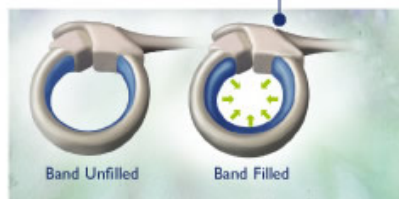
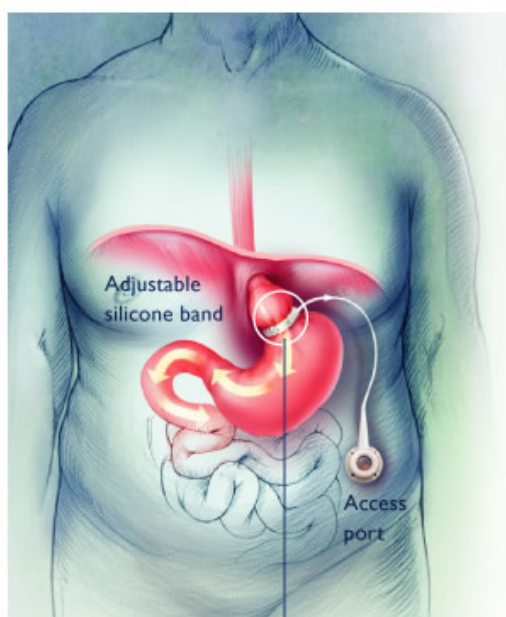




## Laparoscopic Band

The gastric band is a very simple device that consists of a cuff that is placed around the upper part of the stomach. It is similar to a bicycle wheel in that there is an inner tube that can be inflated or deflated with saline (rather than air). There is a tube running from the adjustable band to the port site (reservoir) which is positioned on the inner wall of the tummy and secured there. This is to allow access to inflate and deflate the band. The band is inserted via laparoscope with 4 or 5 small incisions. Usually there is only an overnight hospital stay required, and recovery is very swift.

It might not look like much of a difference between deflated and inflated, but the gap in the middle of the band is the magical difference between being too loose and allowing you to eat loads, or too tight and not allowing you to even get drinks down. It's finding the balance between these two extremes that is vital to the success of the band. When the band is fitted it is left deflated until the stomach has settled post op. There may be some swelling where the band is fitted so this will restrict your intake for a few weeks allowing initial weight loss to occur. Once the weight loss has slowed down, then it is time for a 'fill'. The fill provider will insert a needle quite painlessly through your tummy skin into the port directly underneath and inject saline which goes through the tube to the band. The amount of saline is measured very carefully and documented so that further fills / unfills can be gauged against your reaction to this.



The band is connected by tubing to an access port. The surgeon can change the stoma (opening into stomach) size by adding or subtracting saline.

Many 'bandsters' report a slower weight loss than those who have had the RNY, but it can be a very effective weight loss tool for those who perhaps don't need to lose a lot of weight. It has been reported that for those who need to lose more than 4 stone or so find that the band is perhaps not the most appropriate weight loss surgery, however others have found

that with time and effort they have managed to lose 9 or 10 stone with it too. Statistically 55% excess weight can be lost and maintained after 4 years. It is certainly a less invasive procedure, and less expensive if you are paying for it privately. Unfortunately some have opted for the band and have struggled to lose all their excess weight and have then had a surgical revision to an RNY. This is why it is vital to make the right decision based on your excess weight, and self discipline.

## Pro's

**Less Risk** It's a simple operation which involves no internal cutting and is therefore much less risky.

**Quick recovery** Usually you only need one night in hospital because the operation is minimally invasive. You will have 4-5 small incisions from the laparoscopes which are a little uncomfortable but heal quickly. You should be able to go back to work after a week.

**Less expensive** This procedure costs a lot less than the RNY if you are self funding. That said, do remember you have £500 or so to pay out for your follow up fills post op.

**Less invasive** This is a great option for 4-5 stone weight loss goal because it is not as drastic as the RNY or DS. It is higher maintenance though.

**No sugar or fat restriction** The RNY operation means that your intake of fat and sugar is severely limited post op, but with the band, your stomach and gastric tract are all intact as they were pre op, so you will not experience the unpleasantness of 'dumping syndrome'. However, if you have a sweet tooth this side effect to the RNY might be the cure you are after.

**Better results than with a diet !** The results on average are much more successful than on diet or medication alone.

**Reversible** The band can be very easily removed as there is no cutting or surgical change to your stomach or bowel.

## Con's

**Slower weight loss** It's a tool for aiding dieting. It won't stop you eating chocolate or other high fat or high calorie foods. As long as it can fit through the band, you can eat it. You can cheat the band quite easily if you want to, but you will jeopardise the weight loss. With the band, you will always be on a diet and what you consume will be digested just like before. You will need to watch calories and fats for this to work. It takes a lot of commitment.

**PBing** Productive burping. This is where the smaller stomach section (the pouch) above the band has filled up and can hold no more, and you 'burp' some undigested food back up. It's unpleasant and best avoided by eating slowly and eating less.

**Fills** These are unavoidable if you want the weight loss to happen. They can be expensive and post op you may need 5-6 of them which can cost £100 per time. There are several locations that provide the service but you may have to travel a distance to get to them. The art of getting the fill just right can be tricky and overfills are common, causing too much restriction on your diet and fluid intake, and you may have to have some saline removed to make you comfortable. Just be aware of the need for fills because sometimes aftercare is not mentioned when you book these operations (with some surgeons) and it's an expense that needs to be taken into consideration post op.

**Band slippage** The band is fitted and secured around the top third of the stomach but bear in mind that the stomach is a slippery organ that is liable to change shape with food consumption. Sometimes the band can slip and this is just something you need to be mindful of. It doesn't happen often but will require a surgical procedure to reposition it again. If you have had restriction and then suddenly feel no restriction whatsoever, then please inform your fill provider so that you can be checked for band slippage. It can be checked by x ray and then your surgeon can assist you in getting the matter rectified.

**Replacement band** The band is a man made product and there are no guarantees that it may not need to be removed or replaced in the future. Just like Boob jobs that need replacement after a while, these bands 'may' need this and you

need to be prepared for this. The longest a band has been in so far is 15-20 years. They are improving the manufacture of these bands all the time though and it may mean that you never have to have it removed.

**Band / stomach erosion** The band can rub the stomach and cause ulceration or erosion. You just need to be aware of this and if you have any ongoing heartburn type pain then be certain to get this checked out.

**Infection** There is a risk of infection from the port site, which can travel down the tube to the band itself. This is very difficult to treat and may lead to the band being removed.

There has been a lot of coverage in the media about incorrectly placed bands, and general slating of Belgian bariatric surgeons, but please be mindful that the Belgian surgeons are some of the most experienced in their field and yet charge a whole lot less than their UK counterparts. I feel that the media attention given to promote UK surgery over Belgian surgery has been nothing less than underhand.