

# Successful weightloss



## Patient information on Morbid Obesity Surgery

## A topic concerning a lot of people!

Heavy overweight is a considerable health risk for every person. Approximately 1% of the population in most countries of the world can be considered to be Morbid Obese! The WHO (World Health Organisation of the UN) considers Morbid Obesity as an epidemic disease of the decades to come.

Reasons for the development of Morbid Obesity are manifold, but for sure plays a generic pattern, family patterns, unbalanced metabolism, society pressure, eating habits (too much fat) etc. an important role. The consequences of Morbid Obesity are serious and diseases such as diabetes, high blood pressure, cardiovascular problems, joint and back problems, cancer are very often the result of such an overweight condition. Obese people often experience a tremendous social pressure, loss of contacts and friends. The life expectancy of morbid obese people is shortened, in comparison to normal weight people.

It may be advisable, after all other methods of losing weight have failed, to consider surgery as a final option, to obtain the required loss of weight. One of the surgical options is a procedure called: Gastric Banding.

### What Co-Morbidity is caused by Morbid Obesity?

- Joint problems
- Diabetes mellitus Type 2
- Hypertension
- Myocardial Infarction
- etc...

Morbid Obesity is life threatening for the patients AND on top of it, an economical issue for the society. The treatment of diseases induced by Morbid Obesity is very costly and a growing threat to all healthcare systems in the world.

## BMI (Body Mass Index)

The BMI is the today international used scale to determine the weight status of a person. The BMI is calculated by dividing the weight of a patient in kg through the square of the length in m.

### For example:

120 kg, 1,8m tall. BMI is  $120 : 1,8 \times 1,8 = 37,04 \text{ kg/m}^2$   
(would be considered as severe obesity).

Underweight: BMI 18 and less

Normalweight: BMI 19 to 25

Overweight: BMI 25 to 30

Obese: BMI 30 to 35

Severe Obesity: BMI 35 to 40

Morbid Obesity: BMI 40 and higher

The BMI is next to other parameters (i.e. other present diseases caused by obesity) the major indicator, whether surgery can be considered as a possible treatment of Morbid Obesity

# Surgical Options

## What kind of help can a surgeon offer?

Your surgeon will identify the best possible treatment which provides the best chance for you personally to lose weight.

There are several surgical options supporting you in your will to lose weight.

### The two main groups of such options are:

#### Gastric Bypass:

Surgical procedure targeting the absorption of food. The passageway of food through your body is shortened, therefore less absorption takes place. The required surgical procedure to achieve this result can be considered as a very serious operation and the changes done on your gastro intestinal tract are not reversible!

#### Gastric Banding:

Surgical procedure limiting the amount of food intake at once! This procedure became very popular in many countries all over the world during the 90'ies.

# Why Gastric Banding?

## Why became Gastric Banding the preferred surgical method for many patients and surgeons?

- It is a fast and compared with all other methods, a simple and safe procedure.
- It can be performed by means of Laparoscopy (no big abdominal incision required).
- The size of the inner diameter of the restriction created on your stomach can be adjusted to the course of your loss of weight.
- The procedure is fully reversible. No changes to the anatomy of the gastro intestinal tract are done!

## Why do "Gastric Banding Patients" eat less after surgery?

- 57% of patients do again feel satiety.
- 56% are experiencing a kind of pressure.
- 33% stop eating too much, in order to avoid vomiting.
- 6% of patients do report about other sensations, which causes them to stop eating.

## What weight loss can I expect after surgery?

The loss of weight is again influenced by many factors. Your surgeon / physician will provide you with the right feedback on your loss of weight. The inflatable ring around your stomach – created by the "A.M.I. Soft Gastric Band Implant" – can be adjusted to your personal needs and requirements.

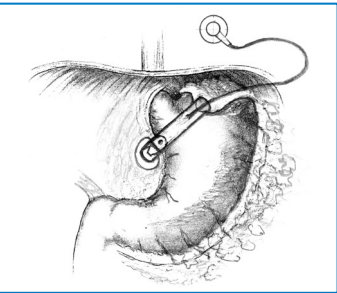
Most of the loss of weight takes place during the first two years after surgery. The surgical intervention is considered to be successful when at least 60 to 70 % of your excessive weight is lost during the first two years after surgery.

## The Procedure

A medical grade long-term inflatable ring implant is put around the upper portion of your stomach.

(Picture of a band placed around the stomach).

This can be done in a minimal invasive way of surgery, big incisions of the abdominal wall are avoided. This benefit usually comes along with a much better, faster and less painful postoperative recovery of patients.



