pain Control

Pain medication is available to you should you need it. Please ask the nurse. You will wake up with a special device called On-Q pain buster placed during your surgery to decrease pain both while you are in the hospital and at home. Instructions for the On-Q are included later in this manual. You may be given a prescription for pain medication at home; however, Tylenol as directed will work for most LAGB patients.

There may be some minor pain, especially where your port is located (usually the longest incision), which should improve on a daily basis. Pain should not suddenly get worse or more intense. You should contact BBSA with worsening, constant or severe pain. Any sudden pain in the lower extremities with associated warmth and redness should be called into BBSA immediately. Do not rub or massage this area.

Nausea and Vomiting

You will have medication to treat nausea or vomiting. One of the most important things after bariatric surgery is to avoid vomiting. Notify your nurse immediately if you feel nauseated or vomit. You will be allowed ice chips then liquids after surgery if you are not vomiting. Take small sips to prevent vomiting.

The following are possible causes for Nausea/Vomiting:

- Drinking too much or too fast.
- Sinus drainage / post nasal drip for allergy sufferers (may take Sudafed, Claritin, Tylenol Sinus Allergy or other decongestants or nose sprays to help with this discomfort).
- Low blood sugar (sweating, shaky, irritable, weakness, dizzy or tunnel-vision) – sip 100% fruit juice-no sugar added until symptoms subside.
- If you are frothing, have difficulty swallowing normal secretions or have persistent or prolonged nausea and vomiting, please call your surgeon's office immediately.
- Any nausea/vomiting that prohibits you from keeping fluids down for greater than 24 hours requires a call to the surgeon's office.

Walking, Driving & Other Activity

You will get up to a chair and walk soon after surgery; the nurse or assistant will help you the first time you get up. Ambulation prevents complications such as blood clots, pneumonia and enhances your overall recovery period. It also decreases pain. Please follow these guidelines when you get home:

- Do not drive or operate machinery for 24 hours. You cannot resume driving while taking pain medication or sedatives.
- Do not consume alcohol, tranquilizers, sleeping medications or any non-prescribed medication for 24 hours.
- Do not make any important decisions or sign any important documents in the next 24 hours.
- Have someone stay with you at home the first night.
- No lifting, pushing, pulling or tugging anything over 25 pounds for 3 weeks after surgery. Moderate walking is recommended every 2 hours. Further exercise will be discussed at the first visit after surgery.
- No tanning bed use for 8 weeks after surgery, and in general, not recommended due to the increased risk for skin cancer. Incisions will burn very badly with tanning bed use.

When you are discharged please remember that if your home is a distance greater than 30 miles, you will need to stop every 30-45 minutes and walk 5-10 minutes each time.

Urine

If you do not urinate within 8 hours after surgery, you must go to the nearest emergency room or contact your surgeon immediately. Use your urine color as a guide to determine if you are drinking enough fluid. The darker the urine, the more fluids you need to drink. Urine should be clear to light yellow if you are getting enough fluid.

Bowel Movements

You may not have a bowel movement for 2-5 days after going home. You may also experience loose stools for a day or two. If so, increase your fluids to avoid dehydration. Some patients may experience constipation that can be treated with increasing fluids, drinking warm liquids and/or increasing activity. Pain medication can cause constipation.

Bathing

You may shower 24 hours after your surgery time. Your incisions may get wet when you shower but otherwise keep them dry. No tub baths, swimming or use of hot tubs for at least 3 weeks after surgery or until incisions are well-healed.

Abdominal Incisions

You will have 1-5 small incisions. Do not scrub incisions. Allow the warm soapy water to run over the incisions, rinse well, and pat dry. You may use any brand of anti-bacterial soap. Do not use peroxide, alcohol, salves or ointments on sites. Check these incisions daily for cloudy drainage with a foul odor, pain, redness, and swelling, heat at incision site, fever, body aches and chills. These are signs of infection and should be reported to Bluegrass Bariatric Surgical Associates.

Medications

Unless directed by your surgeon or other prescribing healthcare providers, you may restart your medications. Please continue taking a multivitamin daily. Check with your primary care provider or pharmacist as to which large pills may be split and/or which capsules may be opened and diluted safely. Continue taking Foltx (or generic) until finished. If you still have your gallbladder and were prescribed Actigall[®] or Ursodiol, you may start this medication one week after your surgery. If needed, open and dilute in a liquid, applesauce or yogurt. You will remain on Actigall[®] for approximately 6 months.

