Life After Gastric Band Surgery

One of the fundamental differences between bariatric surgery and more traditional general surgeries is that weight-loss operations follow a chronic disease model that requires a lifetime of follow-up care, such as access to clinical services or psychological and nutritional counseling through support groups.

“When you place a band or perform another weight-loss operation, you’re committing the patient to a lifetime of follow-up with a bariatric physician,” said Daniel Leslie, MD, assistant professor of surgery at the University of Minnesota in Minneapolis.

Among the common bariatric procedures, gastric banding holds a special place when it comes to follow-up.

“Follow-up is extremely important for all [bariatric] procedures but particularly for the band, because the whole concept of banding is doing the adjustments to get the right level of restriction,” said Collin Brathwaite, MD, chief of minimally invasive surgery and director of the bariatric surgery program at Winthrop University Hospital in Mineola, NY.

While band adjustments are critical, single-institution studies have proven that there is wide variation in weight loss among banding patients, even under the same surgical protocol.¹

“When you look at bariatric surgery across the board, 80% is mental and 20% is the surgery; the band is not some magical way to automatically lose weight,” said Dr. Brathwaite.

Put another way, “weight-loss surgery, including banding, is just behavior modification with surgical reinforcement,” said Dr. Leslie.

Consequently, success in follow-up begins well before surgery. “The way to set up success for a band patient is to set up realistic expectations before surgery, to have them understand what exactly the intention is, and what exactly the band is going to do for them,” Dr. Leslie said.

There are ways to assess whether a patient is committed at this high level. Dr. Leslie has
patients lose weight before the operation; Dr. Brathwaite looks closely at the patient’s history of weight loss with dieting or whether they quit smoking. If they’ve been able to modify habits previously, it’s likely they’ll be motivated to modify them again.

However, studies have shown that patients’ “readiness to change” does not always accurately predict weight loss or follow-up compliance, although compliance with a follow-up program is associated with better weight-loss outcomes.²

Currently, there is no firmly established protocol for follow-up. “What most providers have been doing comes out of their own practice experience and the advice of experts from large banding centers,” Dr. Leslie said.

Dr. Leslie utilizes a 3-part questionnaire to guide a patient’s follow-up care, called the “VEW” form.³ “The entire goal of using the VEW [form] is to provide straightforward tools for guiding adjustment decisions to improve consistency of weight loss, lower band adjustment-related complication rates, and reduce costs associated with band adjustment,” Dr. Leslie explained.

The “V” portion of the form includes questions on vomiting and regurgitation, which indicate whether a patient is eating too much or too fast, or if the band is too tight; “E” outlines a patient’s eating habits and postoperative diet; and “W” assesses weekly weight loss. Additional questions on the form assist the surgical team in making a decision regarding band adjustments.

There are currently no studies validating the VEW model for gastric band follow-up, but Dr. Leslie added that a prospective validation study will be initiated in the future.

Despite the lack of protocols, there are consensus guidelines endorsed by multidisciplinary societies for postoperative care, including the recommendation to see adjustable gastric band patients monthly for at least the first 6 months postoperatively.⁴

Other resources for patient aftercare can be found on the websites of adjustable gastric band manufacturers. Ethicon Endo-Surgery has a website specifically for gastric band patients, including an “After Surgery” section that outlines recovery expectations, sample diets, and exercise plans. It is available at www.realize.com.

“What you’re looking for when the patient comes in, No. 1, are they losing weight; No. 2, are they making healthy eating choices; and No. 3, are they getting exercise,” said Dr. Brathwaite.

For surgeons unsure about band pressure, there is an art to uncovering whether a band should be filled. The principle behind lower fill volumes is to reduce pressure within the band and achieve the right balance between restriction and diet.

According to Dr. Leslie, optimal placement and filling of a band creates a sense of early satiety, while also allowing patients to eat appropriately textured solid, protein-rich foods such as meat, poultry, beans, eggs, and fish. “These foods typically will allow better satiety control after gastric banding surgery,” said Dr. Leslie.

Intuitively, patients think the band should be tightened to restrict food intake, an instinct that may be reinforced on Internet chat forums or in discussions with relatives and friends who also have had gastric bands placed. However, an overly tight band is counterproductive, because it leads to poor dietary choices that halt, and even reverse, weight loss.

“Recognition of the ‘too-tight band’ has been classically very challenging because patients will oftentimes come into the clinic and say, ‘I’m absolutely here for a fill today because I’m gaining
weight and I’ve just got no satiety—I’m hungry all the time,” said Dr. Leslie.

Surgeons themselves may feel pressured to acquiesce to patients, but they should resist.

“Maladaptive eating behavior occurs when the band becomes too tight and patients can only consume crumbly foods or liquid calories, such as creamy soups or ice cream,” said Dr. Leslie. “These liquid forms of calorie may be much easier to eat because they don’t precipitate vomiting, but over time the patient develops a pattern of eating that doesn’t allow weight loss to occur.”

Instead, in cases where the band is already correctly filled, patients need to be reminded, firmly, that their own eating behaviors are the cause.

“The reality is a surgeon would get paid more to do an adjustment and the clinic time would be shorter. Then the patient thinks ‘Ah, it is not my own behaviors; it is still the band.’ And the surgeon has validated that,” said Dr. Leslie.

Patients also need to be provided with access to psychological and nutritional counseling in the form of support groups and access to clinical services.

Dr. Leslie has a “never say no rule” at his clinic, meaning that if a band patient wants to come into the clinic for any reason, they’re unconditionally offered an appointment.

Similarly, in addition to running 6 monthly support groups and postoperative counseling with dieticians, Dr. Brathwaite’s practice also offers a “back on track program” for patients who have relapsed. “There is always help; there is always someone they can lean on with respect to postoperative care,” he said.

References