

Adjustable Gastric Band

The following four things must happen to make the lap-band a successful weight loss tool:

- Proper placement by a qualified surgeon- our surgeons have performed hundreds of these surgeries.
- Follow-up is very important so that we can monitor your progression and give you suggestions and support as you adjust to your band.
- Post op visit- one week after surgery to check your incisions, and evaluate your overall well-being.
- First band adjustment or fill- five weeks after surgery. The amount of the first fill is determined by your provider, based on your individual anatomy. You will be asked to follow the post-fill diet which consist of clear liquids for 24 hours, then full liquids for 24 hours, then mechanical soft diet for 24 hours, and finally progressing to a regular diet.
- You will then have band adjustments every four to eight weeks until your band is adjusted to your individual “green zone.” The “green zone” is when you feel satisfied between meals, don’t need to snack, and are losing one half to two pounds per week.
- Exercise: In order to lose weight you must burn more calories than you take in. Walking 30 minutes daily is a good start. Treadmills, elliptical exercise machines, stationary bicycles and swimming are also good means of exercise. Start slowly (a few minutes per day) and gradually increase the length of time.

Possible complications of surgery that your surgeon will discuss with you:

- Bleeding
- Infection
- Damage to nearby organs
- Death

Possible complications of the lap-band that your provider will discuss with you:

- Slippage- requires surgery to reposition and possibly removal
- Erosion- requires removal of band and repair of stomach
- Dilation- due to overeating. Requires “unfill” of band and diet compliance

Potential problems with the port that your provider will discuss with you:

- Infection- requires antibiotics and possibly removal
- Flip- port becomes turned over inside the body and cannot be used. Requires surgery to put back in position

Preoperative Diet

Congratulations! You are one step closer to having your weight loss surgery. A low fat, low carb, low calorie, high protein diet is recommended for patients before gastric banding or gastric sleeve.

Advantages

- Decreases the size of the liver, which aids the surgeon placing the band
- Decreases complications after surgery
- Improves recovery time
- Improves diet compliance after surgery
- Initiates early weight loss

Full Liquid Diet

For a patient with a BMI above 50, follow this diet for five days prior to surgery.

For a patient with a BMI of 40-50, follow this diet for three days prior to surgery.

For a patient with a BMI below 40, this diet is optional, not required. Participation is encouraged for starting the weight loss process.

Consume a liquid diet of 5-6 protein shakes per day. Approved brands include; Sugar Free Carnation Instant Breakfast, Unjury Medical Quality Protein, Optifast, or Slim Fast Low Carb. You can either purchase the shakes pre-mixed, or mix powder with 8-10 oz skim milk or soy milk. You can also choose other brands with 2-3 grams of sugar or less per serving. Sugar free yogurt can also be consumed in moderation. The goal is 1000 to 1300 calories per day, with 60-80 grams of protein included per day. Make sure to drink plenty of water as well.

Clear Liquid Diet

All patients, including those with a BMI below 40, for two days prior to surgery:

Consume clear liquids only. Look for low or no carb drinks that contain protein. Approved brands include; Isopure Zero Carb drink, Nectar Protein drink, or Special K protein water. Broth, sugar-free jello, and tea can also be consumed during this time. You can also choose other brands with 2-3 grams of sugar or less per serving.

For Patients with Diabetes:

Many of you are on insulin or oral diabetes meds such as glyburide or metformin. Please contact your endocrinologist or primary care provider for instructions on how to adjust your medications during this time to prevent hypoglycemia symptoms. This should be done as soon as you receive these instructions and before starting the above plan.

Helpful Tips

- For variety, you can add flavorings to the full liquid protein shakes. Ideas include a tablespoon of sugar free pudding, sugar free jello, or fresh/frozen fruit. You can also try blending with ice for a smoothie.
- During this time, you may feel hungry and irritable, especially during the first few days. These feelings will gradually decrease. If you have questions or concerns during this process, please contact your local BVSA clinic and discuss with the practitioner you consulted with. We are here to help you through every step of this process.

