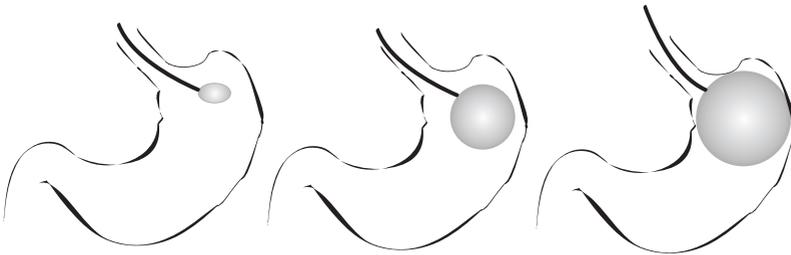


GASTRIC BALLOON PROCEDURE

The Gastric Balloon procedure 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. A deflated balloon is placed through the mouth and oesophagus. The balloon is then filled with liquid, which is designed to partially fill your stomach, giving you a feeling of fullness. This will help you change your eating pattern, reduce the volume of food eaten, making you feel full quicker. The balloon is designed to stay in place for a maximum of six months, after which it must be removed in a very similar way as to how it was inserted.



How is the balloon inserted?

In the treatment room, your throat will be sprayed with a numbing spray. This tastes unpleasant but is very effective and, within a few seconds, your throat will feel numb. Although this is quite a strange feeling, it is harmless and will help you tolerate the gastroscopy tube (camera). If you have false teeth, you will need to remove them. You may also be able to have an injection to make you feel sleepy if you wish, but this will be discussed with you.

Once the nurse has made you comfortable on the trolley, a plastic mouth guard will be put between your teeth and gums to keep your mouth slightly open. Throughout the procedure your pulse, blood pressure, breathing, and oxygen levels will be monitored and a small sponge may

be placed into one nostril to provide you with a little oxygen. This is completely routine and nothing to worry about.

An endoscope will then be passed through your mouth and down in to your stomach. This will not cause you any pain and will not interfere with your breathing. In order to have a clear view of your stomach, it may be necessary to put some air down the endoscope. This may give you the feeling of wanting to belch. Once the endoscope has been removed, the surgeon will pass the deflated balloon through your mouth and down into your stomach. The endoscope will be reintroduced to check that the balloon is in the right position before it is inflated with liquid.

Pre-procedure diet

Before insertion of the gastric balloon, you must fast from food and drinks for 12 hours.

When the gastric balloon is to be removed, you must start on a fluid-only diet 48 hours beforehand. This means no solid food at all. At this point, it may be useful to have some fizzy drinks, as they can help cleanse the balloon, making it easier to remove. Twelve hours before the balloon is due to be removed, you must fast. This means no food or drinks.

What diet will I follow once I have had the balloon inserted?

For the first week, you will need to follow a fluid-only diet. This allows the stomach to get used to the balloon. You need to drink plenty of fluid to prevent dehydration.

The key points are:

- drink slowly, sip at drinks
- do not drink more than 100ml at once
- drink about 2 litres (8 cups) a day.

The best fluids are low fat/low sugar varieties. These include semi-skimmed or skimmed milk, low fat yoghurt drinks, soup with no lumps. You must avoid coffee and fizzy drinks.

Over the following week, you will progress onto a pureed diet, followed by a soft, mushy diet, building up finally to a normal diet. You will see the

dietitian one week after the balloon insertion to discuss the stages. Also at this appointment, your long-term plan will be discussed.

If you suffer from diabetes, you may need to monitor and record your blood sugar levels very closely, as a change in your medication may be required.

What are the benefits of having a gastric balloon?

Having a gastric balloon helps you to achieve short-term weight loss. It also helps to reduce health-related problems such as:

- diabetes
- high blood pressure
- heart disease
- joint pain
- high cholesterol.

