

Congratulations on your decision to undergo Lap-Band surgery!

You have made a very important, life changing decision and it is our job to provide you with the information and education that you need to make the most effective use of this very powerful tool.

This guide is designed to provide you with an understanding of the Lap-Band System and information on how to navigate through the process to achieve the health and weight loss you desire.

You must enter this process fully committed and with a solid understanding of the risks of surgery, the health and weight loss expectations and what we need of you as a patient in order to assist you in the most effective way possible. We are here to support you. The surgery is only the beginning and you must enter into it with the expectation that it's a life-commitment and a lifetime of follow-up and strict adherence to the program is essential.

Dr. Milton Owens

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Pre- Op Day

You will be expected to go through a pre-operative process, which will be scheduled for you before Lap Band surgery. It may one day or as long as one week prior to surgery. You will talk about the procedure in detail with Dr. Owens. Dr. Owens may also want you to meet with other experts. They can help you understand what will happen during and after the operation. These experts might include a dietitian, physiotherapist, psychologist or other specialists. You will also need to have a number of tests before your surgery. These are to evaluate your health.

Pre Op Day events may include:

Exercise Education

You will meet with our physical therapist/personal trainer who will provide both a lecture and hands-on instruction in the hospital gym. You will be provided with the exercise and safety guidelines which will be important for your success.

Meeting with Dr. Owens

You will meet with Dr. Owens to go over all the details of your medical records one last time. This will also be your opportunity to ask any questions that you have regarding any aspect of your surgery or recovery. If you have lots of questions, you might find it helpful to make a list to bring with you. After your discussion you will undergo a full physical examination.

Meeting with an Internist

You may also have an appointment with an Internal Medicine doctor who may need to see you after surgery as well, to manage medical issues (diabetes, hypertension, etc) after surgery. He may also perform an EKG and brief physical exam.

Nursing education and registration

You will receive pre-operative education from our nursing staff on exactly what to do the day of surgery, where to go at what time, etc. You will receive very important instructions on how to deep breathe after surgery, so you minimize your risk of complications. You will complete hospital registration information, which will also verify your insurance coverage. Please have all insurance cards with you.

X-Ray and Blood Draw

You will undergo a last set of lab testing on your blood, to ensure that you are not anemic and that you haven't caught an infection that would complicate your surgery.

Night Before Surgery

Do not eat or drink anything after midnight. Food in your stomach can be very dangerous if you throw up during surgery. So make sure your stomach is empty. That said, if Dr. Owens says it's ok to take a pill, just take it with a sip of water

Support

It's a good idea to ask a friend or family member to be at the hospital with you for comfort and support. This is an emotional time, and you'll want a friend or family, as well as support groups to help you through it. Be sure to arrange for someone to drive you home and stay with you. Don't even think about driving yourself. It's just not safe.

What to Expect the Day of Surgery

You must arrive a couple of hours before your scheduled operation in the Same Day Surgery Department. If you would like to bring a family member with you to keep you company during this time, you may do so. During this time, you will be answering the same questions from several different staff. Be patient, as this is for your safety- we check and double check all of our information with you so no mistakes are made. You will sign the operative consent, an IV will be started, antibiotics and blood thinners will be administered and you will put on your designer, one-of-a-kind, backless daywear. Actually it's a hospital gown.

You will then be transported to the Pre-Op Holding Area, right next to the Operating Room. You will meet your anesthesiologist and one of the nurses that will be in the room with you during your surgery. You may ask the anesthesiologist for a dose of anti-anxiety medication at this time if you like. We are very sensitive to the fact that this might be a scary time for many folks, so don't be shy about asking for this.