*Your Practitioner may alter this plan to suit your specific needs.

Preoperative Bariatric Sample Menu for Liquid Diet

The goal is 1000 to 1200 Calories per day, aiming to drink 1 ounce of liquid every 15 minutes while awake.

Sample Clear Liquid Diet Menu

Consume clear liquids only. Look for low or no carb drinks that contain protein. Approved brands include Isopure Zero Carb drink, Nectar Protein drink, or Special K protein water. Broth, sugar free jello and tea can be consumed during this time.

Below is a Sample Menu plan:

Day 1

Breakfast: 1 cup of juice, $\frac{3}{4}$ cup of clear broth, $\frac{1}{2}$ cup of sugar free lemon gelatin, and 1 cup of coffee. Chewable multivitamin and sublingual vitamin B12

Morning snack: 1 cup of a clear sports drink (sugar free)

Lunch: $\frac{1}{2}$ cup of juice, $\frac{3}{4}$ cup of clear broth, $\frac{3}{4}$ cup of sugar free lemon-lime soda, and 1 Popsicle (equals about 2 ounces of liquid)

Afternoon snack: 1 Popsicle

Evening meal: $\frac{1}{2}$ cup of sugar free juice, $\frac{3}{4}$ cup of clear broth, $\frac{3}{4}$ cup of sugar free ginger ale, $\frac{1}{2}$ cup of sugar free gelatin, and 1 cup of herbal tea with honey or sugar

Evening snack: 1 cup of flavored sugar free gelatin

Day 2

Breakfast: 1 cup sugar free apple juice, 1 cup coffee, $\frac{1}{2}$ cup of flavored sugar free gelatin. Chewable multivitamin and sublingual vitamin B12

Morning Snack: 1 cup sugar free apple juice, 1 Popsicle, 1 glass water

Lunch: 1 cup tea with honey, 1 cup beef broth, 1 glass water, $\frac{1}{2}$ cup of flavored sugar free gelatin

Afternoon Snack: 1 Popsicle, 1 sugar free hard candy, 1 glass water

Dinner: 1 cup chicken broth, 1 glass water, 1 cup tea, $\frac{1}{2}$ cup of flavored sugar free gelatin

Evening Snack: 1 cup sugar free juice, 1 hard candy

If you are diabetic, be sure to notify your PCP about this liquid diet, so that changes can be made, if needed. This low calorie, low fat diet may cause hypoglycemia without adjustments. Check your blood sugar regularly, and report them to your PCP or endocrinologists.

Sample Full liquid Diet

Consume a liquid diet of 5-6 Protein shakes per day. Approved brands include sugar free Carnation Instant Breakfast, Unjury Medical Quality Protein, Optifast, or Slim Fast Low Carb. **NO Ensure.** You can either purchase pre-mixed shakes or mix powder with 8-10 oz. soy or skim milk. You can also choose other brands with 3 grams or less of sugar. Sugar free yogurt can also be consumed in MODERATION.

Below is a sample menu:

Day 1

Breakfast: Vanilla or chocolate flavored protein powder smoothie. Mix with half the recommend liquid (water or skim milk) and blend with 10 cubes of ice to make it like a slushee. Chewable multivitamin and sublingual vitamin B12

Morning Snack: Protein shake. Calcium citrate

Lunch: Whey protein powder shake with water or skim milk

Dinner: Liquefied broth based chicken soup. Calcium citrate

Day 4

Breakfast: Pre-mixed whey protein shake. Chewable multivitamin and sublingual vitamin B12

Morning Snack: Isopure 8 oz. Calcium citrate

Lunch: 1 ounce Prostat liquid protein mixed in no sugar added juice or water

Dinner: Liquefied vegetable soup with two packets of Beneprotein or other non-flavored protein powder. Calcium citrate

Day 5

Breakfast: Double milk (8 oz skim milk + 1/3 cup non-fat powdered milk). Chewable multivitamin and sublingual vitamin B12

Morning Snack: Bariatric advantage protein powder with water. Calcium citrate

Lunch: Unjury protein powder with water

Dinner: Liquefied low sodium broth based soup. Calcium citrate

You must drink non-caloric, non-carbonated and decaffeinated beverages like water, Crystal Light or diet Snapple between the protein shakes.

