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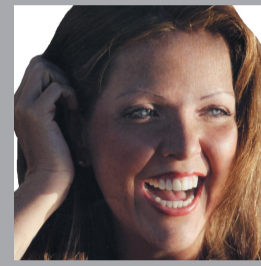


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In our society, obesity is a common problem. It has been estimated by the National heart Foundation that 9% of men and 11% of women are obese. There are various ways of defining the different levels of obesity. The most commonly used is the Body Mass index (BMI). The BMI is a measure which takes into consideration the height and weight of an individual according to the formula.

BMI Chart (KG/M)
BMI = Kg/m²

WEIGHT (KG)	HEIGHT (M)									
	1.45	1.5	1.55	1.6	1.65	1.7	1.75	1.8	1.85	1.9
70	33	31	29	27	26	24	23	22	20	19
75	36	33	31	29	28	26	24	23	22	21
80	38	36	33	31	29	28	26	25	23	22
85	40	38	35	33	31	29	28	26	25	24
90	43	40	37	35	33	31	29	28	26	25
95	45	42	40	37	35	33	31	29	28	26
100	48	44	42	39	37	35	33	31	29	28
105	50	47	44	41	39	36	34	32	31	29
110	52	49	46	43	40	38	36	34	32	30
115	55	51	48	45	42	40	38	35	34	32
120	57	53	50	47	44	42	39	37	35	33
125	59	56	52	49	46	43	41	39	37	35
130	62	58	54	51	48	45	42	40	38	36
135	64	60	56	53	50	47	44	42	39	37
140	67	62	58	55	51	48	46	43	41	39
145	69	64	60	57	53	50	47	45	42	40
150	71	67	62	59	55	52	49	46	44	42
155	74	69	65	61	57	54	51	48	45	43
160	76	71	67	63	59	55	52	49	47	44
165	78	73	69	64	61	57	54	51	48	46
170	81	76	71	66	62	59	56	52	50	47
175	83	78	73	68	64	61	57	54	51	48
180	86	80	75	70	66	62	59	56	53	50
185	88	82	77	72	68	64	60	57	54	51
190	90	84	79	74	70	66	62	59	56	53
195	93	87	81	76	72	67	64	60	57	54
200	95	89	83	78	73	69	65	62	58	55
205	98	91	85	80	75	71	67	63	60	57
210	100	93	87	82	77	73	69	65	61	58

Body Mass Index Classification

Underweight <19	Ideal BMI 19-25	Overweight 25-30	Obesity >30	Severe Obesity >35	Morbid Obesity >40	Super Obesity >50
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Morbid obesity is associated with major medical, physical and social problems and is a result of an imbalance between energy intake and expenditure.

There is a long list of illnesses that are either caused by or are made worse by obesity. These include diabetes, hypertension, cardiac and orthopaedic joint problems. As a result, obese people have a short life expectancy.

Physical activity of any sort can become a problem due to tiredness from carrying excess weight, feeling unwell or reduction in flexibility such that routine activities become a challenge. Social isolation is a common problem because not surprisingly, those that are morbidly obese feel embarrassed in public, preferring to withdraw within their family circle. The deprivation of social activities and the lack of choice of work can result in a feeling of low esteem and even depression.

For some patients, weight reduction becomes a major problem and they are unable to lose significant amounts of weight following extensive dietary manipulation. For these patients, surgery is an option, which assists in the achievement of sustainable weight reduction.

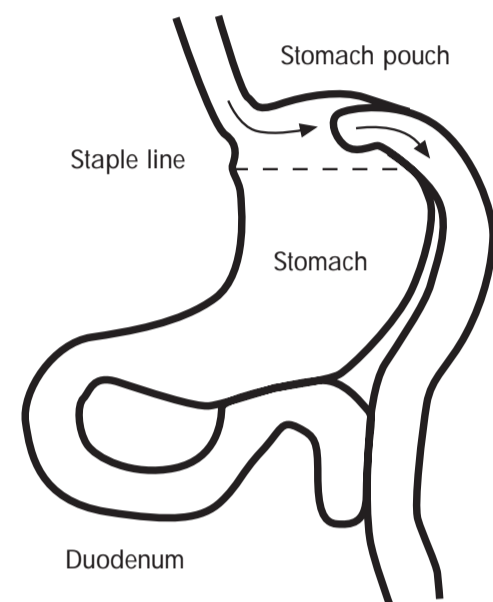
It is important however to point out that surgery is not the solitary solution to the problem of morbid obesity but rather an invasive procedure which is done in order to prevent the development of the complications of morbid obesity. Therefore, you should not believe that all the problems will go once the surgery has been performed, but need to understand that the surgery is the event which will assist you in controlling their dietary input, and thus produce the required results.

