

Does it really work?

Over 10,000 bands are inserted per year around Australia. The majority of patients are able to achieve the projected weight loss of 50 to 60% of excess weight. Most people see their weight related problems improve or resolve. However, some people do not succeed with the Gastric Band. It could be that the eating rules and lifestyle changes cannot be followed. Some people who are sweet-tooths and those who are emotional eaters achieve only minor weight loss with a gastric band while others do really well. It is important to choose the right operation for you: discuss any concerns with your surgeon. Our team will be there to help you succeed.

Operative Risks

For any operation there are risks, and in particular there is a risk of infection, bleeding and injury. The overall risk of major complications is 0.5%. The most common outcome is no complications or a minor problem that will pass such as wound infection (5%).

More Information

Gastric Band surgery is very effective. However it is important to consider the other options, namely Sleeve Gastrectomy and Gastric Bypass. Information on each of these can be found on our website or in other information sheets including *A guide to Weight Loss Surgery*.

This brief information sheet is best considered a reference to be used in conjunction with discussions with your surgeon.

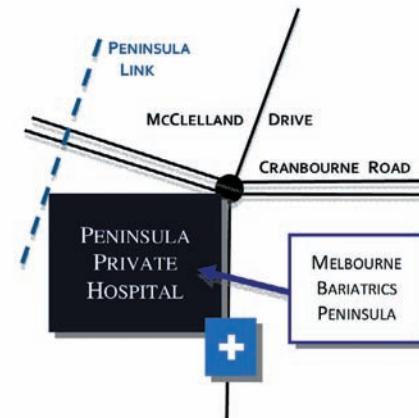
To discuss weight loss surgery including Gastric Band surgery with Mr Geoffrey Draper please discuss this with your GP and obtain a referral.



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LAPAROSCOPIC ADJUSTABLE GASTRIC BAND

gastric band for weight loss

A guide to the Gastric Band



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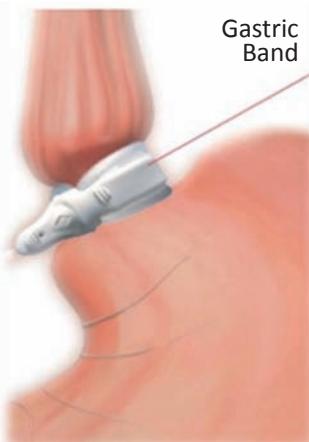
LAPAROSCOPIC ADJUSTABLE GASTRIC BAND

gastric band for weight loss

What is a Band?

This operation is the most popular weight loss operation in Australia. It involves placing a silicone ring on the upper stomach, which is used to decrease the amount of food one can eat. The band has an inner tube, which can be adjusted: it can have more fluid added (saline) or removed according to the patient's needs. Increasing the volume of saline in the band achieves slower eating, better and longer fullness, less hunger, smaller meals and therefore weight loss. And if the effect is too strong it can be loosened.

Expected weight loss is 50 to 60% of excess weight or 32kg on average. Over 80% of obesity related conditions improve or resolve. It is ultimately up to the individual to make this very powerful tool effective. Less hunger doesn't necessarily mean one is less likely to eat. Changing eating habits and lifestyle assists with further weight loss.



Adjustable silicone band on the upper stomach.

The stomach holds food and when a nerve (the Vagus nerve) detects that it is stretching a little it sends a message to the brain that we experience as satiation or "I am full". The band decreases the speed that food is eaten; the stomach starts stretching earlier in the meal and so satiation occurs earlier and so the meal is very small. The band is adjusted to maximise this effect.



Highlighted stomach in the upper abdomen.

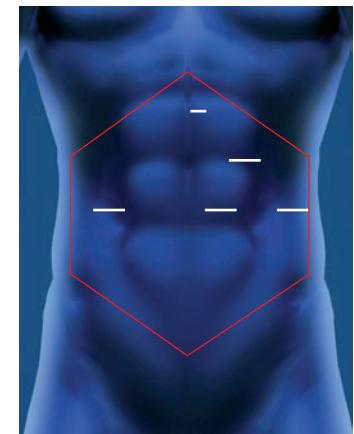
The weight loss surgery team will help you through the entire process, making sure you get the most out of the Band. Most people find the Band very simple to live with and weight loss is relatively easy. However, like any tool, you need to understand how it works, and that takes time and practise and tips along the way. The most common

problems people can have include maladaptive eating (eating only soft foods that are not "healthy") frequent vomiting (the band is too tight usually) and so forth. Excessive weight loss, malnutrition and dumping syndrome do not occur with gastric bands. The surgical risk is lower than other weight loss operations, but the reoperation rate is the highest.

Gastric Band is the lowest risk weight loss surgery operation. And the only reversible and adjustable operation.

How is it done?

Four small (5 to 15mm) incisions and a larger 45mm incision are made in the wall of the abdomen and instruments introduced through them. The inside of the abdomen can then be visualised. The Gastric Band is inserted around the upper stomach and is secured in place by a number of sutures. The Band has tubing, which is threaded out through the muscle wall. It is connected to an adjustment port, which is then secured to the muscle wall. Sometimes the port can be felt beneath the skin below the larger wound. The operation usually takes about half an hour. Quite often there is a slight distortion of the stomach (Hiatus Hernia) near where the band is to be placed which will be repaired if present. Most patients are able to go home from hospital the next day and return to work after 2 weeks convalescence. Single incision laparoscopy can be used if the patient prefers.



White Lines indicate the five usual incision sites.

How is the band adjusted?

At your regular post operative visits to see the weight loss surgery team you will discuss your eating and appetite and decide whether the band is at the right tightness for you to achieve your weight loss. If not, the band can be adjusted by passing a needle into the port. This is done in the consulting rooms and most patients find it (perhaps surprisingly) much more bearable than it might sound. Rarely, X-Ray is needed to help find the port until weight loss makes it easier to find.



The Gastric Band along with its tubing and adjustment port.

The largest incision is where the adjustment port is inserted. The other incisions are for the telescope and for instruments to manipulate the stomach and insert the band. It is very uncommon to need to make a larger incision to complete the operation.

