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Life after your gastric band insertion

Cornwall Obesity and Metabolic Surgery Service









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Who is this leaflet for?

This leaflet is for patients who have undergone a gastric band insertion for obesity. It aims to explain what steps to take to maximise the benefits and reduce the risks of any problems following the operation. It contains information to support you following your operation and to help you achieve successful weight loss and improved health and fitness.

How does a gastric band work?

A gastric band will help to slow the passage of food, and stimulate the nerve fibres at the top of your stomach to improve the feelings of satisfaction after eating a small amount of food.

Weight loss occurs because you feel more satisfied after only eating a small amount of food.



Recovering following your gastric band insertion

What complications should I look out for?

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 abdominal cavity 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 should subside over two or three days. In some people this can take a week or so – soluble paracetamol will help with this.

As with all types of surgery, after keyhole surgery problems can very occasionally occur and cause symptoms once patients have been discharged. These rare potential problems will have been discussed with you before your operation.

You should feel better every day following your surgery.

If you feel worse than the previous day, or have any of the following symptoms, seek advice immediately.

LOOK OUT FOR:

- 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** (8am to 4pm)
- your GP and ask to speak to a GP urgently. Explain your symptoms and that you have recently undergone keyhole surgery.

OUT OF HOURS – call either

- **the Surgical Emergency Unit** (Theatre Direct) on **01872 253921**. 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.
- **the Emergency GP Service** and ask to speak to a GP urgently. Explain your symptoms and that you have recently undergone keyhole surgery.
- **dial 999** and ask for the ambulance service.

Complications specific to gastric bypass include:

- **Infection of the filling port and wound** – this is a problem that can happen after the insertion of the band. An infection can be indicated with a discharge from the wound, localised heat and redness around the wound, temperature or fever. If this happens it is important to seek medical advice urgently. You will need to have a swab taken to identify the bug(s) that are growing in the wound and a course of antibiotics started. By starting antibiotics early this can prevent the need to have the port removed under anaesthetic and a new one replaced at a later date.
- **Nausea and vomiting** – if you experience persistent nausea and / or vomiting post-surgery please contact us to be reviewed following the contact details in the previous section.

  When introducing new foods allow yourself time to recover, wait several days before introducing again the particular food causing troubles. It may be necessary to return to liquids or pureed foods temporarily. Eating/drinking too fast or too much, or insufficient chewing, may also cause nausea or vomiting. Avoid cold beverages and those with caffeine or carbonation. Avoid high sugar and high fat foods. Stop the minute you feel satisfied.

Why do I need anti-embolic stockings?

Due to obesity and the surgery you are at high risk of a clot forming in your leg or lungs. We 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 the blood circulates in your legs more slowly than usual. This may lead to blood clots developing. These stockings help to improve the circulation by speeding up the flow in your veins by providing gradual compression to your legs.

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.

What should I do to 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?

1. Put on a clean pair of stockings at least every 5 days.
2. Stockings can be washed in a machine on a warm cycle, 40 degrees temperature. Don't use harsh bleaches.
3. Best results are from drying naturally but they can be tumble dried on a low setting.

Do I need to take any other medications?

As part of the prevention of clot formation we have also started you on an anti-clotting injection for 7 days. 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 below.

Disposal of your 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. 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.

We have also 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 after your operation. You take this for one month and can then stop.

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. You can take these as tablets, but if you find them too big you may need to cut them if appropriate or get them in a liquid, chewable or crushable form until you feel confident that you will be able to swallow them whole.

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), hypercholesterolemia (high cholesterol), etc.

Will I need to take supplements?

Yes, 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:

Supermarket own brand chewable	2 tablets a day
Centrum Fruity chewables	2 tablets a day

  After 6-8 weeks you should choose a complete supplement for adults. Different brands contain different amounts of vitamins and minerals so the number you need to take may vary. Suitable examples include:

Sanatogen A-Z Complete	2 tablets a day
Superdrug A-Z Multivitamins and minerals	2 tablets a day
Supermarket own A-Z Multivitamins and minerals	2 tablets a day
Lloyds Pharmacy A-Z Multivitamins and minerals	2 tablets a day

What nutrition can I have following surgery?

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 (see below) from the day following your operation.

The nutritional progression after surgery follows three stages.

Stage one: The first four weeks – a pureed diet

The most important aspect of your eating plan for the first four weeks after band insertion is to make sure all your food is pureed and that you eat it in small quantities. To start with, you may not even feel very hungry as your stomach is getting used to having the band in place.