Pneumonia Prevention & Respiratory Concerns

You will be given an **incentive spirometer** after your surgery. Instructions are included in this manual. Using the incentive spirometer will prevent pneumonia, help you wake up and become alert following anesthesia, and help you expel the gas used to inflate your abdomen during surgery. If you are using a **C-Pap** or Bi-Pap machine prior to surgery, you may resume using it at anytime.

Illness

Your primary care provider should treat general illness such as ear infections, sinus infections, and viral type illnesses, etc. Medications prescribed should be in liquid/elixir form when possible for the first 30 days.

Guidelines for Removal of the On-Q Pain Buster[®]

Removal of Catheter

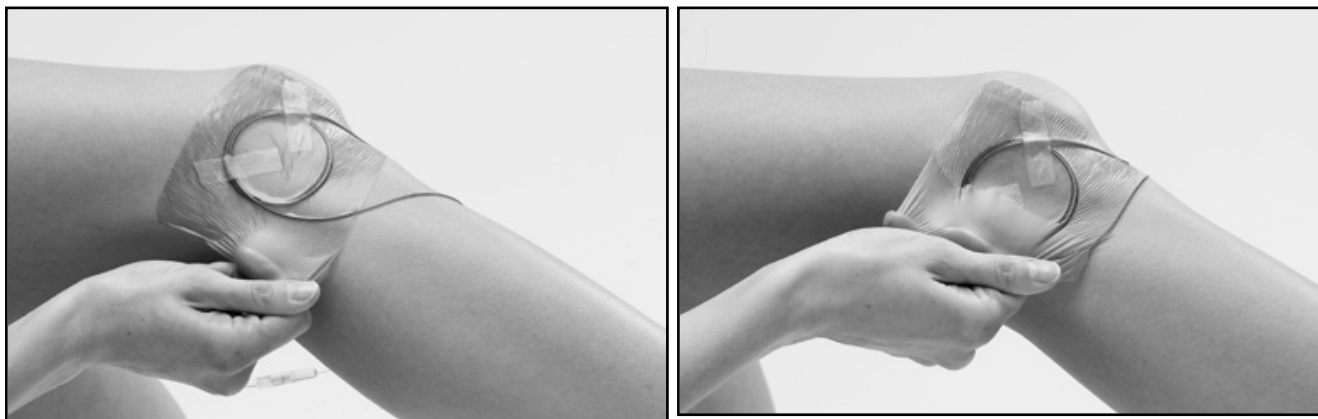
If your doctor has instructed you to remove the catheter, then follow these instructions:*

1. Grab a corner of the dressing (in picture below) and slowly pull parallel to your skin to easily remove. If the dressing is peeled back or ripped off quickly, it will remove hair and skin cells...possibly causing pain.
2. Grasp the catheter close to the skin and gently pull on the catheter. It should be easy to remove and not painful. If it becomes hard to remove or stretches, then STOP. Call your doctor. Continued pulling could break the catheter.
3. Do not cut or pull hard to remove the catheter.
4. Place a bandage over the catheter site.
5. For any problems with the pump, please call 1 (800) 444-2728.

* Repeat these steps for other catheter site if you have more than one catheter.

Call your doctor if you have:

1. Redness, warmth or excessive bleeding from the catheter site.
2. Pain, swelling or a large bruise around the catheter site.



6-step Guide for the Self-Administration of LOVENOX[®]

A 6-step instructional guide demonstrates how to safely and effectively self-administer LOVENOX[®], with an added safety device feature for proper needle disposal.

Instructions for Use: LOVENOX[®]: Administration with safety device



- 1** Patients should be sitting or lying down while the LOVENOX[®] Injection is administered into the areas shown in the picture. Pick an area on the abdomen between the left or right anterolateral and left or right posterolateral abdominal wall. Clean the injection site with a sterile alcohol swab and let dry. Administration should be alternated between the left and right sides.



- 2** Carefully remove the needle cap by firmly pulling it straight off the syringe and discard. If required, dose adjustment must be done prior to injection.