You can add protein to your sugar free Jell-O if you make your own instead of buying the single serve cups. Just add unflavored protein powder to the boiling water at the same time you add the gelatin powder. You may also have crushed ice with sugar free drink flavoring at any time. Sip on liquids throughout the day.

Instructions for first month after gastric banding surgery

Week 1-- Liquids.

Week 2 – Puréed diet (baby food consistency diet). The food needs to be of a consistency that it readily pours off a spoon.

Weeks 3-4 – Mechanical Soft Diet

ONE week before your first fill, start your regular diet. This is to be sure you are able to tolerate a regular diet before getting a fill. Also, use this week to work on:

- Pulverizing your food when you chew.
- Measuring out a 1 cup portion in order to get a visual of what a serving looks like
- Have an exercise plan.
- When drinking anything, drink mouthfuls and wait 15-20 seconds. No gulping fluids.

Activity and limitations: You need to walk as often as you can. No lifting over 10 pounds. No excessive bending, stooping, reaching, or twisting. No strenuous exercise for 6 weeks after surgery. This next month is about healing and good nutrition, not the weight loss.

Showering is okay, but NO hot tubs, baths, or swimming for 6 weeks after surgery.

Medications: Check with your pharmacist for meds that can be crushed or broken. If the medication is smaller than a pencil eraser, then it may be taken without cutting. Any medications that are extended release, time release, or enteric coated should NOT be crushed. In general, most medications can be swallowed at about 4 weeks post-operatively.

Constipation: You have had general anesthesia and the bowel is put to sleep as well. It takes 2-3 days for the bowel to be totally functioning and you will likely experience intestinal gas pains from the liquids and the bowel waking up. **The best thing for you to do is to be up walking and being active. If you do not have a bowel movement by day 4, then you need to begin drinking prune juice daily.** If there are no results after the prune juice, then add an over-the-counter stool softener.

Post-op pain: It is not uncommon to experience pain between the shoulders, neck, back, or down the arm from the carbon dioxide used in laparoscopic procedures causing irritation to the diaphragm. The best thing to do is to walk, be active, and stay well hydrated. It can take as long as 1-2 weeks for the gas to be re-absorbed and the discomfort to resolve completely.

CALL your BVSA provider if you experience:

- Fever over 101° or chills
- Nausea or vomiting
- Warmth, drainage and/or redness around incision sites
- Abdominal pain
- Inability to keep down any fluids
- Inability to urinate in 8 hours

Post-Bariatric Surgery Diet Week 1-4

The following items will be needed for the first few weeks after surgery:

Clear Liquids- must be able to read text through a glass to be considered clear

- 100% fruit juice
- Clear Broth or Bouillon
- Non-carbonated sports drinks
- Regular or sugar-free popsicles
- Regular or sugar-free sorbet
- Regular or sugar-free gelatin
- Regular or sugar-free drinks
- Coffee and tea – decaffeinated or herbal
- Regular or sugar-free instant hot apple cider
- Sugar substitute – any color packet
- Non-carbonated regular or sugar-free flavored waters
- Protein water

Full liquids

- Skim or 1 % milk
- Regular or sugar-free hot chocolate
- Regular or sugar-free pudding
- Yogurt
- Hot cereal – Cream of Wheat, Farina or Malt-o-Meal
- Cream soups
- Regular or sugar free fudge bars
- Regular or sugar-free frozen yogurt, ice cream
- Vegetable juice