In the Operating Room

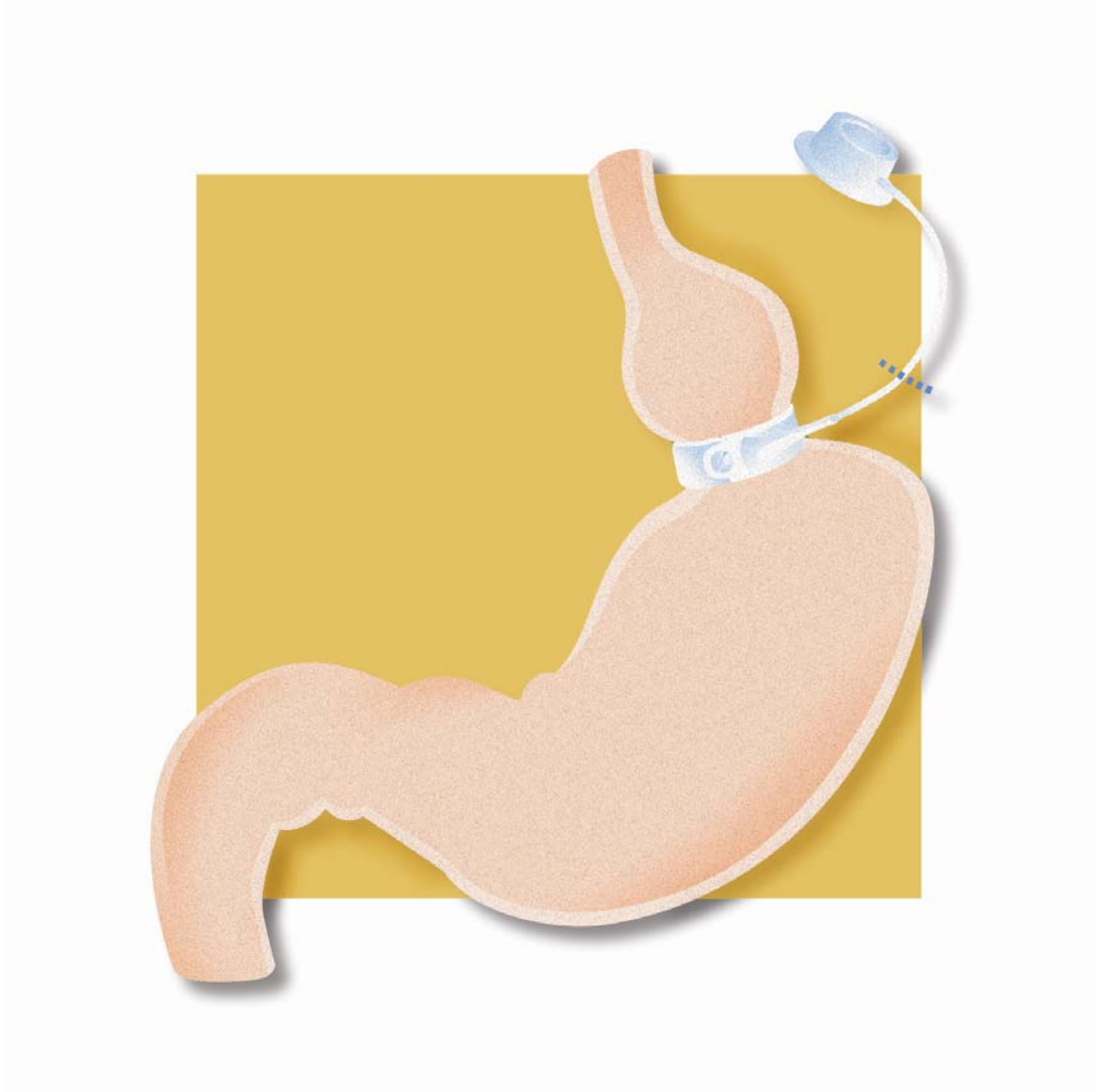
When the room is prepared for you, you will be taken, on a gurney, into the operating room. You might find that it is a little chilly, but we will bundle you up with blankets so you'll be quite warm. The nurse will place a safety belt across your body, and pads and pillows may be placed underneath your legs. Your arms will be extended out from your sides and softly padded.

