

Information for patients

Intra gastric balloon procedure

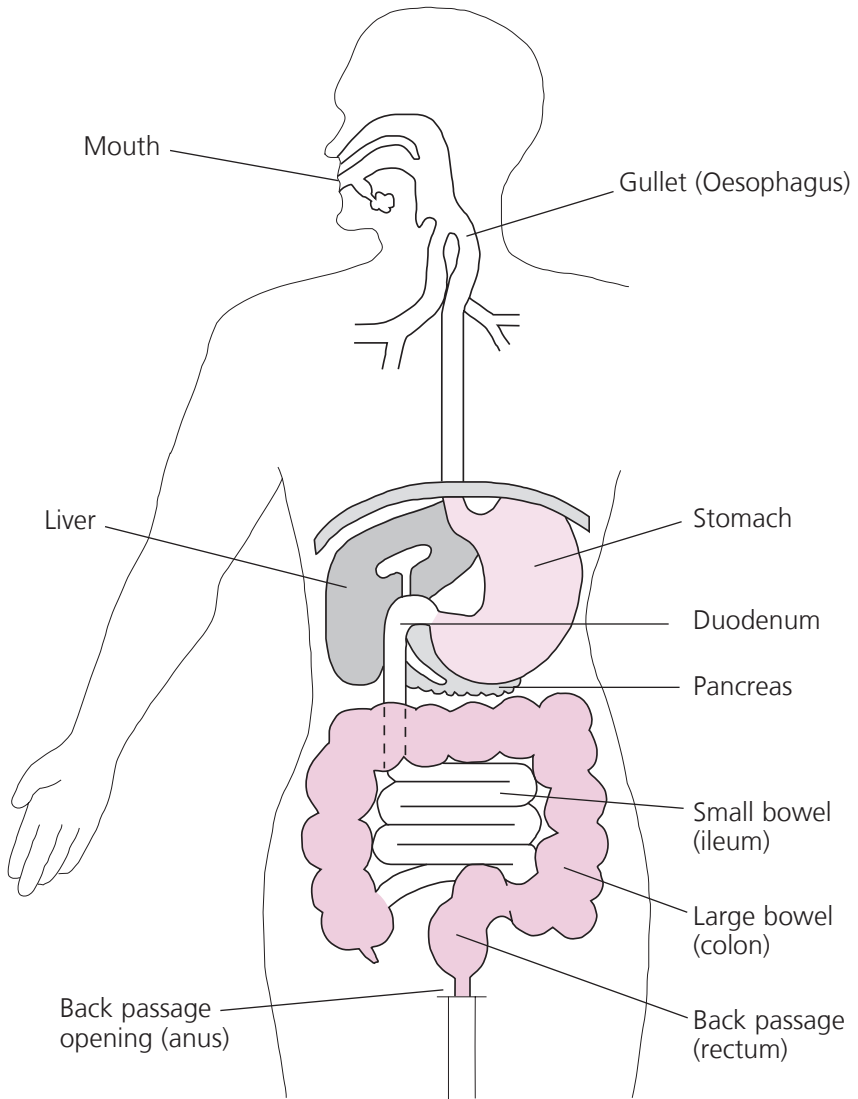
Weight-loss surgery



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Introduction

The intra gastric balloon is designed to provide short term weight loss therapy. In order to understand the procedure, it may help to have some knowledge of the digestive system.



The normal bowel (Digestive System)

Is the Intra Gastric Balloon for me?

The intra gastric balloon works effectively for people who are very overweight. It is recommended for people who need to lose weight before having a weight loss operation, to reduce their surgical risk.

