

Gastric Banding Surgery

Laparoscopic gastric banding surgery is usually performed through small incisions in the tummy using a camera. This minimally invasive surgery usually results in less discomfort and time off. During the 30-45 minute procedure, a gastric band is fastened around the upper stomach to create a small pouch which restricts the amount of food that can be consumed. In addition to the band, an access port, connected by tubing, is placed in the abdomen wall. This port allows for the size of the band to be increased or decreased with saline. The gastric banding surgery does not involve cutting or stapling of the stomach or intestines, providing the option to reverse the treatment.

Laparoscopic gastric banding surgery was first introduced to Australia in 1994. Since then, it has become the most widely used weight control procedure in the country. In 2010, 11,000 procedures were performed in Australia and 650,000 procedures have been performed worldwide.

Risks

While the gastric banding surgery is less invasive than other surgical weight loss procedures there is a chance of a complication being involved, and these can include port site infections to the band slipping out of place. The risks of these complications are minimal and can happen in about 1-2% of patients.

There are risks that come with the medications and the methods used in the surgical procedure and risks that come from how your body responds to any foreign object implanted in it.

And, as with any surgical procedure, other possible complications include internal bleeding, blood clots in the leg veins or lungs, and wound infection. Some patients who achieve a rapid weight loss may develop gall bladder disease and/or gall stones which may require another surgery to remove the gall bladder.

Advantages

A huge advantage of gastric banding surgery is that the gastric band is the only adjustable weight loss surgery. The diameter of the band is adjustable for a customized weight-loss rate. Your individual needs can change as you lose weight. For example, pregnant patients can expand their band to accommodate a growing foetus, while patients who aren't experiencing significant weight loss can have their bands tightened. To modify the size of the band, its inner surface can be inflated or deflated with a saline solution. The band is connected by tubing to an access port, which is placed well below the skin during surgery. After the operation, the surgeon can control the amount of saline in the band by entering the port with a fine needle through the skin.

The gastric band requires follow up, if the band is not adjusted properly it will not do its job, we look at the as the gastric band as a 'tool' to aid in weight loss. Generally most patients will follow up for gastric band adjustments monthly for the first 12 months then progressively less thereafter, after the initial first 12 months most patients will know their gastric band better than themselves and will be able to tell if they require an adjustment; these could be little signs of looking for more food or meal size becoming larger.

Unfortunately the band can easily be 'cheated' with liquid calories and foods that will go through the band easily such as chocolate. Whilst the gastric band is very good at reducing hunger and allowing small meals to be satisfying, it relies more heavily on patients improving their dietary habits and lifestyle in order to achieve best results.

Nutrition long term

The thing to remember is that, because you will be eating less, it is important to focus on good quality nutritious meals to ensure your body gets all the nutrients it needs. We recommend a daily multivitamin as well as regular follow up with your dietitian. They will be able to provide you with food alternatives which are 'band friendly' and also nutritionally sound.