The texture should be like smooth baby food (a good test is that it should pour off a spoon) and this is most easily achieved by using a food processor or hand–held blender. A potato masher is useful for soft vegetables or potatoes and a sieve to remove any lumps and pips. When pureeing food, extra fluid may need to be added to get the smooth consistency – use packet or cook-in sauce mixes for savoury foods or the cooking water from your vegetables (this also provides important extra vitamins). For fruit and desserts, fruit juices can help you achieve the right consistency. Meal size will vary from patient to patient. It is important to remember that the size of your stomach will be restricted to around 30 ml (about 2 tablespoons) and the size of your meals should reflect this. You may find that 1-2 tbsp is enough.

Eat slowly and take small mouthfuls. For the main meal of the day, you might find it easier to purchase and puree a ready meal such as a shepherd's pie or fish pie – a one-person serving (300g) should be enough for at least two meals for you at this stage.

Pureed food tends to be quite bland so it may be useful to add extra seasoning (avoiding excess salt) such as pepper, herbs or spices to avoid you becoming bored with your diet.

Stop eating as soon as you start to feel satisfied. The feeling of satisfaction you will get is different to what you are used to as your pouch is at the top of your stomach.

It is important to drink at least 1.5 to 2 litres of fluid every day. Have 100–200 ml glassfuls between meals, not with your meals.

Example meals during this stage are:

Meal	Suggested servings
Breakfast	1 wheat biscuit with skimmed/semi-skimmed milk 1-2 tbsp (made up) porridge or instant oat cereal Small pot of yogurt or fromage frais (125-150g) no bits 1-2 tbsp stewed fruit with fat-free yogurt 1 poached egg with a tinned tomato (no skin and finely mashed)
Lunch	100-150ml sieved soup (not 'cream of' varieties) Scrambled egg (1 egg made with a dash of milk and blended) 1-2 tbsp mashed low fat cottage cheese
Dinner	Pureed cottage / shepherd's / fish pie (with mashed potato topping) Pureed vegetables with mashed potato Pureed chicken in white wine sauce Minced meat in gravy
Desserts	1-2 tbsp stewed fruit or mashed banana with custard 1-2 tbsp rice pudding, sago, semolina, tapioca (with 1tsp reduced sugar jam) Small pot of yogurt or fromage frais (no bits)
Fluids	Water Tea or coffee (with sweetener of you usually take sugar) Skimmed milk No-added-sugar squash 100ml fruit juice (once per day)

Stage 2: Weeks 5 and 6 – Soft/mashed foods

You should now be ready to progress to soft consistency foods – similar to toddler food. You may be able to eat slightly more at each meal than in the first four weeks and you can now mash rather than puree. Below are some examples of foods that can be re-introduced at this stage:

Meal	Suggested servings
Breakfast	Cereals soaked in milk (such as cornflakes or bran flakes)
Lunch	Tinned soup (not sieved) Baked beans with one piece of toast (well soaked) Tinned spaghetti / spaghetti hoops
Dinner	Mashed, well cooked vegetables and root vegetables Chopped chicken or fish with sauce Crushed boiled potatoes with minced meat Well cooked pasta with tomato-based sauce and vegetables
Desserts	Soft fruits (strawberries, peaches, bananas, melon etc)

Towards the end of the first six weeks nearing your first follow up appointment you should be gradually reintroducing normal textured foods.

Stage 3: Week 6+ – Normal textured foods

After the first 6 weeks you will be able to start your long term eating plan. During your first assessment it may be necessary for you to have your first band adjustment. Your diet, although portion-controlled, needs to be healthy, nutritious and of a solid, normal consistency. Foods with texture and crunch can be re-introduced slowly, for example crackers and crispbread, raw fruits and vegetables.

Your long term eating plan

Following the eating rules should help you resolve most issues. If you are still having difficulty in maintaining your weight loss or feel you are not meeting your requirements for protein, calcium or other nutrients, you may need to think about your food choices in more detail. The recommended long term eating plan for everyone following bariatric surgery is described below.

Protein foods

Aim to have 2-3 portions each day. Each portion will weigh 90-120g (3-4oz). Include beans, pulses, fish and lean meats. Include a protein food with at least two of your meals.

Fruit and vegetables

Aim for 5 small portions per day. Fresh, frozen, canned and dried fruit and vegetables all count. A portion weighs 80g or about 1/2 cup measure. Have some fruit or vegetables with every meal.

