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Preparing for Gastric Banding Surgery

Print the consent form

Below is a 6-paged consent form. Please print the form, read it, and bring it with you to your next office appointment. You will have to initial and sign the form before surgery.

You will need to go shopping for:

1. Multivitamin (e.g. Flintstones Complete, Centrum, generic multivitamin)
2. Protein powder

Start taking your vitamins now

You will need to continue this regimen for life:

In the Morning
1 Multivitamin

Start your liquid diet 2 weeks before surgery

For the **2 weeks** prior to your surgery, you will need to be on a liquid diet. The diet will shrink your liver to make your surgery safer. The liquid diet is very important.

On the night before surgery

1. **Do not eat or drink anything after midnight** on the night before your surgery. You may take medicines with sips of water. The anesthesiologist will usually advise you which medicines to take and which you should not.

2 Week Liquid Diet

For the **2 weeks** prior to your surgery, you will need to be on a liquid diet. The diet will shrink your liver to make your surgery safer. The liquid diet is very important. Your daily goal is 800-1000 calories, 70 grams of protein, and 80-100 grams of carbohydrate. Here is how to do it.

70 grams of protein per day

You will need to drink 70 grams of protein each day to keep from getting malnourished. You may use any protein powder or protein drink of your choice. Mix your protein powder with any of the approved liquids, and drink enough to meet your goal of 70 grams of protein per day.

See examples of protein powders on the next page.

10 cups of liquid per day

You need to drink at least 10 cups of fluid per day to keep from getting dehydrated. Whatever you drink for your protein does count toward these 10 cups. Fluids should be sugar-free and low calorie. **A liquid is anything you can drink through a straw.** Examples include:

- Water
- Crystal Light, Splenda, & Nutra-sweet drinks
- Coffee, tea (decaffeinated, & no cream)
- Skim milk, 1% milk, or Lactaid milk
- Ocean Spray Light (limit to 1 cup daily)
- Diet V8 splash (limit to 1 cup daily)
- Fruit₂O
- Broth
- Sugar-free drink mixes
- Sugar-free ice pops
- Sam's choice flavored water

If you experience temporary dizziness, dark colored urine, or decreased urine volume it could be a sign of dehydration. If these symptoms occur, increase your fluid intake to 12 cups of liquid per day. Do not exercise or use a hot tub if you are dehydrated. In the event that you experience persistent, severe dizziness, contact your doctor or go directly to an emergency room.

You may also experience constipation, and only have one bowel movement every 2 to 4 days. Consuming adequate liquid and exercising regularly will help you through this change. If you become uncomfortable and constipation persists, a gentle laxative may help.

Protein Supplements

Unjury (20g whey protein isolate)

To Purchase: www.unjury.com

* **Great protein source if you are lactose intolerant**

Designer Whey Protein (18g protein)

To Purchase: GNC, Vitamin World, National Discount Nutrition Store

Isopure (50g protein)

To Purchase: GNC

AdvantEdge Whey Protein (EAS) (20g protein)

To Purchase: Local grocery stores, GNC, Vitamin World

American Whey 100% Whey Protein (22g protein)

To Purchase: GNC, Home Economist

Designer Protein (35g protein)

To Purchase: GNC, Home Economist

Carb Solutions Shake mix (19 g protein)

To Purchase: CVS, Eckerd, Food Lion, GNC, Harris Teeter, Target, Walmart

Beneprotein (6g protein/scoop) (**Promod** and **Casec** are acceptable – 5g protein/scoop)

To Purchase Beneprotein: Call 1-800-828-9194

To Purchase Promod or Casec: Local Pharmacy

Carnation Instant Breakfast, low sugar (4g protein)

To Purchase: Available in the cereal isles at most grocery stores

Nonfat Dry Milk (2.5 g protein per tablespoon)

To Purchase: Available in the baking aisle at most grocery stores

Glucerna Select (Good choice for people with diabetes) (needs protein powder added)

Instructions: No mixing required (cans can be frozen, chilled or served at room temperature)

To Purchase: Local Pharmacies, can be requested from your pharmacist

What to Expect After Surgery

General Instructions

1. Make a follow-up appointment with your surgeon 1 week after your surgery.
2. You may shower at any time. Do not remove your steri-strip stickers. They will fall off on their own in 2-3 weeks.
3. You may drive when you are off of pain medications, and feel you can drive responsibly.
4. Slowly work up to walking 40 minutes per day for exercise. You will need to continue this regimen for the rest of your life.
5. Women should not become pregnant until at least 18 months after surgery, and when their weight has stabilized. Otherwise, injury could occur to the unborn child.

