Life after your gastric band surgery
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>What does a gastric band insertion involve?</td>
<td>3</td>
</tr>
<tr>
<td>What should I expect following surgery?</td>
<td>4</td>
</tr>
<tr>
<td>What should I look out for?</td>
<td>4</td>
</tr>
<tr>
<td>What if I have nausea and vomiting?</td>
<td>5</td>
</tr>
<tr>
<td>Recovering after your gastric band</td>
<td>6</td>
</tr>
<tr>
<td>Can I take my normal medications?</td>
<td>6</td>
</tr>
<tr>
<td>Do I need to take any other medications?</td>
<td>6</td>
</tr>
<tr>
<td>Nutritional supplements</td>
<td>7</td>
</tr>
<tr>
<td>Is there anything else I need to do to reduce the risk of complications?</td>
<td>7</td>
</tr>
<tr>
<td>How do I put on the stockings?</td>
<td>8</td>
</tr>
<tr>
<td>How do I avoid problems when wearing my stockings?</td>
<td>8</td>
</tr>
<tr>
<td>How do I look after my stockings?</td>
<td>8</td>
</tr>
<tr>
<td>Do I need to change my wound dressings?</td>
<td>9</td>
</tr>
<tr>
<td>How do I dispose of my clinical sharps bin?</td>
<td>9</td>
</tr>
<tr>
<td>What about exercise?</td>
<td>9</td>
</tr>
<tr>
<td>Will I have any problems sleeping?</td>
<td>10</td>
</tr>
<tr>
<td>What about getting pregnant?</td>
<td>10</td>
</tr>
<tr>
<td>When can I return to work?</td>
<td>10</td>
</tr>
<tr>
<td>When can I start driving again?</td>
<td>10</td>
</tr>
<tr>
<td>What about socialising?</td>
<td>10</td>
</tr>
<tr>
<td>Can I go on holiday with a gastric band?</td>
<td>11</td>
</tr>
<tr>
<td>Is it safe to fly with a gastric band?</td>
<td>11</td>
</tr>
<tr>
<td>Troubleshooting at home</td>
<td>12</td>
</tr>
<tr>
<td>Constipation</td>
<td>12</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>12</td>
</tr>
<tr>
<td>Heartburn</td>
<td>13</td>
</tr>
<tr>
<td>Bloating</td>
<td>13</td>
</tr>
<tr>
<td>Blockage</td>
<td>13</td>
</tr>
<tr>
<td>Stretching of the stomach above the band</td>
<td>13</td>
</tr>
<tr>
<td>Weight gain or no further weight loss</td>
<td>14</td>
</tr>
<tr>
<td>Dry skin and thin hair</td>
<td>14</td>
</tr>
<tr>
<td>Gallstones</td>
<td>14</td>
</tr>
</tbody>
</table>
Will I need to attend follow up appointments? 14
What is a gastric band adjustment? 14
What are the risks involved? 15
What happens after the band has been adjusted? 15
What should I eat following a band adjustment? 16
What if food gets stuck? 16

What is life like after obesity surgery? 17

What can I eat after surgery? 17
Stage 1 (weeks 1 to 4) – Puree 18
Stage 2 (weeks 5 and 6) – Soft/mashed 19
Stage 3 (week 6+) – Normal textured foods 19

Your long term eating plan 20

Problem foods 22

Important things to remember after a gastric band 23

Further sources of information and support 25

Contact details 26
What does a gastric band insertion involve?

The adjustable gastric band is inserted using a keyhole (laparoscopic) operation. It is common to have the operation and go home the same day.

The gastric band is wrapped around the top of the stomach like a belt, and then locked shut and secured in place. The band is connected by a thin tube to the port, which is fixed under the skin at the bottom of your breastbone. This allows the band to be adjusted.

A gastric band helps to reduce the speed at which the food travels into your stomach. The position of the band allows nerve fibres to be stimulated by food and sends messages to your brain to help you feel satisfied with smaller portions. Each bite of food should be completely pushed across the band before the next bite is taken. A gastric band which is correctly adjusted will send 4 to 8 signals to the brain for each bite of food, creating an early feeling of satisfaction. This helps you to lose weight when following a healthy balanced diet.
The effectiveness of the band can be altered by having a ‘band adjustment’ or ‘band fill’. Fluid is injected into the port and travels through the tube into the gastric band. The band will be tighter when fluid is added and looser when fluid is removed. Finding the correct level of adjustment is important to allow food to pass across the band without difficulty, but still help with weight management by creating feelings of early satisfaction.