- 3** Gently pinch the cleansed area of the abdomen between your thumb and index finger to make a fold in the skin. Introduce the full length of the needle at a 90° angle into the skin fold held between the thumb and forefinger; inject using standard technique, pushing the plunger to the bottom of the syringe. The skin fold should be held throughout the injection. To minimize bruising, do not rub the injection site after completion of the injection.



- 4** Remove the needle from the injection site, keeping your finger on the plunger. During this step you can release pressure on the plunger.



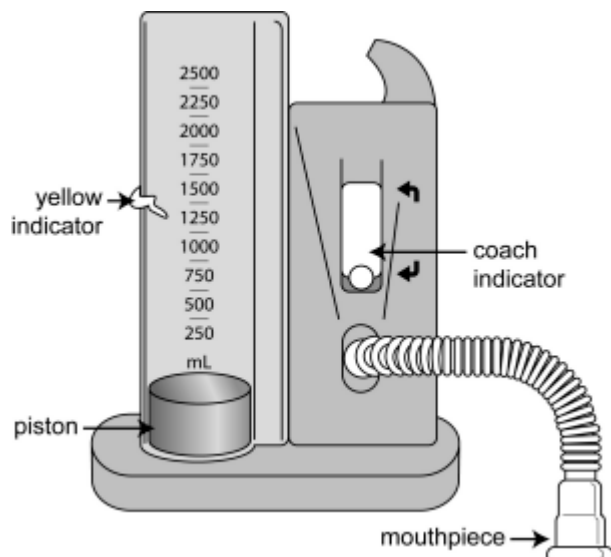
- 5** Pointing the needle away from you and others, activate the LOVENOX[®] safety device by firmly pushing the plunger. The protective sleeve will automatically cover the needle, and an audible “click” will confirm shield activation.



- 6** Immediately dispose of the syringe in the nearest sharps collector.

HOW TO USE AN INCENTIVE SPIROMETER

Using your Incentive Spirometer and coughing after surgery will help prevent pneumonia by assisting you to fully expand your lungs and clear your secretions. The Incentive Spirometer will also help your lungs expel the anesthesia gas you were given during surgery.



How to use the Incentive Spirometer

1. Sit on the edge of your bed if possible, or sit up as far as you can in bed.
2. Hold the Incentive Spirometer in an upright position. Blow out to empty your lungs.
3. Place the mouthpiece in your mouth and seal your lips tightly around it.
4. **Breathe in slowly** and as deeply as possible, raising the blue piston toward the top of the column. The blue coach indicator should float between the arrows.
5. Hold your breath as long as possible (for at least five seconds). Allow the piston to fall to the bottom of the column.
6. **Rest for a few seconds** and repeat Steps one to five at least 10 times every other hour when you are awake.
7. Position the blue indicator on the left side of the Spirometer to show your best effort. Use the indicator as a goal to work toward during each repetition.
8. After each set of 10 deep breaths, cough to clear your lungs. Support your incisions when coughing by placing a pillow firmly against your abdomen.
9. Two to four hours after surgery you will get out of bed and walk; breathe deeply and cough well. You will use the Incentive Spirometer 4 times each day, 10 repetitions, for several days unless otherwise instructed by your health care provider.

