

Gastric banding – Guidelines for dietitians

An increasing number of patients are presenting in the community with a gastric band to aid weight loss. They may have had the surgery in the UK or in Europe. This leaflet is aimed at dietitians who do not work in the obesity surgery field, but who may come across these patients.

What are the UK criteria for placement of a gastric band?

The NICE guidelines state that surgery to aid weight loss is a treatment option for adults if all of the following criteria below are met:

- The person has a Body Mass Index (BMI) equal or greater than 40 kg/m² or BMI equal to or greater than 35 kg/m² with significant co-morbidities that could be improved by losing weight
- There is evidence that all appropriate non-surgical options have been tried, but there is failure to achieve or maintain an adequate, clinically beneficial weight loss for at least 6 months
- The person has or will receive intensive management in a specialist obesity service
- The person is generally fit for anaesthesia and surgery
- The person commits to the need for long-term follow-up

For adults with a BMI of 50 kg/m², bariatric surgery is recommended as a first line option for adults in whom surgical treatment is appropriate. For additional criteria for children, please read the recommendations in the NICE guidance.

People, who are morbidly obese, may consider having gastric banding to aid weight loss. Many patients will have presented to the surgical centre with a long history of dieting and see this as a method to help them to control their dietary intake.

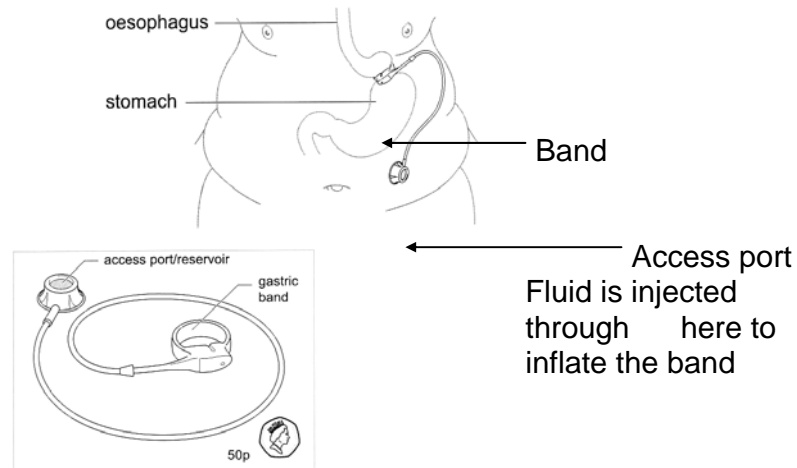
What is a gastric band?

A gastric band is an adjustable silicon band that has a calibration tube leading to an injection (access) port. The band causes a restriction at the upper part of the stomach, forming a pouch about the size of a golf ball. It serves to reduce the size of the stomach and decrease the amount of food eaten at each meal. The procedure is carried out laparoscopically and is reversible; however the band usually stays in place for life. If the band is removed, many people find that they regain the weight that they have lost. The size of the band is adjusted post operatively by injecting fluid into the access port to inflate the band. The amount of fluid needed to inflate the band and the number of times this needs to be carried out varies between individuals and the type of band used. Similarly removing fluid from the band will deflate the band.

The placement of the gastric band usually involves an overnight stay although there is a move towards carrying this out as a day case. The band is placed laparoscopically and usually remains deflated, although some types of band require a small amount of fluid to be placed at the time of surgery. It is important that the band is not displaced. Pressure on the sutures may cause them to break, leading to slippage of the band.

The diagram below illustrates the gastric band.

Placement of a gastric band



Inflation of the band

The purpose of the band inflation is to create a small stomach pouch. The band is inflated generally 6 to 8 weeks after placement, but this will vary with the type of band used. In some centres this is with the help of a radiologist, but in others it is carried out in the outpatient clinic. The patient will be given a drink to test whether the band has been inflated sufficiently. The aim is to encourage a weight loss of between 0.5 to 1 kg per week. If weight loss does not progress, then the patient will return for further inflations.

How Does the Gastric Band Work?

The gastric band aims to aid weight loss by restricting the amount of food eaten at one sitting and prolong satiety after a meal. The band may have to be inflated a few times before this achieved.

What Dietary Advice is Required Post Surgery?

