



**University
Hospitals Sussex**
NHS Foundation Trust

Having a gastric band

Bariatric Surgery

Patient information

What is this information about?

This information is about having a gastric band.

Why have I been given this information?

You have been given this information because you have chosen to have your gastric band surgery (operation) at St. Richard's Hospital.

Please read this information carefully and follow the advice in it. Doing this can:

- Help you to know what to expect from having your gastric band fitted.
- Help you to prepare for your surgery so that it goes as well as possible and has good results.
- Helps you to adapt to the changes to your life after your surgery.
- Help you to make long term lifestyle changes so that you continue to get the full weight-loss and health benefits of having your gastric band.

More information can be found on our website, www.uhsussex.nhs.uk/services/bariatric including patient videos.

Your surgery timeline

STEP 1. Before you meet the bariatric team

Find out more about bariatric surgery:

- Attend support groups, join online forums, or do both.
- Think about questions that you would like to ask the bariatric team.
- Complete an online questionnaire and online psychological assessment.

STEP 2. Multidisciplinary Team (MDT) assessment

This appointment will last for a day. You will see the dietitian, anaesthetist, doctor, nurse, and surgeon to decide if surgery is a safe option for you.

STEP 3. Pre-op appointment (6 to 8 weeks before surgery)

This is one virtual (online) appointment with a dietitian and one face to face appointment with a nurse.

STEP 4. Start your pre-op liver reduction diet (milk diet) 2 weeks before surgery

There is more information about this further on in this leaflet.

STEP 5. Your surgery (operation)

You are likely to stay in hospital for 1 or 2 nights after your surgery.

What can I do to plan and prepare for my bariatric surgery?

There are things that you can start to do now which will help you adapt and stay on track after your surgery:

- **Stop smoking.** If you would like help to stop smoking ask your local smoking cessation team for support; talk to your GP or visit Quit smoking.
- **Start exercising.** Try and build this into your weekly routine. Find something that is manageable for you.
- **Eat regularly.** Aim for three meals per day. You may need to plan ahead to achieve this.
- **Practice mindful eating.** Concentrate on your meal, chew thoroughly and avoid distractions when you are eating.

- **Build a support network.** For example:
 - friends
 - family
 - work colleagues
 - online forums
 - a local support group.
- Take the recommended vitamin and mineral supplements. This is one A-Z multivitamin and mineral.
- Think about how you will cope with eating food when you are not at home, including at social events.

How can I make healthy lifestyle changes?

It is difficult to break old habits and make healthy lifestyle changes.

- Focus on one thing at a time. It can be overwhelming trying to change too much at once.
- Set yourself small goals. Writing these down and keeping track of your progress can help.
- Do not just set yourself weight loss goals. Focus on the habits that you would like to change.

How much weight might I lose?

Weight loss after surgery is different for everyone. Weight loss depends on your:

- diet
- activity levels
- age
- habits.

Do not expect that your Body Mass Index (BMI) will fall into the healthy range (18.5 to 25) after surgery. This is not something you should aim for.

Be aware

- You will lose weight more quickly to begin with. Weight loss will then slow down. You will also have some weeks where you will not lose any weight, and your weight loss will stall.
- Most people will find that they stop losing weight around one year after surgery. It is unusual to continue to lose weight after this.
- Putting on a small amount of weight is normal.
- Around one in five people will put on a significant amount of weight following their surgery. The reason people regain lots of weight is complicated.
- All you can do, and all that we expect, is to try your best. This means following the advice from your bariatric surgery team.
- It is essential that you stick to lifelong healthy eating and activity habits to maintain weight loss.
- Your total weight loss might not match with your hopes and wishes which can be hard to accept. Speak to your team about a realistic weight loss target.
- Weight loss is affected by age, activity level, dietary discipline, and basal metabolic rate. Some people lose more weight than expected, some lose less. It is difficult to predict.

Liver reduction diet (LRD)

What is an LRD diet?

An LRD is a diet low in calories and carbohydrates. It is also known as a milk diet.

