GASTRIC BAND SURGERY

THE FACTS THE

QUESTIONS THE

ANSWERS

A COMPANION E-BOOK FOR
ANYONE CONSIDERING
GASTRIC BAND,
GASTRIC SLEEVE,
OR
GASTRIC BYPASS SURGERY

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DISCLAIMER

This book is not intended as a substitute for the medical advice of qualified physician or Surgeon. Readers of this book should regularly consult a physician in matters relating to his/her health and particularly with respect to any symptoms Pre-and Post Operatively that may require diagnosis or treatment or other medical attention.
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[http://gastricbandfrance.co.uk](http://gastricbandfrance.co.uk)
Introduction

There are many questions

There many questions about gastric band surgery or any other form of gastric or weight loss surgery

We have over the years managed to compile a list of the most commonly asked questions from people who have called our call centres or asked our consultants before deciding to have gastric band, gastric bypass, or gastric sleeve surgery, or indeed any weight loss surgery.

In this booklet, we have tried to keep a simple and yet informative format so that anyone can easily find the answer to the most commonly asked questions we are asked when people are serious about losing weight by surgical means.

There will be many questions which we may not have answered in this booklet, and it is essential that you ask the consultants about any doubts or misgivings which you may have before making your decision. We recommend that you make a note of the question you wish to ask and remember to ask the questions at some point in time before the Big Day arrives.

Remember, this is your body, your lifestyle and your future, so make sure that you understand all of the implications, the benefits, and the future changes which you will undoubtedly have to make once you have decided to go ahead with the surgery of your choice.

You may find other answers and information on our companion websites at

https://gastricbandfrance.co.uk

A blog for news and other related information can be found here

https://gastricbandfrance.co.uk/blog/
Are you Obese?

You are classed as obese if your body mass index (BMI) is between is a BMI of 35 and 40 and as morbidly obese if you a BMI of over 40. If you are in either of these categories you are also at risk of other obesity-related diseases such as type 2 diabetes. you may also be considered for obesity surgery if you are in any of these groups.

What is obesity surgery?

Obesity surgery is a surgical procedure for people who have tried everything to lose weight but have not been able to do so by normal means such as diet and managed weight loss programs or fitness training.

The History of obesity surgery?

In recent years, obesity surgery has gained ever increasing popularity as an alternative to weight loss diets. More and more people are turning towards this procedure to decrease their excess weight.

How do I lose weight safely?

Many people feel that weight loss surgery is too drastic a measure and the risks associated with surgical procedures are too great. By choosing a Hospital or Clinic which has the benefit of Highly Qualified Surgeons and Consultants you can minimize the Risks involved. All of the surgeons at our registered Clinics and Hospitals are highly experienced in this specialist area of gastric band, gastric sleeves, and gastric bypass surgery.

How is obesity surgery performed at our Hospitals?

Obesity surgery is not designed as a quick solution and requires a comprehensive program which includes the support and services of other healthcare professionals such as dieticians to recommend the long-term diet plans and fitness programs which are the most suitable for you.

Gastric band surgery involves placing an adjustable gastric band (sometimes called a lap band) round the upper part of the stomach, which restricts how much food the patient can eat before feeling full. The gastric band is usually inserted using laparoscopic (keyhole) surgery. It can then be adjusted to suit the patient's weight loss or removed altogether if needed.

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Gastric Sleeve surgery is similar to the gastric band surgery but is not as easily reversible as gastric banding.

Gastric Bypass surgery is a major operation for extremely obese patients with a long history of weight problems whereby the Stomach is bypassed completely.

**How do I know if I am eligible for obesity surgery?**

You may be a candidate for gastric band surgery if:

- You are 18 years of age or over. Children under 16 may be considered if their Doctor considers it is medically necessary.
- Previously attempted weight loss in a medically supervised program which has subsequently failed
- Your BMI is greater than 30 at the discretion of the consulting surgeon, or between 35 and 40 with major obesity-related medical problems

**How does obesity surgery work?**

In simple terms, the bariatric surgery restricts the amount of food and drink a patient can eat or drink. It also creates the feeling of being full faster thereby reducing the volume of food which the person will eat, and also far fewer calories. In the case of the gastric band it can be adjusted to increase or decrease the feeling of fullness. This enables the surgeon to control over time your food intake balance which gives the patient and the Consultant the ability to decide on an ideal outcome for that particular Patient.