Milk and dairy

Aim to have 3 portions each day. Choose reduced fat versions of milk, cheese and yogurt where possible.

Carbohydrates/starchy foods

Aim to have a small portion at each meal. Choose whole grain carbohydrates like wholemeal pasta, brown rice, buckwheat and wholegrain crackers. Bread can be very filling after surgery and prevent you from eating enough protein or vegetables. Portions are small at about 30-40g each.

Foods containing fats or sugars

Avoid foods that are high in fat and sugar. These include sweets, chocolate, cakes and crisps. Be cautious of added fats like butter, spreads, sauces and dressings.

Controlling portions

The surgery that you have had is a tool to help you to lose weight. However, long term success will depend on how well you can change your eating habits. Developing new eating habits will ensure that your weight loss is safe and successful.

How many calories do I need?

We all have different needs, depending on our age, gender, activity levels and body weight. To lose weight you need to take in fewer calories and be more physically active. To lose weight, you need to eat 500 to 600 calories fewer than your daily calorific needs.

Guideline daily amounts for weight loss: 1500 calories a day

This table shows how many servings of different foods you can have per day.

Types of food	Number of servings per day (1500 calories)
Fruit & vegetables	6
Starchy Foods	6
Dairy	3
Protein	2
Fats	2
Extras	150 calories

Protein Foods	One serving is
Raw lean meat eg beef, pork, lamb, chicken (without skin)	Size of a pack of playing cards (100g)
Ham, turkey	3 thin slices
Fish eg salmon, trout, cod, haddock, tuna, mackerel	Size of a cheque book (100g)
Fish fingers	3
Eggs (not fried)	2
Baked beans	4 tablespoons
Lentils, kidney beans, chick peas, butter beans	4 tablespoons
Nuts	2 tablespoons

Fruit and Vegetables	One serving is
Vegetables	
Cooked vegetables eg broccoli, cauliflower, carrots	3 tablespoons
Side salad	Size of a cereal bowl
Tomatoes	1 tomato or 6-8 cherry
Fruit	
Tinned fruit eg peaches, pears, raspberries	3 tablespoons
Stewed fruit eg apple, rhubarb, cherries	4 tablespoons
Melon	1 slice
Grapes	12
Apricots	2
Plums	2
Strawberries	7
Fruit juice (maximum 1 per day)	1 small glass or carton (100ml)
Apple, pear, banana, orange, peach	1 piece
Dried apricots	3
Raisins, sultanas	1 tablespoon

Dairy Foods	One serving is
Skimmed or semi skimmed milk	1 medium glass / 1/3 of a pint
Yoghurt, diet/low fat	1 small pot (150g)
Fromage frais light	1 small pot (150g)
Low fat cheese eg brie, camembert, edam, reduced fat cheddar	1 matchbox size piece
Light cream cheese	2 small matchbox size pieces
Cottage cheese	1 large pot (200g)
Soya milk	1/3 pint
Soya dessert / yoghurt	1 small pot (150g)

Fats	One serving is
Butter or margarine	1 teaspoon
Reduced or low fat spread	2 teaspoons
Salad dressings:	
Mayonnaise	1 teaspoon
Reduced fat / light mayonnaise / salad cream / french dressing or oil based salad dressing	
Oil (any type)	2 teaspoons

Carbohydrates	One serving is
Breakfast cereals eg flakes / crispies / dry porridge oats	3 tablespoons
Muesli	2 tablespoons
Muesli bar	1
Shredded wheat / Weetabix	1
Toast or bread	1 slice
Roll or bagel	Half
Crackers / Crispbreads	3 (small)
Chapatti	1 (small)
Rice- cooked	2 heaped tablespoons
Pasta, noodles or couscous - cooked	2 tablespoons
Potatoes	2 egg size
Jacket potato	Half
Sweet potato	100g (4oz)
Mash potato	2 tablespoons
Chips	8 oven chips
Pitta bread	1 mini, half
Tortilla wrap	Half

Planning meals

People who have successfully lost weight and managed to keep it off, say two of the main things that helped them are:

- planning meals and snacks in advance.
- eating at regular intervals.

Below is an example of a **1500 kcal daily eating plan** with the three meals spaced out evenly over the day.