Be aware

You must only drink milk for two weeks and not eat any food. This gives you enough nutrition to keep you well. It is likely you will lose weight, but it is not a diet for weight loss.

Why do I need to follow the LRD diet?

This diet shrinks the size of your liver as you are eating fewer calories and carbohydrates. This is important because it means that it is easier for the surgeon to reach your stomach. They can do your operation safely with less chance of damage to your liver.

How long do I need to follow the diet for?

You will need to follow this diet for 2 weeks before your surgery.

What is the risk of not following the diet?

Your surgery will be stopped if your liver is too large, and it is not safe to continue with the operation.

What can I have late in the night before my surgery and on the day of my operation?

- From midnight on the night before your surgery you can drink clear fluids. For example, water, black tea, black coffee, no added sugar squash.
- On the day of your operation from either 6.30am or 11.30am (this depends on the time of your operation) you will not be able to eat or drink anything (nil by mouth).

What happens if I am on the LRD and I have diabetes?

You will only be taking 120g of carbohydrate a day while you are on the milk diet. This means some of your diabetes medication may need to change. The nurse will advise you of any changes to your diabetes medications and adjustments to your dose of insulin. If you take insulin or oral medications that can cause low blood sugar (hypoglycaemia), you need to check your blood sugar levels at least four times a day.

What side effects might I have because I am on the LRD?

Diarrhoea (runny poo)

If you have diarrhoea, swap to lactose free milk (semi skimmed).
If this does not improve your symptoms, you could take loperamide (Imodium) medication which you can get from a pharmacy.
If you need to you can contact the bariatric team for advice.

Constipation (difficulty pooing or very hard poos)

This is the most common side effect of the milk diet.
We recommend you take a laxative such as: milk of magnesia, laxido, lactulose, senna, or Movicol to relieve these symptoms.

Be aware

Do not arrive for surgery constipated.

Is there an alternative to this diet to reduce the size of my liver?

Research tells us that the milk diet gives the best results.
If the milk diet is not suitable, you should speak to your bariatric surgery team for advice.

What am I allowed when I am on the LRD?

You cannot have any food.
Every day you can have the following:

- **4 pints (2 litres) of either semi-skimmed cow's milk, lactose free milk or soya original.** Be aware that alternative milks such as oat, almond or rice milk are not suitable.
- **2 pints (1 litre) of calorie free fluid.** This includes water, tea, coffee and no added-sugar squash.

- **1 salty drink.** For example, Marmite, Bovril, stock cube or 1tsp salt in no added sugar squash.
- **1 multivitamin and mineral tablet.** For example, Sanatogen A-Z or a supermarket A-Z.

What else am I allowed when I am on the LRD?

Drinks:

- Water.
- Tea, coffee or herbal tea (no added sugar).
- No added sugar squash.

Extras:

- No added sugar Crusha or Skinny Syrups can be added to milk.
- One sachet (1 pint) or 5 x 115g pots of ready to eat sugar free jelly a day.
- Chewing gum (maximum 3 pieces per day).

What tips can help me when I am on the LRD?

- Keep your milk separate from anyone else's at home and work.
- Use sweeteners instead of sugar in tea and coffee.
- Plan your routine for fitting in all of your fluids.
- Consider how the milk diet may affect your family and what support you will need. For example, who will do the cooking.
- Think about how you might cope with following the milk diet at work or special occasions.
- Remove tempting foods from the house as much as possible.

Be aware, the LRD:

- is preparation for surgery, not for weight loss.
- should only be used under supervision from your dietitian.

What, and when, should I eat after surgery?

Textured foods need to be introduced gradually to allow for healing and for your stomach to adapt.

Stage 1: pureed consistency (week 1)

No lumps. Smooth like the consistency of a yoghurt.