General Guidelines for Band Adjustments

- The initial LAGB adjustment should occur **4 weeks** or more after the operation. Not every patient will need an adjustment at this time.
- The patient should be reviewed regularly, every 4-6 weeks, with weight and clinical status measured at each visit.
- Do not eat a meal 2 hours prior to an adjustment, and avoid meats, bread and pasta 24 hours after an adjustment.
- The **goal** is for the patient to be **eating about 1/4 to 1/3** of what they could eat at one sitting before surgery, and **staying full** for about **3-4 hours** after.
- **Greatest weight loss is achieved by following all the “rules”:**
 - Making good, healthy food choices
 - Exercising at least 3-4 times a week
 - Not drinking with meals
 - Attending support groups
- When a patient is eating **50% or more** than before surgery and getting hungry less than 3 hours after a meal, they probably **need an adjustment** (saline added), unless the patient is eating **inappropriately** (drinking with meals, choosing high-calorie foods, etc).
- The band may be too tight if you are vomiting several times weekly, eating soft foods to keep from vomiting, having reflux or dysphagia (difficulty swallowing).
- If the band is **too tight**, some or all fluid may be removed from the band to avoid complications, resolve symptoms and get back on path to good weight loss.
- **A patient can and will gain weight if the band is too tight as they will continue to eat soft, high calorie foods because they are easy to swallow and go down well. Doing this will lead to pouch dilation and / or a slip of the band.**
- **Healthy Eating** for the LAGB patient is a **balanced diet** that is high protein, low fat and low carbohydrate diet. Soft foods are fine as part of a BALANCED meal. For example, a macaroni and cheese meal alone is not a good choice. A chicken breast with vegetables and a side of whole grain rice is acceptable.
- Dense, high protein foods will help keep you full longer than soups and soft foods. This will reduce unwanted snacking.
- **Remember: Do not drink with meals.** This flushes the food through prematurely, and the goal is to feel full longer. (Think of a funnel, liquids goes through much quicker than solids).
- The Surgeons, Physician Assistants and Nurse Practitioners use the recommended guidelines when making adjustments to your band. These guidelines are followed to reduce the chance of complication and discomfort. Please trust them in using their judgment when adjusting your band.
- Please understand that the amount of saline in your band is not what is important, but your satiety (feeling of fullness) achieved by adjustments. When conversing with other LAGB patients, please understand that the amount of fluid differs from person to person. The amount of fluid will different between patients based on the following:
 - Size of band ▪ Size of your stomach ▪ Diet choices
 - Weight loss ▪ Liquid consumption at meals

Troubleshooting the Band

It helps to know that there are issues that can be addressed and rectified with proper insight and help. Listed below are some of the more common problems you may encounter with the Laparoscopic Adjustable Gastric Band (LAGB). If you have any of these issues and feel that you are struggling alone, contact Bluegrass Bariatric

Surgical Associates at
(859) 543-1577 or (859) 276-2594.

After Surgery - First Week		
Problem	Probable Cause	Suggested Corrective Action
Bloating	<ul style="list-style-type: none"> Excessive bed rest Band acts as one-way valve Gas inflation during surgery 	<ul style="list-style-type: none"> Walking and physical activity Gas-X
Gas Pains	<ul style="list-style-type: none"> Same as above Sipping carbonated liquids through straw 	<ul style="list-style-type: none"> Walking and physical activity Gas-X Avoid carbonated liquids Sip warm fluids
Shoulder Pain	<ul style="list-style-type: none"> Irritation from gas used in surgery Same as other causes above 	<ul style="list-style-type: none"> Painkillers prescribed by doctor Deep breaths release the gas Walking
Nausea	<ul style="list-style-type: none"> Related to anesthesia 	<ul style="list-style-type: none"> Anti-nausea medications
Vomiting (After full recovery from anesthesia)	<ul style="list-style-type: none"> Early solid food intake Intestinal infection 	<ul style="list-style-type: none"> Consult doctor immediately
Coughing	<ul style="list-style-type: none"> Anesthesia Cold Lung infection (pneumonia) 	<ul style="list-style-type: none"> Consult doctor if cough and fever (greater than 101.0 F) are present
Wound Redness	<ul style="list-style-type: none"> Wound's normal healing process If excessive or with swelling, pain, or warm to touch there may be an infection 	<ul style="list-style-type: none"> Consult doctor (may require antibiotics)
Wound Open (dehiscence)	<ul style="list-style-type: none"> Reaction to suture material, liquid collection (seroma) or infection 	<ul style="list-style-type: none"> Consult doctor Keep clean & covered
Wound Bleeding	<ul style="list-style-type: none"> Direct trauma to wound Breakdown of suture material Preexisting collection of blood 	<ul style="list-style-type: none"> Consult doctor Keep clean & covered If active bleeding, apply pressure
Wound Leaking	<ul style="list-style-type: none"> Probable seroma (collection of serous liquid) 	<ul style="list-style-type: none"> Consult doctor Keep clean & covered
Wound Leaking Pus	<ul style="list-style-type: none"> Probable infection 	<ul style="list-style-type: none"> Consult doctor Keep clean & covered Antibiotics
Port Area Pain (some pain is normal)	<ul style="list-style-type: none"> Inadvertent injury during sleep, walking, or activity Normal part of healing process 	<ul style="list-style-type: none"> Heat pads (15 minutes every 4 hours) Painkillers/anti-inflammatory medication