The implanted "A.M.I. Soft Gastric Band" will cause you to eat less after the procedure.

You will see your surgeon frequently during the first post operative year. This is when your surgeon will check your course of losing weight and if required, adjust the inflatable ring accordingly to your specific needs.

### Patient Benefits

The most important benefits of the "Gastric Banding Procedure" versus all other surgical options, offered today are:

- It is reversible, no cutting, surgical reconnecting, shortening of the intestinal tract is done.
- It is - compared to all other surgical options - a less risky procedure (serious complication rate is much lower).
- It provides a less drastic, but stable weight loss. The total weight loss is usually achieved after 24 months. It leaves all options open, for other, more invasive surgical options, if sufficient weight loss is not achieved.

## After the Procedure

This operation will have a major impact on your life style.

You will be put on a diet right after surgery. For the first days after surgery you will be allowed to take liquid to mashed food only. The following days you will have soft food and then you will gradually be able to add normal food to your diet. Some food will be difficult to eat and most will need to be carefully chewed.

This food intake pattern after surgery is important, to allow your body to heal. Adhesions are built during these days, holding the implant where it should be for a long time! Patients who eat solid food too soon after their operation run the risk of dislocating the band.



## Diet reconstruction after the procedure

(Excerpt of "Balanced Nutrition after Gastric Banding",  
issued by the University Hospital Vienna)

- 2-3 days after the Operation only liquid to semi-liquid (porridge like) nourishment may be consumed.

These include:

Tea

Fruit Juice

Vegetable Juice

Lean/non-fat Soup and puréed Sauces

Purée

Fruit pulp

Dairy products, Quark cream

Buttermilk, Yoghurt, Whey drinks

- After these 3 days the patient may change from semi-liquid foods to soft foods:  
Hash, Mince meat,  
Puréed Vegetables, Well/soft cooked Vegetables,  
Well/soft cooked pastas (Ribbon Noodles, or any type of small/thin shaped pasta),  
Mashed, potatoes or Dumplings

Porridge

Compote, Bananas, Berries

Pudding, Semolina Pudding, Rice Pudding

Crust free Bread

Fat free Quark Spread, Cream cheese, Pastry/Pie

During this phase, it is extremely important to forgo the consumption of raw fruit (except bananas) and raw vegetable as well as "abrasive coarsely ground" full grain products.

- Subsequently, after ca. 3 - 4 weeks, it is possible to gradually move on to firmer foods. However, particularly at the beginning, difficulty may occur when consuming some foods.



### Therefore at the start you should avoid:

- fibrous or stringy meats and sausage products (Beef, Bacon, ...)
- whole wheat products (whole meal bread)
- fruits that are high in cellulose (citrus fruits, grapes, plums, cherries, ...)
- vegetables that are high in cellulose (woody asparagus, viper's Grass, rhubarb, lettuce, sauerkraut, ... and the skins of vegetable types such as tomatoes)
- leguminous plants
- fresh bread, pastas (especially spaghetti and spiralled noodles), rice
- fried foods (schnitzel, fried fish, french fries, deep frie Vegetables covered in batter).
- hot/spicy spices/vegetables (garlic, onions, pepper, chilli, concentrated vinegar)
- carbonated drinks

# General guidelines that must be kept unconditionally of circumstance

## Eat 5 fixed meals a day

You can herewith lessen the risk of uncontrolled eating and hunger pangs. The habit of snacking between meals also falls away.

## Eat small portions only

One meal should have the volume of 1/2 a bread roll, in other words, the intake of 3 – 4 dessertspoons. It helps to eat meals with a teaspoon, making it seem as though your meal lasts longer.

## Thoroughly chew every bite (30 times!!)

The patient may only swallow the food once it has reached the semi-liquid state in the mouth. This prevents clogging the Stoma (= narrow area where the Gastric Band is placed). The compatibility of various foods depends not only on the quantity consumed but especially on sufficient chewing.

## End you meal on the first feeling of saturation

Signs of saturation:

- Pressure or a feeling of fullness in the centre of the stomach directly under the chest
- Pains in the shoulder or chest area
- Feelings of revulsion
- Nausea

Discontinuing a meal at the slightest feeling of saturation is conditioned and shows that the Band restricts the volume of food intake. An overfilling of the stomach causes expansion and can lead to nausea, prolonged vomiting, a heartburn...

## Plan a time frame of 30 – 40 minutes per mealtime

**Eat your last meal of the day before 7:00pm**

**Drink 1.5 – 2 Litres of low calorie / calorie free fluid.**

**Do not in gulps, but rather in small manageable sips**

A sufficient supply of fluid supply is especially important in the catabolism of fat because numerous metabolic products need to be flushed out.