- Do not eat and drink more than 4tbsp or 100 to 200ml at a time.
- You will need a blender or liquidiser and a sieve to prepare your food.
- Add a liquid to help make your food a smooth consistency. For example, tomato puree, gravy, stock, or milk.
- Puree and serve the protein part of your meal separately from the vegetable or potato to give you different flavours on your plate.
- You may not feel up to cooking after your operation. Be prepared by cooking, blending and freezing food before your surgery.
- Freeze pureed food in ice cube trays. This helps you get familiar with portion sizes without causing waste.

Meal ideas

Some of these meal ideas will need to be pureed to achieve a smooth consistency:

Breakfast	Lunch	Dinner (all to be pureed)	Snacks
<ul style="list-style-type: none"> • Ready Brek. • Weetabix (with milk). • Plain or Greek yoghurt with pureed fruit. • Pureed poached egg yolk. 	<ul style="list-style-type: none"> • Soup with no lumps. Include a protein source. For example, chicken, beef, lentil, beans. • Pureed cottage cheese; tinned fish; silken tofu; low sugar baked beans with pureed steamed vegetables and mashed potato. 	<ul style="list-style-type: none"> • Shepherd's pie. • Fish pie. • Casserole or stew. • Mild chilli. • Bolognese sauce. • Cauliflower cheese. • Dahl. 	<ul style="list-style-type: none"> • Cheese triangle. • Smooth peanut butter. • Natural or Greek yoghurt or Skyr. • Hummus • Low sugar custard. • Meat or fish pate. • Milky drink.

Stage 2: mashed/crunchy consistency (week 2)

- This is the bridge between pureed foods and normal textures.
- Practice eating in a way that will result in a good long-term weight loss.
- If you experience discomfort, try to work out why. For example, did you eat too much or eat too fast? Did you chew your food enough?
- At first, you will be able to tolerate foods better if they are soft and wet. Adding gravy or sauces can help.
- The 'fork test' can be used to check the texture. If your fork passes easily through the food, it is the right texture for stage 2. If you have to force a fork through your food, it is best avoided at this stage.

Meal ideas

Breakfast	Lunch	Dinner	Snacks
<ul style="list-style-type: none">• Porridge.• Low-sugar cereal such as Weetabix or Cornflakes.• Melba toast with peanut butter, cream cheese or hummus.• Scrambled egg with avocado.	<ul style="list-style-type: none">• Crackers or Ryvita with cottage cheese, cheese triangle, scrambled egg, or pate.• Jacket potato (no skin) with tinned fish, baked beans or chilli.• Couscous with cooked vegetables and lentils.• Omelette.	<p>These no longer need to be pureed:</p> <ul style="list-style-type: none">• Shepherd's pie.• Fish pie.• Casserole.• Mild chilli.• Stew.• Bolognese sauce.• Cauliflower cheese.• Dahl.• Curry.	<ul style="list-style-type: none">• Wholegrain crackers or rice cakes with peanut butter, pate or cream cheese.• Soft fruit.• Yoghurt.

Stage 3: normal consistency (week 3+)

Do start trying to eat different textured foods as it is now safe to do so.

There will still be some foods that you cannot tolerate. Bread, pasta, rice and dry meats are the foods which are usually most difficult to tolerate. Take things slowly. Add one new food at a time.

Try to avoid soft or sloppy food as it is easy to eat too much of these.

Please experiment carefully to see what you can tolerate. This varies from person to person. Foods that you could not manage at the beginning will be tolerated at a later date. Try again 1 to 2 weeks later.

Meal ideas

Breakfast	Lunch	Dinner	Snacks
<ul style="list-style-type: none">• Low sugar breakfast cereal. For example, Weetabix, Shredded Wheat, porridge, overnight oats.• Toast with peanut butter.• Omelette.• Fruit and yoghurt.	<ul style="list-style-type: none">• Toasted pitta, sandwich thin or wrap with protein source such as meat, fish, hummus or cheese and salad.• Beanburger with couscous.• Jacket potato with tuna or low sugar baked beans.• Fishcakes with steamed broccoli.• Frittata.• Lentil and feta salad.	<ul style="list-style-type: none">• Stir fry with chicken, tofu, cashews, prawns or Quorn and vegetables.• Pitta with falafel, hummus and salad.• Bean or meat tagine.• Fillet of fish with steamed vegetables and new potatoes.• Roast meat with roast vegetables.• Chickpea curry.	<ul style="list-style-type: none">• Wholegrain crackers with cheese.• Apple slices with peanut butter.• Small portion of fruit (one handful).• Yoghurt.• 30g of plain nuts.• Slice of cold meat.• 20g cheese.• Vegetable sticks with hummus.