Call us for these Problems

1. Check your temperature twice per day for the first week. Call if you have a fever over 101.
2. Call if you notice redness or pus draining from an incision.
3. Call if you have persistent, severe abdominal pain, vomiting, or diarrhea. If you go to an Emergency Room, have the physician there contact your surgeon immediately. Serious errors in treatment could occur otherwise.

Medications

1. Continue to take all of the medicines that you took before surgery unless your doctor instructs you otherwise.
2. Take your vitamins as directed.

6 Week Post-Op Diet

Following this diet is critical because you will be healing internally for the first 6 weeks after surgery.

Liquid diet for 2 weeks

For the first 2 weeks after surgery, you will continue the same liquid diet that you were on before surgery. Drink your protein shakes slowly. Sip unlimited water and sugar-free liquid through the day. Avoid carbonated drinks. When you feel full STOP!!!

By the end of week 2, daily nutrition goals are: 400-600 calories
50-60 grams of protein
5-6 glasses of sugar-free liquids per day (8 oz each)

Then soft foods for 4 weeks

After 2 weeks of liquids, you will be on a soft food diet for 4 weeks. Choose soft foods that are low in fat and sugar, and high in protein. Chew well. Your food must be almost liquid before swallowing. Your portion size for the entire meal will be $\frac{1}{4}$ cup initially, but may eventually expand to about $\frac{1}{2}$ cup.

Continue to drink at least 8 cups of sugar-free liquid each day. But do not drink anything for 30 minutes before your meal, during the meal, or for 30 minutes after your meal.

If you feel full, nauseated, or pressure in the upper stomach then STOP!!! Do not eat or drink anything else for 2 hours. Let the food pass.

By the end of week 6, daily nutrition goals are: 600-800 calories
60-70 grams of protein
6-8 glasses of sugar-free liquids per day (8 oz each)

Categories of Foods	Do's	Don'ts
Fruits	Soft fruits (banana, melon, strawberries), sugar-free puddings or yogurt	Dried fruits, citrus fruit, skins of fruit, pineapple, coconut
Vegetables	Soft cooked vegetables	Corn, raw vegetables, celery, mushrooms
Starches	Sweet potatoes, soft pasta	Rice, french fries, chips, popcorn, granola
Cereals	Oatmeal, grits, cream of wheat	Sugared cereals
Breads	Dry or toasted bread	Soft bread, rolls, bagels, muffins, cake, cookies
Meats	Baked or broiled flakey white fish, eggs, low-fat soups	Steak, roast beef, gristly meat, shrimp, fried fish or chicken, creamed soups
Dairy	Cottage cheese, low-fat cheeses,	Regular cheeses

Healthy Habits for Life

Once you are 6 weeks out from surgery, you may start introducing solid foods into your diet. For the rest of your life you should enjoy a low-calorie, heart healthy diet that emphasizes lean protein, vegetables, fruit and whole grains. Your lifetime daily nutrition goals are:

800-1000 calories

60-80 grams of protein

8 glasses or more of total liquids per day (8 oz each)