**What should I expect following surgery?**

Following keyhole surgery (laparoscopic surgery) it is normal for you to feel sore. There may be some discomfort around the small wounds called ‘port sites’. One of these sites may have a deep stitch in the muscle to prevent you from developing a hernia. This may be more uncomfortable than the others but should improve daily.

You may also feel a little bloated – this is because your abdomen was filled with gas to allow the surgeons room to operate. This is normal. Some people experience pain in their shoulder tip. This is also normal and will reduce over two or three days. Occasionally this can take a week or so, but non-prescription painkillers will make this bearable.

As with all types of surgery, problems can very occasionally occur and cause symptoms once patients have been discharged. These potential problems will have been discussed with you prior to your operation. This leaflet explains what steps you can take to minimise the risks of any problems.

You should feel better every day following your surgery. If you feel worse than the previous day, or have any of the following symptoms you must seek advice immediately.

**What should I look out for?**

If you have any of the following symptoms:

- sudden, prolonged, abdominal pain that does not improve with the medication you were given on discharge
- cannot eat or drink – within your eating plan
- find moving around the house more difficult than when you left hospital
• have any nausea and/or vomiting
• increased abdominal tenderness and distension (bloating)
• or you develop an irregular heartbeat, palpitations, a high temperature or sweats

IN OFFICE HOURS – call either:
• your hospital team nurse specialist on 07789 615828
• your GP and ask to speak to a GP urgently and explain your symptoms and that you have recently undergone keyhole surgery.

OUT OF HOURS – call either:
• the emergency GP Service and ask to speak to a GP urgently and explain your symptoms and that you have recently undergone keyhole surgery.
• the St Mawes Unit (Surgical Emergency Unit) on 01872 253032. Explain to the staff that you have recently undergone keyhole surgery and ask that the Surgical Registrar on call be informed of your call and leave your contact details. The Surgical Registrar on call (a doctor) will then contact you by telephone to discuss your concerns and assess whether admission to hospital is necessary.
• dial 999 and ask for the ambulance service.

What if I have nausea and vomiting?
If you experience persistent nausea and / or vomiting post-surgery please contact us to be reviewed.

When introducing new foods allow yourself time to recover, and wait several days before introducing the problem food again. Nausea and vomiting may be caused by:
• eating too fast
• eating too much
• not chewing food well.
Avoid:
- fizzy drinks
- high sugar and high fat foods.

Remember to stop when you feel satisfied.

**Recovering after your gastric band**

**Can I take my normal medications?**
Yes, it is important to continue taking any medications that you usually do, unless you have been advised to stop them. Until you are back to eating normal solid foods you will need to take them in liquid chewable or crushable forms. Once you are back to eating solid food you can resume taking your medications in tablet form.

Once you have lost some weight it is important to see your GP to have your regular medications reviewed as you may no longer need some of your medications for things such as hypertension (blood pressure), or hypercholesterolemia (high cholesterol).

**Do I need to take any other medications?**
We have started you on Lansoprazole fastab (an anti-acid medication) to reduce the amount of acid your stomach produces in the early stages of your recovery. This continues for one month.

We have also started you on an anti-clotting injection for 7 days to reduce the risk of a blood clot forming. It is therefore important to complete the course. If there is any reason why you cannot complete the course please let the bariatric nurses know so that they can advise you of an alternative. We have given you a sharps bin to safely store your injection needles after use. Once you have completed your injections please follow the instructions on page 9.
Nutritional supplements
You will need to start taking the following supplements:

- A-Z Complete multivitamin and mineral supplement

This is recommended lifelong after all bariatric surgery. For the first 6 weeks after surgery this should be in chewable, crushable or liquid form, until you return to eating normal textured food.