How should I eat and drink after my operation?

Eating well takes careful planning. Take care not to start allowing too many unhealthy snacks into your diet.

Be aware

How you eat and drink is just as important as what you eat and drink.

Speed

A main meal should last 20 to 30 minutes. If it takes less time than this, you are eating too quickly. This can lead to pain, discomfort and bringing your food back up (regurgitation). Putting your fork down between each mouthful can help you eat slowly.

If your meal is taking longer than 30 minutes, you may be trying to eat too much food. You should not continue to pick at your meal after 30 minutes.

Chewing

Before your operation, your stomach would churn your food to break it down for digestion. Now your chewing must do that job. Each mouthful should be about the size of a 20p piece. Chew every mouthful 20 times, until food is smooth with no lumps, before swallowing.

Calm atmosphere

Set aside times for your meals. Create a calm environment with no distractions. Take your time to eat so you can enjoy your food and feel satisfied. This will also help you to eat correctly.

Amount of food and meal patterns

The amount (volume) of food and fluid your stomach can tolerate will be much smaller after surgery. At first, you will only manage 2 to 4 tbsp, or 100 to 200mls at a time. You must eat three meals a day after surgery. Ensure a regular eating pattern and avoid long periods of fasting.

As the months go by, you will be able to eat more at each meal. It is important to stop eating when you are full. Over-eating can cause you to be sick or to feel uncomfortable. This behaviour may result in poor long term weight loss.

Your portion size should not be more than a tea plate (15cm). It is important that you do not have larger portions than this. Long term, a typical meal pattern should be three main meals per day. You can have one to two small snacks a day if needed.

Eat protein foods first

Rapid weight loss can cause loss of muscle mass, weakness and reduced immune function. Protein is one of the building blocks for every cell in your body and needs to be the main component of your diet, especially in the early stages.

Make sure you eat your protein food first. Good protein sources include fish, chicken, beef, lamb, pork, eggs, pulses (peas, beans, lentils), nuts, seitan, cheese, milk, yoghurt, fromage frais, soya alternatives, tofu, and Quorn.

Fluids

Not drinking enough can make you dehydrated. This can cause low energy levels, headaches, and dizziness. Aim for a minimum of 2 litres (8 cups) of fluid a day. You must sip slowly throughout the day. You will not be able to gulp drinks when thirsty or in a hurry as this will cause pain.

Be aware

You should avoid drinking all fizzy drinks.

Be cautious with drinking alcohol because of its high calorie content. You should be aware that you are likely to feel the effects quickly. Drinking alcohol regularly may stop you achieving your goals.

Good options	Poor options
<ul style="list-style-type: none">• Water.• Tea or coffee (without sugar).• Sugar free squash.• Diluted fruit juice, 1 glass per day maximum.• Herbal tea.• Ice pops made from sugar free squash.	<ul style="list-style-type: none">• Fizzy drinks.• Alcohol.• Hot chocolate.• Flavoured water with added sugar.• Sparkling water.• Higher calorie milky drinks. For example, lattes.

Might my gastric band need adjusting at my follow up appointments?

Yes. You will only get good results (results in the 'green zone' in the table below) from your gastric band if:

- Your band is adjusted so that it remains right for you.
- You eat foods of the right texture.
- You attend your regular follow-up appointments.

The green zone is the target zone for your gastric band.

At your follow up appointments your specialist nurse will help you understand how the band works to get the best weight loss. Below is a table that describes the 'green zone'. This is the target zone for your gastric band.