1. **Set 3 meal times per day**, and only eat at the designated times. No grazing. You can sneak in a lot of calories by snacking between meals or sipping on sodas throughout the day. If you absolutely must have a snack during the day, choose fruit or a low carb protein bar.
2. **Get your protein in first**. At mealtime, eat your lean meat or high protein foods first. Then eat your vegetables and whole grains, and finally fruits. Your total meal volume should be about $\frac{3}{4}$ cup – 1 cup. Your small stomach is like precious real-estate now, so make sure you prioritize how to fill it. When you fill full, STOP!!!
3. **Separate your food and drink**. Do not drink anything for 30 minutes before your meal, during your meal, or for 30 minutes after your meal. Drinking with meals will wash food out of your small stomach and make you hungry faster. Avoid alcohol and caffeine.
4. **Enjoy and savor your food**. Eat slowly. It should take 20-30 minutes to eat each meal. Try putting your fork down between bites, and chew food until it is almost liquid. Do not look at T.V. while eating.
5. **Exercise, exercise, exercise**. Exercise is critical to you getting the most out of your surgery. You need to exercise 40 minutes per day. Patients who exercise lose more weight than those who don't.
6. **Attend support group**. Support group meets on every third Monday at 6:30 pm at Presbyterian hospital in the Bobcat room, which is on the first floor near the cafeteria. We highly encourage support group as a key to your success. You are welcome to attend even before your surgery.

Laparoscopic Adjustable Gastric Banding Consent Form

____ **Patient Initial** The informed consent process is an important conversation between you and your health care provider. This consent form should tell you the risks, benefits, alternatives, and complications that could happen with your operation. Read this form carefully and use this opportunity to educate yourself about the treatment/operation you are about to have performed on you. If, after you have read and reviewed this form with your doctor, you do not believe that you really understand the risks, benefits, complications, and alternatives of the operation, **do not sign the form until all your questions have been answered.**

____ **Patient Initial** I have looked at drawings of each of the available bariatric operations. I have had a chance to tell the doctor my eating habits and my medical history. The doctor has helped me to come to a decision as to the best operation for me, considering my:

- Eating and medical background,
- Future weight loss goals,
- Pregnancy plans,
- Bowel habits, and
- Personal limits regarding acceptable meal size.

The doctor has counseled me about my decision to have this operation. My doctor has made recommendations, and we have agreed that this operation is acceptable and appropriate.

Your doctor has discussed with you the risks of obesity and the risks and possible benefits of this operation, called Laparoscopic Adjustable Gastric Banding. The purpose of this form is to confirm your decision, based on your complete knowledge and understanding of the operation. You may always change your mind about proceeding with the operation.

This form is intended to make you think carefully about your decision.

My Problem

I know that I am very overweight. I understand that being this overweight has been shown to be dangerous and increases my risk of death from a variety of illnesses. I understand that many scientific studies show that being this overweight increases my risk for breathing problems, high blood pressure, heart disease, high cholesterol, stroke, diabetes, arthritis, blood clotting problems, cancer, and death.

The Risks

I understand that all operations have risks. I have been told and I understand that my weight increases my risk of problems and complications during and after this operation. These risks include, but are not limited to, the following:

Allergic Reaction: All kinds of allergic reactions are possible, from minor reactions such as a rash to sudden overwhelming reactions that can cause death.

Anesthesia Problems: Medicines used to put you to sleep for the operation can cause a variety of problems up to and including brain injury and death.

Bleeding: Operations involve incisions and cutting which can result in bleeding problems. If bleeding cannot be stopped, you may need emergency surgery or a blood transfusion. This can sometimes cause death.

Blood Clots: Blood clots either in the veins of the legs or in the lungs can sometimes cause death. You must get out of bed the evening of the operation and move your feet and legs to try to prevent clots from forming in the legs.

Bowel Blockage: Any operation in the stomach can leave behind scar tissue that can put you at risk for later bowel blockage. The bowel can twist, become blocked, and burst, leading to serious problems and even death.

Breathing Problems (also called Respiratory Failure): Breathing problems may happen after the operation and may require you to have a machine to help you breathe. This can sometimes lead to death.

Death: Laparoscopic Adjustable Gastric Banding is a major and serious operation. Problems and complications may lead to death.

Depression: Depression (feelings of sadness) and anxiety (feelings of stress) may occur in some patients after this type of operation.

Excess Skin After Weight Loss: If you lose a large amount of weight after your operation, your skin could lose its tightness. You could develop large folds of sagging skin. The only way to remove this extra skin is to have another operation. The extra operation is a choice and the costs could be your responsibility.