Mechanical Soft Foods

- Cottage cheese (low-fat, small curd)
- Soups/stews (small pieces, cooked very soft)
- Soft baked fish canned tuna, shrimp, scallops, salmon, tilapia, etc.
- Natural nut butters (smooth and creamy peanut, almond, etc.)
- Low sugar/low fiber cereals (Cheerios, Rice Krispies, corn flakes, Special K, etc.)
- Pureed Baby Foods
- Frozen Regular or Sugar-free all fruit bars
- Tofu

Modified Regular Foods

- Moist baked chicken
- Eggs
- Thinly shaved low-fat deli meats – chicken, turkey, ham, roast beef
- Soft baked fish – canned tuna, shrimp, scallops, or imitation seafood
- Soft fruits- fresh without skins or canned in water or natural juice, bananas, apples, peaches, pears
- Soft cooked pasta and noodles
- Soft cooked vegetables- carrots, potatoes, sweet potatoes, squash, green beans, hominy, beets (no onions, dried beans, peas, corn or gas causing vegetables for 3 months after surgery)
- Low-fat, regular or sugar-free yogurt with fruit

Supplements

- Protein supplement – recommend purchasing at least two kinds (flavored and/or clear)
- Multivitamin with iron – Vivactiv Soft Multivitamin Chew, Centrum Liquid, Flintstones Complete, One-A-Day Children’s Complete etc.
- Calcium – Tums, Vivactiv Soft Calcium Chews, Os-cal chewables, Citical Liquitabs Effervescent tabs, etc.

Potential Complications of Gastric Band Surgery

Any surgery can result in complications, and the LAP-BAND® System is no exception. There are some complications outside of the early post-operative period unique to adjustable gastric bands that should be addressed. Gastric prolapse, esophageal dilatation, erosion and adjustment port problems are uncommon but you need to understand them. Be sure to review your band manufacturer's pre-surgery materials for specific information regarding your band and its risk for complications.

Prolapse

Gastric prolapse, or slippage, is the process by which a portion of the stomach that is supposed to be below the band slips through the band. If this occurs, patients have pain, chest discomfort, nausea or vomiting. This diagnosis can be confirmed by x-ray.

If there is fluid in your band, then simple removal of the fluid from the band can be curative. This allows that portion of the prolapsed stomach to slide back down. If this maneuver is unsuccessful, then surgical reduction of the slip may be performed, usually laparoscopically.

Esophageal dilatation (dilation)

Esophageal dilatation, or gastric pouch dilatation, occurs when the portion of the stomach above the band or the esophagus increases in size. This can occur when the band has good restriction or the patient is overeating. Dilation may occur for other reasons also. Sometimes there are not noticeable signs or symptoms. This complication is highly controversial. Simple deflation of the band, having the patient limit portions to one cup of liquid and pureed foods three times per day, and exercising daily can be curative. The patient is re-evaluated in a few weeks with a barium swallow. If there is no improvement in the dilated esophagus, then the band may need to be removed. If the condition is resolved, the band can be gradually adjusted as long as the patient continues to comply with the outlined program.

Erosion

Erosion involves an ulceration of the stomach wall caused by the band. It can cause free release of stomach contents into the abdominal cavity, leading to peritonitis, but most of the time the erosion is localized and contained around the stomach, itself. Clues that an erosion has developed include a port site infection, far removed from surgery, or loss of restriction to food. Erosion treatment must be performed surgically. The band is removed and the sites of injury are repaired. In some rare cases, a new band may be placed at a later time, depending upon findings at time of removal.

Port complications

Finally, some port problems can occur. The port can tilt, twist or flip, making adjustments very challenging or impossible. The tubing that runs from the port to the band can also twist and kink. Fortunately, most of these difficulties can be remedied as an outpatient under local anesthesia.

Summary

Laparoscopic adjustable gastric banding has proven to be a safe bariatric surgical procedure. It is minimally invasive, adjustable and reversible. Living with a band requires a strong understanding of the procedure and its limits. Patients must understand that weight loss is slow and gradual. Exercise, behavior modification, attendance in support groups and dietary modifications are all critical elements of success. It is important to have close follow-up with your practitioner and be aware of any problems that may arise.