Yellow Zone	Green Zone	Red Zone
Hungry	Small meals satisfy	Heartburn
Big meals	Not feeling hungry straight after meals	Struggle in swallowing
Looking for food	Weight loss 1-2lbs a week or weight stability	Night cough
		Vomiting or regurgitation
		Eating only liquids or slippery foods (slider foods)

Diagram of the yellow, green and red zones

What happens at my follow up appointment if my gastric band must be adjusted?

If your gastric band needs to be adjusted:

1. You will be asked to lie down.
2. The practitioner uses a special needle to access the gastric band port.
3. If the band is too loose and needs tightening, saline (salty water) is injected into the band port. If the band is too tight saline is taken out in a similar way.
4. After your band has been adjusted the practitioner will check that you are able to drink fluids.

After your band has been adjusted, you can start having a normal textured food again.

How often might you need to adjust my gastric band?

At first, we are likely to adjust your band at your appointments so that it is adjusted to the 'green zone'. After this we should need to adjust it less often. We will adjust it enough that how much you eat and how full you feel is maintained.

When your band is adjusted so that you are in the 'green zone' it does not need to be filled or emptied. This means it may not need to be adjusted at every appointment.

What changes or side effects might I experience because I have had a gastric band?

Fertility and pregnancy

Being overweight can prevent ovulation (the release of 'eggs') and make it less likely that you will get pregnant. This can change with weight loss. For this reason, you should consider which type of contraception you wish to use after your surgery.

Avoid getting pregnant for the first year after your bariatric surgery.

A man's fertility will also increase following weight loss.

Acid reflux

Acid reflux (stomach acid coming back up your food pipe), heartburn (stomach acid causing pain or irritation inside your chest) and being sick (vomiting) are a sign that something is not right.

Usually it is a result of:

- Your band being too tight.
- Eating too quickly.
- Not chewing enough.
- Drinking and eating at the same time.
- Eating too much.

Hair loss

Rapid weight loss after surgery can result in hair loss. This usually happens 3 to 6 months after surgery. It typically lasts for around 3 months, but it can take some time for your hair to recover.

Take your recommended vitamins to help prevent hair loss or help you lose less hair. There is no need to buy other supplements which claim to help hair re-growth.

Bowels

Your bowel habits (how often you poo and what your poos are like) can change after surgery.

You may have constipation (hard dry, poos that can make it painful to poo) if:

- You are not getting enough liquid from what you are eating and drinking (your fluid intake is low).
- Your fibre intake is low.
- Your body is used to needing laxatives.
- You are inactive.
- You are taking painkillers.

If you have any concerns, please discuss this with the team.

Weight regain

Some people do not lose a lot of weight or will regain weight. Conditions such as diabetes, sleep apnoea and high blood pressure that might have got better can get worse again.

To give yourself the best chance of achieving your weight loss goals:

- be well prepared before surgery
- attend all of your appointments
- follow the advice of your bariatric team.

Be aware

This surgery does not 'cure' weight issues. Your weight will always need to be monitored, and it will take effort and discipline from you to keep your weight lower than it was before your surgery.

Depression and eating disorders

Having surgery is challenging. You may suffer psychologically after the surgery, particularly in dealing with your new body image and your emotional relationship with food. People with underlying eating disorders may develop new eating disorders.

Do please discuss these challenges with your team who can direct you to the best support.

Why is it important for me to exercise after I have my gastric band fitted?

Exercise will help keep muscle tone, support weight loss, and improve mental health.

Try to start with a small goal, for example a walking plan. Walking is good as it is a weight bearing exercise and can help protect your bones from becoming weak (osteoporosis).

Over time, you will be able to build up your stamina and move on to other forms of activity. If you suffer with joint pain, exercises that you do in the water, such as swimming or aqua aerobics are more suitable. These put less pressure on your joints.

Frequently asked questions

I have a problem being sick after eating, what do I do?

It might take time for you to get used to the new ways of eating and follow the eating advice. If you produce white froth from your mouth or your food comes back up after eating, consider the following:

- Did I eat too quickly?
- Did I chew it well enough?
- Was it too soon after surgery to have the food I was eating?
- Did I eat too much?
- Is my band too tight?