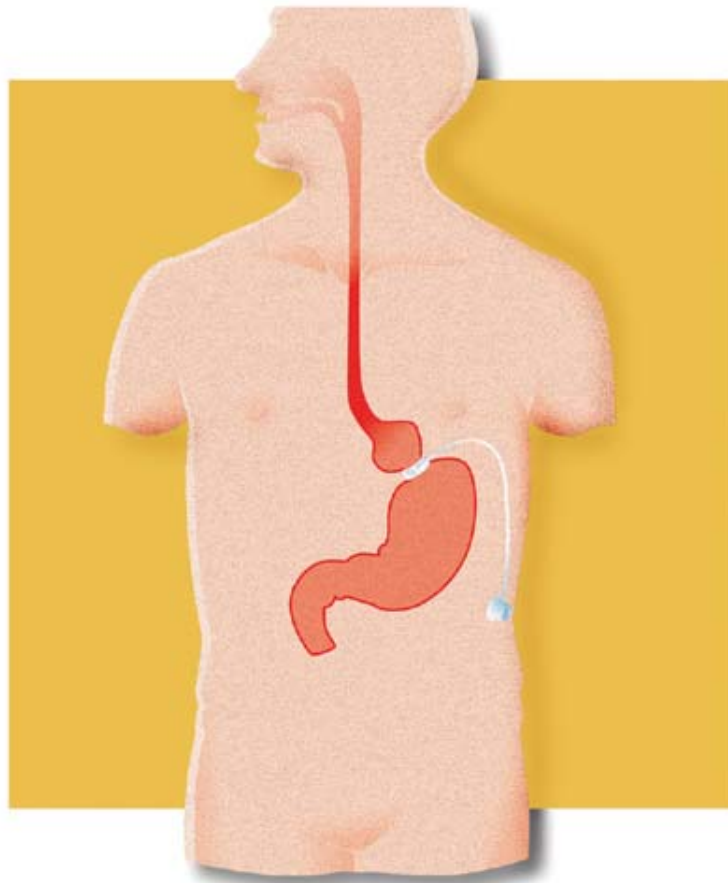
The anesthesiologist will give you IV medications that will make you drowsy and you will inhale oxygen and anesthetic gases that will make you drift off to sleep. Once you are asleep, a tube will be placed through your mouth, into your trachea (windpipe) to deliver oxygen and anesthetic gases to your lungs. A combination of IV and inhaled gases will keep you safe and asleep for the surgery. The tube will be removed as soon as you awaken, so you will likely have no recollection of its having been there at all.

Lap Band Surgery

1. Surgery begins with a small cut near the belly button.
2. Your belly is filled with a gas to create space so it's easier for Dr. Owens to operate
3. Then the laparoscope is placed. It's very thin, about the size of a pencil. It has a light and a tiny camera that sends a picture to a TV screen.
4. 4 or 5 other small cuts are then made nearby so thin tools can be inserted.
5. Using these tools, a little tunnel is made through the tissue behind your stomach.
6. Then the band is wrapped around the upper part of your stomach and secures it. This creates the small pouch that will be your new stomach.
7. To help hold it in place, stomach tissue is folded over the band and stitched together.
8. Next, the small port is placed just under your skin. This is where saline (sterile salt water) is injected later if and when you have an adjustment
9. Then the tools are removed and the cuts are stitched up.
10. Finally, you may get some medication around the cuts so you'll be more comfortable when you wake up.

This drawing shows what the Lap-Band looks like and how it limits the size of your stomach.





After Lap Band Surgery

Once the anesthesia has worn off, you may feel some pain. This pain can usually be relieved with ordinary painkillers. The hospital staff will help you get out of bed and start moving as soon as possible. This will help prevent blood clots, respiratory problems and bedsores.

You may be given an X-ray. This is so your health team can see that the LAP-BAND is in the right place. It is also to see that the new stomach outlet is open. Dr. Owens may just ask you to sip some water. If you can drink liquid without it coming back up, the stoma is clear. Once you can walk comfortably and keep liquids down, you can go home. Again make sure you have someone to drive you

Eating and drinking after the operation

After your surgery you will start with a liquid diet and move slowly toward eating solid food again. Your stomach needs time to heal and you have to go easy on it. It is very important to follow the eating and drinking instructions right from the start after the operation. That's because you must allow the new stomach structure to heal completely and in the right position. It may take a month or more for this to happen. It is important, especially in the early weeks, not to stretch the small stomach pouch above the band. Vomiting can do this, so it is important NOT to vomit. Vomiting can increase the chance of stomach tissue slipping up through the band.

The first few days after the operation

Right after the operation you can take a little fluid. But you should take only a small amount at a time. The idea is not to become nauseated and vomit, since there is a high risk of stomach slippage right after surgery when vomiting occurs.

