

General Surgery and Specialist Weight Management Services

Removal of Laparoscopic Adjustable Gastric Banding: The Surgical Procedure

Why is a gastric band removed?

The gastric band was originally fitted to assist with weight loss. It may need to be removed for many reasons including leakage, disconnection, slippage, erosion, excessive reflux, regurgitation or unsatisfactory weight loss.

What does the procedure involve?

Commonly this operation is carried out using key-hole (laparoscopic) surgery, by making approximately five small cuts (incisions) in the abdomen to insert a telescope (camera) and some instruments. The surgeon will try to make these cuts where your old scars are from the previous operation. The abdomen is filled (inflated) with gas to allow access and visibility of the organs; this is removed at the end of the operation. Having key-hole surgery reduces the recovery time and length of your hospital stay.

In a small number of cases the operation cannot be completed by keyhole surgery and may require a change to an 'open' operation. This will require a larger incision in your abdomen and will result in a longer hospital stay.



Patient Information

How long will I be in hospital?

This procedure is normally carried out with an overnight stay.

Intended benefits of the procedure

The procedure aims to remove the band and improve any symptoms associated with the band.

What are the risks?

As with all operations, there is a small chance of complications particularly in patients who are overweight or obese. The risk of these complications is assessed on an individual basis depending on each patient's general health. This should be discussed with your specialist consultant prior to surgery. Although overall this is a safe operation, you should be aware of the risks listed below. They are more likely to occur at the time of surgery and you will be monitored to minimise any risk.

- Conversion to open surgery (making a large cut in the abdomen) especially if you have had previous abdominal surgery (5 in 100 patients);
- Air in the chest cavity (pneumothorax);
- Bleeding or injury to stomach, bowel or other abdominal organs
- Wound infection;
- Chest infection;
- Deep Venous Thrombosis (DVT) or Pulmonary Embolism (PE);
- Reaction to the anaesthetic or medication;
- Heart attack.

Long term risks after gastric band removal

- Overeating and weight regain due to increased feelings of hunger
- Difficulties with future surgery due to adhesions (fibrous bands of tissue) which can pull organs out of their normal position and make access and viewing difficult

Patient Information

When will my surgery be?

The consultant's secretary will post the date of your operation to you.

Before your operation

Please strictly **follow the pre-operative diet sheet for bariatric surgery for at least two weeks** prior to your operation, as this will significantly reduce surgical complications such as bleeding from your liver. Please ask if you do not have a copy of this.

Please follow your **fasting instructions** as indicated on your admission letter.

Continuous Positive Airway Pressure (CPAP)

If you are currently using a CPAP machine please bring your machine with you to hospital.

On the ward

Before your operation you will be asked to wear a gown and anti-embolism stockings. The stockings will reduce the risk of any blood clots developing in your leg (DVT). You will be asked, if you can, to empty your bladder immediately before going to the operating theatre, to reduce the risk of injury during surgery. If this will be difficult for you, discuss it with your specialist or a nurse. Depending on your mobility you may walk to the operating theatre, if this is not possible a wheelchair or bed will be provided.

In the operating theatre

The Anaesthetist, Operating Department Practitioners (ODPs) and Nurses will be present. An intravenous drip will be inserted. Monitoring devices will be attached to you, such as a blood pressure cuff, ECG leads (heart monitoring leads) and a pulse oximeter. A pulse oximeter is a peg with a red light, which is placed on your finger. It shows how much oxygen you have in your blood and is one of the monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to help you breathe.

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After the operation

- You will wake up in the recovery room after your operation. You will have an oxygen mask on your face to help you breathe. You may also wake up feeling sleepy.
- After this procedure, most people will have a small, plastic tube (cannula) in one of the veins of the arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to drink by yourself.
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to the ward.
- Sometimes people feel sick or vomit after an operation, especially after a general anaesthetic. If you feel sick it is important to tell the nurse who will administer medicine to make you more comfortable.
- Immediately after the operation there will be discomfort in your shoulders from the distension of your tummy by the gas used during your operation, moving will help relieve this pain. There will also be discomfort from the small cuts in the skin of the abdomen, but this can be well controlled with simple pain-killers. All the wounds are closed with stitches, skin clips or paper strips.
- To prevent any clots developing in your leg you will be given a blood thinning injection once a day in hospital and for approximately four weeks after surgery.

Once you are fully awake you will be taken to the ward to recover before you are accompanied home. Do not expect to feel completely normal immediately.

