

### **Laparoscopic Adjustable Band Post-Adjustment Instructions**

Congratulations on your continued commitment to success with the adjustable gastric banding system. One of the greatest aspects of the band system is the ability to adjust and fine tune your band. Please remember that the band system is part of a continued program that requires some definite rules that must be followed:

- Eat only 3 small meals a day
- Eat slowly and chew thoroughly
- Stop eating as soon as you feel full
- Do not drink while eating
- Do not eat between meals
- Eat only good quality food
- Avoid Fibrous food
- Drink enough fluids during the day
- Drink only low-calorie liquids
- Exercise at least 30 minutes a day

A few things to remember regarding adjustments:

#### **Pre-adjustment instructions:**

It is recommended that adjustments be performed on an empty stomach. We suggest that you ingest only liquids the morning of an anticipated adjustment.

Try not to eat or drink anything for 2-3 hours before your scheduled procedure.

Because it may take 2-3 days to determine if the band is too tight, we suggest adjustments early in the week. It is difficult to adjust bands on weekends and may necessitate an ER visit.

If the band feels too tight contact the clinic before noon on Friday. If you are vomiting without relief then immediately come to the office for fluid removal. Fluid is removed during any clinic day.

#### **Post-adjustment instructions:**

Stay on liquids for the first 36 hours following a filling adjustment. This will enable you to get used to the new restriction and to avoid early vomiting. Staying hydrated is especially important after a recent fill. Dehydration can cause stomach wall thickening and narrow the stoma even further causing worsening symptoms. Slowly advance your diet to identify those types of foods you may have trouble with. Pureed food and subsequently solids can be added as tolerated over the next 2-5 days.

Contact your surgeon early for any symptoms of a tight band (see below).

Here are a few questions commonly asked to assist with your understanding.

#### **1. When do I need an adjustment?**

Everyone requires a different restriction level for optimal results. There are several indicators that may alert you to schedule an appointment for adjustment consideration. Some of these include:

- No weight loss for more than 2-3 weeks.
- Increased appetite.
- Feeling of hunger less than 3-4 hours after eating a meal.
- Ability to eat more food during a meal than usual.
- Increased snacking

If you are several years post-op, then you may still require adjustments. Long term follow-up is the key to success.

#### **2. How do I know I have been properly adjusted?**

Three small meals a day should satisfy you while maintaining a target weight loss of 1-2 pounds per week. The band helps you lose weight by increasing the time it takes for solid food to pass into the lower GI tract. If you choose your food wisely and chew it properly, you should feel less hungry with smaller portions.

### 3. Can I be over adjusted? If so, how would I know?

Yes, you can have too much saline in your band. Tighter is not always better. Indicators that you may be over adjusted, or too tight include:

- Difficulty in swallowing liquids or saliva
- Regurgitation
- Waking up at night coughing or vomiting
- Frequent heartburn/reflux symptoms

If you experience any of these symptoms you should contact your surgeon's office immediately.

### 4. Why do I feel more restricted in the morning than at night?

Two reasons are believed to contribute to this phenomenon.

The first involves the muscles of the lower esophagus that constrict and tighten overnight and need to "loosen up" before tolerating any intake.

The second involves fluid shifts in the body. Overnight the fluid in our body can shift from your lower extremities to the intestinal tract. Some believe that this fluid can cause intestinal wall swelling and may thicken the stomach wall. The thicker the stomach wall the smaller the resulting stoma and the harder it is to pass food and liquids. Many patients find that after being ambulatory for a few hours the stoma has loosened somewhat to allow late morning and noon solid food intake.

### 5. Why are adjustments important?

Adjusting your band is necessary for continued success. This unique feature provides the right level of restriction for your individual needs. Failure to adjust the band may cause weight regain and failure of adequate weight loss. Few patients lose significant weight via this system without persistent surveillance and monitoring.