Suitable examples include:-

- Forceval Soluble 1 tablet a day
- Centrum Fruity Chewables 2 tablets a day

After 6-8 weeks you should take two complete A-Z supplement for adults a day. Suitable examples include:

- Forceval
- Sanatogen A-Z Complete
- Superdrug A-Z Multivitamins and minerals
- Tesco Complete Multivitamins and minerals
- Lloyds Pharmacy A-Z Multivitamins and minerals

Is there anything else I need to do to reduce the risk of complications?

To help prevent clots forming, we also provide you with anti-embolic stockings which you will need to wear day and night for 2 weeks.

Anti-embolism stockings help reduce the risk of blood clots forming in your legs whilst you are less able to move around. During surgery and reduced mobility your blood circulates around your legs more slowly than usual. This may lead to blood clots developing. These stockings help to improve your circulation by providing gradual compression to your legs, which speeds up the flow in your veins.

Anyone can get a blood clot in their leg veins, but this risk is greater when you are in hospital and following surgery. As a patient with a high BMI you are at greater risk of blood clots forming following surgery.
How do I put on the stockings?
1. Put your hand into the stocking as far as the heel.
2. Hold the heel and turn the stocking inside out as far as possible.
3. Put the stocking over your foot and heel. The centre of your heel should be over the heel pocket of the stocking.
4. Pull the stocking up and fit it around your ankle and calf. Smooth out any excess material making sure the heel and toe are in the correct position.

How do I avoid problems when wearing my stockings?
- Don’t roll the stockings down, as they may form a tight band around your leg.
- Avoid using creams, ointments and oils as they can damage the elastic.
- Check your feet and legs every day for any discolouration of the skin, especially over bony areas. If the skin is discoloured it means the stockings don’t fit well or there is too much pressure on the blood vessels.
- If a rash develops it may mean you have an allergy to the lycra or elastic fibres in the stockings.
- If you start to feel numbness, pins and needles or increased pain in your foot, tell a member of your health care team.

If you have any of these problems, please speak to your bariatric nurse specialist who will be able to advise you on the best course of action to take.

How do I look after my stockings?
- Put on a clean pair of stockings at least every 5 days.
- Stockings can be washed in a machine on a warm cycle, 40 degrees temperature. Don’t use harsh bleaches.
- Best results are from drying naturally but they can be tumble dried on a low setting.
Do I need to change my wound dressings?
We advise not to remove the wound dressings for 7 days unless they are falling off or the wounds are leaking. This helps to reduce the risk of infection. You do not need to see the practice nurse for dressing changes unless there is a problem with the wound. At 7 days you can remove all the dressings and leave open to the air (unless there is a problem). There are no sutures (stitches) to be removed as they are dissolvable. Occasionally an end of a suture sticks out through the wound, which will dissolve in time – if it is causing a problem it can be trimmed by the practice nurse at your surgery.

How do I dispose of my clinical sharps bin?
When you are discharged from hospital with your injections you must:

1. Call 0300 1234 141 (this is a Cornwall Council Number) and ask for a form to Register for Clinical waste.
2. When you receive the form complete it, sign it and return it to the council.
3. When you have completed your Fragmin injections, call the council and inform them the bin is ready for collection.
4. The bin will be collected when the van is in your area.

What about exercise?
A gastric band is a tool to help you succeed in improving your health – and that process needs your active participation. Most people feel more energetic quite soon after the operation. Start walking more as soon as you feel able. With time you should gradually try to increase this until you are walking for a total of 30 minutes per day.

Aim to walk at a speed that makes you slightly short of breath, and slightly sweaty. Many people find using a pedometer and working up to a level of walking 10,000 steps per day (about 5 miles) an effective and simple way of increasing their fitness. You do not need to rush out and join a gym or buy any fitness equipment to use to improve your fitness following surgery. If you attend a gym or fitness club, have a break of at least 4 weeks after your operation and then gradually get back into it.
Will I have any problems sleeping?
You may find that it is more comfortable to sleep propped up with several pillows in a semi-sitting position. When you first come home from hospital, you may even find it more comfortable for the first night or two sleeping in your favourite armchair.

What about getting pregnant?
We advise you use contraception during the first two years after bariatric surgery as it is known that fertility improves after weight loss. It is recommended that you avoid pregnancy during the first 18 months after surgery.