COMMON PROBLEM FOODS

Some foods have difficulty passing through your band and may cause obstruction or blockage. This can lead to pain and vomiting which can result in complications including **gastric prolapse or band slip**.

- Dry meat
- Shrimp
- Untoasted or doughy bread
- Pasta
- Rice
- Dried fruit
- Fibrous foods such as corn, asparagus and celery
- Popcorn
- Greasy or fried foods
- Seeds and skins of fruits and vegetables
- Membranes of citrus fruits
- Carmel (candy bars or protein bars)
- Peanut butter
- Coconut
- Scrambled or fried eggs

Introduce these foods very slowly and individually to see if they are tolerated. Always be mindful and chew well. Avoid any and all of these foods if not well tolerated.

Esophageal Dilation

What is esophageal dilation?

Esophageal dilation is a condition where the esophagus is stretched or dilated beyond its normal boundary. It is then possible for food that would normally have passed into the pouch and stomach to collect in the esophagus. In other words, the esophagus becomes a “holding area” for undigested food.

What are the possible causes?

- Binge eating or eating too large quantities-“just one more bite”
- Band adjusted to tight
- Excessive vomiting
- Esophageal dysmotility (weaker esophagus) - a weaker esophagus is one that is not good at pushing food through to the stomach causing esophagus to stretch and dilate.
- Stoma obstruction
- Improper band placement

How is esophageal dilation diagnosed?

Your practitioner will ask a series of questions at each visit. Information from these questions allows the practitioner to evaluate if you have signs of a dilated esophagus. If these are present, the practitioner will order a barium swallow to check for band placement, restriction and esophageal dilation.

What does esophageal dilation look like?

When viewed on a barium swallow, the esophagus looks like a straight, slender, uniform tube. When **dilated** it has the appearance of being stretched, wider, and sometimes irregular in configuration.

What is the treatment for esophageal dilation?

- **First esophageal dilation-** removal of the band fluid for 4-6 weeks depending on the amount of dilation. It is important during this time that you keep your portion size to no more than 1 measured cup.
- **Second dilation-** removal of all of the fluid from band. An appointment will be made for you to see surgeon. He may order an Upper Gastrointestinal (UGI) with motility study and consult a gastroenterologist for an esophagogastroduodenoscopy (EGD).
- In some cases, it may be necessary to remove the band.

It is often helpful to eat small high protein snacks in between meals to prevent excessive hunger and overeating.

Note: *Exercise must continue during this time.*

How can you avoid these common causes of esophageal dilation?

- **Binge eating or eating too large of quantities-** Serve your food on a small plate and use small utensils.
- **Band adjusted to tight-** Make sure you keep regularly scheduled appointments for follow-ups and band adjustments, understanding that more in the band does not correlate with greater weight loss. Be totally truthful in answering the practitioner's questions about nutritional intake, snacking, portion size, etc.
- **Excessive vomiting or regurgitation-** Talk with your practitioner if vomiting becomes excessive or a regular occurrence.
- **Esophageal dysmotility-** if you have been diagnosed with this discuss with your practitioner as motility studies may need to be ordered.
- **Stoma Obstruction-** Follow the post fill diet, take small bites, chew your food until almost liquefied and eat slowly to prevent obstruction. Avoid foods that cause you problems.
- **Improper band placement-** Have your band placed by an experienced bariatric surgeon.

Esophageal dilation is not predictable and does not occur at any certain time. The likelihood of esophageal dilation occurring increases the longer one has the band and the more complacent one becomes with monitoring total dietary intake.

Band Adjustment

Scheduling and Expectations

The adjustability of the gastric band is one of the greatest advantages of this bariatric procedure over gastric bypass, the mini bypass, the sleeve or the duodenal switch. With adjustable gastric bands, after a period of a few weeks following band placement, your practitioner will adjust your band with a procedure commonly called a fill.

