

Laparoscopic Adjustable Gastric Band

(LapBand)

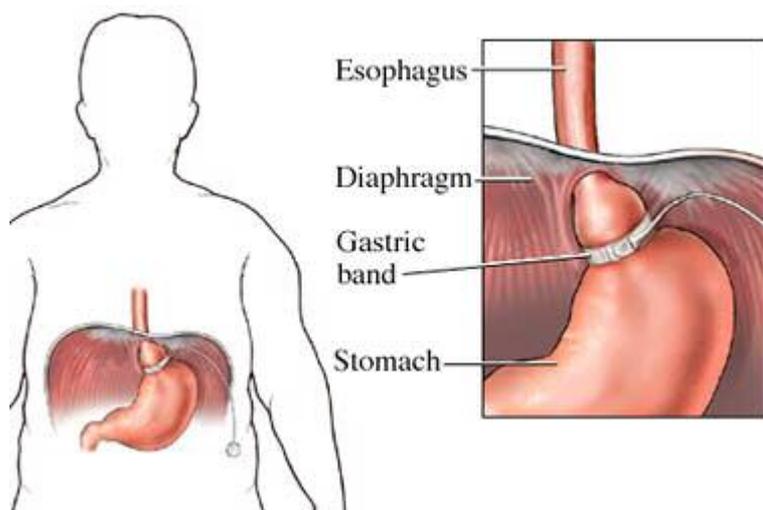
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En Español (Spanish Version)

Definition

This procedure is done to treat obesity. Keyhole incisions are made in the abdomen. An adjustable band is placed around the stomach with the aid of a laparoscope (a tiny tool with a camera on it). The surgery causes weight loss by decreasing the amount of food that can pass into your stomach.

Adjustable Gastric Banding



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Reasons for Procedure

This surgery treats severe obesity. Doctors use a calculation called body mass index (BMI) to determine how overweight or obese you are. A normal BMI is 18.5-25.

This surgery is a weight loss option for people with:

- BMI greater than 40
- BMI 35-39.9 and a life-threatening condition (eg, heart disease, diabetes)
- BMI 35-39.9 and severe physical limitations that affect employment, mobility, and family life

The success of this surgery depends on your commitment and follow-up with your doctor. If lifestyle changes are made and maintained, the benefits of bariatric surgery include:

- Weight reduction
- Improvement in many obesity-related conditions (eg, glucose intolerance, diabetes, sleep apnea, high blood pressure, high cholesterol, arthritis, poor exercise tolerance)
- Improved mobility and stamina
- Enhanced mood, self-esteem, and quality of life

- Reduced risk of dying from cardiovascular disease (eg, heart attack, stroke) and other causes

Possible Complications

If you are planning to have this procedure, your doctor will review a list of possible complications, which may include:

- Vitamin deficiencies—You will take a daily multivitamin for the rest of your life.
- Bleeding
- Infection
- Blood clots
- Vomiting
- Slipping or wearing away of the band
- Erosion of the band into the stomach (may require open surgical repair)
- Injury to other organs
- Irritation of the throat due to acid reflux
- Complications of general anesthesia
- Death (occurs in less than 0.5% of patients)

Factors that may increase the risk of complications include:

- Smoking
- Recent or chronic illness (eg, kidney disease)
- Diabetes
- Old age
- Heart or lung disease
- Bleeding or clotting disorders

Keep in mind that staying obese is a risk factor for many conditions.

What to Expect

Prior to Procedure

Each bariatric surgery program has specific requirements. Your program will likely include:

- Thorough physical exam and review of your medical history
- Mental health evaluation and counseling
- Ongoing consultations with a registered dietitian
- Program to help you lose weight through diet and exercise
- Smoking cessation program

Leading up to your procedure:

- Talk to your doctor about your medicines, herbs, and dietary supplements. You may be asked to stop taking some medicines up to one week before the procedure, like:
 - Aspirin or other anti-inflammatory drugs
 - Blood thinners, such as warfarin (Coumadin)
 - Clopidogrel (Plavix)
- Do not start any new medicines, herbs, or supplements without talking to your doctor.
- Arrange for a ride to and from the hospital. Also, arrange for help at home.
- If advised by your doctor, take antibiotics.
- The night before, eat a light meal. Do not eat or drink anything after midnight unless told otherwise by your doctor. You may be given laxatives and/or an enema to clear your intestines.
- Shower or bathe the morning of your surgery.

Anesthesia

General anesthesia will be used. You will be asleep for the surgery.

