

Lap-Band Post-Op Instructions



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General Directions

Relax—it's hard to mess up. You may remove band-aid and shower 24 hours after surgery.

Call the office (or medical exchange if after hours) if you experience any of the following:

- Shortness of breath
- Fever greater than 101
- Red and inflamed incisions bigger than dime size or pus draining from incision
- Persistent vomiting

There will be white tape known as steri-strips on your incision sites. These need to stay on for five days, post-op. They should then be removed so the incisions can have open air. Don't worry about the incisions coming apart—there are two layers of dissolving sutures under the steri-strips. You may wear a band-aid if there is drainage or irritation from clothing.

There is usually some degree of bruising, especially around the port site (the incision that is largest and is furthest to the right). There may be more tenderness and the skin may be firmer as well. Redness around the incision of 1/4 inch is not unusual, and you can expect a small amount of drainage for a few minutes after the strips are removed, or if the incision sticks to clothing. However, a scab will form within 48 hours and this will cease unless the scab is disturbed (do not disturb it—the scab will come off by itself).

Some pain at the incisions is normal, but after 48 hours it should improve daily. If it becomes obviously more tender after this period, especially if there is increased redness 1/2 inch or greater, if swelling has increased (hard as opposed to firm), and if there is drainage or bleeding (need to change the band-aid or gauze more than four times in 24 hours), then there may be infection. Call the Wellborn Clinic immediately so we can check it. Again, with infection, the pain will always get worse rather than better, and it will become more and more tender with time rather than less tender. If it stays pretty much the same tenderness and is not redder, even if it lasts a week, it is probably not infected.

Activity

We want you to be active! The more you are walking, stirring about the house and getting out to the car, the quicker you will recover. There is no way activity—even vigorous activity—can dislodge your band. If you fell or were in an accident, your care specialists would be more concerned about other injuries than your band. The band is not going anywhere and it can't break because of anything you do.

Activity speeds return of strength and intestinal function. It also prevents blood clots and speeds up your metabolism. If you are active, you will be feeling pretty much back to normal in less than a week. The only activities

we restrict are lifting more than 15 pounds and straining. This is to help prevent hernias at the port sites. It will not affect your band. Do not engage in these activities for four to six weeks. You may start driving as soon as you are off your pain medications usually 48-72 hours or less.

Relieving Post-Surgery Gas

The most common complaints the Wellborn Clinic hears after laparoscopic surgeries—including the Lap-Band—is gas and bloating. This is because when you go to sleep and then wake up from anesthesia, you swallow air. During surgery, we use gas to inflate the body cavity so we can see. We try to remove it all by sucking it out, but usually there is a pint or so left behind. The body will reabsorb it, but during the first day or so it can cause shoulder pain and bloating.

The net result of the surgery is that you will have a quart or so of air in your intestines. It is too far down to “belch” up and too far up to be expelled below. You will be miserable in 48 hours if the gas continues to build. We want to get rid of it as fast as possible so you can decrease the pressure on the incision that causes increased pain, and so you will have room for liquids.

The best ways to help get rid of gas are to walk a lot and take a laxative for the first 48 hours no matter what. Many people will have a normal bowel movement within a day of surgery. This is great, but there is still a lot of gas that needs to move down and be expelled.

We have found over the years that if patients will take a laxative (Milk of Magnesia, Dulcolax tablets three or four times daily, or Dulcolax suppository as needed) for 48 hours post-op, they have much less problem with gas and a speedier recovery. You need to use one of the above **laxatives at least daily for 48 hours**. If gas is stubborn, you can use the laxative twice daily, and you may need to use the laxative for more than just the first two days. Usually your intestines will be back to normal within a week, but for occasional constipation or gas you may use milk of magnesia two tablespoons at bedtime.

Do not use Metamucil, Correctol, and Fibercon or stool softeners. They do not work and can swell in the pouch causing discomfort. Gas-X can help with belching, but it does no good for intestinal gas.

Exercise

We would like to see you start a walking program (or swimming, stationary bike, treadmill, elliptical trainer etc.) immediately after your surgery. Try to exercise for 30 minutes to an hour at a time, three to four times a week, at least. The more exercise you get, the better. The length of exercise time is more important than the intensity, but intensity will automatically increase with consistent exercise.