Three main factors are used to determine whether to add fluid to your band: weight loss, level of hunger and degree of restriction. If you are not losing adequate weight (less than ½ pound per week, have ravenous hunger and seem to be able to eat more with meals) then it may be time to adjust your band.

Most adjustments are done in our office in about 30 minutes. At BVSA, we use fluoroscopy or x-ray needle guidance to access the port before filling the band. Some other facilities use a technique known as direct palpitation, also known as a “blind stick.” The fluoroscopy adds a step, but it ensures that the needle goes in the right place and prevents unproductive fills or accidental piercing of the catheter.

Your band adjustments

Your first fill is usually done at four or five weeks after surgery. Subsequent fills tend to be done in four- to six-week intervals until you experience good restriction from the band. Your band practitioner routinely does these fills and knows how to determine what amount is appropriate for your situation. Don't be upset if you don't feel restriction after your first couple of fills. It takes time and patience to reach the proper fit, and everybody's optimal fill level is different. That means you should not compare your fill amount to other patients' fill amounts, as their optimal number may be very different than yours.

After an adjustment, it is important to recognize negative symptoms. Chest pain after eating and drinking, nausea, vomiting and reflux could mean that your band is too tight. More subtle signs include nighttime coughing or choking and an inability to eat a range of foods. Remember that weight loss should be gentle and gradual. You must resist the urge to be too tight too fast. This can lead to dysfunctional eating habits in which patients convert their diet to liquid calories. If obstructive symptoms are present, fluid needs to be removed from your band.

Your life with proper restriction

After you reach a point of good restriction, BVSA recommends checkups every three months for the next two years. We encourage you to attend support groups for best results. Support groups are part of a long-term treatment plan to provide continued education, motivation and support throughout your weight loss journey. Medical co-morbidities or associated conditions can also improve as your weight loss progresses, so your medications and dosages may need adjustment. It is critical to follow up regularly with your primary care physician as you lose weight.

The band may be reversible, but it must be viewed as permanent. It is not designed to be removed once you reach your target weight.

Stay in the GREEN ZONE

Adjustments are made to your band to assist you in feeling fuller faster. This allows you to feel full on eating less food. The amount of fluid in your band or the number of adjustments you receive is different for every person. The right amount of fluid in your band is called the “Green Zone.”

The Green Zone:

- Controlled hunger
- Portion control when eating your 2 to 3 small meals a day of solid foods
- Weight loss of 1 to 2 pounds per week (when eating healthy foods and exercising)

The Yellow Zone (Signs that your band may require fluid to be added):

- Feeling hungry between meals
- The portion size needed to feel full increases
- No weight loss (despite healthy food choices and exercising)

The Red Zone (Signs that your band may require fluid to be removed):

- Regurgitation of food (food that comes back into your mouth after swallowing it)
- New onset of acid reflux
- New onset of nighttime cough
- Difficulty tolerating solid foods
- Pain when eating or shortly after eating

****If you begin to experience any of the “Red Zone” warning signs, call the office right away.**

Band Adjustment Rules

- When coming in for a postoperative office visit, if you suspect you will be receiving an adjustment to your band, it is recommended that you do not eat anything solid 4 hours prior to your appointment.
- Follow the post-adjustment guidelines provided to you.
- If you experience any difficulty advancing your diet as recommended, return to liquids and call our office immediately.
- Remember, as your band restriction increases, you may find it difficult to tolerate solid foods in the morning hours
- When possible, avoid taking pills in the early morning hours or within 2 hours of lying down.

Post Fill Diet

For the first 24 hours- Clear liquids: Examples- Jell-O, broth, apple juice, Special K protein water or other clear protein drink. Any non-alcoholic drink you can read a newspaper through is acceptable.

Next 24 hours- Full liquids: Examples- Protein shakes, tomato soup or cream soup, yogurt, pudding, basically anything you can sip through a straw.