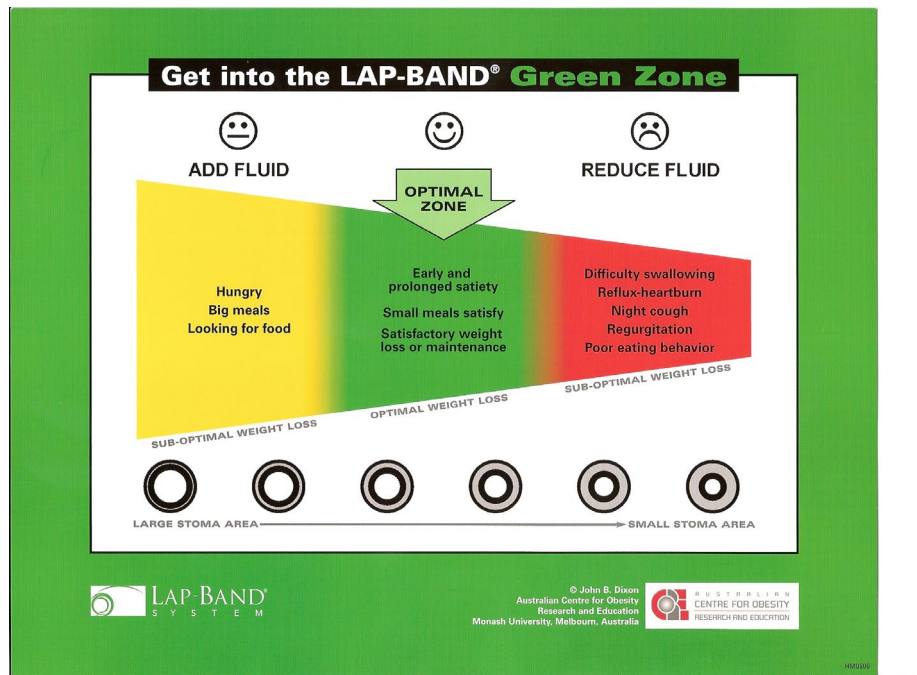
The figure below is designed to help explain why various stoma sizes can create different eating results. The optimal level for any band patient is the Green Zone.

#### Green Zone Symptoms

- Early and prolonged satiety
- Small meals satisfy
- Satisfactory weight loss and maintenance

To recognize when it is time to adjust a gastric band a patient needs to understand how gastric band surgery helps someone lose weight. In short, gastric band surgery works by restricting a person from eating large portions at one time while allowing that person to **maintain small volume meals without significant hunger issues**. The band does not have sensors to prevent a patient from eating high calorie or unhealthy foods such as ice cream or fast foods. It also does not prevent the patient from ingesting liquid calories - soda, juices, vitamin water, etc., which slip through the band's restriction around the top of the stomach with ease. Lastly, eating multiple meals per day, or **grazing**, will hamper weight loss as the total calorie count per day will go up with multiple meals. It is key for gastric band patients to aim for three meals per day with 30 minutes or less spent on each meal.

During the first year after surgery, a patient will require approximately three to seven adjustments to achieve their goal weight loss (approximately 35% excess weight). The band adjustments are done either in the surgeon's office or under fluoroscopy (X-ray) at hospital or surgery center. There is no right or wrong way to perform band adjustments. We routinely perform band adjustments (more than 90%) in the office. They usually take 5 to 10 minutes and are less painful than getting blood drawn. On average, the goal is to lose one to two pounds per week after surgery. Band adjustments are performed approximately every four to six weeks when a patient is either no longer able to achieve a one to two pound weight loss per week while eating healthy and exercising or feels hungry between meals to the point that it's distracting the patient from normal daily activity. The key is finding the level of restriction that decreases food intake without making the patient uncomfortable or hungry all the time. It is important to be patient in the beginning; patients will be getting used to a new way of eating and may face the inability to tolerate certain hard foods that they use to eat prior to surgery.