Weight training is also recommended for weight loss and muscle toning. Nothing over 15lbs for the first 2 weeks. Participating in programs like Curves or working with weights at the gym for 45 minutes to an hour two or three times a week is recommended. Obviously, you need to wait at least four weeks before beginning a weight program. When you start, begin with lightweights.

What is the best exercise? The answer is whatever you can do consistently. Simpler is better. Walking is ideal because it's free, you can go at your own speed, and it's relatively easy to work into your busy day. Treadmills, exercise bikes, and elliptical trainers are simple and relatively inexpensive, and you can do them in any weather. Pick whatever exercise program you can stick with. That is what is important! If you can stick with it you will lose weight faster and feel much better in the process.

Do not expect extra skin to spring back tightly. Exercise can help, but if your skin—particularly arms, legs, and lower abdomen—has been stretched, exercise will not totally get rid of extra skin. But don't be discouraged. Building up your muscles will compensate for some degree of extra skin even if it doesn't completely eliminate it. And besides, you will feel 100 percent better.

Diet After Lap-Band

There are a lot of myths and misinformation in the world. Just about every surgeon has his or her own preference, and the information below is a combination of absolute rules on which everyone agrees, and some personal observations and dietary practices we have learned over the past four years. We have included some general principles of post-op diets as well as specific recommendations for the various phases of the post-op period.

Early Post-Op Diet, Days 1-14: Liquids Only

If you can pour it, you can have it. If you can suck it through a straw, about the consistency of pancake batter or thin cream of wheat, you can have it. Keep your calories below 600-800/day.

Most people need 1500-2000cc per day (one to two quarts or six to eight cups) to maintain hydration. This should be your daily goal including meals. This may sound like a lot, but liquids should pass easily out of your pouch if taken slowly. The first several days after surgery try and stay with broth type liquids (thinner) than as the gas improves and you begin to get hungrier, you can start to thicken up your liquids. Obviously, thicker liquids (cream soups, yogurt, cream of wheat, etc.) must be taken slower than thin or clear liquids. At this point, anything you can put in a blender that you can count the calories of, that will go up through a straw, you can have. **DO NOT EXCEED 800 CALORIES. LIQUID CALORIES ADD UP FAST.**

Examples of What You Can Drink Between Meals: (stay away from all caloric liquid calories, except in the liquid phase of your diet)

- Water
- Crystal Light
- Unsweetened tea
- Coffee
- Propel
- Gatorade
- Juices (count your calories, liquid calories add up fast!!)
- Sugar free jello (let it dissolve in your mouth)

As Meals/Week One-two:

- Broth
- Cream soups
- Diet popsicles
- Watery grits
- Cream of wheat
- Blenderized soups (vegetable beef, chicken noodle, etc.), and soup as long as you blenderize it on “chop” or medium speed for 10 seconds. As long as no particle is any bigger than 3mm, you will have no problems. So be creative and eat slowly
- Low calorie, high-protein smoothies

As Meals/Week Three-four (Soft foods) 15th day after surgery: Once you begin soft foods remember you can drink all the way till you eat and then nothing to drink for 60-90 minutes after you complete your meal. Cut your protein up the size of your pinky fingernail, complex carbs the size of your thumb nail. Chew chew chew and when you think you’ve chewed enough, chew some more. Remember to eat your protein first so that it can sit at the bottom of your pouch and then eat your complex carbs (fruits and veggies) next. 50% of everything you eat from the 15th day forward should be protein. Dr. W. says the last bite can be whatever you want.

.examples of foods you can begin the 15th day

- Low fat yogurt
- Sugar-free pudding
- Lean deli sliced lunch meats-turkey, roast

- Canned tuna or chicken, soft non-fried fish, anything not dry-must be very moist, low fat turkey chili, meatloaf, ravioli, sweetish meatballs, green veggies, salads
- Diet sodas flattened (let sit on ice for at least 5 minutes) Some patients tolerate carbonated beverages, but if you are filling bloated and gassy, stop drinking carbonated beverages.