In the case of Gastric sleeve surgery part of the stomach is removed and thereby makes it impossible for the patient to over eat due to the reduced size of the stomach.

In the case of gastric bypass surgery, there are 2 types of surgery, a Roux-en-Y bypass, or a mini bypass, both of which also reduce the amount of food which patient may consume.

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In brief, what's involved with obesity surgery?
You will usually stay in hospital for one or sometimes 2 nights following the operation depending on which surgery you have opted for. You will thereafter be required to attend a number of post-operative consultations which include further counselling to ensure the recommended diet and weight control regime is being followed. In the case of a gastric band surgery you will need to attend clinics regularly to adjust the gastric band. Any adjustments required are then agreed upon and discussed at the next consultation. This ensures that the outcome is satisfactory and that the overall plan can be adjusted as time goes on.

In the case of gastric sleeve and gastric bypass surgery you will need to follow strict diet conditions and regular blood testing to ensure that your blood levels are maintained and so that any adjustments can be made by adjusting your vitamin levels.
Does obesity surgery really work?

Obesity surgery offers the chance for improvement in health and well-being when it is also accompanied by a change in eating, physical activity, and lifestyle patterns.

What are the main benefits of obesity surgery?
The main benefits of losing weight after obesity surgery include:

- Type 2 diabetes may be cured (successful in 80% of the cases)
- The condition hyper glycaemia, hyper insulimia and insulin resistance may be improved after performing gastric bypass
- High blood pressure is generally cured in over 50% of patients
- Levels of cholesterol are generally reduced or the occurrence of further increases reduced
- Sleep apnoea may be cured in up to 75% of the cases
- Shortness of breath can be improved after gastric surgery due to the loss of weight and the generally improved health of the patient
- Asthma sufferers generally report a reduction of attacks and in many cases, this can be completely eliminated.

Other health benefits may also include the relief of: lower back pain, arthritis, heartburn, urinary incontinence, etc.

There are of course many other benefits, some of which are psychological. By reducing their weight many people feel much better about their appearance. In addition, they will be more able to gain access to various activities they could not participate in previously, like swimming or going to the gym.
Is obesity surgery right for everyone?

Not everyone is suitable for bariatric surgery. This can only be determined after a complete evaluation and consultation between the specialist and patient. Obesity surgery is a life-changing procedure. It is therefore imperative that patients are committed to making the changes needed for a successful outcome.

At the initial consultation, it is essential that a full and complete disclosure of your current and past medical history is provided. Any failure to disclose previous surgery can result in the surgeon refusing to carry out bariatric surgery at the final consultation. As with any surgery there is a risk and non-disclosure could put the patient at risk.

It is recommended to ask if it is possible for you to talk to other patients who have had bariatric surgery with your surgeon in the past. This ensures that you have the opportunity to decide if this is the right Hospital or Surgeon for you. These previous patients will generally give you their own unbiased opinion of the Surgeon, Hospital and aftercare.

A final consultation should always occur between you and your surgeon before the day of surgery. At this time, you should be prepared to ask your doctor to provide you with full information related to the benefits, the risks, alternative surgical techniques, and any other question you yourself are not sure about.
What are the risks of obesity surgery?

As with all surgical procedures they do come with the possibility of complications, fortunately the incidence of complications with bariatric surgery is quite small. One must bear in mind however that there is always a slight risk of death from complications during surgery but this is extremely rare.

The post-operative health risks of restrictive gastric band surgery include:

- Slippage of the band - This and other minor problems can be corrected quite easily if an early diagnosis is made.
- Food intolerances - In a few cases, food intolerances or in extremely rare cases, perforation of the stomach, may lead to the need for the band to be removed.
- Internal bleeding and blood clots – This risk is generally accepted as being less than 1%. The most common occurrence being in the legs following surgery, however as this is a known risk all surgeons will give you advice prior to leaving the hospital about what to watch out for.
- Infections - There is a small risk of infection in the incision area if the procedure is done by open surgery where the laparoscope is not used.
- Pulmonary problems
- Heart attack
- Vomiting - The vomiting may develop when the small stomach pouch is stretched by food particles that have not been chewed well.
- Hernia - Abdominal hernia may occur. This can be caused by vomiting or straining following surgery and before the incision heals where open surgery has been performed. Laparoscopy-assisted surgery greatly reduces hernia risk.
What are the comparative risks of surgery against the risks of obesity?

