

Weight Loss Bariatric Lap Band

Weight Loss Bariatric Lap Band formula in Los Angeles

Many people struggle with their weight for years before looking into the various types of surgical treatments for obesity available today. Joining stomach stapling in the arsenal of procedures that reconfigure the digestive system to encourage massive weight loss are laparoscopic gastric bypass surgery, bariatric surgery, and other life-changing procedures.

The LAP BAND Procedure:

The Laparoscopic Adjustable Gastric Band procedure, more commonly known as Lap-Band surgery, is becoming very popular. This procedure involves using a silastic band to create a smaller stomach pouch, causing patients to become full after eating a minimal amount of food.

Further Information on the LAP BAND:

Approved by the FDA in June 2001, the BioEnterics® LAP BAND Adjustable Gastric Banding System is the least invasive and the only adjustable surgical treatment for morbid obesity in the United States. It induces weight loss by reducing the capacity of the stomach, which restricts the amount of food that can be consumed. Since its clinical introduction in 1993, more than 120,000 LAP-BAND procedures have been performed around the world.

Minimally Invasive Approach

During the procedure, surgeons usually use laparoscopic techniques (using small incisions and long-shafted instruments), to implant an inflatable silicone band into the patient's abdomen. Like a wristwatch, the band is fastened around the upper stomach to create a new, tiny stomach pouch that limits and controls the amount of food you eat. It also creates a small outlet that slows the emptying process into the stomach and the intestines. As a result, patients experience an earlier sensation of fullness and are satisfied with smaller amounts of food. In turn, this results in weight loss.

Are You A Candidate?

The LAP BAND System may be right for you if:

- You are at least 18 years old.
- Your BMI is 40 or higher or you weigh at least twice your ideal weight or you weigh at least 100 pounds more than your ideal

weight. (BMI is calculated by dividing body weight (lbs.) by height in inches squared (in²) and multiplying that amount by 704.5).

- You have been overweight for more than 5 years.

- Your serious attempts to lose weight have had only short-term success.

- You do not have any other disease that may have caused your obesity.

- You are prepared to make substantial changes in your eating habits and lifestyle.

- You are willing to continue being monitored by the specialist who is treating you.

- You do not drink alcohol in excess.

If you do not meet the BMI or weight criteria, you still may be considered for surgery if your BMI is at least 35 and you are suffering from serious health problems related to obesity.

Gastric Bypass Surgery Roux-en-Y Gastric Bypass:

Gastric Bypass, Roux en-Y has been said to be the "gold standard" operation for the treatment of Morbid Obesity, for several years, meaning that it is a solidly established reference, to which other operations must measure up. The operation is complex and difficult, whether performed by an open incision, or by laparoscopy. It can be organized into three steps:

- Division or partitioning of the stomach into two parts - an upper small pouch, and a lower, large pouch.

- Creation of a Y-connection in the small bowel, to make a new end to connect to the stomach.

- Connection of the new small bowel end to the upper stomach pouch, to bypass the stomach.

Laparoscopic Gastric Bypass

The laparoscopic gastric bypass takes the Roux-en-Y procedure above, using the same anatomy and connections, and varies only the instruments used to perform it laparoscopically.

The results of this operation are as follows:

- Operating time is slightly longer than the open operation (about 90 -120 minutes laparoscopically, versus 60 - 90 minutes open).
- Recovery time is shorter: typically 2 days in the hospital, and 10 -14 days to return to full activity.
- Weight loss is excellent, averaging 80% of excess body weight after one year, and maintained at 80% for four years following surgery (for as long as the operation has been done this way).
- Over 95% of all weight-related health problems (co-morbidities), such as high blood pressure, diabetes, sleep apnea, gastroesophageal reflux, stress incontinence, and degenerative arthritis pain, are relieved by one year after the operation - often much sooner.
- Complication rate has been similar to that with the open operation, except that no incisional hernias (hernias occurring through the scar of the incision) have occurred, with the laparoscopic technique. We emphasize that one should not think of the laparoscopic operation as reducing the risks of bariatric surgery. It reduces pain and discomfort, inconvenience, recovery time, and scarring.
- Cosmetic results have been an added benefit for some younger patients, who now are proud to wear a two-piece bathing suit.
- Laparoscopic Gastric Bypass can be performed on all but the very severely obese (over 380 lb). We advise against attempting the technique when patients have had prior open operations in the upper abdomen, especially on the stomach.