Active management of your gastric band can help with a healthy pregnancy. Please discuss this with your bariatric nurse. It may be necessary to take the fluid out of your band at various stages of pregnancy, particularly during the last trimester, to support the later stages of pregnancy and delivery of your baby.

When can I return to work?
Most patients return to work 2 weeks after surgery. This gives time to recover from the surgery, and also to get into the new dietary/eating regime. If your job involves heavy lifting or stretching, check with the team about how long you should plan to take off.

When can I start driving again?
You should be able to drive again after one week, providing you are able to carry out an emergency stop safely and wearing a seatbelt around your stomach is comfortable. It is also advisable to check with your insurance company to make sure you are covered to drive.

What about socialising?
Being socially active is very important to a positive emotional wellbeing but be careful not to overdo things initially. Because you are eating only small amounts, you may be more prone to the intoxicating effects of alcohol than you used to be!
Can I go on holiday with a gastric band?
Going on holiday with a gastric band shouldn’t be a problem. The gastric band does not set off airport security or X-ray systems.

Continue eating within your eating plan and there should be no cause for concern. If you are going abroad take a travel card with you that explains what you have had done in different languages to make explanations easier if you do develop a problem.

Is it safe to fly with a gastric band?
We generally advise you to avoid flying for the first six weeks after surgery. The risk of blood clots in your legs and clots progressing to your lungs (whilst generally low) are increased, especially on long haul flights. If your travel is absolutely necessary then you can use measures like keeping well hydrated throughout the flight, wearing compression stockings which you could buy at surgical supply stores or pharmacies, ensure you have enough leg space to move your feet, and avoid window seats. You are advised to discuss this with your travel agent and ensure you have insurance cover.

Some people feel that their gastric band is tighter when they are flying. This can occur if there are any small air bubbles in the band. At normal ground air pressure tiny bubbles of air don’t matter, at 30,000 feet however, the pressure in the cabin can cause the bubbles to expand and make the band feel tighter. As a result you may find it more difficult to swallow solid foods. Don’t panic, this will return to normal on landing.

When any fluid is put into your band we do all we can to remove the air, however it is not always possible to eliminate this entirely. Therefore we recommend that you have fluids only 24 hours before your flight, during the flight and for 24 hours after the flight in order to reduce the risk of any problems whilst you are away.

It is best to avoid having a band adjustment within two weeks of flying to prevent the risk of problems whilst you are away.
Troubleshooting at home

Constipation
Constipation may occur during the first month following surgery. This is because the quantity of food you are now eating is considerably smaller than before the operation. Eating the recommended intake of fruits and vegetables and drinking enough low-calorie fluids can reduce the risk.

Sennakot syrup can be purchased over the counter. This can be used if you are having problems with constipation as it only requires a small amount to make your bowels work.

To promote good bowel health try including some of the high fibre foods listed below:

- Wholewheat breakfast cereals eg All Bran, Shredded Wheat, Weetabix, Bran Flakes, porridge oats
- Pulses eg baked beans, kidney beans, lentils, chick peas
- Wholewheat crackers eg Ryvita, wholemeal crisp breads, Jacob’s multigrain
- Fruit and vegetables eg cauliflower, broccoli, carrots, salad, green beans, peeled fruit, tinned fruit in juice.

If constipation persists, talk to your GP or a member of the obesity team.

Diarrhoea
If you experience diarrhoea it could be related to:

- eating too fast
- eating high fat foods.

If diarrhoea persists, talk to your GP or a member of the obesity team.
Heartburn
If you experience heartburn it could be related to:
• drinking fizzy drinks
• drinking from a straw
• eating too fast
• too much fluid in your band.

Bloating
If you experience bloating it could be related to:
• eating or drinking too quickly
• eating or drinking too much
• eating and drinking at the same time.

Blockage
If food is not able to move completely across the band it can get stuck – this can be quite uncomfortable. This may happen if foods are not chewed well enough, if you eat too quickly, or if there is too much fluid in your band.