Eating and drinking

You are allowed to drink a few hours after the operation. For the **first few days start on a liquid diet; please gradually increase the consistency of the food you eat**. It is advisable to drink plenty of water and **avoid fizzy drinks** as these can cause pain and will make you feel bloated. **Do not drink alcohol whilst taking painkillers.**

Patient Information

After following a liquid diet for a few days, commence on a soft diet of scrambled egg, porridge, soups, baked beans, soft fish, minced meat, etc. Gradually increase the consistency of food as tolerated; this may take a week and will depend upon the swelling of tissues following surgery therefore it is important that you continue to:

- Eat slowly and chew your food very well;
- Stop as soon as you feel comfortably satisfied/full, not bloated;
- Choose a variety of healthy foods but aim for a high protein, low calorie diet;
- Eat small portions;
- Drink plenty of water throughout the day;
- Stop eating after 20 minutes.

You are advised to take a complete A-Z multivitamin and mineral supplement when you first have your band removed, which can be stopped after you return to a normal healthy diet.

Activity

You will be encouraged to get out of bed and walk around, on the day of your surgery. This will reduce the risk of complications such as clots in your leg and chest infections. It also helps to get rid of any remaining gas in your abdomen following surgery. Please continue to wear the anti-embolism stockings provided until normal mobility is resumed.

Pain relief

You will be advised to **take regular painkillers** such as paracetamol and codeine for the first few days, this is important to achieve a good recovery from your operation. Always read the medicine patient information leaflets.

Shoulder tip pain is best relieved by changing position and gentle movements; this is normally caused by some gas left behind following surgery and will gradually disappear within 5-7 days.

Patient Information

When will I go home?

Most people leave hospital the next working day. This and whether any further tests will be needed, will be decided by your consultant. The actual time that you stay in hospital will depend on your general health and how quickly you recover from the procedure.

You will need to be accompanied home and have a responsible adult care for you for at least three to four days.

When can I resume normal activities including work?

It will then take 7 to 14 days to recover at home and most people are back to their normal activities within three weeks. A doctor's sick note will be given to you before you are discharged and your GP will provide any additional sick notes.

Driving: you **should not drive** for at least **2 days** after surgery, and you must be confident in performing an emergency stop. **You should not drive within 48 hours following a general anaesthetic.**

How do I care for my wound?

- If your dressings are shiny, you can bathe/shower but if your dressings are woven do not bathe/shower for 2 days, then remove your dressings but **do not remove the narrow paper strips.**
- Keep your wounds clean and dry, by bathing or showering every day. Please dry your wounds carefully; a 'cool' hair-dryer works well, if you have one.
- Do not apply any ointments or talcum powder to the wounds.
- If you have narrow paper strips will need to be gently peeled off in **five days**. You will be advised if you do require stitches/skin clips to be removed.
- Your skin staples or sutures will be removed in approximately 7-10 days by the Bariatric Nurse at the UHCW Wisdem Centre appointment.
- Please visit your practice nurse if you have any concerns regarding your wounds.

Patient Information

Will I have a check-up?

- You will have a group outpatient appointment to see the Bariatric Nurse and Dietitian approximately 10 days after surgery.
- You will have an outpatient appointment to see the Bariatric Nurse on in approximately 8 weeks after surgery.
- You will have an appointment to see your Dietitian in approximately 12 weeks.
- We suggest you make an appointment with your GP to have a medication review.
- You will receive a telephone call from a Nurse within 5 weeks.
- If you are diabetic please keep or make a Diabetic Specialist Nurse appointment.

What if I have any problems at home?

If you experience any of the following problems whilst you are at home please immediately contact the **Surgical Admissions Unit (SAU) Ward 22 on 024 7696 6186**.

- Difficulty swallowing
- Difficulty breathing
- Vomiting more than twice
- Severe abdominal pain
- Fever (39°C)
- Abdominal swelling
- Infection
- An oozing wound
- Reluctance to drink
- Poor urine output

Patient Information

As a team we would recommend that if you have any concerns or are unwell you attend University Hospitals Coventry and Warwickshire for your care.

If for any reason you are admitted to another hospital please contact us immediately to discuss your management.

For all other problems and queries, including medication, sick notes, wound and chest problems please contact your own GP.

If you would like further advice regarding your diet please contact Neha Shah or Louise Halder on 024 7696 6155.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 6051 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

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