Description of the Procedure

To prepare you for surgery, a nurse will place an IV line in your arm. You may receive fluids and medicines through this line during the procedure. The doctor will place a breathing tube through your mouth and into your windpipe. This will help you breathe during surgery. You will also have a catheter placed in your bladder to drain urine.

The doctor will make several small (keyhole) cuts in the abdomen. Gas will be pumped in to inflate your abdomen. This will make it easier for the doctor to see. A laparoscope and surgical tools will be inserted through the incisions. A laparoscope is a thin, lighted tool with a tiny camera. It sends images of your abdominal cavity to a monitor in the operating room. Your doctor will operate while viewing the area on this monitor.

An adjustable round band is placed around the top of the stomach and fastened into place. This creates a smaller stomach area for food. Tubing is placed from the band to an access port in the abdominal wall. The band can later be adjusted with a special saline solution and needle syringe. The incisions will be closed with staples or stitches.

Immediately After Procedure

The breathing tube will be removed. You will be taken to the recovery area while the anesthesia wears off.

How Long Will It Take?

30-60 minutes

How Much Will It Hurt?

Anesthesia will prevent pain during surgery. You may have pain and soreness at the incision site. Your doctor will give you pain medicine to relieve discomfort.

Average Hospital Stay

The usual length of stay is 1-2 days. Your doctor may choose to keep you longer if needed.

Post-procedure Care

At the Hospital

While you are recovering at the hospital:

- Pain medicine will be given as needed.
- On the day after the surgery, x-rays will be taken to make sure the band is in place. If everything looks fine, you will be given fluids, then progress to pureed food.
- You may be asked to do the following:
 - Use an incentive spirometer to take deep breaths every hour. This is to prevent breathing problems.
 - Wear elastic surgical stockings or boots. This is to promote blood flow in your legs.
 - Get up and walk.

At Home

Be sure to follow your doctor's instructions. You will need to practice lifelong healthy eating and exercising habits. Keep in mind after your surgery:

- It will take 2-4 weeks to fully recover. You may be out of work for several days after surgery.

- Do not drive or lift anything heavy until your doctor tells you it is safe. This may take two weeks or more.
- Walk as soon as you are able. Exercise lightly every day.
- Meet regularly with your healthcare team for monitoring and support.
- Ask your doctor about when it is safe to shower, bathe, or soak in water.
- Follow your doctor's instructions on driving limitations.
- You may have emotional ups and downs after this surgery. Talk to your doctor about your feelings.

Your new stomach pouch will be the size of a small egg. It will be slow to empty. This will make you feel full quickly. Nutritional guidelines include:

- Eat very small amounts and eat very slowly. You will begin with 4-6 small meals per day. A meal is two ounces of food.
- For the first 4-6 weeks, all food must be pureed. Once you move to solid foods, food must be well-chewed. When making food choices, ensure that you are getting enough protein.
- Eating too much or too quickly can cause vomiting or intense pain under your breastbone. Most people quickly learn how much food they can eat.
- This procedure does not cause nausea and diarrhea if sweet or fatty foods are eaten. In fact, some people gain back weight because they continue to eat high-calorie foods. To promote ongoing weight loss, you will need to eat healthy foods.
- Follow your doctor's instructions.

You may need to take medicines, as directed by your doctor, which may include:

- Antacids
- Pain medicine (eg, acetaminophen)
- Vitamin and mineral supplements

Ask your doctor if you are able to take medicine in pill form. You may need to crush your medicine or switch to liquid forms.

Call Your Doctor

After you leave the hospital, call your doctor if any of the following occurs:

- Signs of infection, including fever and chills
- Redness, swelling, increasing pain, excessive bleeding, or discharge from the incision sites
- Pain that you cannot control with the medicines you have been given
- Blood in the stool
- Constipation that lasts more than two days
- Pain, burning, urgency, or frequency of urination, or persistent bleeding in the urine
- Persistent nausea and/or vomiting
- Pain and/or swelling in your feet, calves, or legs
- Cough
- Any other concerning symptoms

Call for medical help or go to the emergency room right away if you have:

- Shortness of breath
- Chest pain

If you think you have an emergency, call for medical help right away.

RESOURCES:

American Family Physician

<http://www.aafp.org/>

American Gastroenterological Association

<http://www.gastro.org/>

CANADIAN RESOURCES:

Canadian Association of Gastroenterology

<http://www.cag-acg.org/>

Health Canada

<http://www.hc-sc.gc.ca/index-eng.php>

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