Third Day- Soft diet: Examples- Baked fish, mashed potatoes, canned chicken, cottage cheese, peas, basically anything you can mash with a fork.

After the third day, slowly ease into your regular diet.

Reminders

1. No chugging fluids, this can dilate your esophagus.
2. Small and Slow- Eat smaller bites, take smaller drinks. Chew each bite longer and slower, and wait 10-15 seconds between drinks and 1 minute between bites. Try using kid size spoons and forks to take smaller bites.
3. Keep portions to 1 cup or less. Measure foods to see what one cup of food looks like on your plate.
4. Let one cup keep you full for 3-4 hours. If you get hungry, have a small snack to get you to your next meal.
5. Don't skip meals. If you can't eat a meal, at least have a protein shake.
6. Call your BVSA clinic if you have any questions.

Gastric Band...Friend or Foe?

Reminders for a successful banded experience

Band Friendly Behaviors

*Eat 3 small meals a day (less than 1 ½ cups total serving size for main meals).

Daily protein goal is 60-80 grams per day

* Snacks are limited to twice a day, must be protein packed, and only eaten if absolutely needed

*Eat slowly and chew thoroughly, at least 15-20 times per bite

*Stop eating as soon as you become full

*NO drinking while eating

*Eat only good quality food

*Drink at least 80-100 oz. of fluid per day, taking only small sips at a time

*Drink only non-carbonated, non-“sugared” beverages.

Examples- Crystal Light, Vitamin Water Zero, Splenda, Equal, Truvia. **No soda pop.**

*Take a multivitamin and calcium supplement daily

* Exercise at least 30 minutes daily

Band Fighting Behaviors

*Skipping meals, especially breakfast

*Drinking any liquids with meals

*Eating “sliding” calories most of the time (soups, ice cream, protein drinks, etc.)

*Resorting to high calorie carbohydrates (crackers, chips, cookies, candy, etc) or liquids (juice, pop)

*Drinking less than 64 oz. of water daily

*Little or no physical activity

*Returning to old eating habits

HOW TO TELL WHEN YOU ARE PERFECTLY ADJUSTED

If you are not losing 1-2 pounds per week:

You may need an eating adjustment

- Are you eating 60-80gm of protein a day?
- Are you eating 25gm of fiber a day?
- Are you avoiding all liquid calories?
- Are you making healthy food choices from a wide variety of foods?
- Are you drinking 64-100oz of fluid a day between meals?
- Are you eating too much junk food?
- Are you getting in two servings of calcium daily?
- Do you always eat the protein first?
- Do you eat vegetables and fruits?
- Is your protein size appropriate?
 - Meat or fish: 3-4oz – the size of a deck of cards.
 - Vegetables: ½ cup – the size of your fist.
 - Starch: no bread, rice, white potatoes, pasta.

You may need a behavior adjustment:

- Are you eating only when you're hungry?
- Are you eating three meals a day?
- Are you sitting down to eat?
- Are you eating unconsciously or emotionally?
- Are you drinking with your meals or too soon after your meal?
- No liquids from beginning of meal until 30 minutes after the last bite is taken.
- Are you stopping at the first sign of fullness?
- Do you eat between meals? Stop grazing.

You may need an activity adjustment:

- Are you getting in 30 minutes of physical activity at least 4-5 times per week?
 - Over and above what you would do in the usual course of your day.
- Are you taking advantage of opportunities to increase your physical activity?
- Are you pushing yourself during your exercise regimen?

You may need an attitude adjustment:

- Are you committed to your weight loss journey?
- Are you totally honest with yourself about how much you are eating and exercising?
 - Log your food and activity on www.myfitnesspal.com for 3 days.
- Are you using food inappropriately to deal with emotional issues?
- Are you attending and participating in support group meetings?
- Have you drummed up some support from your family and friends?
- Do you have realistic expectations about the weight loss journey?
- Are you acknowledging your successes with non-food rewards?