The first four weeks

Your first meals after surgery will consist mostly of liquid protein drinks carefully balanced to provide adequate vitamins and nutrients for proper surgical healing, while still permitting weight loss. It is unlikely that you will feel hungry; most patients must make an effort to drink the proper volume of liquid diet. In addition to the protein drinks, you may have diet drinks that have gone flat, coffee or tea, V8 or tomato juice, diet Jello, bouillon cube soup and water. You need to be getting 500-700 calories per day so the protein drinks which provide calories are the most important.

Four-six weeks

Transitional Soft-Food Meals

Approximately four weeks after surgery you will receive your first Lap Band fill, or tightening. At that time you transition from the liquid protein diet to a soft food diet. This diet does not require chewing for a week or two before beginning to eat regular meals. Good foods to eat during this period include scrambled egg whites, oatmeal with nonfat milk, cream of wheat with nonfat milk, broth soups, tomato soup, split pea soup, baby food meats like chicken or turkey, pureed vegetables, nonfat cottage cheese, bananas, mashed potato (made with broth or nonfat milk), and unsweetened applesauce. The recommended daily intake of protein from your soft meals is 60-70 grams.

When not eating, drink plenty of water. As noted above, do not drink during a meal or within one hour after. The reason for this is that fluids taken during the meal will flush more food through, and keep you from feeling full and satisfied.

Your new Nutrition Plan

Dietary habits are hard to change, but the effects of surgery and the post-operative liquid diet make it easier to begin new habits. You will be scheduled to attend a nutrition class at the fourth post-operative week to help teach you the best nutrition following surgery.

When you can eat solid foods without problems, you will need to pay close attention to your diet. Liquids will pass through the reduced stomach pouch quickly and will not make you feel full. You should avoid high calorie drinks from this point on. Drink water, broth, tea and coffee (without sugar.)

Too much food or big chunks of food can block the stomach pouch outlet. You can avoid this problem by chewing food well and eating small bits at a time. You may eat three to five small meals a day. Make sure that these meals contain adequate nutrients. Do not get into the habit of nibbling food between meals.

Regular Meals

Lean meats, vegetables, and fruits should become your dietary mainstays. Fats, concentrated sugars, and snacking are to be avoided. Meals are necessarily small and food should be well chewed.

Here are some additional food tips.

- Bake, broil, or BBQ meats - do not fry foods!!! Avoid foods that are greasy or fried.
- Read labels. Some foods are surprisingly high in sugar and fat; for example, baked beans, BBQ sauce, salad dressings, mayonnaise, butter and spaghetti sauce.
- Spice to taste. Salsa is a great taste to add to eggs, potatoes, salad, and chicken.
- Use nonfat dressings and spreads. Use Equal or Sweet & Low. Avoid sugar.

Lean Protein Sources

Remember to eat enough protein. Our bodies need the amino acids and other building nutrients found in protein foods. Protein builds and repairs muscle, and is an energy fuel. Patients should attempt to get at least 60 grams of protein a day.

- Turkey, chicken, or beef - purchase 97% lean meat
- Baked, broiled, or BBQd skinless chicken, white turkey meat, fish
- Ground Chopped chicken or turkey (white meat) for salads (use nonfat dressing)
- Lean deli meats (turkey, chicken)
- Water packed tuna (1/4 cup = 1 oz meat)
- Egg whites or egg substitute. (Yolk has all the cholesterol and fat, whites are pure protein)
- Nonfat yogurt
- Cereals: oatmeal or cream of wheat with nonfat milk
- Kidney beans, navy beans, lima beans, pinto beans
- Baked potato. (Top with salsa)
- Nonfat cottage cheese (great on a baked potato)
- Cereals (read labels for those high in protein and fat free or low fat).
- Brown rice
- Fish baked or broiled

Foods to AVOID

- Nuts of any kind
- Sunflower seeds
- Whole or lowfat milk, cream
- Butter, mayonnaise (substitute with nonfat)
- Potato chips
- All cheeses
- Peanut butter
- Cream soups
- Trail mix
- Ice cream (Sorbet is okay)
- Sherbert
- Cookies, cakes, popcorn, pies
- Crackers
- Breads
- BBQ beans and sauce
- Granola
- Creamy sauces(Alfredo)
- Muffins, coffee cakes, donuts