Breakfast:	2 carbohydrate portion 1 dairy portion 1 Piece of fruit
Lunch:	2 carbohydrate portions 1 fat portion 1 protein portion 2 vegetable / fruit portions
Evening:	2 carbohydrate portions 1 protein portion 1 fat portion 2 vegetable / fruit portion 1 dairy portion
Snacks/ Extras:	1/3rd pint of milk for tea / coffee 2x pieces of fruit as snacks between meals

Breakfast ideas

- Bowl of your favourite cereal with strawberries and skimmed hot milk.
- Baked beans on toast.
- Bowl of muesli, with a pot of low fat yoghurt and a glass of fruit juice.
- 2 slices of toast with light cream cheese and a glass of fruit juice.
- 2 Weetabix, with stewed cherries and skimmed milk.
- 2 slices of toast with 2 poached or scrambled eggs. Served with 1 grilled tomato.

Light meal ideas

- Crisp breads with tuna in brine. Served with side salad and small amount of low calorie mayonnaise/dressing.
- Crackers with low fat cheese (eg brie) and grapes.
- Medium jacket potato with cottage cheese and side salad.
- 2 slices of toast with sardines or pilchards in tomato sauce. Served with sliced tomato.
- 2 egg omelette with 2 slices of toast and low fat spread.

Main meal ideas

- Vegetable risotto, served with parmesan cheese.
- Bolognaise sauce and small well-cooked pasta shapes, served with a side salad.
- Fish pie with low fat white sauce topped with mashed potato. Served with broccoli and cauliflower.
- Chicken/beef/pork or lamb casserole, cooked with onion, mushrooms and carrots. Served with a jacket potato.
- Shepherds or cottage pie, with broccoli and cauliflower.

Buying and using 'ready-made' meals

- Ready prepared low calorie meals are acceptable for occasional use.
- They usually tend to be low in dietary fibre, so add vegetables or salad for a more balanced and filling meal.
- These meals can also contain a lot of salt, so should not be eaten every day.
- Aim for complete meals that are less than 450 calories.



The Eat Well Plate

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 (listed below). 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.
- Foods that are very spicy, acid, fatty, hot or cold may also cause some problems.

Foods that can limit success

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

- fluids high in energy eg alcohol, fruit juice, milkshakes
- foods high in fat eg butter, cream, oil, mayo, dressings, crisps
- foods high in sugar eg chocolate, biscuits, sweets, cakes, ice cream
- convenience foods and eating out eg chips, pizza, pasty.

Golden rules for eating after surgery

Many issues like food getting stuck, portion sizes increasing and hunger returning can be resolved by ensuring you follow these golden rules for eating after bariatric surgery.

Three meals each day will help you to achieve a good intake of protein, fruits and vegetables.

Regular meals helps to control hunger levels.

Serve small portions to avoid over eating.

Take smaller bites of food, chew each mouthful 20 times.

Pause for 30-60 seconds between each mouthful.

Meals should last 20-30 minutes – foods left after this should be discarded or stored safely for another meal. Eating this way can minimise the chance of vomiting, pain and food getting stuck. It can also help you recognise feels of satiety earlier and help to control portions.

If you are struggling with normal textured foods contact the team. Relying on softer foods in the long term will mean the surgery will not be as effective at helping you manage your portion sizes.

Limit snacking between meals – avoid eating energy dense snacks like biscuits and crisps. Any snacks should be healthy food choices.

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 pouch, causing pain. Drinking with your meal speeds 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. Aim to drink 6-8 glasses of calorie-free / low calorie fluids each day.

For example: water, sugar-free squash, tea or coffee with skimmed milk, small glass of skimmed milk (150ml).

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

IF YOU DO EXPERIENCE PROBLEMS TRY TO THINK BACK AND IDENTIFY THE CAUSE.

a) Have you eaten too fast or not chewed the food well enough?

b) Have you eaten too much, taken fluids with the meal or taken fluids too soon before or after the meal?

c) Have you eaten foods that are difficult to digest?

Identifying the cause of your discomfort will help you make the necessary changes the next time you eat.

- Keeping a food diary and symptom diary may help.
- If you experience regular vomiting, seek advice from a member of the obesity team or your GP.

Frequently asked questions

Do I need to change my wound dressings?

We advise not to remove the wound dressings for seven 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 seven days you can remove all the dressings and leave open to the air (unless there is a problem). There are no sutures 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.

What about exercise?

Most people feel more energetic quite soon after the operation. Within 1-2 hours of surgery you will be sat out in the chair and mobilising to the toilet, and we expect you to 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. If you attend a gym or fitness club, have a break of at least four weeks after your operation and then gradually get back into it. If you go swimming you can return to gentle swimming once all your wounds are healed (around two weeks after your operation) and progress slowly back to your normal pace.