As meals/ Week 4-6: During this stage you will begin to be able to eat more and will be ready for that first adjustment. This is completely normal; the band needs time to heal before your first adjustment. This phase of your diet you can eat regular foods. Your job is to find foods that fill you up. Try introducing bread once dense proteins are not filling you up. Try Natures Own wheat bread 40 calories/ slice and 5 gms of protein/slice. Make a sandwich cut in ¼'s and start by taking the top of ¼ of a sandwich til your able to eat the whole sandwich with all the bread. Remember no liquids calories, and no calories with your liquids. Avoid dry foods and introduce new foods slowly. Try to avoid high calorie foods. At 6 weeks you will be ready for your first adjustment, do not eat 2 hours prior to any adjustments.

Important Dietary Changes

Invariably after weight loss surgery, there are dramatic dietary changes that must be made. Some of these involve changes in the types of food that can be eaten, the timing of meals, and certainly the amount of food that can be consumed. The whole point of Lap-Band surgery is to drastically reduce the number of calories consumed. In the process, it will be necessary to learn how to eat properly. Almost every patient asks, "What can I eat?" when we think a better question should be, "how should I eat?" Here are some important dietary guidelines to follow:

- **Count Calories**

Remember, you need to watch your calories. Many people drink milk, juices, and protein shakes following surgery because they think they are healthy. They are healthy, but they are loaded with calories and should be avoided. Don't worry too much about the protein the first two weeks. Eat that when you start solid foods. Focus on maintaining hydration and avoiding high carbohydrate beverages for the first two weeks. During this time, your brain and your body will begin to automatically tell you what it can handle by the cravings you will have for certain foods.

Please, count calories. Your goal is 600-800 calories a day for maximum weight loss, so make sure to drinking low-calorie beverages and avoid sweets with hidden calories. Don't take longer than 15 minutes to complete a meal.

- **Eat Small Portions**

The first thing to consider is your new pouch. The pouch is designed to hold approximately one tablespoon of solid, unchewed food. Your teeth compress the food to about one fourth of its unchewed volume. You can hold approximately three tablespoons of unchewed food, which would be about the size of a golf ball or a hard-boiled egg. Chew, Chew, Chew and Chew some more.

- **Avoid High-Calorie Liquids**

Patients are physically able to drink water or similar liquids without restriction unless they basically chug them. That is why Lap-Band patients are restricted from high calorie liquids such as non-dietary sodas, juices, milk, ice cream, milkshakes, etc. **If you drink caloric liquids you will not lose weight!**

- **Avoid Drinking With Meals**

Even more important is to note that the *timing* of liquid consumption can help improve weight loss or can defeat it. Rapidly drinking eight ounces of water five to 10 minutes before a meal when there is the urge to snack will “pre-fill” the pouch and decrease appetite. On the other hand, sipping with a meal will “wash out” the pouch enabling one to eat two to three times as much, particularly with soft foods, and cut weight loss in half or more. **If you drink with your meals you will not lose weight!**

- **Adjustments**

Your first adjustment will be at 6 weeks, and not before. This gives the band time to heal. You may have liquids before a fill, but **do not eat solids 2 hours prior to any fill**. If you are having to use willpower you need a fill. Also when you are hungry between meals you can begin to introduce breads this will fill you and stay with you longer. The way you can tell if you need a fill is that if you can eat about ½ of a sandwich with bread. When you have a good adjustment, you should only be able to eat about 10 bites. Remember our motto is if you can eat it you will and the only way you won't is to have a fill.

Follow-up Appointments

Please be sure to schedule follow-up appointments and fills as follows, and check the appointments as they have been confirmed.

First Appointment: Two Weeks Post-Op (This is a class and due to limited space there is only enough room for patients) It will last approximately 1½-2 hours. Attendance is mandatory.

Appointment Date _____ Time _____

First Fill: Six Weeks Post-Op

Appointment Date _____ Time _____

Second Fill: Eight Weeks Post-Op

Appointment Date _____ Time _____

Third Fill: Ten Weeks Post-Op

Appointment Date _____ Time _____

If you have any questions please call our office or e-mail us anytime.

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