If this happens, try not to panic, most times the food will move on in time. To ease the blockage you can try leaning forward or bending over the toilet in a head-down position. You can try having a fizzy drink (this will be the only time when we would advise trying a fizzy drink) or taking small sips of a hot liquid over the period of an hour. Make sure if you try a fizzy drink you do this in the bathroom over the sink, bath or toilet as it will produce a lot of froth. If your symptoms persist, or you would like to talk to someone, please contact the bariatric nurse.

Stretching of the stomach above the band
The risk of stretching the stomach above the band can be reduced by following the guidance in this booklet. In particular, chew each bite thoroughly, and pause between mouthfuls to allow each bite of food 60 seconds to move completely across the band before taking a second bite. Stop eating when satisfied and avoid drinking with meals.
Weight gain or no further weight loss
Keeping a detailed food diary can help identify reasons for weight gain. It is important to continue to practise the eating behaviours recommended in this booklet for life. For example, chewing food thoroughly, pausing between mouthfuls, eating at a slow pace and stopping when satisfied. Limiting high calorie foods and drinks and having your band at the correct adjustment for you can help you manage your weight.

Dry skin and thin hair
Many patients experience these side-effects following surgery. You can help reduce this by drinking plenty of fluids, taking nutritional supplements as recommended and applying a good moisturising cream daily.

Gallstones
Rapid weight loss can increase the risk of gallstones. If you experience right-sided stomach pain please contact your GP.

Will I need to attend follow up appointments?
Your first appointment will be approximately 4-6 weeks after surgery. You will then be expected to attend regular appointments for assessment to see if your band needs to be adjusted. You will continue follow-up on a yearly basis lifelong.

What is a gastric band adjustment?
Around 4-6 weeks after surgery the first assessment will be done to see if a band adjustment is needed. Assessments for band adjustment are repeated every 4-6 weeks until you reach the right adjustment for you. This is sometimes called the ‘sweet spot’. Having your band at the correct adjustment will mean you will lose weight steadily, about 1-2lbs (0.5-1kg) per week, and be able to eat a varied diet.

The adjustment involves putting saline fluid into your band, or taking fluid out of your band. This is performed with a syringe and needle through the port. It is not painful and does not need any anaesthetic.
It is important to remember that ‘more is not better’ – it is just as important to not have too much in a band as it is to have the right amount. Too much fluid in your band can limit the foods you are able to eat.

Indications that your band is not adjusted to the correct level may include:

- finding it difficult to eat normal textured, solid food
- regurgitation of food, or inability to keep food down
- pain or discomfort while eating
- acid reflux or heartburn
- coughing at night
- unsatisfactory weight loss.

If you cannot swallow any fluids 48 hours after a band adjustment please contact the bariatric nurse.

**What are the risks involved?**

There is a very small risk that the needle used for band adjustment may miss the access port and puncture the tube leading to the band. If this happens the fluid in the band can leak out. This is harmless but you would need to have the tube and the access port replaced.

Any severe pain in the stomach or the port area should be investigated. Please seek medical advice or talk to the bariatric nurses.

**What happens after the band has been adjusted?**

Initially you may feel some pressure or restriction – this will ease once the fluid settles throughout the band.

After you have had a gastric band adjustment you will be asked to drink a cup of water to make sure this can move across the band.

If you feel the water is not going through the band, or if you are feeling sick, please report this to the nurse, or reception, before you go home.
What should I eat following a band adjustment?

Following your adjustment:

- for the first 24 hours – have foods and drinks in liquid form only
- 24-48 hours – you may have pureed foods (as per stage 2 detailed below)
- after 48 hours – you should be able to eat normal textured foods and aim for a healthy varied diet.

Some people find drinking very hot or iced drinks easier than ones at room temperature.

Once you are back to eating normal healthy solid food please remember to eat correctly and follow the eating plan.

It may take a while to understand the new feelings the adjustment gives you and to learn when you have reached a point of satisfaction. Signs that you have reached the ‘optimal zone’ or ‘sweet spot’ but perhaps are not eating slowly enough or chewing your food well enough include a feeling of pressure through your chest into your back which comes on after eating. If you start to experience this feeling, **stop eating** immediately and the feeling will usually ease off after 30-60 minutes.

What if food gets stuck?