You may need a band adjustment if:

- You feel like you are making healthy food choices in appropriate portion size and are getting hungry between meals.
- You can still eat large portions.
- You are struggling to lose weight.
- You are gaining weight despite eating right, exercising and having a good mindset.

You may need your band loosened if:

- There are times when you can't keep fluids down.
- You have frequent reflux or heartburn at night, have abdominal pain, or night-time cough.

Topics of Interest

Associated with Gastric Band Surgery

Hair Loss

Temporary hair loss is rarely a side-effect of the adjustable gastric band surgery. It is more common with gastric bypass surgeries. If hair loss develops, it usually takes several months before it is noted and can last for two to three months.

Hair loss can result from biotin deficiency, a low-protein or zinc diet or a severe decrease in overall nutrition caused by rapid weight loss. You must have a minimum of 60gm of protein per day. Always eat solid protein first, then your vegetables and fruits. If hair loss does occur and persist, you are either not eating enough protein or your vitamin supplement does not have adequate zinc. Check your vitamin for zinc and/or biotin content prior to adding additional zinc or biotin.

Constipation and Gas

Decreased intake of food, fiber and fluid, along with iron supplementation can lead to constipation.

To prevent constipation:

- Increase intake of clear, sugar-free liquids, such as water, decaffeinated tea, Jell-O, broth and no sugar added prune or apple juice.
- Increase activity or exercise.
- Increase your intake of high-fiber vegetables, such as soft-cooked broccoli, cauliflower and legumes (red beans, kidney beans, black beans, pinto beans, navy beans, black-eyed peas, etc.)
- Increase your intake of fruits, such as soft prunes, low-sugar applesauce, apples or pears.
- Increase your fiber intake, using high-fiber foods such as cereals and multi-grain breads (toasted).
- Supplement your diet with fiber supplements found in the pharmacy section of most grocery stores and pharmacies. Choose the fiber that you tolerate best.
- Increase your magnesium intake through supplements.
- Add acidophilus as a supplement to improve bowel regularity. This can be found in the refrigerator section of health or whole food stores.
- Use stool softeners, such as Colace, Dialose, Docusate, Fleet Sof-Lax, or Surfak. Follow label instructions.
- You may use mild, non-cramping laxatives, such as Milk of Magnesia, Senekot liquid, Correctol, Dulcolax (biscodyl), Miralax or Cascara liquid. Generic substitutions are acceptable.
- An occasional enema may be used if the above suggestions are not sufficient. Discuss any chronic problems with your health care provider.

NOTE: Remember to chew all fiber-containing foods very well and increase your fluid intake when eating those foods. Fiber that is poorly chewed can obstruct the pouch outlet. If constipation persists, contact your surgeon or practitioner for further instructions.

Intestinal gas can be uncomfortable and embarrassing. If this becomes a problem, you may use Gas-X to relieve symptoms. Take as directed on the package.

Alcohol

Alcohol is allowed in moderation (one or two drinks per day) beginning one month after surgery. Remember that alcohol is very high in calories and it can dehydrate your body. You will need to subtract the alcohol calories from your food calories. Keep in mind that your food quantity and calories are already limited.

Alcoholic beverages that are carbonated, such as champagne or beer, may cause nausea, vomiting, chest discomfort, increased belching and heartburn. When drinking carbonated beverages, you must drink them slowly. Also, be aware that as you continue to lose weight, it will take less alcohol to become intoxicated. Exercise great caution when drinking alcoholic beverages.

Smoking

We recommend that you quit smoking for several reasons. Smoking is known to increase pouch ulcer formation, increase blood pressure, decrease lung function and impair healing after surgery. If you must smoke, limit your smoking to the minimum number of cigarettes you can comfortably tolerate. It is common to gain weight when one stops smoking due to its effect on the basal metabolic rate. Increasing your activity or exercise and improving your nutritional intake helps to counteract weight gain. If you need assistance to stop smoking, talk to your primary care provider. Your health is of greatest importance to you and all of us.