

FREQUENTLY ASKED QUESTIONS

1. Is there a guarantee that I will lose weight after the surgery?

Answer: No. There is no guarantee that you will lose weight. There are ways to continue to gain weight even though an operation to lose weight has been performed. However, this is a difficult thing to do. Someone has to purposely disobey postoperative recommendations to gain weight. The band is to be used as a weight loss tool.

2. If I follow the recommendation, how much weight can I expect to lose?

Answer: This is variable. The average person will lose 60-70% of their excess body weight with a LapBand. This can take one to three years. Usually people lose most of their excess body weight.

3. Can I become pregnant after this operation?

Answer: Yes. In fact many women who have had infertility prior to the operation can get improved conception rates. This is due to the adverse effects that excess fat has on sex hormones. Losing weight and thus removing the fat, often will remove the barrier for pregnancy. A LapBand may be a better option for women wanting to become pregnant because there is less risk of vitamin deficiencies and the band can be adjusted to allow weight gain during pregnancy or stabilization of weight loss.

4. What are the risks to this surgery?

Answer: There are a number of risks to having any Bariatric surgery performed, like any abdominal operation. The body sometimes responds adversely to an operation, especially in the obese patient. Known complications include heart attack, stroke, wound infection, internal bleeding, hernias, injury to the spleen, serious infections, ulcers, and strictures. With the LapBand, the device can slip requiring a second operation, or can erode into the stomach requiring removal. In general, a complication occurs in at least 10% of the patients undergoing gastric bypass or Lapband.

5. Have people died from this operation?

Answer: Yes. There have been people who have come into the hospital perfectly healthy, although obese, and have died as a direct result of this operation. This is extremely rare, but there is the risk of this happening, as with most surgical procedures.

6. Why do I have to see a psychiatrist/psychologist prior to scheduling this surgery?

Answer: A psychiatrist is helpful in determining which patients might not be mentally and emotionally capable of handling this operation and most importantly, the post-operative life change that is necessary. In addition, most insurance companies require a psychiatric evaluation prior to being considered for a Bariatric operation.

7. Does everyone have to see a psychiatrist?

Answer: Yes. Every patient must see a psychiatrist/psychologist or mental health professional prior to this operation.

8. How often do I have to come back to see the surgeon?

Answer: After the operation, the first visit should be within one week. This is to check the wound sites, and monitor the overall progress in the immediate postoperative period. After that, a six-week check is scheduled to see the trend in weight loss and possibly to have the first band adjustment at that time. Following that, the patient should come back for weight checks, nutrition counseling and postoperative visits monthly for the first year. After that, at least once a year it is important to return to see the surgeon for continuing follow-up.

9. Do I have to eat special foods after the surgery?

Answer: Yes. Immediately after the surgery when there is a healing process, it is important to eat liquid foods. You will be given instructions on how long to eat these liquid foods, usually two weeks. A liquid diet includes juices, broth, and certain soups. Soups, yogurt, cereals, and oatmeal soon follow. After you have healed from surgery, you are able to advance to a more regular diet, even though at times certain foods like hamburgers, steaks and breads may be difficult to digest quickly. It is for this reason that small portions of a variety of foods are recommended. You are advised to eat 5 or 6 very small meals each day initially but as your diet progresses you should have 3 small meals per. day with liquids between meals.

10. Should I drink Soda or Diet Soda?

Answer: Any carbonated beverage will likely cause gas, bloating and pain so it is best to avoid these. The best drinks are water, skim milk, some fruit juices and decaffeinated tea or coffee.

18. Where will my surgery be performed?

Answer: St. Luke's Hospital
5901 Monclova Road
Maumee, Ohio 43537

19. Where is the office that I will be seen?

Answer: Northwest Surgical Specialists, Inc.
999 Illinois Avenue
Maumee, Ohio 43537

20. When can I go back to work?

Answer: With the LapBand the time off of work is generally two weeks however in can be as early as one week in some instances.

21. How can I contact Drs. Duckett & Oweis?

Answer: Drs. Duckett & Oweis can be contacted by phone at 419-893-5591 during regular office hours, 8am to 5pm Monday thru Friday. After hours they can be reached at the same number, please leave a message on the voicemail and the voicemail will page them.

11. I have diabetes, what about my insulin levels?

Answer: After substantial weight loss, many people will see a decrease in the amount of insulin that they require. Also, since this operation is designed to make you eat less, you may therefore need less insulin. It is important to discuss your insulin requirements with Drs. Duckett or Oweis and your primary care provider, especially as body weight begins to drop.

12. What if my insurance company denies me?

Answer: Don't panic. This is not an uncommon event. You can appeal. On your first denial, contact Walter Lindstrom at the OBESITY LAW and ADVOCACY CENTER (WWW.OBESITYLAW.COM). Have your denial letter and a copy of your policy available.

13. Will paying cash instead of going through an insurance company mean that I have my surgery sooner?

Answer: Unfortunately, yes. The pre-approval process, especially for the gastric Lap-Band is the longest part of the pre-operative process.

14. If I pay cash can I re-coup my money from the insurance company?

Answer: Often this is possible. It depends on the policy. Walter Lindstrom is a good resource for this information at (www.obesitylaw.com).

15. Are patients who pay cash treated any differently from patients who have insurance?

Answer: Absolutely not. The only difference is the amount of time that you must wait for the pre-operative authorization process.

16. Is there a chance that I will have a significant co-payment associated with my surgery?

Answer: Yes, but it depends on your policy.

17. After I lose a substantial amount of weight, what happens to all the excess skin?

Answer: Some people have elastic skin that will "snap back." Others will have a large amount of excess skin and may benefit from plastic surgery. We would be happy to assist you in locating a plastic surgeon.