Difficulty Breathing	<ul style="list-style-type: none"> Existing disease Lung collapse/infection 	<ul style="list-style-type: none"> Go to Emergency Room May require hospitalization
Dizzy Spells	<ul style="list-style-type: none"> Check blood sugar if Diabetic Medications (blood pressure) Dehydration 	<ul style="list-style-type: none"> 100% fruit juice with a light snack Check blood pressure; notify doctor if abnormal Drink plenty of fluids Consult doctor if no improvement
Difficulty Swallowing	<ul style="list-style-type: none"> Band may be too tight Too large piece of food Not chewing well 	<ul style="list-style-type: none"> Call clinic for follow-up appointment Smaller bites Chew better
Acid Reflux	<ul style="list-style-type: none"> Tight band History of heartburn 	<ul style="list-style-type: none"> Consult doctor Acid blockers
Fever \geq 101	<ul style="list-style-type: none"> Consult doctor 	<ul style="list-style-type: none"> Consult doctor
Before First Fill (2-4 weeks After Surgery)		
Hungry During Liquid Phase of Diet	<ul style="list-style-type: none"> Not enough liquid protein Eating when others eat Head hunger 	<ul style="list-style-type: none"> Add protein shakes Avoid warm beverages Avoid caffeine (acts as a stimulant)
Hungry During Solid Phase of Diet	<ul style="list-style-type: none"> Too many carbohydrates Not enough protein Eating mushy foods Drinking with meals 	<ul style="list-style-type: none"> Keep to solid protein foods Eat three times a day No liquids during meals Avoid snacking
No Restriction During First 4 Weeks	<ul style="list-style-type: none"> Band is adjusted the first time in 4 weeks. 	<ul style="list-style-type: none"> Follow guidelines Do not despair Restriction will come as you follow-up with your fills
Moderate Restriction During First 4 Weeks	<ul style="list-style-type: none"> Band may be snug Swelling may persist Hiatal Hernia repair 	<ul style="list-style-type: none"> Eat slowly Follow guidelines Small bites, chew well
Severe Restriction During First 4 Weeks	<ul style="list-style-type: none"> Band may be tight Swelling May be fluid in band from surgery 	<ul style="list-style-type: none"> Call the clinic for possible removal Sip warm fluids
Weakness	<ul style="list-style-type: none"> Dehydration Lack of protein Other 	<ul style="list-style-type: none"> Drink 64 oz fluid daily Protein with each meal or protein supplement Consult primary care provider
Low Weight Loss	<ul style="list-style-type: none"> High calorie intake, not following guidelines 	<ul style="list-style-type: none"> Food journal Follow-up with dietician Follow guidelines: no drinking with meals, avoid soft high calorie foods Increase activity and exercise

After First Fill (4 weeks After Surgery to First 6 Months)		
Too Tight After Fill	<ul style="list-style-type: none"> • Too much fluid in band 	<ul style="list-style-type: none"> • Remove fill-amount of removal will depend on amount of time symptomatic
Can't Tolerate Solids	<ul style="list-style-type: none"> • Food lodged in pouch • Too much fluid in band 	<ul style="list-style-type: none"> • May cause band slippage if fluid not removed • Sip warm fluids
Constant Vomiting or Regurgitation	<ul style="list-style-type: none"> • Band too tight • Upper pouch swollen • Band slipping • Eating too much 	<ul style="list-style-type: none"> • Consult doctor • Studies may be necessary • Remove fluid from band
Food Gets Stuck Frequently	<ul style="list-style-type: none"> • Not chewing thoroughly • Eating too fast, too much, too big bites • Eating wrong foods 	<ul style="list-style-type: none"> • Follow guidelines • If consistent, may need fluid removed to avoid frequent vomiting, regurgitation
Tried Suggestions Food Still Gets Stuck Frequently	<ul style="list-style-type: none"> • Band may be too tight 	<ul style="list-style-type: none"> • Remove some to all of the fluid from band
Reflux Symptoms, Heartburn	<ul style="list-style-type: none"> • Pouch swollen because of frequent vomiting • Productive burping • Band too tight 	<ul style="list-style-type: none"> • Come to clinic for possible fluid removal • Acid blocker medication • Avoid spicy, fried, citrus foods • Do not lie down after eating
No Weight Loss	<ul style="list-style-type: none"> • Plateau-you may be losing sizes but not weight • Poor food choices 	<ul style="list-style-type: none"> • Follow guidelines regarding diet • Exercise 30 minutes daily or increase activity
Tolerating More Solid Food	<ul style="list-style-type: none"> • Band is not adjusted to optimal level • Drinking with meals 	<ul style="list-style-type: none"> • Return to clinic for fill • Follow guidelines
Not Getting Full With Solids	<ul style="list-style-type: none"> • Band is not at optimal level • Foods not solid enough • Drinking with meals 	<ul style="list-style-type: none"> • Return to clinic for fill • Follow guidelines
Incisions Very Hard	<ul style="list-style-type: none"> • Normal healing process 	<ul style="list-style-type: none"> • Soft massage over incisions • Keep waist of clothing and bra away from incisions
Port Area Very Hard	<ul style="list-style-type: none"> • May be the healing process or the port itself 	<ul style="list-style-type: none"> • If painful, red and warm – Call clinic for follow-up appointment