Important Rules

1. Eat only three to five small meals a day. Do not eat between meals.
2. Always eat your protein first! Each meal should be at least 50% protein!
3. Eat slowly and chew thoroughly (approximately 15-20 times per bite)
4. Stop eating as soon as you feel full
5. Do not drink while you are eating
6. Avoid fibrous food
7. Exercise at least 30 minutes a day

Why the rules are important and how to make them work

Rule#1. Eat only 3 small meals a day. The Lap-Band System creates a small stomach pouch that can hold only about half a cup (3-4 ounces) of food. If you try to eat more than this at one time you may become nauseated. You may also vomit. If you routinely eat too much, the small stomach pouch may stretch. That will cancel the effect of the operation. Frequent vomiting can also cause certain complications such as stomach slippage. You need to learn how much your stomach pouch can hold comfortably and then not exceed this amount.

Rule#2. Always eat your protein first. Each meal should contain at least 50% protein. This is the most important part of your meal and since you don't have much room in your stomach, you must be sure to get enough in each meal. Additionally, protein is what gives us a sense of fullness and satisfaction, so it's important to put that into the system first.

Rule#3. Eat slowly and chew thoroughly. Food can pass through the new stoma only if it has been "chopped" into very small pieces. Always remember to take more time for your meals and chew your food very well.

Rule#4. Stop eating as soon as you are full. Once your stomach is full, your body receives a signal that you have eaten enough. It takes time though, for

you to become aware of this signal. If you hurry your meal, you may eat more than you need. This can lead to nausea and vomiting. Take time over your meal. Try to recognize the feeling of fullness. Then stop eating at once.

Rule#5. Do not drink while you are eating. This operation can work only if you eat solid food. If you drink at mealtimes, the food you have eaten becomes liquid. Then the effectiveness of the Lap Band System is greatly reduced. You should not drink anything for one to two hours after a meal.

Rule#6. Avoid Fibrous Food. Food such as asparagus that contains many fibers can block the stoma. That's because you can't chew this food well enough to break it down. If you'd like to eat asparagus or other fibrous foods once in a while, you must be sure to cook them well, cut them into very small pieces first and then chew thoroughly.

Rule#7. Exercise at least 30 minutes a day. This rule is very important! Since physical exercise consumes energy and burns calories, it is important to successful weight loss. Exercise helps improve your general health. Your size may make it hard for you to exercise as much as you should. But get started, even if it is a little at first. The more weight you lose, the easier it should get. Start with simple exercise such as walking. Gradually expand your program to include more vigorous forms of exercise such as cycling and strength training. Increase your activity level in the course of daily living. Stand rather than sit, walk rather than stand, walk rather than drive, climb the stairs rather than use the elevator.

Exercise

Establishing a routine for exercise is sometimes the most daunting element for our patients. Many people who have weight loss surgery have never felt comfortable exercising, due to pain, fatigue, self-consciousness, lack of positive results...but the fact is that now that you have had surgery, exercise is not only essential to protect your muscles from getting broken down, but it becomes a lot more fun! The pain in the joints disintegrates, energy skyrockets, the scale shows progress every week (our patients are the ones who see results faster than everyone else in the gym!) so self-confidence gets a real boost and suddenly people feel down and fatigued if they DON'T exercise.

It is important to combine aerobic type exercise (that is anything that gets your heart rate up to about 20 beats in 10 seconds) with resistance training (lifting weights)

Aerobic exercise burns more fat while you're doing the exercise, but resistance training increases your metabolism more overall, both while you are doing the aerobic part and for hours after you have stopped exercising. **In plain terms, lifting light weights in addition to your aerobic workout makes you burn more calories during your aerobic workout and it keeps your body burning calories long after you have stopped exercising.**

Those who have a balanced exercise routine tend to do better in the long run than those who do just aerobic workouts.

The patients who do the best and are happiest with their health and their bodies are those who get the help of a personal trainer.

Getting a personal trainer, even on a temporary basis while you are losing weight, will provide an environment in which you can be safe and productive. Try it for just a few months and then see what you think!

Trainers who are physical therapists as well have an understanding of how to exercise around prior injuries and painful joints, while at the same time strengthening weak areas. They also have a keen ability to find the little muscles that we often neglect if left to our own devices, like the back (which sometimes starts to hurt after weight loss if it hasn't stayed in shape during weight loss) and the triceps (the area between the shoulder and elbow that sags down when you raise your arm).

