

Dear Doctor



I had gastric banding surgery and have just become pregnant. Do I need to have the band removed?

Answer Provided by Walter Medlin, MD, FACS

No, you do not need your gastric band removed during pregnancy!

There are a couple of important points to keep in mind, though:

During Pregnancy:

- Do your full, regular prenatal care.
- Take recommended vitamins.
- Get regular, moderate exercise.
- Eat nutritious food.
- Never smoke, but especially not during pregnancy.

Make sure you have an expert surgical team available. There are plenty of other caregivers who say they are “knowledgeable” or “familiar” or “comfortable” handling band issues. Unless they have a surgeon in the office, you need to take control and get that extra appointment. Plan to meet with a bariatric program dietitian during your pregnancy, and to have monthly phone calls or telemedicine visits.

Band Adjustments

You do not automatically need to have the band adjusted, but you want to have that relationship “on your speed dial” so that urgent adjustments can happen in a day or two, and also so that you are on the lookout for more subtle changes that may help you avoid a crisis.

Some less experienced providers will jump to completely empty the band, which is not always needed, and can result in excess weight gain.

Of course, it is best if you have kept up a steady relationship with your original surgeon. He or she will know the most about your anatomy, and have records on hand. He or she may recommend a yearly barium swallow to check your band position and function. You definitely want to consider this before any pregnancy, if possible. Even though shields can be used, your healthcare provider will avoid any “elective” use of x-ray once pregnant.



Addressing Problems during Pregnancy

If you are having problems during a pregnancy, that is another matter. All of your providers need to have your important health information, so do not be afraid to remind them. Our office has a trans-nasal endoscope that allows us to inspect the inside of the stomach in the office with no sedative medications. We almost never use this during pregnancy, but it can be a valuable tool.

Your time after pregnancy is also important. Get back in with your program dietitian ASAP – and get regular with a support group and a trainer. Post pregnancy metabolism is not a trap, but there are a lot of moving targets and you need all the angles covered.

Conclusion

A happy mom means a happy family. Taking care of yourself is never harder than this, but your family will benefit from your self-care as well as from your self-sacrifice.

About the Author:

Walter Medlin, MD, FACS, is director of the Metabolic Surgery program at Billings Clinic in Montana and an OAC Advisory Board Member. He struggled with his weight since first grade. After performing hundreds of bariatric surgeries, he underwent sleeve gastrectomy in 2008, with outstanding results. Dr. Medlin is also a participating practice in the OAC Sponsored Membership Program where he gives each of his patients a one-year membership in the OAC and he is honored to be a longtime member of the OAC. Dr. Medlin is also an avid user of Twitter; his handle is “@bonuslife.”

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Did You Know?

Did you know the OAC offers valuable resources on obesity and pregnancy? The OAC Blog currently features a new blog series, written by Nicole Avena, PhD, covering obesity and pregnancy, foods to eat while pregnant and considerations for post-pregnancy. View this blog series by visiting www.ObesityAction.org/obesity-and-pregnancy.



Obesity and Pregnancy

by Nicole Avena, PhD

We have known for quite some time now that maternal weight can have drastic effects on the health outcomes of a child. But what about how your weight affects your ability to get pregnant, and once you get pregnant, how do you maintain an optimal weight to ensure a healthy pregnancy and baby? Overweight and obesity rates continue to rise in the United States and more than half of all pregnant women in the U.S. are affected by excess weight or obesity, where one in five were affected by obesity at the start of pregnancy. A BMI that is 25-29.9 is considered “overweight,” whereas 30 or higher is obesity.

Being overweight (a BMI of 25-29.9) or affected by obesity (a BMI 30 or higher) at the start of and/or during pregnancy not only puts the mom at risk for health problems, but the baby is also at a higher risk for certain conditions and complications. Obesity may even be detrimental to your



Nicole Avena, PhD

OAC Chairman's Council

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Apollo Endosurgery
Arena Pharmaceuticals
American Society of Bariatric Physicians
New Life Center for Bariatric Surgery

Bronze

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Eliza Kingsford, Executive Director - Wellspring Camps
EnteroMedics Inc.
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Woman's Hospital

Platinum: \$100,000 and up
Gold: \$50,000 - \$99,999
Silver: \$10,000 - \$49,999
Bronze: \$5,000 - \$9,999
Patron: \$1,000 - \$4,999

List as of 6/8/15



ABOUT THE OBESITY ACTION COALITION (OAC)

The Obesity Action Coalition (OAC) is a National non-profit organization dedicated to giving a voice to individuals affected by obesity and helping them along their journey toward better health. Our core focuses are to elevate the conversation of weight and its impact on health, improve access to obesity care, provide science-based education on obesity and its treatments, and fight to eliminate weight bias and discrimination.



VIBRANT COMMUNITY



NATIONAL AWARENESS CAMPAIGNS



ANNUAL CONVENTION



ADVOCACY



PUBLIC EDUCATION

LEARN, CONNECT, ENGAGE

The OAC knows that the journey with weight can be challenging but we also know that great things happen when we learn, connect and engage. That is why the OAC Community exists. Our Community is designed to provide quality education, ongoing support programs, an opportunity to connect, and a place to take action on important issues.

Through the OAC Community, you can get access to:

- Weight & Health Education • Community Blogs
 - Community Discussion Forum
 - Ongoing Support • Meaningful Connections
- AND MUCH MORE**



JOIN TODAY: GO TO OBESITYACTION.ORG/JOIN

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