Most patients suffering from morbid obesity must ask themselves and their surgeon this question. Do the benefits of obesity surgery outweigh the risks? Severe obesity is a generally accepted as being a progressive, chronic, life threatening disease. There is therefore no doubt that the known health risks associated with morbid obesity far outweigh the risks associated with surgery.

How much weight will I lose? And will the weight loss be quick?

The answer to this question can depend on which type of obesity surgery you have. Patients who have adjustable gastric banding procedures usually lose weight more slowly the first year than those who have a gastric bypass or a gastric sleeve, but total weight loss is comparable with all procedures in the long term.

You will lose excess weight during the first year after your operation. But it will most certainly require you to change your eating and exercise patterns to ensure that the weight stays off. Bariatric surgery in itself is a major lifestyle change. This therefore requires that you follow the recommendations given to you following the surgery.

If for any reason you do not follow these recommendations then you may start to regain weight again and any benefits gained will be lost over time.

How long will I have to stay in the hospital after surgery?

This will depend on the type of obesity surgery you have. Generally, hospital stays are between one and three days.
What if I have excess skin after surgery?
As you start losing weight, you may notice excess skin. The amount of excess skin you have will depend upon your weight loss, your age and smoking habits etc. However, our network of hospitals and clinics are able to offer a complete range of body contouring and cosmetic surgery procedures to help correct the problems associated with dramatic weight loss.

How long will I be off work after obesity surgery?
This depends on the type of weight loss surgery you have. Following gastric banding surgery, you can return to work in about one week. On average, the gastric bypass and gastric sleeve procedures requires two to four-week recuperation after the surgery, again your surgeon will offer advice on this according to judgement in each individual case.

Can I become pregnant after obesity surgery?
Women should where possible avoid pregnancy for at least 18 months following any gastric surgery. This should be one of the questions you discuss with your surgeon if you have any pregnancy plans.
However, once this period is over many find that where there have been previous terminations or difficulties in becoming pregnant that the weight loss they achieve makes it more likely for them to achieve as success in the future.

Will I have to take vitamins?
Yes, in most cases. Where required these will be recommended by your surgeon or consultant. The number depends on your weight loss procedure. The gastric bypass and sleeve procedures require a lifetime of vitamin supplementation - usually three supplements daily. A gastric band requires a multivitamin every day.

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Should I exercise after obesity surgery?
For maintaining your weight loss, regular exercise is extremely important. Your Surgeon or Consultant will be able to offer advice as a part of your personal recommendations for future weight loss management.

What about dietary changes after obesity surgery?
Set aside three meals a day when you only eat solid foods. This will help you eat nutritious meals rather than endless snacking. Endless snacking is in many cases the problem that brought you here in the first place, so be aware that a regular meal pattern is far better for you. Eat slowly and chew foods until they are mushy.

Also:
- Allow 30 - 60 minutes for each meal
- Aim for 30 chews for each bite.
- Explain to people why you must eat slowly
- Take small bites. To make it easier to chew, cut food into small sizes of as small as a bean, this aids the digestive system to work more efficiently
- Sit down at a table where and avoid crouching over your food as is common when sitting in a lounge or quite often during “TV Meal”.
- Stop eating as soon as you feel full.
- If you eat too much you may start to feel sick.
- Because the amount of space in your stomach is reduced, do not eat and drink at the same time.
- When you get the feeling of fullness, stop eating, even if you have not finished your meal.
- Over eating is one of the things that caused the problem in the first place.

What happens if I don't follow the diet?
Obesity surgery is successful in over 80% of cases. The main reason it fails the other 20% is because patients do not follow the post-surgery diet and exercise recommendations given to them following surgery.

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Find out more

If you would like to find out more about obesity surgery, or arrange a consultation, contact us today on our main website

https://gastricbandfrance.co.uk

And by completing our online enquiry form for an immediate response

https://gastricbandfrance.co.uk/contact-us/

We also have a website dedicated to cosmetic surgery which can be found at:-

https://plasticsurgeonfrance.co.uk