Gallstones: After a bariatric operation, you are at a higher risk for developing gallstones. Gallstones are hard stones that form in the gallbladder, a small sac located under the liver. Another operation may be needed to remove the gallbladder and hard stones.

Too Much Weight Loss: Some patients may experience a large weight loss after the operation and may require reversal of the banding to prevent starvation, sickness to the stomach, vitamin and mineral shortages, or even death.

Hair Loss: Many patients have hair loss for a period of time after the operation. When this happens, it usually starts about three to four months after the banding and stops at about seven to nine months after the operation. The hair loss may be permanent.

Hernia: Because your abdomen will be cut during this operation, there is a higher chance of developing a weakness or tear in the abdominal wall, which can allow the inner organs to push through and form a sac (called a hernia) after the operation. Hernias can cause pain and bowel blockage and could even burst. Treatment of hernias usually requires another operation.

Failure to Lose Weight: You may not lose weight after this operation. Some patients will fail with any type of weight loss operation. Not losing weight is a risk with all types of weight loss surgery.

Infection: You could get infections in the wound, the bladder, the lungs, the skin, and the stomach. These infections could lead to death.

Pregnancy: It is recommended that you **NOT** get pregnant for the first 12 to 18 months after the operation. A rapid weight loss could lead to lack of nutrition and birth defects in the baby as it grows in your body.

Laparoscopic Surgery Risks: In laparoscopic surgery, small cuts are made into your abdomen. This can sometimes cause injury to organs and other tissues in the abdomen. This can cause bleeding and even death. Sometimes laparoscopic surgery needs to be changed to an open procedure. An open procedure involves one large cut (incision) into your abdomen instead of several small cuts. Your doctor will use his/her medical judgment to decide if your surgery will be laparoscopic or open.

***Gastric Banding is only a tool used by a patient to lose weight.
You must also eat a proper diet and exercise to lose weight.***

Common Complications

Some patients will experience hardly any of these complications while others may have lots of the problems listed here.

Silicone Reaction: The Band that will be placed around the top part of your stomach is made of silicone. It is possible that the silicone material of the Band could create some type of reaction in your body or even cause diseases such as Arthritis or Lupus (a disease that causes inflammation and damage to body tissues). The same type of material has been used in many other implanted medical devices and no problems with a reaction have been found.

Band Wearing Away: The Band can eat into the wall of the stomach. If this happens you may no longer feel full and could stop losing weight. The Band could also cause infection if stomach juices leak onto the Band. This may be a life-threatening complication and almost always requires the Band to be removed.

Band Slippage or Shifting: The Band must remain in the correct position on the upper stomach to work properly. If it slips out of place or twists, it can cause blockage of the stomach. This requires urgent re-operation to change the position of the Band.

Swallowing Problems: Once the Band is in place the swallowing tube (esophagus) may not work properly and you could have problems swallowing.

Hardware Breakage: The band, the port, and the connection tubing are designed to last for life. However, the tubing and the port could become twisted, kinked, or broken. This would require re-operations (usually minor) for repair or changing the position of the Band.

Injury to Stomach or Other Nearby Organs During Surgery: During the Band placement, injury to the stomach, esophagus, spleen, liver, or other tissues is possible. Sometimes the injuries can be fixed at the time of surgery and the band can still be placed. However, if the injury is severe, the operation may be cancelled and/or postponed until a later date.

Alternatives

All other options that are currently available and in common practice in the United States have been explained to me in complete detail in a setting where I have had a chance to ask questions.

I have asked all questions that I wished to ask about alternatives and all have been answered in a satisfactory manner.

I have been counseled about other surgical and non-surgical options and techniques available for treating obesity, including but not limited to:

- Various diets and weight-reducing plans with or without the use of drugs,
- Exercise regimens,
- Psychological or psychiatric therapy, and
- Other regimens.

I have made numerous attempts at permanent weight loss in the past, all without long-lasting success.