What can I do to improve my fitness?

A gastric band operation is a tool to help you succeed in improving your health – and that process needs your active participation. Most people find it easier to exercise as you lose weight. You do not need to rush out and join a gym or buy any fitness equipment to improve your fitness following surgery. 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.

Below is the current guidance on activity and exercise from the UK Chief Medical Officer (2011).



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 contraception and getting pregnant? (For females only!)

As fertility can improve quickly after weight loss surgery, we advise you to use contraception during the first two years following bariatric surgery. It is recommended that you avoid pregnancy for 18 months after the surgery as weight loss is most rapid during this time.

A coil would be the best option for you. The effectiveness of the oral contraceptive cannot be guaranteed as it may not be fully absorbed after surgery, and so is not recommended.

If you have unprotected sexual intercourse as with the oral contraceptive pill, the morning after pill's effectiveness cannot be guaranteed.

If you become or are planning to become pregnant (even if this is a number of years after your operation) it is important that you contact us so that we can give you appropriate advice and monitor your nutritional status during your pregnancy. You should have your blood tests checked every trimester so that any deficiencies can be corrected early.

During your pregnancy your midwife or obstetrician might request for you to have a glucose tolerance test (GTT) to check for gestational diabetes. This test involves drinking a sugary drink, which is not advisable after gastric bypass as it could induce dumping syndrome. You will need to inform them that you have had a gastric bypass and that you will need to monitor your capillary blood glucose (finger prick test) for two weeks instead of the GTT.

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 1-2 weeks, 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 going out?

Being socially active is very important to a positive emotional wellbeing but be careful not to overdo things initially.

- Choose a restaurant where you can customise your own meal.
- Drink water.
- Protein is priority – opt for eggs, chicken, beef and fish that are grilled, steamed, roasted, baked or boiled.
- Order first – you will then not be tempted by the meals others order.
- Do not compare your portion size with that of others.
- Ask to take the leftovers home.
- Don't forget the company is more important than eating.

Drinking alcohol is not advisable after bariatric surgery as alcohol takes effect more quickly and the effect is more intense than before surgery. If you do decide to consume alcohol:

- avoid any alcohol during the period of rapid weight loss (the first 6 months)
- when you try alcohol for the first time after surgery try it at home
- start with small quantities, avoiding strong alcoholic beverages and carbonated drinks
- avoid drinking on an empty stomach
- make sure to take all your vitamins as alcohol can decrease absorption of essential ones
- seek help if you find that you drink alcohol on a regular basis for the purpose of reducing stress.

Never drive after consuming alcohol, even it the quantity is small.

When can I fly?

We generally advise 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 can 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.

What are the possible side effects? How can I help myself?

Constipation

Constipation may occur temporarily during the first month, but usually resolves with adaptation to changes in volume of food. It is natural to expect some change in the frequency of your bowel habits ie every two or three days, due to the change in your diet. This change is because the quantity of food you are now eating is considerably smaller than before the operation. The regular use of fruits and fruit juices reduces the risk of recurrent constipation. Low-calorie fluids should be taken regularly.

Sennakot 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. Other preparations need a large volume of fluids to be taken with and immediately after taking them to make them work, which is difficult to do after this type of surgery.

Further along the recovery process including some of the high fibre foods listed below can help your bowel movements become more regular:

- 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, pealed fruit, tinned fruit in juice.

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

Diarrhoea

Limit the following foods: high fibre, greasy, milk and milk products, and very hot or cold foods. Eat smaller meals. Fluids should be taken between meals.

Heartburn

Avoid carbonated beverages and do not use a straw.

Bloating

Limit liquids to two fluid ounces at one time and to drink slowly.

Gastric band slippage

It is important to always follow the rules of eating to help prevent this from happening. If you feel that your band is too tight, you are vomiting, or you develop gastric reflux, please contact the bariatric nurses as you may need some fluid removed from the band to improve your symptoms.

Obstruction of the band

If food does get stuck, 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.
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 (may be 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 Theatre Direct on 01872 253921.

Stretching of the stomach pouch above the band

The risk of stretching the stomach pouch can be reduced by avoiding large portions of food at one time. Follow the recommendations for advancing the diet to prevent this stretching.

Weight gain or no further weight loss

High calorie foods or beverages must be excluded from your diet. Keep a record of all foods, beverages and snacks consumed to determine the exact reason for this happening. Portion sizes should be measured. Drink only low calorie beverages in addition to skimmed milk.

