Royal Cornwall Hospitals
NHS Trust

The Emergency Defill of An Adjustable Gastric Band Clinical Guideline

V5.0

January 2024

1. Aim/Purpose of this Guideline

1.1. The aim of this guideline to enable the effective care of patients needing emergency defill of an adjustable gastric band. This guideline is intended to offer guidance for all Clinical Staff involved in the care of this patient group.

1.2. This version supersedes any previous versions of this document.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

2.1. Adjustable gastric bands are used to assist with weight loss in morbidly obese patients (patients with a BMI >40 or >35 with co morbidities). Regular review of this patient group is required to adjust the restriction felt by the patient in order to achieve satiety and a steady weight loss. On initial assessment 4-6 weeks post op 4 – 5mls is added to the band if the patient has not managed to sustain a weight loss of >1kg per week. Assessment of the need for a band fill or defill is undertaken 4-6weekly until the patient arrives at ‘the sweet spot’ this is where the patient is happy with the amount they are eating (without feeling hungry between meals) and losing weight at a rate of 0.5 – 1kg or more per week. On getting close to ‘the sweet spot’ overfilling of the band can happen resulting in the patient being unable to swallow solid food and sometimes, fluids and saliva. In these cases, a defill of the band will be required. A band defill may also be required if a bolus of food gets stuck and cannot be shifted by any other non-medical way.

2.1.1. All patients needing a defill of their gastric band should be referred to Emergency Surgical Unit.

2.1.2. Once the patient arrives at the unit the bariatric nurse specialist should be informed (via switchboard). In the absence of the bariatric nurse specialist, referrals can be made to a bariatric consultant.

2.1.3. Out of normal working hours the on call Surgical F2 or Registrar should be informed and asked to assess the patient and to undertake the defill of the band as set out in the procedure below if they are competent to do

so. If the attending medic is unable to undertake the defill and the patient is not distressed, admit overnight and refer to the bariatric nurse specialist to review the next working day.

2.1.4. If the patient is distressed and the attending medic is unable to undertake the defill contact the patient's bariatric surgeon via switchboard.

2.1.5. If in the event of an emergency the patient arrives at the emergency department. The bariatric nurse should be informed (via switchboard) and asked to review. In the absence of the bariatric nurse specialist, referrals can be made to the patient's bariatric consultant.

2.1.6. In the event of a food bolus being stuck in the band there are two things that can be attempted prior to review by the F2 or Registrar.

2.1.6.1. Get the patient to bend over the toilet to see if this will help dislodge the bolus naturally.

2.1.6.2. Having a glass of carbonated drink can also help to dislodge the stuck bolus (by action of the fizz). When this is regurgitated there will be a lot of froth make sure there are vomit bowls available before giving the drink. Give reassurance to the patient and support as required.

2.1.7. These remedies may have already been tried at home without success, therefore ask the patient if they have tried them. Trying them again will not hurt but if the patient is distressed repeating the process may not help.

2.2. Reasons for the defiling of a gastric band

2.2.1. The patient has difficulty swallowing post band fill (usually happens 24-36 hours post band fill).

2.2.2. A food bolus gets stuck in the band and does not move with regurgitation or following a fizzy drink (this is the only time patients with a gastric band should have carbonated drinks).

2.2.3. If the patient has a gastric band slippage shown on radiological studies.

2.3. How much fluid should be removed?

The amount of fluid to be removed from the band depends on the reason for the defill.

Reason for defill	Amount of defill
Post band fill dysphagia	Remove the amount of fluid inserted at time of the band fill if patient knows how much was added. All patients have a band fill diary card with amounts of fill on them. If the card is not with the patient, removed fluid at 1ml increments until the patient is able to swallow.
Blockage of band by a food bolus	Once the patient has tried regurgitating the food and drinking a cup of carbonated drink to help shift the

Reason for defill	Amount of defill
	bolus remove 2mls of the fluid initially then continue at 1ml increments until the patient is able to swallow.
Band slippage	Once radiological studies have been performed and band slippage has been diagnosed remove all fluid from

2.4. Procedure for the Emergency Defill of an Adjustable Gastric Band

2.4.1. Responsibilities

It is the responsibility of clinical managers to ensure healthcare workers undertaking the clinical skill have received sufficient and appropriate training. Clinical competency must be assessed and achieved before undertaking this task. The individual practitioner is responsible for ensuring that knowledge and skills are maintained through regular update and practice.

2.4.2. Equipment required

- **Huber Needle** – These can be obtained on Emergency Surgical Unit (ESU) on the shelf directly above the worktop in the treatment room.
- 10ml Syringe.
- 10ml vial of normal saline 0.9%.
- Tray (cleaned with detergent and alcohol wipe).
- Sharps container.
- Sani-cloth CHG 2% swab (Known allergy to chlorohexidine: contact pharmacy).
- Sterile gauze.
- Wear appropriate PPE.
- Adhesive dressing (check for allergies to dressings).
- Beaker of cold water.
- Vomit bowl.

2.4.3. Procedure

2.4.3.1. Appropriate identification must be obtained, wherever possible, by the patient verbally confirming their full name, address and date of birth. For all in-patients the information on the identification wristbands must also correspond to this.

2.4.3.2. Explain the procedure. Assess the patients' understanding of the procedure and obtain their agreement to proceed.