If you do not chew your food well it may get stuck in your band. Don’t panic. First of all, walk around and give the food a chance to break down. If this doesn’t help, bend over the toilet to see if the food will regurgitate naturally. If this still doesn’t work, take a can of fizzy drink into the bathroom and drink it. Normally, we would not recommend fizzy drinks but in this case it can help form a ball of gas beneath the obstruction and will dislodge it from below. However, be aware that when you do regurgitate the food and drink there may be a lot of fizzing and frothing. You may also notice a lot of saliva and mucus. This is the body’s normal response to having food stuck in the band and although unpleasant it isn’t dangerous.
Once the obstruction has been released you may still feel nauseous. It is probably best to stick to fluids for a while (up to 24 hours) to allow any swelling at the site of the band to settle. If you continue to have problems or concerns please ring the Bariatric Nurse Specialist 07789 615828 during normal working hours or the St Mawes Unit on 01872 253032.

If you think the band has been tightened too much and you are having problems with vomiting, indigestion or pain, contact the Bariatric Nurse Specialist.

If you vomit regularly, have acid reflux / heartburn, pain or have any symptoms or concerns, please do not hesitate to contact the Bariatric Nurse Specialists to discuss the situation. They may need to see you to help relieve your symptoms, if not they can reassure you that everything is OK.

**What is life like after obesity surgery?**

The operation is the first step in your treatment, something that will continue for the rest of your life. It can take time to adapt to the changes in your body and to change habits of a lifetime. All the changes made up to this point will need to be maintained so it is important that you surround yourself within a supportive environment.

**What can I eat after surgery?**

To get the best results from surgery we recommend you follow the dietary advice outlined in this booklet.

You are recommended to gradually move from puree to more textured, solid foods; and this can take up to 6 weeks. Once your new eating habits have become established it is important that you follow a healthy balanced diet. This will help you to maintain your weight loss in the long term. Although the gastric band can help limit the amount of food that can be eaten, weight gain can still occur if high calorie foods or fluids are consumed frequently.

**The day of your operation**

Once you have had your operation, you will normally start on free fluids shortly after returning to the ward. Once you are taking fluids easily, you can progress to sloppy puree foods from the following morning (see below).
The dietary progression after surgery follows three stages.

**Stage 1 (weeks 1 to 4) – Puree**

Food in this stage should be blended or pureed to a smooth consistency, similar to that of baby food. You should try runny/sloppy puree to begin with and build up to thicker purees. This can include foods which are liquid, such as sieved soup and smooth yoghurt, plus:

- lean meats or fish pureed with milk, water or stock
- tofu pureed with milk, water or stock
- fruit pureed with milk, water or juice
- vegetables pureed with milk, water or stock
- thicker pureed soups
- pureed stew / casserole
- low-fat ricotta or soft cheese
- cream of rice pudding / semolina (smooth)
- smooth breakfast cereal eg Ready Brek, Weetabix

Below is an example of how a day may look:

<table>
<thead>
<tr>
<th>Meal</th>
<th>Portion Size</th>
<th>Food</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2-3 tablespoons</td>
<td>1 Weetabix soaked in milk</td>
</tr>
<tr>
<td>2</td>
<td>2-3 tablespoons</td>
<td>Low fat smooth yoghurt and pureed fruit</td>
</tr>
<tr>
<td>3</td>
<td>2-3 tablespoons</td>
<td>Pureed tuna spread</td>
</tr>
</tbody>
</table>

Remember to drink plenty of calorie free fluids in between meals.
Stage 2 (weeks 5 and 6) – Soft/mashed
This includes foods which are naturally soft, or can be easily mashed with a fork, for example:

- tinned fish or fish which can be easily flaked
- fish pie
- fine mince
- mashed or minced Quorn or tofu
- cottage / shepherds pie
- beans
- eggs
- cheese
- well cooked stew / casserole
- mash potatoes or centre of jacket potato
- soft, tinned, or well cooked, fruit and vegetables.