Dry skin and thin hair

Dry skin – many patients report developing very dry skin when losing weight rapidly. You can help prevent and combat this by drinking plenty of fluids, taking a multivitamin and applying a good moisturising cream daily.

Thin hair – you may notice that your hair initially thins, becoming dry; this usually improves with time and vitamin supplements. For a period of time nails may also become dry and brittle.

Gallstones

Rapid weight loss can lead to the formation of gallstones. If you suffer from right sided upper abdominal pain, this can indicate that you have a gallbladder problem and you should make an appointment with your GP for assessment. The pain can be quite acute, making it necessary for you to be admitted to hospital as an emergency for treatment.

Follow up

Will I need to attend follow up appointments?

You will have your first outpatient appointment 4-6 weeks after your operation. Following this your appointments will be every 4-6 weeks for 6 months. At these appointments you will see the bariatric nurse to assess how you are progressing and adjust the band, if this is needed.

Gastric band adjustment

What is a gastric band adjustment?

A band adjustment is where a small amount of normal saline is injected via the access port to help you feel satisfied with eating a small amount of food. This adjustment will be performed by either a doctor or your Bariatric Nurse Specialist who has been trained to carry out this procedure.

You will not need a local anaesthetic for this procedure. Sometimes the location of the port can be difficult. This may make the adjustment uncomfortable.

If this is your first band fill, do not be disappointed if it does not feel very different afterwards. You may find that several adjustments are needed before you reach the 'sweet spot' where you feel satisfied with what you are eating and still losing weight.

What are the risks involved in a band adjustment?

Adding too much fluid at any one time can cause symptoms, such as regurgitation, heartburn and pain on eating and a reliance on a soft or liquid diet which slips through the band easily. If after 48 hours you cannot swallow any fluids please contact us.

There is also a very small risk that the needle which is used to fill the band can miss the access port and puncture the tube leading to the gastric band. If this happens, the fluid in the band may leak out and you would need to have the tubing and access port replaced. The fluid that leaks out would not harm you.

Any severe pain in the stomach or port-site area should be investigated. Please inform us if this happens.

What happens after the band has been adjusted?

You will be asked to drink a cup of water to make sure that the band is not too tight and that you will be able to drink if you find food does not go past the band. If you feel like the fluid is not going through the band quickly enough or you are feeling sick, please report to reception before going home as a further adjustment may be needed.

Initially you may feel some restriction, which will ease off once the pressure of the band fill fluid settles throughout the band.

What should I eat following a band adjustment?

For the first 24 hours after the adjustment please eat and drink fluids only, progressing to pureed foods between 24-48 hours – you should then be able to eat normally. You may 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. Follow the **20-60-20 rule:**

- chew your food **20** times
- allow **60** seconds between mouthfuls
- stop eating after **20** minutes, get up and walk away.

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 – the feeling will usually ease off after 30-60 minutes.

Problem-solving

If you feel that something is stuck please follow the instructions in the 'obstruction of the band' section.

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.

What is life like after obesity surgery?

The operation is really the first step in your treatment, something that will continue for the rest of your life. Whilst it sometimes take a little while to adapt to the changes in your body and change habits of a previous lifetime, usually, once you commit to this path the momentum you gain having lost weight and become healthier serves as a further incentive to maintain your focus on continuing to adopt new eating habits to serve you in the long term. Remember to surround yourself with a supportive environment throughout.

What support is offered between appointments?

The bariatric nurses and dieitians are available to take telephone enquiries for advice and support within normal working hours.

We also know that patients who have been through weight loss or metabolic surgery know what you are going through and can offer additional support. To enable them to give you support we have our own Support Group and Facebook page. The support group runs on the third Wednesday of each month (apart from August and December) in the outpatient department at the Royal Cornwall Hospital from 7 -8.45pm.

We also have a secret Facebook page. To become a member of the Facebook group, go on to Facebook and search for Jeremy Gilbert (profile picture is a map of Cornwall), request friendship and he will add you to the group.

At the Royal Cornwall Hospital we commit to do our very best to support you.

Contact details

The Bariatric Clinical Nurse Specialists are available to talk to all patients, relatives and carers by telephone during normal working hours (if we have the patient's consent to do this).

Bariatric Surgery Clinical Nurse Specialists – can be contacted 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

Email: rch-tr.bariatricservice@nhs.net

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

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