What are the risks and complications

Most people have few problems during and after the procedure. However, sometimes there may be complications or difficulties such as:

- bleeding or perforation as a result of injury during insertion or removal of the balloon, requiring surgical correction
- low levels of oxygen in the blood, or irregular heartbeat (occasionally, this is serious enough to cause a heart attack). So that we can watch out for these problems, your oxygen level and pulse will be monitored throughout the procedure
- there is a slight risk to crowned teeth or bridgework. The risk can be reduced by telling us if you have either of these
- bowel blockage by the balloon, when a partially deflated balloon passes into the small bowel. This is extremely rare but if this occurs it needs removing during an operation or by an endoscopic procedure
- a blue dye is added to the saline that is injected into the balloon, so that in the rare event that the balloon were to leak, you would know immediately by the change in colour of your urine. If this were to happen, you should contact the hospital immediately so the balloon can be safely removed

- stomach discomfort, nausea, and vomiting are common for the first week following the balloon placement but this rarely continues after this time
- feeling of heaviness in the abdomen, or abdominal or back pain
- acid reflux and indigestion (you will be prescribed medication to reduce your stomach acid production while the balloon is in place)
- very rarely, patients develop a chest infection after the procedure. If you develop a cough, you should contact your GP.

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.

What happens before the procedure?

If the gastric balloon procedure is a safe and suitable option for you, you will be asked to attend the hospital for a pre-procedure assessment. At this appointment, we will ask you questions about your medical history, medication, and any other operations you may have had in the past. You may need to undergo some routine tests, for example, a heart trace (ECG), X-ray, and blood tests.

What happens on admission to the hospital?

You will come to the hospital the morning of your procedure unless told otherwise. On admission, the doctors and nurses will answer any further questions you may have. A nurse will check that there has been no significant changes in your health since your pre-assessment, and your temperature, pulse, blood pressure, and breathing will all be recorded.

Before having your procedure, you will be asked to put on a gown. You will also be asked to wear compression stockings (anti-embolic). They help blood flow in the deep veins in the legs and so reduce the risk of developing blood clots. You will need to wear these for approximately six weeks after your procedure.

You will be asked to walk to the procedure room.

Will I be put to sleep?

A numbing throat spray will be used before the procedure. Alternatively, you may be given medication into a tube in your arm/hand, which will

make you feel very sleepy. You should still be able to hear what is being said and co-operate with verbal instructions, but later you may have little or no recall of the procedure.

What can I expect after the procedure?

From the procedure room, you will be transferred to the ward. The nursing staff will check your pulse, blood pressure, temperature, and breathing. You may have a sore throat as a result of the endoscopic equipment. If you have had some sedation, you may feel sleepy for a while and you may be given oxygen through two little prongs in your nose until you are fully awake. You will be encouraged to get up and move around soon after your procedure. This is to reduce the risk of developing a blood clot.

Will I feel sick?

Many people feel sick and do vomit after the procedure and for some time afterwards. You will be prescribed anti-sickness medication, which are drugs to help relieve the nausea and vomiting. 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 painkillers to help relieve this.

When will I be able to go home?

You will usually be able to go home on the day of, or the day after, your procedure, depending on how you feel. You must have someone responsible to take you home because you may still be feeling the effects of sedation. We would also advise that someone stays with you for 24 hours.

What will follow-up care be?

You will be sent an appointment to see the dietitian and the nurse specialist in the Outpatients' Department approximately one week after going home. You will also be given the phone numbers of the specialist nurse and dietitian to contact for any advice you may need at other times. When your balloon is ready to be removed, six months after insertion, the hospital will make arrangements for its removal and send you an appointment.

Is there any additional support?

Doncaster's bariatric surgery support group meets once a month. This group is open to all patients who have had weight loss procedures and those awaiting them. It is a friendly informal meeting where patients discuss their experiences with each other. For dates and times, contact your nurse specialist.

Contacts

Clinical Nurse Specialist

Tel: 01302 366 666 ext 4294

Mobile: 07766 070570

Specialist Dietitian

Tel: 01302 366 666 ext 4110

Mobile: 0788 7503428

Secretary to Bariatric Consultant Surgeon

Tel: 01302 647234

Useful websites for further information

www.bospa.org

British Obesity Surgery Patients Association

www.british-obesity-surgery.org

British Obesity and Metabolic Surgery Society

Any personal pre existing conditions may further increase the risk of surgery, these will be discussed with you at the time your consent is taken to proceed with surgery. Please ask any questions or discuss any concerns at this time.