**Drink either before or after meals**

Drink 1/4 - 1/2 hour before meals and 1/2 hour after meals. A fluid supply during meals results in the acceleration of the food as it passes along the passage therefore increasing capacity intake and/or causing the feeling of a full stomach.

**Do not lie down after meals and do not eat lying down**

Lying down during or after eating results in a longer chyme retention period in the reservoir created by the Band. This then mixes with the naturally produced stomach slim which in turn can result in a feeling of pressure with subsequent vomiting.

**General nutritional guidelines:**

- Avoid food that causes trouble.
- Dietary fibre should only be taken in refined form (full grain, whole wheat pasta, ...).
- In no uncertain terms lower the quality for the food you buy.
- Take Note: that drinks such as fruit juices, lemonades, alcohol, ... contain calories that are ingested.
- Make yourself aware of the sugar and fat content contained in foods. Calorie count.
- Preparation methods of food should be low - fat free. Therefore stay away from butter, olive oil, vegetable oil...

## Contraindications

- Age of less than 15 and older than 65 years
- Alcohol- / drug addiction
- Psychosis
- Patients, who will not be compliant during the required postoperative follow up.

Please understand that surgery is always associated with some risks. There is no guarantee for success for each and every individual. It is important for you to be aware of the complication risks. Please ask your doctor to explain these risks to you, since he knows you and your individual situation best.



## Possible Complications and Advice

### Constipation:

Many patients feel constipated after surgery. This is mainly due to the fact that the reduced food intake leads to less faeces and thus less bowel movements. Please ask your doctor for the proper selection of laxatives, if required at all.

### Pregnancy:

The period between surgery and weight stabilisation is considered as a period of starvation. It is therefore not advisable to become pregnant during this period. Should you nevertheless get pregnant, it is then advisable to remove all fluid from the system. Once your weight has stabilised, pregnancy is no longer a problem.

### Medication:

Tablets must be broken down into small pieces or crushed before they are taken. Please consult your doctor about the adjusted (in most cases reduced) amount of medication after surgery.

### Vomiting:

Patients occasionally vomit or feel pain after food intake. This may be caused either by poor eating behaviour, or by the narrowing of the opening between the two divided gastric pouches, following the injection of fluid into the Adjustment Port, which is located under your skin. Please eat slowly and chew your food carefully. This will help you to avoid this problem. Regular vomiting is definitely a warning sign and you should consult your doctor. The opening between the two gastric pouches may need to be readjusted.

### Vitamins:

It is advisable to take vitamin supplements during the rapid phase of weight loss.

A liquid vitamin mixture containing multivitamins is recommended for at least the first 6 month following surgery.

## A few more Tips you should be made aware of

- Always write a shopping list.  
This helps you avoid those little buying mistakes.
- Never go grocery shopping hungry!!
- Always have an ample supply of low sugar/fat foods at home.
- Allocate certain times during the day to you meals.  
Religiously make an effort stick to these times and only eat that those allocated times!!  
**AVOID SNACKING BETWEEN MEALTIMES!**
- Find your own personal meal place and sit down for every meal.
- Do not open yourself to distractions during you meal time (television, newspaper)
- Weigh yourself at least once a week. Always at the same time under the same conditions.

### **Where is Gastric Banding offered?**

Please find more contacts

[www.successful-weightloss.com](http://www.successful-weightloss.com)

#### **Important note:**

This patient guide includes general information on bladder weakness and the corresponding surgical treatment. However, it is by no means a substitute for a consultation and thorough examination by your doctor. Only your doctor can evaluate your personal situation and recommend the treatment and aftercare best suited to your needs, as well as inform you of possible risks.

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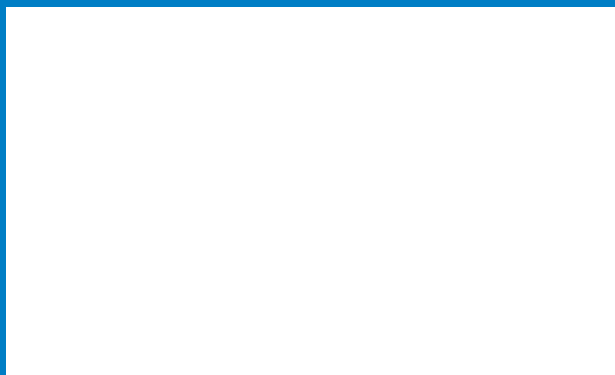
#### **Images:**

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Page 13: "Tanzende Dame", Hilda Egle

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