Post-operative FAQ's

Post-Operative Results, Adjustments & Follow-Up Care

How much weight should I expect to lose and how fast?

The amount of weight you lose and the rate at which you lose it is dependent on a number of factors in addition to the LAP-BAND® itself such as: your starting weight, your post-operative diet, the amount of exercise you do, etc. On average, however, patients have lost about 50% of their excess weight within the first year of surgery. Most patients find they are losing between 5-10 pounds a month, depending on their individual diet and exercise regimens. In general, it is not safe to lose weight too quickly; a weight loss of 2 to 3 pounds a week in the first year after the operation is possible, but 1½ pounds a week is more likely. Remember that your primary goal is to have a weight loss that prevents, improves, and/or resolves health problems associated with severe obesity.

Will I still get hungry following surgery?

The LAP-BAND® works best with solid foods to decrease hunger. Solid foods tend to stay in the stomach pouch longer, giving you a greater sense of fullness and satisfaction. Following surgery, you will begin by eating/drinking only liquid foods. Therefore, during this time you may feel hungry. However, most patients find that they feel less hungry and more satisfied if they eat/drink the foods the recommended number of times throughout the day. Once you begin to eat solid foods, you should feel very satisfied with significantly less food than you were consuming before surgery. After 6-8 weeks post-operatively, if your weight loss slows down to less than 1 pound a week, you may need to have a LAP-BAND® Adjustment to tighten the band.

What kind of post-operative medical care will I require and for how long?

You will be seen as often as necessary, of course, but we generally schedule you for a post-operative follow-up appointment at the Center two weeks after surgery. Then you will see the surgeon at 1 month, 3 months, 6 months and 1 year post-operatively. In addition, based on your rate of weight loss and your personal weight loss goals, your band may require that you come in for band adjustments. Finally, we will have an optional support group for LAP-BAND® patients dealing with emotional and psychological issues relating to body image, stress coping strategies, addictive behaviors, etc.

Will there be any medications that I can no longer take post-operatively or that I will be unable to absorb properly?

No, you will be able to take any medication necessary. Unlike other bariatric surgeries, the LAP-BAND® will not affect your absorption so the effectiveness of medication will not be diminished and/or affected.

How is the LAP-BAND® adjusted?

It is a quick and relatively painless outpatient procedure. You will be x-rayed during the procedure so that the band reservoir or "port" can be seen clearly. Then, a fine needle is passed through the skin into the port to add or remove saline. Adding saline tightens the band, further restricting the amount of food you can eat before you feel full and satisfied. Local anesthesia is used.

How many LAP-BAND® adjustments will I need?

The number of adjustments (fills) you may need cannot be determined in advance of your surgery. Some patients need one adjustment, while others need two or three in the first year depending upon their individual response to the band and the degree of weight loss desired. Generally, adjustments are not performed until at least 6 weeks after your surgery.

Are adjustments covered by my insurance company?

No, currently most insurance policies do not pay for band adjustments. If your insurance policy does not provide coverage for band adjustments, you will need to pay for this procedure yourself. For our cash-pay patients, the first year of adjustments are free, however, for all other patients, adjustments are $250 each. Individuals who have had their surgery elsewhere will be charged $500.00 for each adjustment.
How long will it take to have an adjustment?

The adjustment usually takes only a few minutes and you will be able to leave the Center immediately following the procedure. You will be placed back on a liquid diet for a few days following the adjustment in order to give your stomach some time to adapt to the change.

Will I be able to get pregnant after LAP-BAND® surgery?

During the first year after surgery: A fast rate of weight loss during pregnancy is thought to be harmful to the developing baby. Therefore, we would like you to use some form of contraception to avoid pregnancy during the first year following surgery. If you become pregnant, however, during this first year, we will leave your LAP-BAND® in place without saline in order to ensure adequate nutrition for the baby’s growth. After the first year: Many women find it easier to conceive following substantial weight loss. Your menstrual cycle may become more regular. If you need to eat more while you are pregnant, the band can be loosened. After the pregnancy, the band can be made tighter again and you can go back to losing weight.

Potential Side Effects, Risks & Complications:

What are the risks and complications involved with the LAP-BAND® procedure?

Any gastric operation for obesity is major surgery and carries with it the risks associated with any complex operation. And although the LAP-BAND® procedure is minimally invasive surgery, it is not without its own risks (laparoscopic surgery risks include: spleen or liver damage, damage to major blood vessels, lung problems, blood clots, rupture of the wound, esophagus/stomach perforation).

In rare cases, the LAP-BAND® surgery cannot be performed using the less invasive laparoscopic approach. For example, if unforeseen problems arise while attempting to position the band, surgeons may have to switch to an open method. In addition, there can be serious complications that may warrant the removal of the LAP-BAND® including:

- Slippage of additional stomach tissue under the band
- Erosion of the band into the stomach
- Infection and/or breakage of the injection port (rare)
- Gastric symptoms

While removal of the band can often be done laparoscopically, in some cases it may require open surgery. Serious problems such as peritonitis, infection, leaks, and long-term nutrition problems such as iron and vitamin deficiencies that are seen with gastric bypass surgery do not occur with the LAP-BAND®. Re-operation rates for gastric bypass are significantly higher due to leaks, bowel blockages, outlet scarring, ulcers, and bleeding.

The surgeon will review the potential surgical and/or LAP-BAND® complications in greater detail with you during your consultation. In the meantime, visit the LAP-BAND® manufacturer’s Website for additional discussion of the risks and complications.

What is the mortality rate for the LAP-BAND® procedure?

The mortality rate is extremely low for LAP-BAND® surgery, less than 0.1%.

Have you ever had any patients die?

No, none of our patients have died.

Will I need to have a blood transfusion during surgery?

No, most of the time blood loss is minimal.

Will I have any problems with gas post-operatively?
Gas is common during the first post-operative week; some patients complain of "needing to burp, but nothing comes up". This problem can usually be alleviated by walking and drinking fluids as soon as you can after surgery.

How will reflux / heartburn affect me after the surgery?

In recent studies, patient's reflux problems have improved after LAP-BAND® surgery. However, some patients may experience reflux during the early stages of their recovery.

Will I suffer from constipation?

There may be some reduction in the volume of your stools. This is normal after a decrease in food consumption, because you are eating less fiber. This should not cause severe problems. If difficulties do arise, however, the doctor may suggest that you take a mild laxative and drink plenty of water for a while. Drinking plenty of water is recommended, anyway. Your needs will vary, but you should drink at least 6-8 glasses of water a day.

Will I suffer any hair loss or other nutritional deficiencies commonly associated with bariatric surgery?

No, unlike most other forms of bariatric surgery, the LAP-BAND® is not a malabsorptive procedure so your body's ability to metabolize vitamins and nutrients will not be affected.

Will I need plastic surgery for the extra skin after I have lost a lot of weight?

Plastic surgery is not always necessary - sometimes the skin will readjust and mold itself around the new reduced body tissue. You should give your skin the time it needs to adjust — at least a year or two — before you decide to have more surgery.

What will happen to me if I become ill?

One of the major advantages of the LAP-BAND® system is that it is adjustable. If your illness requires you to eat more, the band can be loosened by removing saline from it (it can also be removed if it cannot be loosened enough). Once you have recovered from your illness and want to start losing weight again, the band can be tightened again.