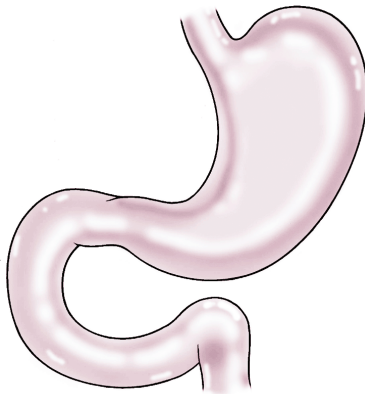
It is also recommended for people who:

- have significant health risks related to their obesity
- who have failed to achieve and maintain weight loss with a supervised weight control programme or
- who are not candidates for obesity surgery.

How does the Intra Gastric Balloon work?

The balloon is placed endoscopically, through the mouth and gullet (oesophagus) under sedation, and filled with liquid so it partially fills the stomach and creates a feeling of fullness. This will help change your eating pattern, reduce the volume of food eaten and make you feel full quicker.

The maximum time a balloon can be left in is 6 months, after which it must be removed.



Normal stomach



Stomach with the balloon in place

There is no point considering this procedure unless you are committed to following the dietary and lifestyle advice provided. The intra gastric balloon is a tool and works best when used properly, following a low calorie diet and maintaining close contact with the health professional team during the time the balloon is in place.

What diet will I have to follow once I have had the procedure?

The dietitian will give you a diet sheet and explain to you the dietary changes you will need to make.

- Initially a meal will consist of 2-3 tablespoons of pureed foods.
- You will then move onto a soft, mushy, crispy diet.
- Finally you will be able to take a normal textured diet.

You should avoid all fizzy drinks, as they increase the acid and make you feel bloated. You should eat slowly, cut food up into small pieces and chew well.

Avoid snacking in between meals, this will slow your weight loss and possibly increase your appetite. Stop eating as soon as you feel full, otherwise you may be sick.

Take fluid half an hour before and after meals, avoid taking food and fluid together, as this may make you sick. Aim for at least 8 cups of low calorie fluid per day. Choose low fat foods, fat can be difficult to digest after the gastric balloon and can lead to heartburn.

What are the benefits of having an Intra Gastric Balloon?

This procedure helps you to achieve short term weight loss. It also helps to reduce health related problems:

- Diabetes
- Osteoarthritis
- Hypertension (high blood pressure)
- Coronary heart disease
- High cholesterol level

What are the risks, consequences and alternatives associated with having an Intra Gastric Balloon?

Whilst most people do not experience any complications, there are a several risks associated with the procedure:

- Intestinal obstruction by the balloon, when a partially deflated balloon passes into the small bowel. If this occurs, surgical or endoscopic removal would be required. This is extremely rare.
- Bleeding or perforation could occur as a result of injury during insertion or removal of the balloon, requiring surgical correction. Again this is extremely rare.
- Gastric discomfort; nausea and vomiting are common for the

first few days following balloon placement but rarely continue for long.

- Feeling of heaviness in the abdomen, abdominal or back pain.
- Acid reflux and indigestion. (You will be prescribed medication to reduce your stomach acid production whilst the balloon is in place).

The chance of these risks occurring is small, but it is important that you are aware of them and that you have all the information you need before agreeing to the procedure.

There is always the option of not receiving treatment at all. The consequences of not receiving any treatment are:

- further weight gain
- shortened life span
- increase in obesity related diseases (as listed under the benefits above),
- low self-esteem/depression.

If you would like more information please speak to your consultant or the dietitian/nurse looking after you.

If you would like more information on counselling or weight management programmes please speak to your GP.

Before I come into hospital, what will happen?

After seeing the surgeon for your initial assessment, you will be given contact numbers in order that, if you feel it necessary, you can telephone the nurse specialist/dietitian to discuss your treatment further or to voice any concerns/questions that you may have.

You will be asked to attend the hospital for a pre procedure assessment. At this appointment we will ask you about your

medical history, medication and any operations you may have had in the past. You may need to undergo some routine tests eg heart trace (ECG), X-ray, blood test. You will also be weighed.

What happens on admission to hospital?

The ward is separated into bays with 4 beds in each bay. Both male and female patients are admitted to this ward, though there will only be patients of the same sex in individual bays.

