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WEIGHTLOSS SURGERY CONSIDERATIONS

Thank you for your interest in the band, and Southwest Weight Loss! Below is a form we ask all of our patients to read and sign as they begin to consider weight loss surgery. Please write down any questions you may have and we can discuss them in the office.

Services and Expectations:

Band surgery alone can not guarantee that you will experience complete and perfect health. Many major health problems such as heart disease, diabetes, and arthritis are only partially caused by excess weight. Skinny people get all of those diseases. Family history is often a stronger factor (genetics) if you will get these diseases. Excess weight, however, will make almost all of the diseases worse. Excess weight can affect when and how severe these illnesses are, and if you develop the disease sooner rather than later. Losing weight now with the help of the band can often help improve your physical well-being by reducing the stress on your body. Surgery will not decrease your chances of developing any disease – if your parents have any of these diseases, chances are you will develop them also. By ridding yourself of excess weight you will make the diseases easier to manage, or put off getting them for a while.

We need you to be honest in your medical history, particularly regarding any history of depression, binge eating, and other disorders. These do not disqualify you from having a band. We also need you to be honest with us about the use of all medications, alcohol, non-prescribed drugs, and any drug use. These are important as we will be doing surgery on you, and some of these may effect the operation.

We offer lifetime support groups, nutritional counseling, podcasts, and access to the surgeon through his email and personal telephone. We will give you all the tools to succeed. We want you to take full advantage of these – just having the band installed is not enough – we want to help you learn how to use it.

The band may or may not be covered by your insurance. The insurance company may give us an authorization to place your band, but this does not mean that they will pay for the procedure. If the band is placed and the insurance company denies payment, you will be required to pay for the procedure. Dr. Simpson uses a Surgical Assistant on all surgery cases. The assistant may or may not be covered by your insurance company.

Read and understood:

The Band:

The band is a device approved for marketing by the Food and Drug Administration in the United States to assist in weighty loss. The F.D.A. guidelines for the use of the band can be found at the website: www.lapband.com. Even an extremely safe device such as the band can be subject to complications. Known complications include, but are not limited to, infections, port flips, tube breaks, or device failure. Some of these are simple to fix, but still involve minor surgery. More serious issues with the band include rare cases (less than one in two thousand by large case studies) where the band may slip down your stomach. In other cases the band can erode into your stomach. Both of these may require surgery to repair the problem. The more serious cases – band erosion and band slips – can be avoided by carefully following some simple guidelines, such as not overeating, and not eating too fast.

The band is a device that needs to be adjusted (filled with saline or sometimes unfilled) to work properly. Before you have your first fill we would like you to complete a follow-up class (the band part 2). Band adjustments are covered by some insurance policies. Most typically patients need three to five fills over the first year, and perhaps one or two fills the second year. Without proper adjustment, the band is an expensive piece of plastic that will not assist in weight loss. Properly adjusted, the band allows you to lose weight by eating less. The band may need adjustments for a number of reasons, including osmotic changes, a permeable membrane, and loss of fat around the stomach. Typically, after the second year adjustments are needed rarely (less than once every few years). By signing this you agree that you will follow-up for adjustments. If you move you still need our band adjusted – the costs of tills in other places may be more than we charge – but you are responsible for those charges.

Read and understood:

Eating Changes:

The National Academy of Science recommends that adults all take a multivitamin daily. Further, you still need to make certain that you are getting enough other nutrients, such as calcium. While eating a well balanced meal is a key to good health, we recommend that you take a single multivitamin daily.

The LAP-BAND does not work by making you feel **full** with less. The band allows you to feel satisfied with less. The band does not prevent you from eating too much. You can always eat more food. The band is a tool to allow you to eat less, but not feel as if you did. The foods that the band works with best are solid foods, such as protein and vegetables. The key to weight loss with the band is portion control – but unlike before surgery – by eating a small portion your appetite will be suppressed for a long time. Avoid eating until you are stuffed; as this leads to dilation of the pouch, dilation of the esophagus, and possibly even vomiting that can cause a band to slip.