2.4.3.3. Raise the bed to a comfortable working height.

2.4.3.4. Wash hands using liquid soap and water and dry thoroughly.

2.4.3.5. Assemble the equipment. Holding the sheathed needle in one hand, attach it to the syringe, leaving the sheath in place.

2.4.3.6. Put 2mls normal saline in the syringe. This is to help prevent the introduction of air into the band during defill.

2.4.3.7. Locate the access port. The port is usually placed directly under the breastbone. The patient should know where the port is located. If the port is not easy to locate, ask the patient to cross their legs and raise them off the bed or couch. This tenses the abdominal muscles and lifts the port to an easily locatable position. Once located allow the patient to relax down.

2.4.3.8. Apply sterile rubber gloves.

2.4.3.9. Prepare the site by cleaning with Sani-cloth CHG 2% swab. Rub the area over the port for approximately 30 seconds. Allow the area to dry for 30 seconds.

2.4.3.10. Using an aseptic non touch technique (ANTT) hold the skin taught with one hand; insert the needle a short distance into the central area of the port until you feel a click (this is where the needle hits the back of the port. If the first attempt fails and the needle is completely with drawn, the procedure must be restarted using a new needle. Patient consent to proceed must be re-obtained. If you are unable to insert the needle you should refer the request back to the nurse or doctor responsible.

2.4.3.11. Remove the fluid from the band according to the guide above.

2.4.3.12. Once the fluid is removed allow the patient to drink some water to make sure the obstruction has cleared. Once you are happy that the obstruction is clear, remove the needle. If bleeding occurs use gauze to the area and apply gentle pressure. Apply an adhesive dressing to the area if needed.

2.4.3.13. Dispose of the needle safely at the point of use. **DO NOT RE-SHEATH NEEDLES BY HAND.**

2.4.3.14. Document procedure in the bariatric section of the medical notes including the amount of fluid removed.

2.4.3.15. Inform the bariatric surgery department (07789615828 or ext 2790), to enable the patient to be followed up. Information to include: patient's name, hospital number, date of birth, date fluid removed and amount of fluid removed.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Referral back to the bariatric team for ongoing follow up.
Lead	Jeremy Gilbert – Lead Bariatric Nurse Specialist.
Tool	Follow up documentation.
Frequency	With each non bariatric team post defill follow up appointment.
Reporting arrangements	Bariatric Team Meeting.
Acting on recommendations and Lead(s)	Jeremy Gilbert (Lead Bariatric Nurse Specialist) and Mr. Michael Clarke (Lead Upper GI and Bariatric Surgeon) will undertake any actions required through reporting.
Change in practice and lessons to be shared	A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	The Emergency Defill Of An Adjustable Gastric Band Clinical Guideline V5.0
This document replaces (exact title of previous version):	Clinical Guideline For The Emergency Defill Of An Adjustable Gastric Band V4.0
Date Issued/Approved:	December 2023
Date Valid From:	January 2024
Date Valid To:	January 2027
Directorate / Department responsible (author/owner):	Jeremy Gilbert, Consultant Practitioner in Obesity, Metabolic and Bariatric Surgery.
Contact details:	0778615828 or 01872 252133
Brief summary of contents:	Procedure and clinical information for the emergency defill of a gastric band at RCHT.
Suggested Keywords:	Gastric band, defill, bariatric.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Bariatric Team Meeting.
Manager confirming approval processes:	Ian McGowan.
Name of Governance Lead confirming consultation and ratification:	Suzanne Atkinson.
Links to key external standards:	None required.
Related Documents:	RCHT Standards of Record Keeping. RCHT Patient Identification Policy. RCHT Consent Policy. RCHT Infection Control Policy. RCHT Waste Management Policy.

Information Category	Detailed Information
	The Health Act (2006) Code of Practice for the prevention and control of health care associated infections.
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / General Surgery

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
10 June 2010	V1.0	Initial issue.	Jeremy Gilbert – Lead Bariatric Nurse Specialist.
13 May 2015	V2.0	No changes.	Jeremy Gilbert – Lead Bariatric Nurse specialist.
20 February 2018	V3.0	No changes.	Jeremy Gilbert – Lead Bariatric Nurse specialist.
26 November 2018	V4.0	Removal of picture of gastric band port. Other content remains unchanged.	Jeremy Gilbert – Lead Bariatric Nurse specialist.
08 December 2023	V5.0	Minor amendments and updated to latest Trust template.	Jeremy Gilbert, Consultant Practitioner in Obesity, Metabolic and Bariatric Surgery.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	The Emergency Defill Of An Adjustable Gastric Band Clinical Guideline V5.0
Directorate and service area:	General Surgery and Cancer Services.
Is this a new or existing Policy?	Existing.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Jeremy Gilbert, Consultant Practitioner in Obesity, Metabolic and Bariatric Surgery.
Contact details:	0778615828 or 01872 252133

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To provide guidance on the defilling of a gastric band in an emergency situation.
2. Policy Objectives	Safe and effective patient care for patients needing and emergency defill of a gastric band.
3. Policy Intended Outcomes	Safe and effective patient care for patients needing and emergency defill of a gastric band.
4. How will you measure each outcome?	Patient experience and follow up appointments.
5. Who is intended to benefit from the policy?	Clinical staff looking after patients with gastric bands in situ and the patient with the gastric band needing emergency defill.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Bariatric team.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Jeremy Gilbert, Consultant Practitioner in Obesity, Metabolic and Bariatric Surgery

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis