Thank you for your interest in our weight reduction program here at the University of Virginia Health System. The decision to undergo this type of surgery will be one of the biggest decisions you will make in your lifetime.

Weight reduction surgery will have an effect on all aspects of your life. As you begin to lose weight, the way you feel about yourself, your family and friends will change. Of course, the surgery will cause many major changes in your health, lifestyle and eating habits.

Weight reduction surgery is not for all overweight people. It offers an alternative to those people who are unable to maintain weight loss through dieting. It is very important you understand that in order for you to maintain weight loss after surgery, you need to exercise regularly, eat less food and modify the types of foods you eat.

Gastric bypass surgery is not safely reversible. Laparoscopic adjustable gastric banding is potentially reversible under special conditions. It is very important for us to give potential patients a complete preoperative (before surgery) evaluation. This includes a physical exam, nutritional evaluation and in many cases psychological testing and other medical tests. The purpose of this complete evaluation is to determine which operation is best for you and make sure this type of surgery is right for you. The tests are also necessary to assure that any medical conditions that you have are optimally treated to make surgery as safe as possible for you.

We continue to improve the results of our weight reduction operations. Since Dr. Schirmer first began performing the gastric bypass surgery in 1985, the operations have changed and improved.

1) We follow the progress of our patients for many years after surgery. After having weight reduction surgery it is important that we have yearly follow up visits with you in order to accurately gather information about your health and progress. Gathering this information helps us determine if the operation is continuing to work well for you. This continued follow-up is an obligation we take very seriously. It helps us in providing the best possible long-term outcome after surgery.
2) In order to improve operations, we must sometimes make changes that may or may not turn out to be better. We must also study these changes. So you may be asked to join a study of some type related to improving weight reduction surgery or understanding how it works. Your decision to participate in any such study is voluntary, and you do not need to be in a study to have weight reduction surgery. But remember, it is only by doing such studies that we make tomorrow’s surgery better than today’s.

It is important for you to read and understand the information in this packet before you come in for your first appointment. We also encourage you to have your family read this information.

Acknowledgment: We would like to thank the members of the American Society for Bariatric Surgery for their input in creating this booklet.

THE GASTRIC BYPASS BOOKLET TABLE OF CONTENTS:

1. Calling to make your appointment--------------------------------------     5
CALLING TO MAKE YOUR APPOINTMENT:
Before making the call for your appointment, please make sure that your insurance will cover the gastric bypass or Lap Band. If you have Anthem or Southern Health Insurance, please make sure your employer has purchased the rider. (This is extra coverage for gastric bypass surgery and follow-up care.)

The next step is for you to discuss having the surgery with your PCP (primary care physician). If you and the PCP agree that having an initial evaluation for weight reduction surgery is appropriate, the PCP’s office must call one of the offices listed below with a physician's referral. We request that the PCP fax to our office your current medical records including diet & a list of your current medications/allergies.
In order to prepare for this important initial visit:
1. Discuss with your doctor your thoughts or concerns about having weight reduction surgery.
2. Make sure you contact your insurance carrier and confirm that your policy covers either gastric bypass or lap banding procedure and what diets and other tests (like a Psychological evaluation) are necessary.
3. Have your physician's office call our office with a referral, your information, and any medical problems.
4. If you have had or plan to have a change of address and/or phone number after the appointment has been made, please call and let our office know of the changes.
5. If you need to cancel your appointment, please call our office so that the appointment can be rescheduled to the next available date.

NOTE:
IF YOU FAIL TO SHOW FOR YOUR SCHEDULED APPOINTMENT WITHOUT NOTIFICATION TO OUR OFFICE, YOU WILL BE PLACED AT THE END OF THE LIST FOR RESCHEDULING.

YOUR BARIATRIC HEALTH CARE TEAM
Dr. Bruce Schirmer    Surgeon            434-924-2104
Dr. Peter Hallowell   Surgeon    434-243-4811
Dr. Mukong Adeso   Surgeon    434-924-9954
Janet Dix, P.A.-C.   Physician Assist.  434-924-2104
Anna Dietrich-Covington, R.N. Nurse Cord. 434-924-5852
Libby Rexrode, R.N.   Nurse Cord.  434-924-5852
Mary Simmons, R.D.    Dietitian   434-243-9348
Linda Gonder-Frederick, Ph.D. Psychologist    434-924-5314
Elaine T. Bailey, PhD. Psychologist 434-924-5314
Scott Bender, PhD.    Psychologist 434-924-5314
Michael Miller    Insurance  434-243-6191
PATIENT RESOURCES
Patient Representatives  434-924-8315
Patient & Guest Relations  434-924-1122

ORIENTATION SESSIONS
All patients who wish to have an initial visit consultation are REQUIRED to first attend an orientation session which explains these options in detail. Times for these sessions are available by calling the above office numbers.

Due to limited space, we recommend that you bring 1 support person with you. It is best not to bring small children. Many times, your guest will help you to remember things that are presented during the orientation.

Note: If you are more than 10 minutes late for this orientation, you will not be able to sit in on the session. We will be happy to reschedule your appointment.

“ON CALL” PATIENT LIST
Unfortunately, we sometimes have patients who either fail to show up for their orientation appointment or may cancel at the last minute. Because of this, we may have available seats which we would like to fill.

If we have available seats prior to a scheduled orientation, we will call people from an “on call” list. If you are disappointed that you cannot be seen immediately, you may wish to ask our office to put you onto this list. Please understand, however, that you should be in a position to attend an orientation on short notice.

FOLLOWING THE ORIENTATION SESSION
After the orientation session, you will be given a clinic appointment to see your surgeon for an evaluation. We also have “on call” lists for these evaluation appointments. Please ask about this when speaking to the office.
BEFORE YOUR FIRST VISIT
Please call your insurance company and confirm that your weight reduction surgery costs and subsequent visits will be covered. Please find out the documentation your family doctor is required to provide the insurance company and your UVA surgeon. Being prepared with this information will often insure a speedier and more favorable
determination by your insurance carrier.

Please arrange for your family doctor to write a referral letter to your surgeon at the University of Virginia, P.O. Box 800709, Charlottesville, VA 22908-0709 or FAX: 434-243-9433. **Please ask your doctor to document that he or she has medically supervised a weight reduction program for you, the length of time and type of diet or exercise.** We also need to know what health problems your doctor is treating you for, especially diseases that are related to obesity. If you are a smoker, please plan to quit before surgery. After all, you are making a major life change to improve your health for the rest of your life.

**PREOPERATIVE TESTING**

After attending the orientation session, your first clinic visit will involve meeting with our key team members and the surgeon. You will also have a thorough examination and individually be evaluated by the dietitian before leaving. You will then be sent to the lab to have blood tests drawn.

**Ladies:** please bring a copy of your recent PAP Smear and Mammogram.

**PSYCHOLOGICAL EVALUATION**

After your first clinic visit, you may be asked to have a psychological evaluation performed. Of ten this is necessary for insurance requirements. You may have this done by any licensed psychologist or psychiatrist. If you choose, you may schedule an appointment at the UVA Behavioral Medicine Center. This evaluation will normally take approximately 4 hours. If a psychological evaluation is requested, your surgery will not be approved until we have received documentation that it has been satisfactorily completed.

**APPROVAL FOR SURGERY**

Our insurance specialist, Michael Miller will be contacting your insurance carrier. Once he has obtained approval, you will be notified about future clinic appointments. **It is important that you understand, even if we think you are a good candidate for the surgery, your insurance may not approve you for surgery.** The average time from the first clinic visit until your actual surgery is approximately 2-3 months. **Your approval for surgery will depend on you meeting all the criteria for being a**
good candidate for surgery based on the evaluations of all the health team members and your surgeon. We do not offer weight reduction surgery to everyone who requests it. We retain the right to make the final decision about whether we will offer you the procedure. If the team decides you are not a good candidate for surgery, complaints to the hospital patient representative, hospital director, or any other higher authority will not reverse that decision.

OTHER TESTS (TO BE SCHEDULED AFTER INSURANCE APPROVAL)

**Endoscopy (EGD):** If you have heartburn or take medications for indigestion, you will be scheduled for an EGD. During this exam (which takes approximately 15 minutes) your doctor looks inside your stomach using an endoscope (a small, flexible, lighted tube). You will be advised not to eat or drink after midnight on the day of your scheduled study. In order to do this exam, you must be heavily sedated. We will start an IV in your arm and give the medications through the IV. Most patients don’t remember having this done. Because of the sedation medication given to you, we request someone else drive you home after the appointment.

**Gallbladder Ultrasound:** If you still have your gallbladder and you are planning to have a gastric bypass, you must have an ultrasound of your gallbladder to see if you have gallstones. You may ask your family doctor to schedule this at a hospital close to your home or we can schedule it to be done here at UVA. Regardless, we need to have the report sent to our office. Instructions for this painless exam are: no eating/drinking 6 hours before the exam. If you have gallstones, we will discuss taking your gallbladder out at the time of your gastric bypass surgery. If you have a fatty liver, your surgeon may ask you to follow high protein, low carbohydrate diet (like the South Beach diet) before your operation. Because weight loss is slower with the Lap Band, the likelihood of forming gallstones after surgery is lower, so we don’t routinely do an ultrasound.

**Sleep Studies:** If you have any signs and/or symptoms of sleep apnea (loud snoring or you stop breathing for brief periods during sleep), you may be referred to the Sleep Laboratory for a sleep study.

PREOPERATIVE CLINICAL WORKUP & ANESTHESIA SCREENING EVALUATION

After your insurance approves your surgery, the office administrator will mail your “workup” appointment. It is during this appointment that you and your surgeon will set the actual date for your surgery and sign the surgery consent forms. You will be asked to sign a form agreeing to allow us to use information from your medical chart regarding your treatment anonymously for future medical reports on our center’s results with weight reduction surgery. (This data will be in the form of a confidential computer database.) You will also get instructions for your surgery from the nurse,
have more blood work done, and possibly have tests done (listed below). This appointment may take up to 4 hours.

You will go to the preadmission suite to start an anesthesia evaluation. The nursing staff will ask you many questions, then possibly do an EKG, and send you to Radiology for your chest x-ray if you have not had one done recently. You may also have some additional blood tests done.

**Chest X-ray:** This is done in Radiology. It is important for us to see your lungs to make sure that they are clear. Just stand still, hold your breath while the technician snaps a picture of your chest.

**ABG’s:** This is a blood test to determine the level of Oxygen in your blood. The technician will stick a needle in your wrist to draw arterial blood. It is important for us to have your baseline results before surgery.

**EKG:** This is a test where the technician places sticky pads on your chest and then connects them to a machine. This machine records the electrical activity of your heart for us to examine. If it is abnormal, we will send you to a heart specialist for further evaluation.

---

**DAY OF SURGERY AND POSTOPERATIVE STAY**

**Family Waiting Room and Surgical Admissions**
You will report to the Family Waiting Room on the day of your surgery. It is located on the main floor of Hospital East. When it is time, you and one other family member will be taken to the surgical admissions suite (SAS). Here the nurses will prepare you for the operating room (putting the hospital gown on, starting the IV). You will then meet your anesthesiologist, the doctor who will give you medication to make you “sleep” during surgery. If you need some medications to help you with anxiety, please ask the doctor at this time. When you go into the operating room, your family should wait either in the Family Waiting Room on the main floor or in the waiting area located on the 5th floor. The
hospital volunteers can assist them in finding these areas. When your surgery is finished, the doctor will call your family to let them know how you are doing. So it is important for them to stay in the waiting area if they want to receive this phone call.

**Recovery Room**

When your surgery is finished, you will be moved to the recovery room. This is where you will wake up. **Note that visitors are not permitted in the recovery room.** Patients commonly ask if they will have the breathing tube still in. Most of the time, the anesthesiologist will remove it but on occasion they may not. If this worries you, please discuss this with the nurses in pre-admissions before your surgery. The nursing staff will make sure you are breathing okay, blood pressure is within normal limits and your pain is under control. Let the nurses know if you are nauseated or if your pain is severe. It is important for you to be able to communicate how much pain you are having. Here at UVA, we use the pain scale (1-10) to communicate pain.

<p>| | | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>No Pain</td>
<td>Moderate Pain</td>
<td>Very Severe Pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It will be helpful to give a number on this scale when you describe your pain to the nursing staff. If you do not feel comfortable using this scale, you may describe your pain with this verbal scale:

No Pain
Mild Pain
Moderate Pain
Severe Pain
Very Severe Pain

*PLEASE NOTE, LAPBAND PATIENTS MAY BE DISCHARGED THE SAME DAY.*

You will normally spend at least two hours in the recovery room. Your family will not be allowed to visit you until you are moved from the recovery room to your hospital room. They will be notified of your room number when it is time for you to be transferred to your room. After arriving in your hospital room, you will be assisted in getting out of bed. We would like to see you walk a few steps. Even walking in place is very beneficial in preventing blood clots. **WALK, WALK, WALK - that’s the secret to success!**

**Compression Boots**

When you wake up from your operation, you will be wearing compression shoes or boots on your feet. You should feel like they are gently squeezing your feet. If you do not feel this, please ask your nurse if they are working properly. These are hooked to a machine that pumps air into them periodically. Doing this helps prevent blood clots.
Lap Band
Most laparoscopic adjustable gastric banding procedures are done as outpatient. After your time in the recovery room, you will be moved back to the Surgical Admission Suite (where you were prepared for surgery), and your family will meet you there. Once you are cleared medically to be discharged, you will receive your post-operation instructions and medications (prescriptions for pain medicine, stool softener, or other medications if needed). During your first few days at home, call your surgeon’s office to set up your first follow-up clinic visit.

Gastric Bypass

Post-Operative Day 1
One of the main events of the day is going to Radiology for your swallow study. This is a study to see if there are any leaks where your surgery was performed. You will be asked to drink some liquid. If you do not have any leaks, we will start you on the Phase 1 Diet. Please continue to get out of bed and walk. This is very important in preventing blood clots. To prevent you from getting pneumonia, you will also be asked to use a machine called the incentive spirometer and to breathe deeply and cough. The nurse will demonstrate this in clinic before your surgery. If your urine output is normal, we will take out the Foley bladder catheter.

Post-Operative Day 2 - Prepare for Discharge from Hospital
You start to feel better! Increasing your activity and walking will be the main goals for the morning. Usually, patients are started on the Phase 2 diet. Your IV pain medicines will be changed to pain medicine tablets and we will begin to plan on your discharge from the hospital. If you are doing well, you will go home by noontime of that day.

DISCHARGE DAY:
Just a reminder: UVA hospital is a major medical center and everyday there are patients waiting in outside hospitals to be transferred here or waiting in our emergency department to be admitted. Because of the lack of empty beds, we need your cooperation in leaving the hospital in a timely fashion. If for some reason you do not have transportation, you may be transferred to our newly opened Patient Transition Unit. This unit is located in the Primary Care Building. The staff of nurses will do everything to make you comfortable while you are waiting for your transportation home.
DISCHARGE INSTRUCTIONS

A. **Restrictions**: No heavy lifting (15 pounds) until your doctor says it is OKAY!  
   No driving while on pain medication and/or for the first 2 weeks!

B. **Incision Care**: If you have laparoscopic surgery you will not have any stitches or staples. The glue on the skin should be left in place until it starts to peel off. You may shower as soon as you are home. Do not soak in a bath if you have staples, and avoid hot-tubs or swimming. Pat the incision dry with a towel. If staples are used, they will be removed during your post-operative clinic visit and steri-strips will be applied.

C. **Activity**: Walking 2 miles/day within 2 months or as much as possible if you can not walk far. A regular exercise program or daily walking must be started one month after surgery. Start with shorter distances one or two weeks after surgery. Water aerobics can begin when the incision is healed or staples are removed.

D. **Follow-Up Appointments**: After you are discharged from the hospital you will need to call to make an appointment for follow up with the surgeon. Please refer to the schedule listed below for your future appointments. Again, if you move or change your phone number, PLEASE LET US KNOW!!!

E. **Diet**: You must remain on the Phase 2 diet until you come back to see your surgeon!!! If you are getting used to your diet following this surgery you will be working on ways to get your daily protein and mineral requirements.

F. **USE Birth Control!!!** No pregnancies for 18 months following the weight reduction surgery, please. Please check with your family doctor if you need to be put on some form of birth control before surgery and continue using this birth control until your surgeon says it is okay and safe for you to have a child.

G. **Discuss your medications with your family doctor**. Make an appointment within the first month. Discuss changing your medications for diabetes or high blood pressure with your family doctor. This is especially true if your blood sugar runs low (for diabetes) or if you become dizzy upon standing up (for blood pressure).

YOU MUST RETURN FOR FOLLOW-UP VISITS
These are usually:
♠ 3 - 4 weeks after surgery  (Lap Band patients – no adjustment performed yet!)
♠ 2 - 3 months after surgery
♠ 6 months after surgery
♠ 12 months after surgery and
♠ Once a year every year thereafter
♠ You may need more frequent visits if problems arise and we will see you as needed.

Lap Band patients will be given an appointment for the first Lap Band adjustment in 2 weeks to 6 weeks following the post-operative visit. The length of time depends on weight loss, symptoms, and availability of appointments. No adjustments are performed at the first post-op visit or during surgery. Adjustments are generally scheduled every 3 to 4 depending on weight loss and level of hunger.

If you have any concerns or questions between scheduled visits, please contact your nurse coordinators who work with your surgeon.

If you change your address and phone number or last name, please contact our office and give the secretary the new information.

GASTRIC BYPASS AND LAP BAND DIET AND DIET PROGRESSION

It is important to follow the weight loss diet guidelines after surgery. The diet has been designed to be gentle on your “new” stomach, to ensure proper healing of the staple line, and to help you to avoid overeating. A normal stomach can hold approximately 4-6 cups of fluid at a time. After surgery your stomach pouch will only be able to handle about ½ cup!! Since fluids empty quicker, you may be able to tolerate up to 8 ounces of fluid at one sitting. Sip slowly, but consistently between meals. You will likely need to alter your eating habits quite a bit.

This booklet will outline a basic overview of the diet that you will need to follow after surgery. Later a nutritionist will go over the details with you in a one-on-one interview.

Because you will have a certain degree of malabsorption after gastric bypass surgery and because you will not be able to eat a lot of food it is critical that you take a multivitamin/mineral supplement EVERY DAY FOR THE REST OF YOUR LIFE after any weight loss surgery. If you are not already taking a multivitamin
with minerals, START TODAY! You will not be able to eat enough to meet your daily requirement of vitamins and minerals. You will also need to take additional calcium, especially if you don’t drink milk. Calcium citrate with Vitamin D (500mg twice per day for gastric bypass patients and once a day for Lap Band patients) is recommended to meet calcium needs. Calcium carbonate is not absorbed well, so please check the label. You may also need to take additional iron if your blood count is low or if you are a woman and still menstruating.

PROTEIN will be an essential part of your diet after surgery. Protein helps with wound healing, muscle and skin re-growth, and repair, as well as preventing hair loss. You will need to include an adequate amount of protein in your diet after surgery. We recommend a daily protein goal of 60-70 grams per day. Every meal and snack should have a good source of protein in it. Sometimes for the first 1-2 weeks after surgery it is helpful to consume a protein supplement (as long as it is low in added fats and sugars) such as No Added Sugar Carnation Instant Breakfast, 100% Whey, or Unjury.

Your food choices will also need to be LOW-FAT. Fat may be difficult to digest or tolerate after weight loss surgery, especially fried foods, fast foods and snack foods. Small amounts of fats are fine such as those found in lean meats and fish or low fat dairy products. Trying to eat a sensible low-fat diet will help to sustain weight loss after surgery.

In order to meet your protein needs without adding fats choose the following foods:

**High Protein Foods (that are low in fat):**
Fish. For example: flounder, sole, tuna (canned in water), crab, and salmon. Lean cuts of beef. Look for the words “loin”, “round” or “select”. Lean cuts of pork. Look for pork loin or leg. Skinless chicken or turkey, preferably white meat. All meats should be prepared by baking, broiling or grilling. Dry Beans and Legumes. Eggs and egg whites. Nonfat or Low fat milk and milk products.

After weight loss surgery you will also need to follow a diet that is LOW IN ADDED SUGARS. After gastric bypass surgery, most patients experience a phenomenon known as “dumping syndrome” after eating concentrated sweets, fatty foods and/or drinking fluids with meals. This occurs when food exits the pouch rapidly and “dumps” into the intestine.
This part of your intestine does not handle concentrated foods (sweet or fatty foods) very well, so it immediately pulls water out of the rest of the body to dilute the food. It then rapidly flows down the remainder of the small intestine; it enters the large intestine (still flowing rapidly) and exits via the rectum. Some patients have shared stories about their dumping syndrome, describing the sudden onset of diarrhea and have reported having accidents in public places. Dumping syndrome can cause not only urgent diarrhea, but often patients will also feel nausea, lightheadedness, flushing, and stomach cramps.

To prevent dumping syndrome you will need to avoid eating sugar and foods containing real sugar. You will need to start reading food labels. Avoid products which list any type of sugar as one of the first three ingredients: including sugar, maple syrup, honey, molasses, corn syrup, corn sweeteners, glucose, lactose, maltose, dextrose, sorghum, sorbitol or mannitol.

NutraSweet, Splenda, Sweet and Low and other artificial sweeteners are acceptable substitutes for real sugar. They will not cause dumping and will help with weight loss and maintenance since they contain very few calories.

The weight loss diet is divided into four phases, based on how long ago your surgery was. The diet progressions are outlined below:

**Phase 1 – Clear Liquids (1 meal)**

For one meal after surgery while you are in the hospital you will be given clear liquids to see how you tolerate eating. You will be started on sips of clear liquids such as water, broth, a small amount of unsweetened juices, diet Jell-O and diet drinks (such as crystal light, minute maid light and flavored water). Sip slowly – about 2-3 ounces at a time and pay attention to your feelings of fullness. If you tolerate the Phase 1 liquids – your next meal will be Phase 2.

**Phase 2 – Blended/ Pureed diet**

For approximately 2-3 weeks after surgery, you will need to eat foods in a liquid or semi-liquid state. Eating solid...
foods too soon will put pressure on the staple line and may cause breakage or leaking. With the Lap Band, there is a danger of meat obstructing the opening to the stomach. It is important that, during this time, all the food you eat be the consistency of thin, smooth, applesauce (or yogurt or thinned mashed potato consistency). You should eat 4-6 meals per day if you can. Portions will be very small.

**Foods to Choose on a Phase 2 Blended/ Pureed Diet**

<table>
<thead>
<tr>
<th>Food</th>
<th>Choose</th>
<th>Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meat, protein and protein substitutes</td>
<td>Pureed fish, tuna, poultry, or pork; low fat cottage cheese, low-fat or non-fat cheese, baby-food meats (all types); mashed or pureed tofu, pureed egg or egg substitute; blended low fat casseroles with soft vegetables;</td>
<td>Crunchy peanut butter, all others</td>
</tr>
<tr>
<td>Milk and Milk Products</td>
<td>Fat-free (skim) or 1% milk; sugar free or low fat yogurt (approximately 80 calories per serving)</td>
<td>Chocolate milk, sweetened condensed milk, 2% or whole milk, ice cream</td>
</tr>
<tr>
<td>Fruits and Vegetables</td>
<td>Applesauce, pureed banana, mashed potato or other fruit/vegetables without seeds or hulls that have been pureed</td>
<td>All others</td>
</tr>
<tr>
<td>Bread and Cereals</td>
<td>Hot cereals cooked in milk (oatmeal, grits, cream of wheat)</td>
<td>Bread and crunchy cereals</td>
</tr>
<tr>
<td>Other</td>
<td>Sugar free gelatin or popsicles, sugar free fat free pudding/custard</td>
<td>Chewing gum, sweets</td>
</tr>
</tbody>
</table>

If you are having trouble tolerating pureed foods try slowing the speed of your eating or decreasing portion size slightly.

To blend foods: first put foods in a blender, then add liquid such as skim milk,
broth, fat free gravy or low fat creamy soup then blend until smooth.

**Sample Phase 2 menu**

**Breakfast:**
1 cup “Carb Conscious” Carnation Instant Breakfast with skim milk & 1/3 cup powdered nonfat milk

**Snack #1:**
1/2 cup cottage cheese

**Lunch:**
1/2 cup fat-free refried beans 1 ounce melted fat-free / reduced fat cheese

**Snack #2:**
Blended sugar-free yogurt

**Supper:** (Blended)
1/4 cup meat 1/2 cup low-fat cream soup 2-4 Tbsp skim milk powder

This provides approximately 60 grams of protein and 750 calories

---

**Phase 3 – Semi-solid/ soft diet**

About 3 weeks after surgery, with your dietitian’s or doctor’s approval, you may advance to Phase 3, semi-solid or soft foods portion of the diet. The general rule is “Can I mash this food with a fork?” to determine if it will be soft enough. Phase 3 diet should include about 3 to 4 meals per day. Each meal should not exceed 4 ounces. **You will need to eat and drink slowly. Take small bites and chew very well.**

**Foods to Choose on a Phase 3 Semi-solid/ soft Diet**

<table>
<thead>
<tr>
<th>Food</th>
<th>Choose</th>
<th>Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meat, protein and protein</td>
<td>Lean soft and moist meats including fish, tuna, poultry, or pork; low fat cottage cheese, low-fat or non-fat cheese; soft tofu, eggs or egg substitute; soft low fat casseroles with soft vegetables</td>
<td>Crunchy peanut butter, any meat that is dry, tough or chewy. Red meat may not be tolerated in this phase. Fried eggs.</td>
</tr>
<tr>
<td>Milk and Milk</td>
<td>Fat-free (skim) or 1% milk;</td>
<td>Chocolate milk,</td>
</tr>
</tbody>
</table>
Products: sugar free or low fat yogurt (approximately 80 calories per serving)  
sweetened condensed milk, 2% or whole milk, ice cream

Fruits and Vegetables: Any fruit/vegetables without seeds or hulls that have been cooked soft. Soft unsweetened canned fruits or vegetables. Fresh soft fruit.  
All others – including raw vegetables (such as salads) and raw crunchy fruits (especially those with tough skins/seedy)

Bread and Cereals: Hot cereals cooked in milk (oatmeal, grits, cream of wheat), cold cereal (high protein) soaked in milk, toasted bread or plain soda crackers  
Soft “gummy” bread and crunchy cereals or sweet cereals

Other: Sugar free gelatin or popsicles, sugar free fat free pudding/custard  
Chewing gum, sweets

Keep in mind that you are “re-educating” your stomach. If you eat too fast, too much, or don’t chew enough, you will feel uncomfortable.

Sample Phase 3 menu
Breakfast: 1 egg with 1 slice reduced fat/fat free cheese
Lunch: 3 oz lean, soft meat (turkey, low-fat ham)  
¼ cup canned fruit
Supper: ¼ cup tuna salad (made with yogurt and light mayo)  
¼ cup cooked vegetables
Snacks: Low-fat cottage cheese with fruit

This provides approximately 60 g protein and 700 calories

Phase 4 – Solid food
About 4-6 weeks after your surgery, you may begin to try solid foods, one item at a time to test your tolerance to them. Do not worry if you cannot handle foods that you used to eat. Most people experience some problems at first with food intolerances, especially with meats, pasta and breads. Gastric bypass and Lap Band patients tend to complain that breads “form a ball” or feel “gummy” and do not go through your pouch easily. Once you are eating solid foods you can reduce the number of meals that you eat to 3 meals per day. Be as regular as possible with meals and meal times. You will always need to try to get about 60 grams of protein in per day and if you skip meals you will not get in enough protein. Start practicing now with eating 3 meals per day.

Both gastric bypass and Lap Band patients are prone to obstruction if they do not chew foods well enough. Patients can experience dull chest pain while eating from food obstructing the Band or the pouch. Rarely, patients have to come to the Emergency Department to have pieces of food removed by endoscopy. This is why we ask you to chew food well and eat small amounts slowly.

Lap Band patients have better weight loss if they avoid soft foods, once they start Phase 4. We encourage people with Lap Bands to eat foods that are high fiber, along with meats to allow the pouch to fill up and then empty slowly. This helps limit the amount of food eaten at a meal and suppresses hunger. Drinking at meals causes food to pass though quickly, leaving patients feeling hungry.

**Foods to Choose on a Phase 4 Solid Diet**

<table>
<thead>
<tr>
<th>Food</th>
<th>Choose</th>
<th>Foods that may be difficult to tolerate</th>
<th>Foods to limit/ avoid for best weight loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meat, protein and protein substitutes</td>
<td>Lean meats egg or egg substitute and tofu; regular low fat casseroles or crock pot meals</td>
<td>Tough meat or meat with gristle. Some patients do not tolerate red meat.</td>
<td>Fried or breaded meat products. Fried eggs</td>
</tr>
<tr>
<td>Milk and Milk Products</td>
<td>Fat-free (skim) or 1% milk; sugar free or low fat yogurt (approximately 80 calories per serving)</td>
<td>Chocolate milk, sweetened condensed milk, 2% or whole milk, ice cream</td>
<td>Chocolate milk, sweetened condensed milk, 2% or whole milk, ice cream</td>
</tr>
<tr>
<td>Fruits</td>
<td>Fresh, canned, frozen or cooked fruit.</td>
<td>Be cautious with apples, grapes, or other fruits with sugars or sauces</td>
<td></td>
</tr>
</tbody>
</table>

| 20 |
Vegetables | Fresh, canned, frozen or cooked vegetables. | Vegetables with very tough skins or a lot of seeds or dried fruit. | Fried or breaded vegetable products.
--- | --- | --- | ---
Bread | Dry, coarse, or well-toasted bread; crispy low fat crackers or baked tortillas | Soft breads that become gummy, breads with a lot of nuts and seeds or dried fruit. | Sweet breads, Danishes, doughnuts or pastries.
Cereals | All cooked and dried cereals without added sugar | Cereals containing fruits or nuts | Cereal with added sugar over 10-15 grams per serving.
Potatoes, rice, pasta | Boiled, mashed or baked potatoes; well cooked whole wheat pasta or rice | Potato skins, rice and noodles | Instant noodle dishes
Other | Sugar free gelatin or popsicles, sugar free fat free pudding/custard | Chewing gum, sweets; popcorn, nuts, chili, or extremely spicy foods | Fried, salty snack foods; creamed soups unless low fat versions.

It is also important to drink FLUIDS. Gastric bypass patients need to drink AT LEAST 4 cups of LOW calorie liquids between meals, especially for the first month, to prevent dehydration. Ideally, you want to try to drink 6-8 cups of fluids per day. You will need to separate your liquid intake from your meal times by at least 30 minutes. Do not drink fluids 30 minutes before meals, during a meal, or 30 minutes after a meal. Drinking too close to a meal may overfill the stomach pouch and cause vomiting or the food can be washed through the pouch and intestines too quickly and may cause dumping or may leave you feeling hungry quickly.

You will not be able to tolerate carbonated beverages (diet soda) until you are in Phase 4 of the diet. Some ideas for low calorie beverages include:

**WATER**
- Minute Maid Light
- Skim milk
- Diluted Juice (no more than 4oz juice)

**Diet Beverages**
- Diet Snapple
- Diet V8 Splash
- Decaf Tea
- Decaf Coffee
per day)  
Flavored Water (Fruit$_2$O, Sparkling)  
Crystal Light  
Diet Nestea  
Sugar-free Kool-Aid  
Sugar-free Tang  
Sugar-free, fat-free hot chocolate  
Sugar-free, fat-free cappuccino

You will need to GO SLOWLY!!! It is important to chew your foods well and eat very slowly and pay attention to how you are feeling. Stop eating as soon as you feel full. You will also need to sip your liquids slowly between your meals.

While surgery will trigger significant weight loss, you must also do your part to maintain the weight loss by making lifelong changes in your eating habits. It is counterproductive to eat high calorie and high-fat foods after surgery. You need to be committed to making healthy choices and eat high protein and low-fat nutritional foods that will provide you with essential vitamins, minerals and nutrients to keep you well nourished and feeling healthy.

Exercise is also important. Regular exercise during the first year after surgery will result in more weight loss (twenty pounds or more) from surgery than if you do not exercise. Participating in long-term regular exercise will help maintain weight loss in the years after surgery.
A typical day’s diet should include foods from each of the following food groups:

PROTEIN: 6 servings/day
- 1 C skim milk
- 1/3 C dry beans
- 1/4 C egg substitute
- 1 packet Diet instant Breakfast
- ½ C certain breakfast cereals: Product 19, Total, and Special K
- 1 oz. Low-fat cheese
- 1 C sugar-free yogurt
- 1 oz. lean meat and fish

FRUIT: 2 servings/day
- ½ C unsweetened fruit juice
- ½ banana
- 1/3 C canned fruit IN ITS OWN JUICE (not in sugar)

VEGETABLE: 2 servings/day
- ½ C vegetable juice
- 1/3 C cooked vegetable
- 1 C soup
- ½ slice bread/toast (when appropriate)
- 1/3 C corn, potatoes, peas, lima beans (when appropriate)

BREAD/STARCH: 2-3 servings/day
- ½ C cooked cereal
- 1 C cereal
- 1/3 C corn, potatoes, peas, lima beans (when appropriate)

FATS: 2 servings/day
- 1 tsp margarine
- 1 tsp olive/canola oil
- 1 tsp mayonnaise
- 1 T sour cream
- 1 T salad dressing (or choose the reduced-fat and fat free versions of these products)

Note: Failure to follow these dietary instructions on any given day is not a cause for panic.

Tsp = teaspoon  T = Tablespoon  C = Cup  oz. = ounces

WEIGHT REDUCTION SUPPORT GROUPS

Lighter Life Support Group: Meets the 2nd Tuesday every month in the
Department of Surgery Conference Room located on the 4th floor West Outpatient Clinical Building at 6:00 p.m.

EMOTIONAL CHANGES

Be prepared for emotional ups and downs after you go home from the hospital. Some patients feel like they are on an “emotional roller coaster.” Some people feel as though they are grieving a loss. These feelings are completely normal and usually go away within a week or so. If these feelings continue or get worse, you should get help. Please be aware that some patients develop an addiction to alcohol or other substances when they can no longer overeat. If this occurs, please seek help. Your family members are used to you being overweight. When you make personal changes, it can disrupt relationships. If you have a therapist or counselor, call them for an appointment. If you need help finding a therapist, call the Behavioral Medical Center (434-924-5314) for a referral.

PATIENT BILLING

There are many different health insurance policies and many have strict guidelines for reimbursement for weight reduction surgery. It is very important for you to review your policy’s guidelines and referral requirements before being seen by your surgeon. For patients covered by “Managed Care Programs”, such as CIGNA, Southern Health or MAMSI, etc., you must be referred by your primary care physician (PCP). The physician whose name is on your insurance card must refer patients who have Medicaid-Medallion. CIGNA, Southern Health, Medicaid, some BC/BS companies (other than Anthem Richmond) and AETNA demand a favorable psychological evaluation. They also require clinical documentation of at least 6 months (Southern Health - 3 months) and as much as 12 months of a "medically supervised diet diary and history" (basically clinic notes from your PCP or dietitian) accomplished within the last 12 calendar months. CIGNA, Southern Health, AETNA, some Trigon companies (other than Anthem Richmond) and other smaller companies also require a “rider” for weight reduction surgery.

Failure to follow these insurance guidelines may mean that you have to pay more money for surgery. If you do not know if you need a referral, call your
insurance company to be sure!

IF YOU HAVE MEDICARE, YOU MAY BE ASKED TO SIGN A WAIVER MAKING YOU FULLY RESPONSIBLE TO PAY ALL CHARGES OUT OF POCKET IF MEDICARE DENIES THE CLAIM.

If you are unable to obtain insurance approval for surgery and would like to pursue the request, Mr. Walter Lindstrom, Jr., is an attorney at law who specializes in the representation of clinically severe obese patients. He can be reached at his address of 401 West “A” Street, 14th Floor, San Diego, CA, 92101; phone (619) 238-6850; or fax (619) 238-6852. The Obesity Action Coalition has information about working with your insurance provider and patient advocacy: 800-717-3117 or e-mail: www.obesityaction.org

Health care services provided by the University of Virginia Health Sciences Center are billed to your insurance carrier on your behalf. Two different billing departments handle these charges. These departments are the University of Virginia Health Sciences Center (UVA HSC) and the Health Services Foundation (HSF).

UVA HSC handles most charges for the care that you receive at the hospital. This care includes visits to the emergency room, inpatient care and out patient (clinic) visits. These charges are related to your use of diagnostic and laboratory equipment, x-rays, medications and supplies. HSF is responsible for charges for physician services.

UVA HSC  (University of Virginia Health Sciences Center)
Local Number: 924-5376 or Toll-Free Number: 800-523-4398

UVA HSF  (University of Virginia Health Services Foundation)
Local Number: 295-1000 or Toll-Free Number: 800-868-6600

How to request a price estimate for Lap Band surgery?
• Call 434-243-7283 (243-RATE) or e-mail UVAHSPRICE@virginia.edu

Who can request a price estimate?
• Patients

What information is needed?
• CPT code for lap band 43770.

How long does it take to obtain the price estimate?
• Allow two business days. If price estimate is needed prior to an appointment, please allow two business days or the appointment will have to be rescheduled.

PLEASE NOTE:
The price that will be quoted for Lap Band surgery is the surgery with the 23 hour short stay in the hospital after surgery. Pre-op/Post-op Testing and appointments are separate charges. You also will be charged for the adjustments of the Band separately. At any time the price may be adjusted for increases deemed appropriate by the hospital. You will be asked to sign a contract for self-pay. There are no arrangements for prepayment of gastric bypass.

FREQUENTLY ASKED QUESTIONS ABOUT WEIGHT REDUCTION SURGERY

1) How do I know if I qualify for weight reduction surgery? You must:
   - Weigh twice your ideal body weight and/or have a BMI (body mass index) greater than 35 with co-morbidities or greater than 40 with no co-morbidities {Co-morbidities are illnesses related to being overweight.}
   - Be between the ages of 18 and 60. (Dr. Northup will accept some older patients for LapBand.) Pediatric Surgery will consider 15-18 years old with a BMI of greater than 40 with co-morbidities and 45 BMI without co-morbidities.
   - Have a documented attempt to lose weight by a medically supervised diet
   - Have a psychological evaluation with our doctors at the Behavioral Medical Center, if recommended.
   - Have a primary care physician who has referred you and is willing to take care of non-surgical medical problems and long-term follow-up
   - Attend patient support groups
   - Have health insurance coverage

2) How much weight will I lose?
   On average, people lose one half to two thirds of their excess body weight. For example, if you weigh 300 lbs. and your “ideal” weight is 150 lbs, you should expect to lose about 100 lbs. Of course, weight loss depends on you and how well you follow a good diet and how often you exercise.
3) How long do I have to stay in the hospital?
   The average number of days a patient stays in the hospital is 2-3 days. Discharge planning begins on day 1 when we start identifying needs that you might have. Our social worker, nutritionist and care coordinator will all be working together making sure your discharge to home goes as smoothly as possible. Please take time to talk with the team about any concerns you have regarding your care at home. It will be your responsibility to arrange for any help you may require at home i.e.: cooking, cleaning, bathing, personal hygiene etc. We will help arrange for Home Health Assistance if medically necessary.

4) How long does the Gastric Bypass with Roux-en-Y operation take?
   The length of the operation depends on several factors. If you have not had previous surgery, and you are not excessively large, and we do not have any difficulty getting to the area of your stomach, then the operation usually takes 2 to 4 hours. **PLEASE NOTE LAP BAND PATIENTS OFTEN GO HOME SAME DAY OF SURGERY.

5) Where and when do I go on the day of my surgery?
   A nurse who works in the surgical admissions suite will call you the day before your surgery, between the hours of 2:00 p.m. and 5:00 p.m., to let you know when to come to the hospital. You need to report to the Surgical Admissions and Family Waiting lounge located on the main floor of Hospital East (You will get directions from the nurse in the clinic). Check in with the clerks. When it is time for you to go to the operating room, you and a family member will be taken up to the Surgical Suite. When it is time for you to go into the operating room, your family member will go back to the surgical lounge to wait. There is a surgical lounge on the 5th floor for family to wait while you are having surgery. Be sure to ask about the location of this additional waiting area.

6) What can I expect to happen after my surgery?
   When your surgery is finished, you will be moved to the recovery room where you will wake up. The doctors and the nurses will be asking you to take deep breaths and monitoring your blood pressure and pain control. After you are awake and your pain and nausea is under control, you will be taken to your room. Your surgeon will be in contact with your family while you in the recovery room. **PLEASE NOTE, LAP BAND PATIENTS MAY GO HOME THE SAME DAY OF THEIR SURGERY.
7) **What are some expectations we have of our patients?**

The surgical team expects you to cooperate with the nurses and physical therapist in working together with one shared goal, to get you home. In order for us to do this, you must get out of bed the evening of your surgery; use your incentive spirometer when the nurses instruct you to do so and walk the hospital hallways, increasing your activity each day. It is very important for us to work together to achieve this goal.

8) **What can I eat after surgery?**

You will be given ice chips on the evening of your surgery. On the first post operative day, after your swallow study and if you have no leak, you will be started on the Phase1 liquid diet. If this is tolerated, then we will advance you to the Phase 2 diet, blended foods. You will be discharged on the Phase 2 pureed diet and will be advanced to Phase 3 when you return to see the surgeon.

9) **What will my long-term diet be like?**

a) Eat 3 small meals a day. Not only is there an adjustment to make about the quantity and quality of food you can eat, you will also have to learn to eat slowly and chew your food thoroughly. You will have the opportunity to see our nutritionist when you come back for your follow up appointments. **Bring your food diary** with you so the nutritionist can evaluate your dietary intake and make recommendations.

b) Drink fluids thirty minutes to an hour after meals or before your meal. Drinking at meal times may cause bloating, low food intake, vomiting, poor weight loss, dumping syndrome, or increased hunger.

c) Keep a record of your dietary intake. Begin recording after your first appointment your attempts at eating 6 small meals. Include everything you eat and drink, the date/time/amount of each meal. After your surgery, continue keeping this record/food diary so if you begin having problems with vomiting, malabsorption or diarrhea, you can meet with us and together review your food record and make recommendations.

d) Do not eat sweets! This includes sweetened chewing gum, candy and regular sodas. Beware of hidden sweets (cereals with honey or sugar coatings)

e) Eat foods high in protein. Protein foods are very important for the
healing of your pouch and staple line. Hair loss is one side effect of not eating enough protein.

f) Eat foods low in fat (avoid Chinese foods)

10) What food supplements are necessary after surgery?
You will need to take a vitamin every day for the rest of your life after you have surgery. Children’s multiple vitamins are chewable and contain the iron and zinc daily requirements. Some patients require extra calcium, iron and vitamin B_{12} supplements. Your Surgeon will let you know if you need to start these supplements. If you have questions regarding vitamin or mineral supplements, please contact our nutritionist.

11) Will I lose any hair?
Hair loss can accompany rapid and significant weight loss. The most common reason for this is poor intake of protein. Lack of the mineral zinc can also lead to hair loss. Patients who have not been eating enough protein will usually show some hair loss between two and six months after surgery. We have had no patients that have gone completely bald after the operation. Virtually everyone has regrown most, if not all, of their hair once they have been able to eat enough protein or take some protein and vitamin supplements. The problem improves with achieving maximum weight loss.

12) When can I go back to work?
Most patients go back to work after about 3 weeks following laparoscopic surgery. It depends on your job description and how much you are required to lift at work. We will be happy to complete a work excuse for you as well as complete any disability forms you might have.

13). Approximately how much will the surgery cost?
Call 434-243-7283 (243-RATE) or e-mail UVAHSPRICE@virginia.edu
14) **Why is it necessary for me to have a primary care physician?**

A primary care physician must refer all patients for weight reduction surgery. We will not do your surgery unless you have identified a medical doctor for long-term follow-up. Many insurance companies require documentation about medically supervised diets. In addition, your medical doctor must confirm by letter his/her role as your medical doctor and his/her willingness to see you for any medical problems that are not related to the surgery itself (like flu, back pain, depression, throat infections, gynecological problems, changing medications for diabetes etc.).

15) **What about the medications I take?**

There are several medications you should check with your family doctor about before you have surgery. Medications like Fosamax and Actonel for osteoporosis can cause irritation of the pouch and ulceration of the area where the pouch and the intestine are joined (marginal ulcer). This can also happen with aspirin or NSAIDS such as Motrin, Advil, Aleve, and others. During the first two weeks after surgery, some people who take a lot of medications have difficulty swallowing so many pills. As you lose weight and become healthier, please check with your doctor about reducing the amount of your medications for diabetes and high blood pressure.

16) **When can I start exercising?**

Walking is strongly encouraged almost immediately after surgery. We encourage you to get out of bed the day of your surgery. Walking in place is an excellent way to get the blood flowing up legs & decreasing the chance of blood clots. Each day increase your walking so by the time of your discharge from the hospital, you should be able to walk without difficulty (getting the mail, morning paper, etc.). It would be in your best interest before you have surgery to check out the closest shopping mall to see if they have group mall walking. If not, start a group and get
up early and walk the mall. You will be surprised how many miles can add up when you walk and window-shop at the same time. Physical therapy is another option. Six weeks after surgery you can start going to the gym, like Curves. Most rehabilitation facilities offer water aerobics. This is an excellent form of exercise especially for patients with arthritis or degenerative joint problems. When in doubt, call our office and talk with the Nurse Coordinator and she will answer your questions.

17) Why do you take out the gallbladder at the time of the gastric bypass?
If you have gallstones on the ultrasound of your gallbladder, your surgeon will take out your gallbladder to prevent painful gallbladder attacks. Removal of your gallbladder adds about 30 minutes to your operation and may slightly increase your operative risk.

Several studies recently have shown that 1/3 of people who have rapid weight loss develop gallstones. During "dieting" periods the gallbladder does not fill and empty as often, and sludge material can build up in the gallbladder. As such, it is important to take a medication called Actigall for six months after your operation if your gallbladder is not removed.

18) What are the surgical and post-operative risks and complications?
Gastric bypass is major surgery. This operation is associated with a complication rate of about 15%. This means that about 1 in every 6 patients have some type of complication after surgery. Some of these complications are as minor as a draining wound or difficulty swallowing. More major complications include wound infections, bleeding, pneumonia, leaks that form abscesses, ulcers and hernias. One life threatening complication is a deep vein thrombosis. This is a blood clot in the leg that can travel up to the lungs (pulmonary embolism) and possibly cause death.
Most patients also have loose, flabby skin on certain parts of the body after weight loss. These areas include the stomach, underarms, thighs, breasts and neck. In many cases, patients want to have plastic surgery to fix this problem. Insurance companies will only pay for this type of surgery if it is “medically necessary”. It will be your responsibility to document any skin rashes, odor, and fungal infections. Once you start having skin problems, contact your PCP and have them examine you, call in a prescription and keep these records. You may want to take a picture of the rashes so when you see the Plastic Surgeon; all the documentation will be in order for them to submit a claim insurance company.

19) What is laparoscopic surgery?
Most patients are candidates for laparoscopic weight reduction surgery. Laparoscopic surgery means we are able to perform the surgery by making small incisions and inserting miniature instruments through these incisions. A telescope and camera transmit the image of the organs and the surgical instruments onto a TV screen. Obviously this cuts down a great deal on the pain after surgery since the incisions are so much smaller. Please consult your surgeon about learning more about this type of surgery.

20) Why do I need to see a psychologist before I can have the surgery?
Weight reduction surgery is often more stressful than people expect. Some people are surprised to find that, after surgery, they have problems with depression, anxiety and relationships. People are at highest risk for these
problems when they are not feeling emotionally strong or are not psychologically prepared for the lifestyle changes they have to make.

If the Psychologist finds that you are at risk for problems after surgery, there are several possible outcomes. For example, you might be required to see a mental health professional for treatment and/or take medication. If you already have a therapist, you might be required to stay in therapy until you have adjusted after surgery. The Psychologists at the Behavioral Medicine Center will discuss their recommendations with you after the evaluation. Our goal is to make sure you are ready to cope with the stress of surgery and help you to achieve the positive changes you want in your life!
21) What about the Laparoscopic Adjustable Band Surgery?

The Lap Band System or adjustable gastric banding procedure restricts the amount of food that you can consume by placing an inflatable silicone band around the upper part of the stomach. The new, small upper pouch limits the amount of food that can be consumed at one time, and a narrowed stomach outlet increases the time it takes for the stomach to empty. The subsequent reduction in food intake results in weight loss. The band almost always takes away the constant feeling of hunger.

Advantages
- Lowest mortality rate of all weight reduction surgeries
- Least invasive surgical approach
- No stomach stapling or cutting, or intestinal re-routing
- Shorter operative time
- Reversible, if complications occur
- Lowest operative complication rate
- Small incisions and minimal scarring
- Reduced patient pain, length of hospital stay and recovery period

Disadvantages
- Not covered by many insurance companies
- Adjustments may not be covered by insurance companies after band placement
- Slower initial weight loss than gastric bypass
- Regular follow-up is critical for optimal results
- Requires an implanted medical device
- In some cases, effectiveness can be reduced due to band slippage requiring additional surgery.
- In some cases, the access port may leak and require minor revisional surgery
- Lack of adequate weight loss if you do not follow the diet and exercise
- If you later need gastric bypass surgery, it can be difficult to perform.