If you are being sick often over 2 to 3 days contact your bariatric team for advice.

What can I do if I get constipated?

If you get constipated, first check that you are drinking enough fluids and eating enough fibre.

You can take a laxative if constipation is a problem. For example, milk of magnesia, lactulose, laxido, senna, or Movicol.

It is also important to be as active as possible.

Do I have to follow your advice on when to introduce different textures of food?

Yes. Your stomach needs time to heal. It is important to be confident with each stage before you progress onto the next.

Can I eat baby food on the puree stage?

No. Baby food does not provide enough nutrition for adults.

Should I take protein shakes?

Protein shakes are not needed. You can get enough protein by planning what you eat and following the advice in this guidance.

I have not lost any weight. What should I do?

Do not weigh yourself every day. You might not lose weight every week. Make sure you are eating three meals a day and drinking enough fluid. You can discuss any concerns you have about your weight at your appointments.

How much can I eat?

Your portion sizes increase gradually from 2 tablespoons per meal to a side plate over a few months. It can be difficult not to finish everything on your plate, but you should stop eating when your tummy feels full. Do remember to serve small portions to avoid wasting food.

Main meals should be about the size of a side plate (this is about the size of your hand span) and include protein, vegetables and starchy carbohydrates in the proportions shown below.

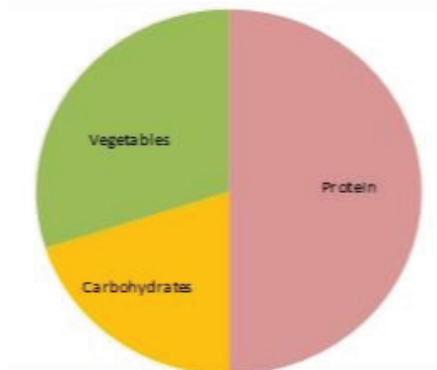


Diagram of protein, carbohydrates and vegetables proportions.

Vitamin and mineral tablets

After surgery you will be unable to meet your vitamin and mineral needs from your diet alone. This is because you will only be able to eat small amounts of food. You will need to take a multivitamin and mineral tablet for life. You will need to buy them yourself as your GP will not prescribe these for you.

Useful resources

Books

IFSO Cookbook: International Healthy Recipes: Vol.2 IFSO, 2024.

Living with Bariatric Surgery: Managing your mind and your weight.
Denise Ratcliffe Routledge, 2018.

Recipes for life: NDR Prescribe

Apps

Baribuddy <https://fitforme.com/en-gb/baribuddy/>

NHS food scanner

www.nhs.uk/healthier-families/food-facts/nhs-food-scanner-app/

NHS active 10 www.nhs.uk/better-health/get-active/

Websites

Bariatric Team page www.uhsussex.nhs.uk/services/bariatric/

Obesity UK <https://obesityuk.org.uk/>

NHS Healthy Recipes www.nhs.uk/healthier-families/recipes/

Who can I contact if I need further information or advice after I have read this information?

Bariatric Surgery Service, St Richard's Hospital,
Spitalfield Lane, Chichester, West Sussex PO19 6SE
Phone: [01243 831655](tel:01243831655)

Word Explanations

Gastric:	Stomach.
Laparoscopic:	Keyhole, small cuts.
MDT:	Multidisciplinary Team group of health care professionals.
Pre-op:	Before your operation.
Post-op:	After your operation.
Surgery:	Operation.
GP:	General Practitioner (Doctor).
Anaesthetist:	Medical doctor trained to give anaesthetics.
Physician:	Medical doctor qualified to practice medicine. Specialises in diagnosis and medical treatment.
Surgeon:	Medical doctor qualified to do operations.
Abdomen:	Belly, part of the body that contains your gut.
BMR:	Basal Metabolic Rate, energy you burn when resting.
Ovulation:	Part of the female menstrual cycle where an egg is released from the ovary.
TBSP:	Tablespoon (15mls).

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