A nurse will check your temperature, blood pressure and pulse. The nurse will also check that nothing has changed with your health since you were at pre-assessment clinic.

On admission to the ward, the doctors and nurses will answer any questions that you might have. Once you have been given all the appropriate information, you will be asked to sign a consent form, which gives us written permission to do the procedure.

You will be asked to put on a disposable gown and pants, as well as some white/black stockings which promote blood flow through the deep veins in your legs, and therefore reduce your risk of developing a blood clot. You will have a cannula (intra venous tube) placed in your arm/hand and a drip started before you go for the procedure.

You may be asked if medical students can be involved in your care, you do not have to agree to this. If you use a CPAP machine at night, please bring it into hospital with you.

Will I be asleep?

You will have a sedative drug put into the tube in your arm/hand, which will make you feel very sleepy throughout the procedure.

What should I expect after the procedure?

You may feel sleepy for a while after the procedure and may be given oxygen via two little prongs in your nose until you are fully

awake. The nursing staff will check your pulse, blood pressure, temperature and breathing. You may experience a sore throat as a result of the endoscopic equipment

Will I feel sick?

Many people feel very sick and do vomit after the procedure and for some time afterwards. You will be prescribed anti-emetics, which are drugs to help relieve the nausea and vomiting. The drip will continue until you are able to tolerate oral fluids. The sickness should settle once your stomach has become used to the presence of the balloon.

Will I be in pain?

You may have a feeling of heaviness in your abdomen and pain in your abdomen and back. You will be prescribed a painkilling drug that will be given through your drip to help relieve this.

Will I be able to get out of bed after the procedure?

You will be encouraged to get up and move around as soon as possible after the procedure. This is to reduce your risk of developing a blood clot.

When will I be able to go home?

You will usually be able to go home the day after your procedure depending on how you feel.

Will I need any different medication?

Yes. You will go home with tablets to help the nausea and vomiting. You will also have some medication to reduce the production of acid in your stomach, as well as some tablets to relieve any pain.

Will I have to come back to hospital?

Yes. You will be sent an appointment to see the Dietitian in the outpatients department, approximately 4 weeks after going home. You will then be asked to return on a regular basis whilst your balloon is in place.

Is there any additional support?

There is a weight management support group meeting, which takes place once a month and is open to all patients who have had weight loss procedures and those awaiting them. It is a friendly, informal meeting when patients can get together to discuss their experiences with each other as well as the appropriate health care professionals. The times and dates of these group meetings are available in the outpatient clinic or from the specialist dietitian/nurse.

Who will be looking after me?

<i>Consultant Surgeon:</i>	Mr Roger Ackroyd
<i>Consultant Surgeon:</i>	Mr Kirt Patel
<i>Specialist Dietitian:</i>	Mrs Nerissa Walker
<i>Specialist Nurse:</i>	Miss Liz Govan
<i>Consultant Radiologist:</i>	Dr Fred Lee & Dr Robert Peck
<i>Radiographer:</i>	Chris Pridmore
<i>Anaesthetists:</i>	Dr Paul Murray & Dr Nick Barron

Useful Contacts

Della Oldham (secretary to Mr Ackroyd and Mr Patel)

Tel: 0114 **305 2411**

Liz Govan (Nurse Specialist)

Tel: 0114 **226 9083**

Nerissa Walker (Specialist Dietitian)

Tel: 0114 **226 9083**

Northern General Hospital

Tel; 0114 **2434343**

NHS Direct

NHS Direct is a 24 hour nurse-led, confidential service providing general health care advice and information. Tel: **0845 4647** or visit the web site at: **www.nhsdirect.nhs.uk**

Useful websites for further information:

www.bospa.org (British Obesity Surgery Patients Association)

www.wlsinfo.org.uk (Weight Loss Surgery Information and Support)

www.british-obesity-surgery.org
(British Obesity and Metabolic Surgery Society)

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