Laparoscopic Adjustable Gastric Banding, a restrictive surgical procedure using the Lap-Band®, is gaining popularity and acceptance in the United States healthcare industry as a safe and effective procedure for the treatment of obesity. With this acceptance comes a multitude of considerations. These include dietary, behavioral and lifestyle modifications that patients must be willing to adopt for life to promote successful, long-term weight-loss and improved nutritional status, health and well being.

### Diet Modifications Prior to Surgery

The procedure and related dietary protocols are relatively new to registered dietitians in the U.S. Several preoperative weight-loss strategies and dietary protocols exist and their use varies among bariatric surgeons. One surgeon may require a 10 percent weight-loss or more from their patients before surgical placement of the band and another may require their patients not to gain weight during the preoperative screening process, using their initial weight as the baseline value.

While one dietary protocol may promote the use of a total liquid, very low calorie diet for two weeks prior to surgery, another may choose to use a controlled carbohydrate, low calorie diet with the use of total liquids a minimum of 24 hours prior to surgery.

The nutritional status of the patient prior to surgery and the safety of the patient during the surgical procedure are primary concerns of the surgeon, registered dietitian and weight-loss team. No matter which one is chosen, both of the above-mentioned preoperative dietary choices are designed to support these primary concerns, and both have proven to be effective in producing positive results.

The size and condition of the patient’s liver prior to surgical placement of the band is the primary safety concern of the surgeon. An enlarged, fatty liver is common in the morbidly obese patient and can cause the surgeon difficulty during the procedure by obstructing the view or preventing completion of the procedure due to the increased risk of damage upon repositioning.

A common preoperative goal is to emphasize the importance of reducing the size of the liver prior to surgery. Other important goals address improvement of overall nutritional status, setting the stage for weight-loss, implementing healthier nutrition and dietary lifestyle habits and strategies that will ensure long-term success.

Dietitians provide a framework of guidelines to help patients understand, learn and embrace how these goals may be accomplished by initiating sound nutritional and dietary lifestyle behavior modifications. These guidelines are explored below:

### Preparing for Lap-Band® Surgery: Nutritional Information to Know

By Felicia Cordier, RD, LD

We encourage patients to make proper food choices from these categories:

- Protein foods to include very lean cuts of beef, game, lamb, pork, poultry, seafood, eggs and soy foods
- Fresh vegetables and fruits (frozen, canned, low sodium, without sugar)
- Low-fat or fat-free dairy products
The human body will experience uncomfortable symptoms such as fatigue and headaches when certain foods, such as bread and desserts, are eliminated from the diet, but those symptoms last only a few days. Eliminating some foods decreases the physical dependency on these foods. This results in an increase in the patient’s energy level, an improvement in nutritional status and most importantly, a smaller liver. The following foods should be eliminated immediately after the first preoperative screening visit and continuing on through completion of surgery:

- Bread, rice, pasta and potatoes
- Crackers, chips, pretzels, or any other high-carbohydrate snack food
- Cookies, cakes, pies, candy or any sugar-sweetened food
- Sweetened drinks and full-strength juices
- Processed, fast, fried, breaded and saucy foods

Certain rules must be practiced prior to surgery to ensure success and to prevent possible complications, however more rules apply postoperatively:

- Cut food into small pieces and chew thoroughly
- Eat slowly and pay attention to signs of fullness
- Eliminate distractions while eating
- Stop drinking 30 minutes before a meal and wait 30 minutes to drink after a meal

It is noteworthy to reiterate that preoperative dietary protocols will vary among practitioners, and these protocols are effective in producing a positive result. The bariatric patient will benefit from explicitly following the dietary plan prescribed by their weight-loss team. Pre and postoperatively, if the patient embraces healthier dietary and lifestyle behaviors and they are empowered by a strong motivation and commitment to succeed, this indeed is the recipe for positive results and long term weight-loss success.

**Tips to Help Initiate New Eating Habits**

- Plan meals to ensure proper food choices
- Eat three meals a day at consistent times - no snacks
- Include protein foods with each meal
- Include unlimited non-starchy vegetables with at least two meals
- Include fruit once per day
- Limit starchy vegetables
- Limit overall carbohydrate intake to 20-30 grams per day (including dairy, fruit, and starchy vegetables)
- Drink at least 64 ounces of water daily (sugar-free beverages are allowed)
- Avoid the use of alcohol
- Begin taking a multivitamin and mineral and calcium supplement
- Keep a detailed record of all foods and drinks
- Initiate a minimum of 10 minutes of daily activity

*Please Note: The information contained in this article is for educational purposes only and should not be substituted for medical advice or treatment from a healthcare professional. The OAC recommends consultation with your doctor or healthcare professional before initiating any dietary plans.*

**About the Author:**

Felicia Cordier, RD, LD, is currently in private practice and owner of River City Nutrition in Jacksonville, FL. She is also a bariatric nutritionist for Jacksonville Weight-Loss Center.

**References:**

The mission of the Obesity Action Coalition is to elevate and empower those affected by obesity through education, advocacy and support.

About the OAC

The Obesity Action Coalition is a non profit patient organization dedicated to educating and advocating on behalf of the millions of Americans affected by obesity. By strictly representing the interests and concerns of obese patients, the OAC is a unique organization with a patient-focused approach to obesity. To learn more about the OAC, visit www.obesityaction.org or contact the National Office at (800) 717-3117.

OAC Resources

Through education and advocacy, patients need to get involved to help drive change in the obesity community. The OAC provides several beneficial resources for patients, as well as professionals.

- OAC Introductory Brochure
- Obesity Action Alert
- OAC News
- State-specific Guides to Advocating for Improved Access to Obesity Treatments
- Weight-loss Surgery Coverage Fact Sheet
- The OAC Web site: www.obesityaction.org

All OAC resources are complimentary and may be ordered in bulk. To request materials or an order form, please contact the OAC National Office at (800) 717-3117 or send an email to info@obesityaction.org.

OAC membership

Membership in the Obesity Action Coalition allows the patient voice to be heard in the fight against obesity. By building a coalition of members, consisting of patients, family members and professionals, the OAC strives to educate and advocate on behalf of the millions who are affected by obesity. Membership benefits include:

- Official charter membership card/certificate
- OAC News - the OAC’s quarterly newsletter
- Subscription to Obesity Action Alert - a monthly e-newsletter
- Representation through advocacy in addition to information on advocacy issues concerning patients
- Patient/Family Member: $20
- Allied Health Professional Member: $50
- Physician Member: $100
- Surgeon Member: $150
- Institutional Member: $500 (Bariatric surgery centers, weight-loss management centers, etc.)*
- Chairman’s Council: $1,000 and up*

* Different benefits apply. Contact the OAC National Office for more info.

Membership Application

Name: ________________________________
Company Name: ______________________
Address: ______________________________
City: ____________ State: __ Zip: ________
Phone: _______________________________
E-mail: ______________________________

Payment Information

Enclosed is my check made payable to the Obesity Action Coalition for ________.

Please charge my credit card for my membership fee of ________.

Credit Card #: __________________________
Expiration: __________ Name on Card: ________
Signature: ______________________________

Please mail to: Obesity Action Coalition
4511 North Himes Ave, Suite 250
Tampa, FL 33614

Or fax to: (813) 873-7838

If you have questions about OAC membership, please contact the National Office at (800) 717-3117.