Read and understood:

Some people need to change what they eat, not just how much. Although if you have made the changes to healthier foods, the band then provides a great tool to lose the weight and keep it off. Healthier eating is a part of the weight loss process. Doctors who tell you “Just eat less” oversimplify

the problem. Weight regain with most weight loss operations comes when people eat poor quality food (junk food) commonly. Successful patients not only use the band to make them comfortable by eating less food, but eat healthier foods, that are both nutritious and satisfying. We will help you identify how to eat healthier and new things to eat.

There are certain foods that can become very uncomfortable to eat with the band – typically white doughy bread, sticky pasta, sticky rice, rubbery eggs and dried chicken. We divide them into two classes, the gluten foods—things that you can make paste out of (white bread, white rice and white pasta)—tend to form “glue” on top of the band, making you feel very uncomfortable. Some have no problems with these foods. Still, white bread, sticky rice, and lumpy pasta are not on the menu of people who are serious about weight loss. People who cannot tolerate these foods find that they become very uncomfortable (people say it is like swallowing a golf ball). Most of the time these foods come up quickly, described as a wet burp.

Dry meats, particularly dry (overcooked or microwaved) chicken. These can become lodged in the band and cause vomiting. Places where you get this include Chinese food (where the chicken is overcooked but then smothered with sauce) – chicken in chicken salad from places like Paradise Bakery (where they overcook the chicken and then cover it in mayonnaise) – or chicken in commercial soups (they don’t put the best chicken in the soup, and they overcook this chicken). Being aware of where these can bother you is important. Rarely, you may need to have fluid removed from the band when this happens. Please do not hesitate to come in or call if this happens. Note that on very rare occasions, stuck food can cause the band to “slip” requiring a re-operation – do not hesitate to return to have this taken care of. Most of our patients eat chicken, and do just fine with it, but are careful.

If something becomes stuck in the band (or where the band narrows the stomach – called the stoma), it will cause you discomfort. Sometimes producing a large amount of saliva or mucus (called sliming). Sipping warm tea, jumping up and down, touching your toes all may clear the material. But do not hesitate to come in if you need fluid removed. It is important to learn what foods give you a problem – for example, many patients can eat corn tortillas but not flour tortillas. The vast majority of our patients never have a problem with food becoming stuck, and a part of that is making healthier choices for food.

A complete inability to eat or an ongoing problem with vomiting is a dangerous situation. Do not let a problem like this go on more than a day before seeking medical attention. While sometimes this is food poisoning, the flu or other stomach virus; we want you to always think about the band as a culprit first – that something became lodged in the band. You do not need an appointment to have fluid removed, call us and we will get you in right away. We do this because if it is something that was caught in the band we can give you immediate relief. Also, if something is lodged in the band, it can cause the LAP-BAND to slip, requiring surgery. If you are in another city, most band surgeons belong to a network that will see you in their office. They can be found at www.lapband.com.

The other part of the lifestyle change is eating slowly. Taking your time eating is important – eating too fast can lead to discomfort, vomiting, and chronically doing it can lead to slips. So part of the change will be to learn to eat slow, small and easy.

Read and understood:

If you ever have a problem or a concern with your band, it is always best to call us, or to return to the hospital where the operation is performed, or be transferred there. You may have had a bad experience at the hospital, or may not wish to go to a hospital where the surgeon asks you to go. Go there anyway. Remember, this is a surgery YOU asked for. If you go to a hospital where your surgeon does not go, you may receive improper care for your band, may lose the band, or may have increased costs, or complications that may be prevented by a surgeon familiar with the band. Even on days when Dr. Simpson is out of the town, we have surgeons who cover that are very familiar with the band.

If you develop a night time cough, heartburn, or GERD, we may need to take some fluid out of the band because it is too tight. Sometimes we will want to have you obtain an upper GI (barium swallow) to look at your band. Heartburn with the band is not normal – we want to hear from you if you have it.

Dr. Simpson has fully explained the surgery consent form to me and has answered my medical questions concerning the Lap-band procedure. _____ (to be initialed by patient and Staff member).

I have been given a copy of this.

SIGNED BY PATIENT:

Date: _____

WITNESS:
