

General Surgery and Specialist Weight Management Services

Laparoscopic adjustable gastric banding - the surgical procedure

What is a gastric band?

The gastric band is a useful tool to help reduce the amount of food you eat. The gastric band acts like a belt on your stomach, creating a small pouch, which means you will feel full after eating only a small amount of food. This band can be adjusted by adding or removing fluid via a reservoir under your skin (port).

What does the procedure involve?

This operation is carried out using keyhole (laparoscopic) surgery, by making approximately 5 small cuts (incisions) in the abdomen to insert a telescope (camera) and some instruments.

The abdomen is filled (inflated) with gas to allow access and visibility of the organs - this gas is removed at the end of the operation. An adjustable silicone band is placed around the upper part of the stomach. Here, the band presses on nerves that send signals to your brain to stop you feeling hungry. The band forms a small pouch in the upper part of your stomach which restricts the flow of food into the main part of your stomach.

The pouch only holds a mouthful of food at a time and slowly releases it to the lower stomach. You must slow your eating down to allow each mouthful of food to pass through the band and stimulate the fullness/hunger nerves.



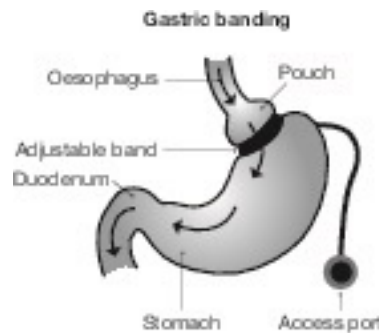
Patient Information

As you lose weight the band may loosen and will not compress the nerves so much.

The band can then be adjusted by adding or removing fluid via the port.

The port is usually placed under the skin either on the left side of the tummy or under the breastbone. The band is not inflated at the time of surgery because it will be tight enough by itself.

Your first band fill is done using a special dye in the **X-ray Department** approximately 6 to 8 weeks after surgery - further band fills maybe performed in clinic by a practitioner.



It is important to be aware that in a small number of cases the operation cannot be completed by keyhole surgery. In these cases, the surgeon will need to proceed to an 'open' operation. This will require a larger incision in your abdomen and will result in a longer hospital stay.

How long will I be in hospital?

This procedure is normally carried out with an overnight stay.

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Intended benefits of the procedure

Having keyhole surgery reduces the recovery time and length of your hospital stay. The procedure aims to:

- Help you lose approximately 30 to 50% of your **excess** weight
- improve some weight related health problems such as diabetes and high blood pressure
- Provide a gradual weight loss, with a band which can be adjusted dependent upon your weight loss
- Require no stomach stapling, and therefore no risk of bowel leaks
- Not interfere with the normal stomach absorption of nutrients and vitamins
- The procedure involves the shortest recovery time and is reversible

What are the risks?

As with all operations, there is a small chance of complications, particularly in patients who are obese. The risk of these is assessed on an individual basis depending upon each patient's fitness and this should be discussed with your specialist prior to surgery. However, overall this is a very safe operation. You should be aware that there is a small possibility of the risks listed below and they are more likely to occur at the time of surgery.

- Conversion to open surgery (making a large cut in the abdomen)
- 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

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The risks outlined below may occur over the next few years

- Band slippage (1 in 50)
- Difficulty swallowing
- Developing gastro-oesophageal reflux (heartburn)
- Band leakage or infection of tubing and/port (1 in 50)
- Band erosion (1 in 200) into the stomach
- Hernia (muscle weakness) at the port-site, which can be repaired by further surgery
- Constipation/diarrhoea
- Failure to lose the desired weight
- Excess skin (currently, funding for removal of excess skin is assessed on an individual basis by your GP and requires a referral from the GP to a plastic surgeon.)

General rules for eating after gastric banding

Detailed dietary advice will be given by a dietitian but please make sure you are given the leaflet: '**Dietary Advice for patients having a laparoscopic adjustable gastric banding**'.

It is important that you:

- Eat slowly and chew your food very well
- Stop eating as soon as you feel satisfied/full, not bloated - it is important not to over fill the area above your band, this can cause pain and discomfort and may make you vomit
- Choose a variety of healthy foods and make sure you get your 5 fruit and vegetables per day
- Eat small portions
- Do not eat and drink at the same time - Allow 10 minutes before and 30 minutes after eating.

You are advised to take a complete A-Z multivitamin and mineral supplement when you first have your band. Chewable, soluble or liquid forms are best in the early stages. Any brand that gives up to 60 to 100% of your daily requirements is suitable. Ask your dietitian if you are not sure about your diet.

Patient Information

When will my surgery be?

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

Before your operation

Please **follow the pre-operative diet sheet for bariatric surgery for at least 2 weeks** before your operation. Please follow your **fasting instructions**.

CPAP (Continuous Positive Airway Pressure)

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 requested 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 possibly can, to empty your bladder immediately before going to the operating theatre, so as 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 and nurses are likely to 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 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 might 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 – they will administer medicine to make you more comfortable.
- Immediately after the operation, there will be discomfort in your shoulders – this is from the distension of your tummy by the gas used during your operation. There will also be discomfort from the small cuts in the skin of the tummy, but this is well controlled with simple painkillers. All the wounds are closed with stitches/skin clips/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 2 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 can drink a few hours after the operation. For the **first 2 weeks, you will only be able to take liquids**, progressing slowly to soft food.

The dietitian will provide you with a detailed advice sheet regarding your diet - please follow these instructions.

It is advisable to drink plenty of water and **avoid fizzy drinks** as these can cause problems with the band settling in place and will make you feel bloated. **Do not drink alcohol while taking painkillers.**

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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 that was pumped into your abdomen during surgery. Please continue to wear the anti-embolism stockings provided until you are moving around normally again.

Pain relief

You will be advised to **take regular painkillers** such as paracetamol and Ibuprofen 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 pain is usually caused by some gas left behind following surgery, and will gradually disappear within 3 to 4 days.

Discharge home

When will I go home?

Most people leave hospital the next day. This will be decided by your consultant and whether any further tests are needed. 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 to care for you for at least 3 to 4 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 3 weeks. A doctor's sick note will be given to you before you go home, and your GP will provide any additional sick notes.

Driving: You **should not drive** for at least **7 days** after surgery, and you must be confident in performing an emergency stop. You should not drive in the 48 hours following a general anaesthetic.

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How do I care for my wound?

- If your dressings are shiny, these are waterproof so you can bathe/shower. However, if they are a woven material, please remove your large dressings after 48 hours, 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” hairdryer works well if you have one.
- Do not apply any ointments or talcum powder to the wounds.
- Most stitches do not need removing. The narrow paper strips will need to be gently peeled off in 5 days. You will be advised if you do require stitches/skin clips to be removed.

Will I have a check-up?

- You will have a virtual appointment with the bariatric nurse 7 to 10 days after your operation. You will have an appointment to see the bariatric nurse at the hospital after approximately 8 weeks.
- You will have an appointment to see your dietitian 12 weeks after surgery.
- You will need to make an appointment with your practice nurse to have your wounds checked (if necessary).
- You will receive a telephone call from a nurse within 5 weeks after surgery.
- Keep or make any diabetic specialist nurse appointments, as required.

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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 Assessment Unit (SAU), Ward 12, on 024 7696 6996**:

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

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 other health concerns, please contact your own GP.

If you would like further advice regarding your **diet**, please contact the Dietitians Telephone: 024 7696 6155.

Please tell us about your experiences from your stay

We are committed to improving our services and would like to hear your experiences about your stay with us. If you would like to offer any comments, compliments, or complaints, regarding our services at the hospital please use this web link: www.uhcw.nhs.uk/contact-us. You can also write to us or telephone us on Tel. 024 7696 4000.

Patient Information

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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Document History

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