Fewer Risks and Side Effects
Significantly lower mortality risk compared to other obesity surgeries.
Low risk of nutritional deficiencies compared to gastric bypass
Reduced risk of hair loss
No “dumping syndrome” related to dietary intake restrictions

Adjustable
Allows individualized degree of restriction for ideal, long-term weight-loss rate
Adjustments performed without additional surgery
Supports pregnancy by allowing stomach outlet size to be opened to accommodate increased nutritional needs

The Lap Band System Solution
The Lap Band system is designed to help you lose excess body weight for resolution of obesity-related health conditions and enhancement of life. In partnership with leading bariatric surgeons around the world, a new surgical approach has been developed that eliminates many of the known associated operative risks and provides unique benefits compared to other obesity surgeries. This effort has resulted in the Lap Band system, the only adjustable and reversible obesity surgery that does not require cutting and stapling of the stomach or gastrointestinal re-routing to bypass normal digestion.

Patient benefits include reduced surgical trauma, complications, pain, and scarring, as well as shorter hospitalization and recovery time compared to other obesity surgeries. The name “Lap Band” comes from the surgical technique used (laparoscopic) and the name of the implanted medical device (gastric band).

Lap Band System Overview
The body gets energy from food while it passes through the alimentary canal, which consists of the mouth, esophagus, stomach and the small and larger intestines. Digestion starts in the mouth with chewing and the addition of saliva.
After food passes through the esophagus, this process continues in the stomach. The stomach then provides temporary storage for food. Gastric juices, which contain enzymes, break down the food so that energy can be carried through the body by the blood.

The Lap Band system is a silicone elastomer ring designed to be placed around the upper part of the stomach and filled with saline on the inner surface. This creates a new pouch and leaves the larger part of the stomach below the Band so that food storage area in the stomach is reduced, and the pouch above the Band can hold only a small amount of food. The Band also controls the stoma (stomach outlet) between the two parts of the stomach. The size of the stoma regulates the flow of the food from the upper to the lower part of the stomach. When the stoma is smaller, you feel full sooner and have a feeling of satiety so you are not hungry between meals.

The Band is connected by tubing to an access port that is placed beneath the skin during surgery. Later, the surgeon can change the Band size by adding or subtracting saline inside the inner balloon through the access port. This adjustment process helps drive the rate of weight loss. If the band is too loose and weight loss inadequate, adding more saline can reduce the size of the stoma to further restrict the amount of food that can move through it. If the Band is too tight, the surgeon will remove some saline to loosen the Band and reduce the amount of restriction.

**Lap Band System Placement**
The Lap Band system is usually placed laparoscopically under general anesthesia. This technique is considered minimally invasive. First the surgeon makes a few small incision (or “ports”) in the abdominal wall for the insertion of long, thin surgical instruments. A narrow camera is also passed through a port so the surgeon can view the operative site on a nearby video monitor. A small tunnel is made behind the top of the stomach to let the Band through and allow it to be wrapped around the upper part of the stomach, almost like a wristwatch. The Band is then locked
securely in a ring around the stomach. The Lap Band is usually left empty or only partially filled for the first 4 to 6 weeks after surgery. Your surgeon may have to adjust the band by adding or removing fluid from the Band. This may occur several times during the first two years, every 3 to 4 months.

Lap Band System Weight Loss Results
The Lap Band system is a tool to help you achieve sustained weight loss by limiting how much you can eat, reducing your appetite, and slowing digestion. Remember, though, that the Lap Band system by itself will not solve morbid obesity, nor will it ensure that you reach your goal weight or even that you lose weight at all. **The amount of weight that you lose depends both on the Band and on your motivation and commitment to a new lifestyle, eating habits and exercise.** Some people lose more than others, and though you may never reach your ideal weight, chances are good that with weight loss your health and self-image will improve.

Lap Band System Removal
If there is a problem with the Band, if you can't lose enough weight or can't adjust to the new eating habits, your surgeon may suggest removal of the Band. This decision will come after your surgeon consults with you. Generally, after Lap Band system removal, your stomach will be restored to its original form and the digestive tract should function normally. Please keep in mind that when the Band is removed, your weight will likely increase.

Lap Band System Candidates
You may be eligible for the Lap Band system surgery if:
1. You are at least 18 years old (current FDA requirement).
2. Your BMI is greater than 40 and less than 50 or you weigh at least twice your ideal weight or are at least 100 pounds more than your ideal weight.
3. You have been overweight for more than 5 years.
4. Your serious weight loss attempts have had only short-term success.
5. You are not suffering from any other diseases that may have caused your obesity.
6. You are prepared to make substantial changes in your eating habits and lifestyle, including exercising.
7. You are willing to continue being monitored by both your primary care provider and the surgeon treating you.
8. You do not drink alcohol in excess.
9. You have insurance that pays for this procedure or you can pay for this procedure and adjustments.
10. You are willing to return for adjustments to the band, up to for a year or more if needed. These adjustments may not be covered by your insurance and you may need to pay the full cost of them ($400 or more per visit) out of pocket.

Please see http://www.lapband.com for more information and Contraindications.
Thanks to ALLERGAN for providing this information.

LODGING SERVICES

The following menu of lodging options are available for patients and their family members as of January 1, 2007:

Apartments

Four one-bedroom apartments are available for use by patients and their families. Two adults only—who are at least 18 years old, no smoking, no pets. Rent is $245 per week, one week minimum, no security deposit. Referral by medical staff is necessary. Please call (434)924-5722 for information about availability.

Hospitality Houses

Two charming, multi-storied brick homes on Wertland St., close to the Medical Center. Economical ($10 per person per night), non-smoking, comfortable, group-style accommodations. Adults 18 and over only. Large kitchen available for cooking. Laundry room.
Caring volunteers and staff. Van service to the Medical Center. Parking available only at Medical Center garages. A referral from Medical Center staff, including guest information, is required for reservations. Please call (434) 924-5722.

Day guests, who wish to do laundry, fix a meal, shower or rest are welcomed at no charge.

Hotels/Motels
Several rooms are reserved year round at each motel/hotel. Free local calls, small refrigerator upon request, medical personnel and equipment welcomed. Call for information about specific amenities. (434) 924-1299 must be called to receive the special rates.

Prices on the next page may not be current for 2007.

Holiday Inn-Monticello
1200 Fifth Street
$52 + tax per single night
$48 + tax per multiple nights

Best Western Cavalier Inn
105 North Emmet Street
$65 + tax per night double or King

Hampton Inn & Suites
900 West Main Street (walking distance to UVA)
$75 + tax per night, King or double

Courtyard Marriott
1201 West Main Street (walking distance to UVA)
$82 + tax per night, double or King

English Inn of Charlottesville
2000 Morton Drive
$60+ tax per night double or King

Double Tree Hotel
990 Hilton Heights Rd.
$69 + tax per night, double

Days Inn/Quality Inn
Route 29 & U.S. 250 Bypass location
$48 + tax per night double

Red Roof Inn (walking distance to UVA)
1309 West Main Street
$59.99 + tax per night, double

See [http://www.virginia.edu/placetostay.html](http://www.virginia.edu/placetostay.html) for more information