Below is an example of how a day may look:

<table>
<thead>
<tr>
<th>Meal</th>
<th>Portion Size</th>
<th>Food</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3-4 tablespoons</td>
<td>Porridge with mashed banana</td>
</tr>
<tr>
<td>2</td>
<td>3-4 tablespoons</td>
<td>Mashed potato and baked beans</td>
</tr>
<tr>
<td>3</td>
<td>3-4 tablespoons</td>
<td>Scrambled egg with cheese and tinned tomato without skin</td>
</tr>
</tbody>
</table>

Stage 3 (week 6+) – Normal textured foods
This stage is a return to eating a range of solid foods of various textures. When first introducing dry, crunchy or crispy foods it may be easier to combine them with soft foods from stage 2.

When introducing a new food make sure to eat slowly, take small bites and chew well. Remember to pause between bites and stop eating when satisfied. Challenge yourself to try foods more than once.
Your long term eating plan
You need to maintain a healthy diet in order to provide your body with the right balance of nutrients and prevent weight regain.

Protein foods
Lean meat, fish, eggs, beans, pulses and vegetarian alternatives such as Quorn and tofu will provide you with essential protein. Aim to have 2-3 portions per day. Make sure you choose lean cuts of meat and use healthy cooking methods.

Fruits and vegetables
It is still recommended that you eat 5 portions of fruit and vegetables. This provides essential vitamins, antioxidants and fibre. Remember if you have fruit juice limit this to one 150 ml glass per day.

Milk and dairy
Milk, yogurt and cheese are important foods as they provide calcium. Choose low fat dairy products where possible. Aim to have 2-3 portions of dairy foods each day. Remember butter, cream, crème fraiche and ice creams are not classed as dairy foods.

Starchy foods
Try wholemeal pasta, rice, potatoes and breakfast cereals. You may not manage bread so try alternatives such as pitta bread, wraps, crackers and crispbreads. Keep portions of starchy foods small and avoid adding lots of fat.

Foods high in sugar and fat
These foods provide little or no nutrition so are best eaten infrequently or avoided. Avoid alcohol for 3-6 months after surgery.

Overleaf is an example of how a day may look.
## Stage 3 – Normal texture

<table>
<thead>
<tr>
<th>Meal</th>
<th>Portion Size</th>
<th>Food</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 carbohydrate 1 dairy 1 fruit and vegetable</td>
<td>1 Weetabix 200 mls milk 1 banana</td>
</tr>
<tr>
<td>2</td>
<td>1 protein 1 fruit and vegetable 1 carbohydrate</td>
<td>130g tin tuna (drained) 1 inch cucumber plus 3 cherry tomatoes 2 Ryvita</td>
</tr>
<tr>
<td>3</td>
<td>1 protein 1 fruit and vegetable 1 carbohydrate</td>
<td>1 small chicken breast 3 tbsp (1 cup) mixed vegetables 2 egg sized new potatoes</td>
</tr>
<tr>
<td>Snacks if required</td>
<td>1 dairy 2 fruit and vegetables</td>
<td>200 ml milk in hot drink 1 pot yoghurt 150 ml fruit juice plus 80g vegetable sticks OR 1 small piece fruit plus 3 dried apricots</td>
</tr>
</tbody>
</table>
Problem foods

Following bariatric surgery it is likely that you will manage to eat most types of foods. However there are some foods that may cause a problem eg sticking, pain, obstruction or vomiting.

Before removing a food from your diet completely check that you are following the Golden Rules for Eating After Bariatric Surgery. Most problems can be resolved by chewing well, eating slowly and reducing portion size.

Foods to avoid completely

- White doughy bread
- Fizzy drinks.

Foods to introduce with caution

- Tough meats eg steak or pork chops
- Fibrous fruits and vegetables eg string beans, celery, sweetcorn, fruit segments and skins
- Nuts
- Over cooked pasta and rice
- Sugary foods.

Foods that can limit success

Eating these foods on a frequent basis can prevent weight loss or cause weight regain:

- Fluids high in energy e.g. alcohol, fruit juice, milkshakes
- Foods high in fat e.g. butter, cream, oil, mayo, dressings, crisps
- Foods high in sugar e.g. chocolate, biscuits, sweets, cakes, ice cream
- Convenience foods and eating out e.g. chips, pizza, pasty.
Important things to remember after a gastric band

Each person can tolerate different foods. To get the most out of your surgery and achieve the best weight loss results try to follow these rules:

Eat three small, regular meals each day:

Do not over-eat – if you feel nauseous, stop eating. One extra mouthful of food after these early signals could lead to pain, discomfort and vomiting.