Benefits

I have been told and understand that this weight reduction surgery has been reported to improve several health problems such as diabetes, sleep apnea (breathing problems while sleeping), high blood pressure, and high cholesterol. Other benefits include improved heart function, having more energy, and improved ability to move around. I understand that these benefits are different for each patient.

The Operation and Follow Up

Gastric banding was first approved by the FDA for use in bariatric surgery in 2001. Gastric banding causes weight loss by limiting the amount of food your stomach can hold.

Gastric banding is used for weight loss in severely overweight adults who have been severely overweight for at least five years and for whom non-surgical weight loss methods have failed. Patients must:

- Have a Body Mass Index (BMI) of at least 40, or
- Be at least 100 pounds over their estimated ideal weight, or
- Have a BMI of 35 or greater and have developed the risk factors for cardiovascular disease and other medical illnesses. Some of these illnesses may include breathing problems, high blood pressure, heart disease, high cholesterol, stroke, diabetes, arthritis, blood clotting problems, and cancer.

Depending on each patient's needs, after the device is implanted, the narrowed opening between the pouch and the lower part of the stomach must be adjusted in size by blowing up or shrinking the hollow band.

Blowing up the band makes the food pass more slowly. Shrinking the band makes it wider, causing food to pass more quickly. This adjustment is made by adding or taking out fluid inside the hollow band.

Only your doctor or his/her staff nurse can adjust the band by adding or taking out the fluid through a small button-like part called the access port. This access port is placed under the skin in a muscle in the chest wall. The port is connected to the band by the tubing.

Patient Understanding

I understand that I must be willing to make major changes in my eating habits and lifestyle. I have agreed to make the changes explained to me by my doctor.

I understand and it has been explained to me that this type of surgery requires:

- Psychological reviews (before and sometimes after surgery),
- Support group meetings,
- A commitment from me to change my way of life,
- Maintenance of an exercise program, and
- Support from family members.

I understand there are no guarantees to this operation and success is dependent upon my cooperation and commitment to behavior change and medical follow-up.

I understand and it has been explained to me that I will be scheduled for ongoing visits with my doctor. I understand that these visits are necessary to monitor my progress and to make sure that my nutritional and medical needs are met.

I certify that I have read and filled out the patient registration and medical history fully and correctly to the best of my knowledge, and that the information that I have given is complete and correct. I understand that not telling my doctor all medical information could cause complications or problems that may have been prevented if that information were known by my doctor before my operation.

Request for the Operation

I request Dr. _____ to perform Laparoscopic Adjustable Gastric Banding on me. This operation has been explained to me by my doctor and I completely understand the nature and consequences of the operation. My doctor has provided me with a detailed explanation of gastric banding surgery as a treatment of obesity.

I know that during this operation, a silicone band will be placed around the very top part of my stomach. I understand that the band is connected to a container that will serve as the entrance area for changes to the band. This container will be placed under the skin on my stomach. My doctor has shown me drawings and has given me both verbal and written descriptions of the operation. My doctor has strongly encouraged me to make my own investigations into gastric surgery.

_____ Patient Initial I understand that women of childbearing age should not get pregnant for at least 12 to 18 months or until their weight becomes stable. Rapid weight loss and nutritional shortages can harm a developing baby. I confirm with my initials that I am not pregnant at this time and understand that I should wait a minimum of one year before trying to get pregnant.

Because of my particular condition, these additional risks have also been explained to me **none list:**

I have the following allergies **none list:** _____

Understanding all of the above, I request and hereby give my informed consent to Dr. _____ and his/her associates to perform Laparoscopic Adjustable Gastric Banding surgery on me. I confirm with my signature below that my physician has discussed the above information with me, that I have had the chance to ask questions, that all of my questions have been answered to my satisfaction, and that I consent to have Laparoscopic Adjustable Gastric Banding surgery performed upon me.

Signature of responsible party

Date

Relationship to patient (if responsible party is not patient)

Witness to signature

Date

Note to Witness

You have been asked to witness this procedure-specific informed consent. By witnessing this consent form you are acknowledging that you have asked and the patient has confirmed to you that he/she:

- Has read the whole form,
- Understands the form as it is written,
- Has had his or her questions satisfactorily answered, and
- Chooses to proceed with the doctor's recommended operation.

