

Appendix 2: Specimen safety card for gastric band patients

To the doctor seeing you as an emergency

This patient has had a gastric band fitted to aid in weight loss. A polymer band encircles the extreme upper stomach, partitioning off a small pouch above, which communicates through a narrow stoma with the rest of the stomach. A balloon inside the band enables the tightness to be adjusted by injection into the chamber the patient can show you. Overleaf the patient has been given simple pointers to emergencies.

If you should see such a patient, please consider the following: Complete fluid intolerance indicates complete occlusion of the stoma. Fixed visceral type pain referred to the epigastrium, costal margin or dorsal area may indicate gastric ischaemia. The ischaemia may result simply because the band is too tight, or from slippage of the band or herniation of the stomach.

Untreated this ischaemia may lead to gastric necrosis. Persistent vomiting presents a background physiological threat, should any acute complications supervene. Careful fluid replacement is urgent.

Negative signs and inflammatory markers do not exclude ischaemia.

In all such cases the band should be fully deflated as an emergency by puncturing the centre of the circular chamber perpendicularly with a needle. Ideally please use a "Huber" non-coring needle, but in an emergency a standard green needle may be used. Please aspirate all fluid.

If you cannot do so, arrange urgent surgical exploration of the port. Because of oedema, deflating the band may not suffice to relieve the ischaemia. It is then very urgent to remove the band surgically. An experienced upper GI laparoscopic surgeon may be able to do this laparoscopically. The locking mechanism is at the insert of the tubing or on the Lesser Curve. Cut stitches in the lock before unlocking. It may be quicker to cut the band itself with a Harmonic Scalpel. If these manoeuvres are unsuccessful upper midline laparotomy will be needed.

In case of difficulty please contact us on through contact procedure No. 4 on the label inside this booklet.

SAFETY INFORMATION FOR GASTRIC BAND PATIENTS

You have a Band

Gastric banding has a reputation as an effective procedure that is very safe at the time of surgery. The following information is intended to help you maintain that safety over the following years. Please read it carefully and carry this card with you when you travel or see a doctor.

Maintaining Follow-Up

- For their own safety Gastric Band patients need to be seen at regular intervals.
- We will make best efforts to ensure this continuity.
- However, we must ask that you share the responsibility for making this happen.
- Please do not leave the Clinic after an appointment without a clear arrangement about the next one.
- If no further appointment was given, it is usually because a test is planned. When you come to hospital for that test, please do not leave without a further appointment.
- If you are unable to keep an agreed appointment, please give us as lots of notice: use contact procedure No. 3 on the label inside. This enables us to offer the time to someone else and give you a new date.
- If you do not attend without informing us it will be your responsibility to arrange a new appointment.

Outside of these rules it may be difficult to give you safe and effective care.

Is there an emergency ?

The following symptoms require **immediate** action by you for your safety:

1. Complete intolerance of solid food: You must contact us at the first opportunity within working hours, so we can arrange band loosening within 48-72 hours.
2. Complete intolerance of fluid or saliva: You must contact us the same day, so we can arrange band loosening within 24 hours.
3. Either of the above with prolonged or recurring pain in the upper abdomen or lower chest/back area that is not related to food intake: You must contact us immediately so that band loosening can be undertaken the same day

If any of these should occur please use contact procedure No. 1 on the label opposite.

Please do NOT delay

Is an early appointment needed?

The following symptoms require that, for your own safety, you be seen at our next clinic:

1. Unexplained decreasing intake capacity, not resulting appropriately from a band adjustment.
2. Excessive reduction in intake capacity after a band adjustment, but please see also under "Is there an emergency?"
3. Otherwise unexplained pain in the upper abdomen or lower chest/back area not covered by anything else on this card.
4. Progressive reflux of fluid and saliva at night.

If any of these occur, please use contact procedure No. 2 on the label below.

If these symptoms continue for an excessive time, long term harm may result.