Initially Post Operatively

The initial dietary advice following surgery will vary slightly between centres because of variation in clinical practice and the types of band used. For up to four weeks following surgery, the patient is asked to keep to a liquid diet or very small amounts of blended food. Patients, on a liquid diet, will need clear instructions on the types of nourishing fluids to include. If on a blended diet, the patient must be given clear instruction about portion control. At this stage, solid food must be avoided. It is suggested that there are better results with the late introduction of soft and solid foods.

After four weeks, the patient may progress to soft diet and then a more normal textured diet.

Long Term Advice

Post surgery changes to diet (healthy eating) and lifestyle are required for a person to meet optimum weight loss. The gastric band encourages early satiety so helping the person adhere to a weight reducing diet.

At first, when the band has been inflated, the patient may have to alter the texture of the diet, returning to liquids or soft diet. However, balanced meals of solid foods should be encouraged in the long term.

Many patients report that certain texture foods are difficult. Bread may be difficult to eat but may be substituted with toast and crackers. Many people experience difficulty with grilled or roast meats but do find that casseroled or stewed meat, or wafer thin meats are tolerated more easily. Unfortunately, snack foods such as biscuits, crisps and chocolate and fast foods are easy to eat and have little impact on satiety. Excess consumption of these is often a common cause for weight gain. Another cause of poor results is that the patient has remained on a very soft diet or drinks large amounts of liquids to wash the food down. The softer the diet, the quicker the food moves from the upper pouch into the stomach leading to a greater possibility of a larger volume of food being eaten. Therefore a solid diet should be encouraged. Large volumes of liquids or food may cause distension of the pouch so advice on portion control is necessary. In addition, the liquids may flush the food through more quickly leading to feelings of hunger sooner after a meal.

Patients should not eat and drink at the same time as this may distend the pouch and also result in the food being flushed through. Fizzy drinks should initially be avoided. Meals will take longer to eat, however patients should limit the time of the length of their meals to around 30 minutes. They should also aim for three meals a day and limit their intake of snack foods.

If the patient is eating a balanced diet, multivitamins and minerals should not be needed as all of the diet is absorbed. Most centres do recommend that patients remain on multivitamin and mineral supplements for life. The diet should be carefully assessed before recommending that the supplements be discontinued.

What to do if you come across a patient with a gastric band?

The patient should be reviewed at and be able to contact his/her centre at which he/she had the band placed, however a patient may present with problems. If this occurs, check the balance of the diet as you would any other patient on a weight reducing diet. The patient should be able to eat a balanced diet but there may be some modification of the food texture. Band slippage and pouch formation are not uncommon side effects. Patients with problems should seek advice from their centres. For some patients this may mean returning to Europe if that is where the band is placed. The literature reports a 10% failure rate for banded patients.

The following problems/issues may present:

- The patient says that they are unable to eat a solid food and he/she is eating snacks all day, or taking liquids or very soft food only. This suggests that the band has been over inflated or may have slipped. He/she will need a review at his/her centre.
- The patient reports that he/she is eating large portions. This suggests that either the band needs to be inflated or that the gastric pouch has been distended. He/she needs to be reviewed by his/her treatment centre.
- The patient reports vomiting. This may be an indication that the band is over inflated or it could be that the patient is eating too much, too fast. Encourage the patient to eat small portions of food slowly. If the problem persists, he/she needs to be reviewed at the treatment centre.
- The patient is considering getting pregnant. Encourage the patient to discuss it with her surgeon before she conceives. During pregnancy, the band is usually deflated until after the birth. If the patient is already pregnant, ask her to get in touch with her treatment centre.
- The patient has stopped attending or returning for band inflations at the centre at which he/she had the procedure done. Encourage the patient to contact the centre if he/she has stopped attending.
- The patient is dissatisfied with the amount of weight lost following the band insertion. Generally, it will have been made clear to the patient that the purpose of the band insertion is to enable compliance with a weight reducing diet and that weight loss will be gradual (0.5-1.0 kg per week.) Check the overall rate at which the patient has lost weight and the total amount. It may be that the patient's expectations are unrealistic or that the procedure has failed for him/her e.g. inappropriate eating pattern, pouch distension, band needs inflating. Encourage the individual to return to his/her treatment centre.

Where to go for support

Initially, contact the centre where the patient has had the band placed. In addition, there are a number of dietitians with experience of gastric banding who are happy to be contacted. Please go through..... to contact a dietitian. There are also websites containing valuable information.

Web sites:

www.bospa.org

www.WLSinfo.co.uk

www.nice.org.uk/CG43 Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children

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