Many patients have said that second to the surgery itself getting a personal trainer was the best thing they could have done with their money. Trainers make exercise safe, more effective and more fun, and they keep us accountable! Many trainers will even come to your home if you don't have a gym near your house.

If cost is an issue, many at-home trainers will design a home program for you, check in with you by email, and visit you only once per month, adapting your programs for your needs and desired results as time goes by. This is much less expensive and is a better option for most people than going it alone.

Exercise increases overall energy, reduces stress, improves sleep, fights hunger, and elevates mood.

Medications

The general rule is that you are cleared to take virtually all medications, but you must be careful of the size of the medication. Medications should be ground into a powder or small pieces. This is particularly important right after a Lap-Band fill.

Vitamin and Mineral Supplements

Multivitamin and mineral supplementation is desirable for all our patients. Again, be sure you pay attention to the size of what you're swallowing!

Lap Band Adjustments

With the Lap-Band System, the band can be adjusted to meet your specific needs. That is one of its most attractive aspects. This feature allows you and your surgeon to find the right level of restriction. When first placing the band, Dr. Owens usually leaves the band empty or only partially inflated. This lets you get acquainted with the band during the first few weeks after surgery. It also lets healing occur around the new band site.

These first few weeks are a critical time. You need to avoid vomiting. You also need to avoid putting pressure on your new small stomach above the band. The first time the band is adjusted is usually 4-6 weeks after your surgery. The exact time will vary. You and Dr. Owens will decide when the right time is for your band adjustment. To determine how ready you are for a band adjustment, Dr. Owens will consider:

1. Your weight loss
2. The amount of food you can comfortably eat
3. Your exercise routine
4. How much fluid is already in your Lap-Band.

Being able to adjust the LAP-BAND System gives you and Dr. Owens control. If the band is too tight, he can "loosen" it by taking out some of the fluid. If the band is too loose, he can tighten it. Dr. Owens does this by injecting saline into the self-sealing access port. This port is located just under your

skin. The band can also be adjusted by removing saline from the port. This is done with a special fine needle. You may feel a pricking sensation when this is done. The feeling is similar to when you give blood. Adjustments are done either in the hospital or in a doctor's office that has X-ray equipment (fluoroscopy). The clinician may use fluoroscopy to assist in locating the access port, or to guide the needle into the port and view inserting the needle. It is also used after the band has been adjusted to evaluate your pouch size and stoma size.

To get the best results, you may need more than one adjustment. Each one will range from 0.5cc to 2cc. The exact amount of fluid required to make the stoma the right size is unique for each person. An ideal "fill" should be just tight enough to let you gradually lose weight. That means you should still be able to eat enough to get the nutrients that you need while still reducing the overall amount you can eat.

The Lap-Band System is meant to offer you a way to obtain steady and safe weight loss. Don't be in a hurry to have an adjustment before you're ready. To work, the band needs your participation. Your success will depend on you and on your partnership with Dr. Owens and his staff.

Support Group Meetings

Information obtained through regular attendance at support group meetings will help you with post-operative adjustments. Patients who attend support group meetings on a regular basis seem to lose weight more successfully than those who do not. No better opportunity exists to discuss the surgical experience with other patients than at the support group meetings, and the multi-disciplinary educational format offers a variety of topics to guide you toward healthy lifestyle. Check our [schedule](#) either on line at www.coastalobesity.com or with the hospital staff.

Keeping in Touch

Even years after surgery we would like to keep in contact with you on a regular, annual basis. We would hope to do this even if you have neither medical insurance nor the financial means to pay for an office visit – in short, we will see you for free, forever, if necessary. By maintaining contact

we expect to be able to offer you the latest information in the treatment of obesity as well as counsel you in using your surgery to the greatest benefit. Information on how you are doing also helps us in the management of other patients.

When to call the office: 619-229-3340 or Dr. Owens: 310-279-6458

Fever above 101.5 or shaking chills

Swelling, redness or pain in one or both of your legs

Sudden shortness of breath or chest pain

Nausea or vomiting

Severe pain in your belly

Pain, swelling or fluid leaking from your cuts

We are always available to answer questions, address your concerns, and provide additional information.