Frequently Asked Questions



Q: How long will the Laparoscopic Adjustable Gastric Band surgery take?

A: Surgery will take approximately 45 - 60 minutes. When you are in the operating room many things are happening. You will be under general anesthesia, your abdomen will clean with special soap and your blood pressure, heart rate and breathing will be monitored constantly.

Q: Could I experience complications during or after surgery?

A: Yes. All surgeries carry risks, including the risk of death, blood clots, stroke, bleeding, infection, damage to organs, and other serious complications. After surgery blood clots, pneumonia, band slippage, band erosion, port infection, are some of the risks. You will be fully informed of all risks during your pre-operative appointment, but if you have specific concerns please discuss those with us at any time.

Q: You have mentioned the possibility of a **Pulmonary Embolus** (blood clot in the lung) or a DVT (**Deep Vein Thrombosis**). What is done to minimize the risk of this occurring?

A: A DVT usually originates in the calf. Risk factors that increase the incidence of these blood clots include decreased movement, hormone replacement therapy or birth control pills, smoking, obesity, and general anesthesia. To decrease the risk of this complication, we take a 3-pronged approach:

1. Sequential compression devices (SCDs) will be placed on your lower legs the day of surgery. These devices inflate and deflate to assist with the blood movement upward back to the heart.
2. You will be injected with a blood thinner in the pre-op room before surgery, and the surgeon may prescribe home injections after surgery if you are at high risk for clots.
3. Lastly, you are required to get up and walk within a few hours after surgery and several times more that day. Continue walking several times each day for the next 2 months. That is how long you are at increased risk of blood clots forming in your lower legs.

Q: What are the signs of a blood clot?

A: If one of your calves becomes tender, warm, red or swollen, you need to call BBSA immediately because these are signs of a blood clot. You may also feel a knot or a cord in the back of your calf. Your foot on that leg may be cool, pale or blue. Do not massage the calf if you feel this knot or cord, just call BBSA immediately at 859-543-1577 or 859-276-2594.

Q: How important is follow up care after surgery?

A: With the Adjustable Gastric Band, follow up care is extremely important to monitor the band's placement, position and restriction and to help you meet your goals for improved health.

Q: What is the band filled with?

A: Gastric band adjustments are done by inflating or deflating the band with sterile saline through the access port. The port is secured beneath your abdominal fat on your abdominal muscle wall.

Q: Is the Adjustable Gastric Band reversible? Is it a life-long implant or is it removed after a certain length of time?

A: The Adjustable Gastric Band can be removed; however it is normally a lifelong commitment that is intended to serve as a tool to help keep weight off.

Q: Why must I have a psychological evaluation?

A: Bariatric surgery is a life-changing event for both you and your family. A psychological evaluation is required by the surgeons and your insurance provider prior to the surgery to assess your individual coping skills, psychological health, and emotional readiness for surgery.

A Clinical Psychologist will perform this evaluation. You will be asked to complete written tests before your interview with the psychologist. The Clinical Psychologist will write a report of this evaluation detailing your psychological readiness for surgery. This evaluation will assist in identification of any mental health needs and may result in a recommendation for ongoing counseling prior to and after surgery.

Q: Can I drink liquids with my meals?

A: Do not drink anything with meals. Also, do not drink any liquids for 45-60 minutes after meals.

Q: How do I know when I need a fill or adjustment?

A: Your first fill is 4 weeks after surgery. You will come in approximately every 4 weeks and see the PA to discuss your food intake, hunger or satiety, and weight loss. Your fills will be based on those evaluations. Patients average 10 fills to achieve appropriate restriction. Each patient is different.