I hear different gastric band myths from patients all the time. Some of the most common to consider prior to band adjustment include:

### Common Band Myths

1. **The tighter the band, the faster the weight loss.** When the band is too tight it often leads to cheating. When it is so tight that a patient cannot tolerate solid foods, they will often compensate by eating high-calorie liquid calories [soda, juices] or soft foods [ice cream]. In this scenario, a patient may have a tighter band, but they can gain weight. Another way to cheat is to graze, eating smaller meals all day long. This can backfire too by increasing an individual's caloric intake. And finally, patients whose bands are too tight often will "lubricate" it with sauces and creams to get the food through the opening, once again increasing the calorie intake and gaining weight, instead of losing it.
2. **The more adjustments one gets, the faster the weight loss.** Making frequent adjustments will only lead to a very tight band, leaving an individual frustrated and unsatisfied, which often leads to cheating. Do not confuse this statement with this one: "the more frequent follow up a gastric band patient has with their provider the more successful is the weight loss". According to recent studies this latter statement is true. Most gastric band patients have better results with 7-14 visits in the first year with half of these being adjustment appointments.
3. **You can lose the same amount of weight per week as one does with gastric bypass surgery.** Gastric bypass surgery restricts food intake like gastric band surgery; however, it also involves malabsorption of calories which increases weight loss at the same time maintaining a normal resting metabolic rate (BMR). Therefore, band patients will not lose weight at the same rate as a gastric bypass patient. Remember that the bypass and sleeve procedures are metabolic procedures and help a patient maintain a normal basal metabolic rate (BMR) afterwards. The adjustable band procedures do not.

If an individual feels off track and is not happy with their weight loss, I suggest they participate in a short one to two-week calorie count assignment to help determine why they are not losing the weight. The assignment starts by recording everything ingested daily to calculate the total calories taken in each day. The app I recommend to help with the calculations are [MyFitnessPal](#). I find that patients who aren't happy with their weight loss, tend to take in more calories per day than they realize, particularly the liquid calories which I mentioned earlier that can slip through the

band quite easily, but also eating multiple meals a day and continuing to eat fast food can put a patient off course. Charting daily caloric intake will help determine if an individual falls in this category. Remember, to **lose weight** with the band, you need to take in no more than 1200 calories per day and perform cardio exercise at least 30 minutes three times per week. Some additional tips to maximizing weight loss include weighing yourself on a weekly rather than daily basis, regular monthly appointments with your bariatric surgeon to evaluate progress and regular calorie counting to keep you on track.

In my experience there are **3 main reasons for inadequate weight loss or weight regain** after surgical weight loss procedures.

1. **Poor food selection.** Eating the “wrong” foods. Liquid breakfast is the most common mistake. High calorie liquids, melted foods (nachos, ice cream) or solids with liquid additives (cream soups, pastas with cream sauce, chips with dip, popcorn with butter, etc.) These foods tend to give less between meal hunger suppression because they pass through the banded stomach quickly. Evaluating this is done by calorie count over 2 weeks.
2. **Poor eating behavior.** Eating the right foods inappropriately. Liquids with meals is the main issue here. Skipping breakfast is also a common mistake. Eating for a prolonged duration (taking more than 30 minutes to complete a meal). Eating too often (3 meals a day with 3 snacks = grazing). Evaluated with food journal.
3. **Decreased metabolism.** Once a band patient tolerates eating smaller volumes and intakes fewer calories daily, they will see initial weight loss for a while. The basal metabolic rate (BMR) will begin to decrease at a rate determined largely in part to genetics, food intake and muscle mass. When the BMR is low than decreased caloric consumption will no longer result in weight loss. Maintaining a normal metabolic rate is difficult without activity. Studies have shown that BMR can be maintained with as little as 10 minutes activity performed daily. This activity can be limited to walking (treadmill or outdoor), bicycling (stationary or otherwise), elliptical trainers, etc. The activity will need to be structured (work and regular daily activities do not count) and last for approximately 10 minutes. Most patients will not break a sweat and will burn few if any calories during this activity. **I stress that this is not calorie burning activity** but is referred to as metabolic activity designed to prevent a significant metabolic rate decrease while losing weight during calorie reduction type diets. The BMR can be evaluated in the provider’s office with indirect calorimetry

BMR can also be reduced by hypothyroidism, and other metabolic disease states. Failure to achieve normal BMR after initiating these steps should prompt providers to search for other causes.

Good luck and realize this is a team approach in which the band patient is the most crucial member. Feel free to share this information with other band patients you encounter. Information dispersal is key to everyone’s success.

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