

# LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING (LAPBAND®) DIET INSTRUCTIONS

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Dietitian: \_\_\_\_\_

Phone: \_\_\_\_\_

**PRESURGICAL DIET**

Your diet is important in the months and weeks prior to surgery. Gaining weight can make the technical aspects of your surgery more difficult. Losing weight prior to surgery is beneficial.

**In the final two weeks prior to surgery strict Optifast (Medifast, Carnation Instant Breakfast or equivalent) diet is mandatory** to reduce conditions such as a fatty liver, which can get in the way during surgery and can significantly increase the risk of the procedure.

**Our top choice is the Bariatric Meal by Metagenics, which is a balanced protein medical grade food product. It is available through our website ([www.commonwealthsurgical.com](http://www.commonwealthsurgical.com)) or directly from the manufacturer over the internet (<http://www.bariatrxessentials.com>). Our agreement with Metagenics makes these products available for our patients with a significant discount!**

Please maintain a sensible diet as you await your surgery.

Significant weight gain may result in cancellation of your surgery and re-evaluation of your candidacy for surgery.

**The day before surgery** consume only clear liquids (water, broth, tea, ginger ale, jello).

**Consume nothing by mouth after midnight.**

**Nutrition goals to help you prepare for surgery:**

- 1. Eat three meals at regular times each day.
- 2. Reduce non-hunger snacking.
- 3. Eliminate sweetened beverages.
- 4. Lose at least 5 lb. prior to surgery.

Other Goals:

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## LAP-BAND® Adjustable Gastric Banding System Immediate Post-Op Diet Instructions

- Stay away from carbonated or citrus drinks to decrease nausea – “sugared” drinks are OK for a source of carbohydrates at this time
- No foods that are “doughy” or “sticky” - like soft white bread, coconut, chips, popcorn, or dried fruits - they could obstruct the band
- Very fibrous foods such as broccoli, asparagus, celery, artichokes, pineapple, and rhubarb could also obstruct the band if not overcooked and cut into small pieces
- Food that is difficult to digest includes nuts, almonds, and peanuts
- Caffeinated drinks are not usually an issue
- Drink lots of water (48 oz – 64 oz/day). Avoid gulping water, sip small amounts slowly and gradually through a straw. You may find that cold water tastes better than lukewarm
- Do not drink while you eat or within an hour before and after eating
- Emphasize that if the patient overeats during his or her immediate post-operative phase, they will vomit and increase the risk of having the stomach tissue slip up through the band
- To determine compliance and to help shrink the size of the patient’s liver for easier surgery, it would be helpful pre-operatively to put the patient on a clear liquid diet for a week and have them experience some weight loss. This pre-operative approach is usually surgeon specific

**IMMEDIATE POST OP DIET:**

Ice chips, 30cc of water q 15 min or NPO.

There will be a barium swallow scheduled the next a.m.

**DAY ONE:**

Clear liquids only (liquids you could see through), broth, Jell-O, apple juice, tea or popsicles. There are also clear protein drinks – Ultra Cal Liquid (Mead Johnson), Isopur (GNC store – raspberry, punch, or orange, has 0 carbs and whey protein), and Enlive (Ross – 10g of protein per 8 oz). Again, **we strongly recommend the Bariatric Meal by Metagenics** available through our website.

It is common to have post-op edema around the band as a result of surgery. Do not be alarmed if you are unable to tolerate or swallow liquids easily. You will not be given anything by mouth and you will be hydrated intravenously if there is an obstruction due to swelling and “wait it out” – do not panic.

If there is excessive burping and saliva build-up, a nasogastric tube may be indicated and placed into the esophagus (only by an MD), NOT past the obstruction (otherwise, there is a risk perforating an organ).

**FIRST TWO WEEKS:**

Transition to liquid diet including skim milk and tomato juice (a good source of protein and can be tolerated by LAP-BAND patients, unlike Gastric Bypass patients).

Continue with full liquids such as creamed soups and yogurt including a “protein shake” (Ensure Light, Boost, Instant Carnation Breakfast) at least twice a day.

It is a good idea to try sample “protein drinks” before surgery to see which one you prefer. Chances are if you like it before, you would like and drink it following surgery. You can also experiment and make your own “protein drinks.”

You at this time can consume sugared drinks like fruit juices; however, these can be very high in caloric content and result in weight gain instead of weight loss.

**You can anything that goes through a straw!**

**TWO TO FOUR WEEKS:**

Pureed or blended foods (for example, baby food, applesauce, yogurt, creamy soups, cooked cream of wheat, farina, cream of rice, pudding). You can puree the following foods with skim/soy milk or broth:

- Vegetables
- Meats
- Casseroles

**Patients who eat solid food too soon run the risk of dislocating the band, thereby developing an enlarged upper gastric pouch!****Transitional Period to Solid Food or about the FIFTH WEEK:**

Regular diet until first scheduled adjustment (if you are losing weight, 1 – 2 lbs/week, there is no need to adjust).

“Sugar-free” products are OK to use now and are encouraged.

You should be eating ½ cup of food at a time or 1 ounce – 1 ½ ounce by the 5<sup>th</sup> week

Beware: the majority of patients will find it difficult, if not impossible, to eat whole chunks of meat, although ground beef is generally tolerated if well chewed.

IMPORTANT: food must be chewed well and that it is important to make good food choices (to avoid hair loss, etc., due to lack of protein).

Alcohol has a lot of calories, but an occasional glass of wine or other alcoholic beverage is not harmful to weight loss. One expert surgeon has experienced that those who drink a glass of wine in the evening have better weight-loss results than those who don't drink at all (Dixon J. et al. Light to Moderate Alcohol Consumption: Obesity and the Metabolic Syndrome. *Am J Bariatric Medicine* 2002; 17(4): 11-14.)

**TEN IMPORTANT RULES FOR PATIENTS TO BE AWARE OF:**

1. Eat only 3 small meals a day
2. Eat slowly and chew thoroughly (15 – 20 times a bite)
3. Stop eating as soon as the you feel full
4. Do not drink while eating
5. Do not eat between meals
6. Eat only good quality food. Solid food is more important than liquid food. In fact, the LAP-BAND will have no effect if you only consume liquid food as it will pass right through
7. Avoid fibrous food (asparagus, pineapple, rhubarb, broccoli, artichokes, celery), as it may not digest well. Dried fruits are likely to swell and get stuck in the new opening of the stomach. Doughy or sticky foods like white bread, popcorn, and coconut can also obstruct the LAP-BAND.
8. Drink at least 6 – 8 glasses of water per day
9. Drink only low-calorie or zero-calorie liquids
10. Exercise daily

## **CONSULT WITH THE DOCTOR REGARDING VITAMINS AND MEDICATIONS:**

Because you will be eating smaller amounts of food or could be making poor food choices, it may be necessary for them to take a multivitamin and extra calcium daily to ensure they are getting an adequate amount of vitamins and minerals in their diet. Any chewable or liquid multivitamin (adult dose) supplement that they choose is OK. Women who are menstruating should take a multivitamin with iron in it. All patients need to take 1500 mg of calcium daily as well. Older women may need additional calcium as they approach menopause.

You should continue to take your prescribed medications, though you will need to make sure that all medications are in liquid form unless approved by their surgeon and physician. Another option is to cut or grind pills.

If you are diabetic and taking insulin or hypoglycemic medication, work with your physician to monitor dosage during weight loss – dosage amounts may vary. You will continue to monitor blood sugar levels at home as usual.