If you need to have a snack, choose a healthy option, eg a piece of fruit or a small pot of yoghurt. Avoid ‘grazing’ throughout the day as this can lead to consuming more calories than you realise and result in poor weight loss.

Limit snacking between meals – if you work shifts or have long gaps between meals you may need to have a snack. Make sure you choose nutritious foods and keep portions small. Try not to have high energy foods like chocolate, crisps or biscuits as they do not provide essential nutrients and are not satisfying. Fruit is an excellent snack and will help you achieve your 5-a-day.
Eat slowly and chew food well – stop as soon as you feel satisfied. Take small mouthfuls and monitor how you feel during your meal. Aim to make each meal last between 20-30 minutes. Eating quickly will usually mean your portions will become larger and you will not lose weight. It can also cause pain, discomfort and vomiting. Explain to others why you must eat slowly so they don’t rush you. After 30 minutes throw away any food left on your plate or wrap up and store safely for another meal.

To help you eat your meals at the right pace it is recommended that you chew each small bite 20 times then pause for 60 seconds before taking the next bite. Place your knife and fork down between each mouthful and always eat your meals from a tea plate or small bowl.

Eat healthy, normal texture foods – in the weeks following your operation you are advised to eat softer foods to allow your stomach to heal. It is important that you do not rush this. Long term effectiveness of the surgery relies on you eating normal solid food. Soft foods pass across the band with more ease, which may lead to you eating more over the course of the day.

Focus on nutritious foods – you will need to have a balanced diet to provide your body with the right nutrients to stay healthy. Choose foods from the following foods groups:

- lean meats, fish, eggs, beans, lentils and Quorn for protein and minerals
- fruits and vegetables for vitamins and fibre
- low fat dairy foods for calcium and protein
- wholegrain carbohydrates for energy, vitamins and fibre
- limit foods that are high in fat (eg butter, pastry, cream, chips) and sugar (eg chocolate, biscuits, sweets and sugary drinks).

Do not drink with, or immediately before, your meals – drinking immediately before eating (less than 30 minutes) will fill you up and you will not be able to eat enough. It may also over-fill your stomach, causing pain. Drinking with your meal may speed up the passage of food through your stomach. For the same reason, avoid fluids for half an hour after you have eaten.
Drinks should be calorie-free or low-calorie – alcohol, regular squash, milkshakes, fruit juices and smoothies all contain a lot of calories and slip through your stomach pouch easily. You should be getting your calories from foods rather than fluids.

Aim to drink 8-10 glasses of calorie-free/low-calorie fluids each day – drinking adequate fluids can help prevent dehydration and constipation. Examples include:

- water
- sugar-free squash
- tea or coffee with semi-skimmed or skimmed milk
- small glass of skimmed milk (150 ml)
- fresh fruit juices and low fat milk can be included as part of a balanced diet. Limit fruit juice to 150 ml each day.

Avoid carbonated (fizzy) drinks as these can cause bloating and pain.

If you do experience problems try to think back and identify the cause:

- have you eaten too fast or not chewed the food well enough?
- have you eaten too much, taken fluids with the meal or taken fluids too soon before or after the meal?
- have you eaten foods that are difficult to digest?

Identifying the cause of your discomfort can help you make the necessary changes the next time you eat. Keeping a food diary may help with this.

If you experience regular vomiting seek advice from a member of the obesity team or your GP.

Further sources of Information and support

Weight loss surgery information and support: www.wlsinfo.org.uk/
National obesity forum: www.nationalobesityforum.org.uk/apps/content/html/ViewContent.aspx?fid=1542
Contact details

Bariatric Clinical Nurse Specialists – are available to talk to all patients, relatives and carers by telephone during normal working hours. Contact us on 07789 615828 or 01872 252133.

Weight Management Service / Bariatric Surgery Dietitians – for dietary queries on 01872 254569

Bariatric Coordinator – for appointment and administration queries on 01872 252790
If you would like this leaflet in large print, braille, audio version or in another language, please contact the Patient Advice and Liaison Service (PALS) on 01872 252793