Physician

I confirm with my signature that I have discussed with the above-named patient the risks, potential complications, alternatives, and intended benefits of the Laparoscopic Adjustable Gastric Banding surgery. The patient has had the opportunity to ask questions, all questions have been answered, and the patient has expressed understanding. Thus informed, the patient has requested that Laparoscopic Adjustable Gastric Banding surgery be performed upon him/her.

Physician signature

Date

Witness

Date

BOLD Study Information Sheet

As a nationally recognized Bariatric Surgery Center of Excellence, Carolina Surgical Clinic does participate in the Bariatric Outcomes Longitudinal Database (BOLD). This database was created and is maintained by the Surgical Review Corporation (SRC), a nonprofit healthcare organization. SRC developed the Bariatric Outcomes Longitudinal Database (BOLD) to support surgeons' decisions regarding patient care and to track outcomes of bariatric surgeries. BOLD is now the world's largest database for bariatric surgery, containing information on hundreds of thousands of patients.

WHY IS THIS STUDY BEING DONE?

The purpose of this study is to record and investigate the short-term and long-term results of different types of bariatric surgery. SRC will compare the surgical procedure performed with the health of patients for at least five years after surgery. This information will enable us to learn about the types of surgery that are most effective for weight loss and managing conditions related to obesity.

WHAT ARE THE BENEFITS OF THE STUDY?

The information and knowledge gained from the BOLD study will help surgeons improve the way bariatric surgical care is delivered and better understand the risks and benefits of each type of bariatric surgery.

WHO IS TAKING PART IN THE STUDY?

All patients who have bariatric surgery performed by a participant in the Bariatric Surgery Center of Excellence program are included in the BOLD study. SRC developed and administers the program on behalf of the American Society for Metabolic and Bariatric Surgery.

HOW IS THE STUDY CONDUCTED?

As part of your surgeon's involvement in the Bariatric Surgery Center of Excellence program, he/she collects the following information for every bariatric surgery patient and enters it into BOLD:

- Personal information: gender, race, employment status, insurance status, medical record number, year of birth, height, weight and prior surgeries. Your surgeon has the option of entering your name for internal tracking purposes.
- Information about your surgery: date of admission, date of surgery and date of discharge.
- Information about your medical condition before, during and after your surgery.

Data that is used for research does not include your name or medical record number. Information about your surgery will be combined with data from all other study participants in a separate research database, and SRC research staff will analyze this combined information. The results of the study will be reported or published for the total population. No individual patient information will be published.

WHAT ABOUT MY CONFIDENTIALITY?

Your information is entered into BOLD through a secure website and permanently stored in a database that is managed by SRC. This database is secure and meets the requirements for the protection of patient confidentiality as required by the Health Insurance Portability and Accountability Act (HIPAA).

WHAT ARE THE RISKS OF THE STUDY?

There are no physical risks associated with this study. However, there is a slight risk of loss of confidentiality. Every effort is made to keep your information confidential, but this cannot be guaranteed.

WHAT ARE THE COSTS?

There are no costs to you or your insurance provider for participating in the BOLD study, and no additional medical or surgical procedures or tests are performed as part of the study. You will not be paid for participating in the study, and SRC assumes no responsibility for paying, discounting or providing free medical care before, during or after your surgery.

WHAT ARE MY RIGHTS?

Your participation in the BOLD study is voluntary. You do not have to take part in this study in order to have bariatric surgery. You may withdraw from the study at any time. If you withdraw from the study, your data will not be used for research purposes. Your decision to not participate in or to withdraw from the study will not affect your medical care in any way. If you decide to withdraw from the study, you will need to let your surgeon know in writing.

You are not required to sign a consent form to participate in this study. However, you must let your bariatric surgeon or his/her staff know if you do not wish to participate either before you leave the office today or prior to your surgery. If you have any questions about the BOLD study, please visit the SRC website at www.surgicalreview.org and click on "Research," or call SRC Support at 1-866-790-4772.