Q: Do some people not lose weight after having Adjustable Gastric Band?

A: YES! The pouch limits the amount of solid food not liquid food. High calorie soft foods like cheese, gravy, ice cream, sour cream can be eaten in large quantity even by someone whose band is at max fill. People who eat these foods throughout the day and those who consume large amounts of high caloric beverages will not lose weight, some even gain weight. People who nibble all day or snack also have difficulty losing weight.

Q: When will I be able to stop taking some or all of my medications after the surgery?

A: This varies from patient to patient. One week after surgery, we recommend you follow up with your primary care provider. If you are on blood pressure or diabetic medication you should check each of these frequently. Write it down and take the results to your doctor. Some patients have been able to come off medication within one week, others it has taken longer. Each person's body is different. If you have any concerns about this, please address them with your physician. If you notice signs of dizziness, weakness or lightheaded contact your physician immediately as these may be signs of changes in blood sugar and/or blood pressure.

Q: How much does the new pouch hold?

A: Although the size of a patient's new stomach varies based on the number of adjustments and food consistency (soup versus grilled chicken), most patients should be able to eat about 8-12 ounces of solid food. If you eat more than this at one time you may become nauseated or even vomit.

Q: Why do you recommend that I not drink any liquids with my meals?

A: If you drink at mealtime, the food you have eaten absorbs the liquid, becomes softer and sometimes even turns into a liquid. A liquid slides right thru your pouch, which decreases the amount of time you feel full and will allow you to eat more food. More food means more calories and decreased or no weight loss.

Q: Why do some people start losing their hair after surgery?

A: Individuals may notice that their hair is falling out after surgery. This is only temporary. These changes can be related to general anesthesia, change in nutrition and hormone levels. It is our recommendation that you increase your protein intake. You should eat approximately 70 grams or more of protein per day. You should also be taking a MVI with Iron.

Q: What is “productive burping”?

A: This common reported occurrence for banded patients is regurgitation of non-acidic swallowed food. Productive burping is not normal. The patient should consider eating less, eating more slowly, or chewing their food more thoroughly.

Q: If I have a hiatal hernia, can I still have surgery?

A: If you have a hiatal hernia, this will be discussed during your surgeon’s consult. An endoscopy may be required prior to weight loss surgery to evaluate the hernia. Based upon the assessment, the hernia can be repaired at the same time as your Laparoscopic Adjustable Gastric Band.

Q: Will I still be able to eat out and stick to my healthy eating after my surgery?

A: Dining out is a challenge for anyone wishing to restrict his or her caloric intake. It is a reality for most of us today. In fact more than half of Americans eat out daily. Why is it difficult to stick to a diet? Most restaurants serve large portions, tempting foods and prepare dishes with fattening oils. Follow the instructions given by your dietitian; choose healthy foods and smaller portions. Our practice provides you with a “Special Diet Request” card, which states that you have had a weight loss surgery. Often times, by showing the card to your server, you will be permitted to order a child size portion. If not, ask the server to box half of the meal up prior to bringing it to the table.

Q: Can I get pregnant following gastric banding surgery? Is it safe?

A: We recommend that a woman wait 12-18 months after surgery before getting pregnant to assure that her weight has stabilized.

Q: Will I have excess skin?

A: As you start losing weight, you may notice excess skin. The amount of excess skin you will have depends on which weight loss procedure you have, your age, use of tobacco and your exercise routine prior to surgery. For some people, the skin will tone up. In other cases the skin has stretched too much to return to normal. Sometimes, patients choose to have plastic surgery to have this skin removed. The procedures for skin removal are usually considered cosmetic and may not be covered by insurance. If excess skin is causing medical problems (such as rashes or sores) your insurance plan may cover it.

Information Change

If any your information has changed since your surgery, please feel out this form and forward it to our office. If your name has changed, please note your former name parenthesis.

Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work phone: _____

Cell Phone: _____

Email Address: _____

Surgeon: _____ Surgery Date: _____

Is there anything else you would like to share with us?

When you have completed this page, please return it by mail to:

Bluegrass Bariatric Surgical Associates
2716 Old Rosebud Road, Suite 350
Lexington, Kentucky 40509
Fax: 859-543-1637