In the past, major surgical interventions have comprised of a variety of stapled techniques and in particular, the gastric bypass has been shown to be a very effective method for weight reduction. However, in recent times there has been the introduction of an adjustable gastric band, which aims to produce similar results to the gastric bypass operation, but with a much simpler technique.

It is important for all patients undergoing surgery for obesity that they enter a prospective programme which aims to control their dietary habits and enhances their physical activity because it is all of these factors combined which ultimately lead to the desired outcome.

Gastric Bypass

This is a restrictive/malabsorptive procedure that usually requires an open operation. The stomach is stapled to form a small pouch connected to the small bowel. This creates a permanent change in your anatomy. The greater magnitude of the open surgery translates into a slightly higher operative and postoperative complication rate. Nutritional deficiencies are more common after this type of surgery, which does however deliver good weight loss, especially for super-obese individuals.

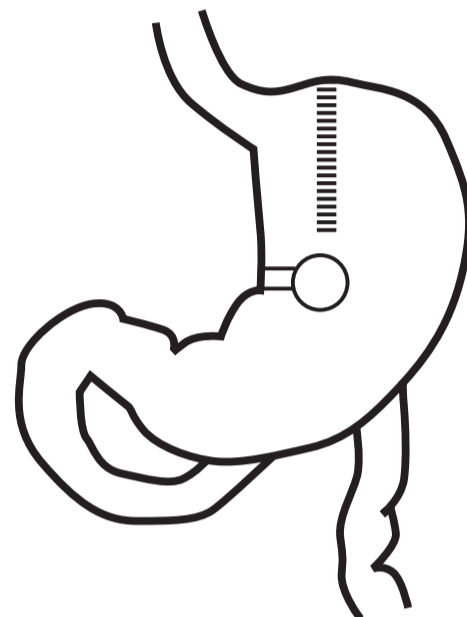


Laparoscopic Gastric Bypass

The keyhole version of the above operation has been successfully performed in America with promising results, and is now available in South Australia. Please speak to Dr. Bessell if you wish to consider this alternative and very effective form of surgical weight loss that can now be safely performed with keyhole surgery.

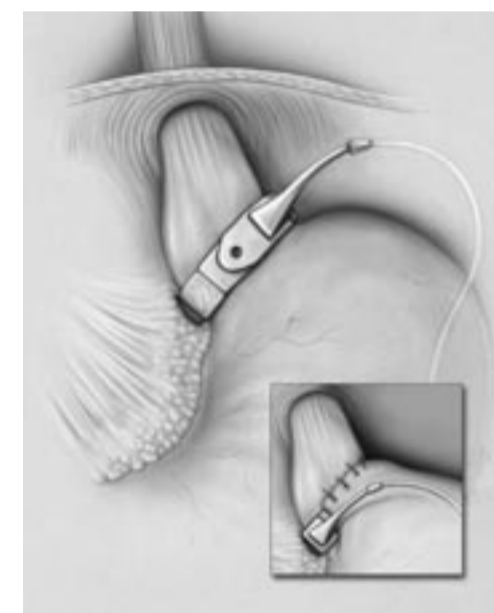
Vertical Banded Gastroplasty

This is the traditional "stomach stapling" procedure which usually requires open operation. A vertical stapling of stomach is performed to create a small pouch which has a non-adjustable outlet. Again, this is a permanent change, and achieves moderate weight loss. It is subject to the same slightly higher operative risks and complications as the open gastric bypass. Unfortunately the operation suffers from reported breakdown of the staple line (stomach stretching) and many patients regain their lost weight.



The LAP-BAND®

The BioEnterics LAP-BAND Adjustable Gastric Banding System (INAMED Health, Santa Barbara, California, USA) has been used for the surgical treatment of morbid obesity since 1993. It is the most common weight loss surgery in Australia and Europe, and is the fastest growing type in the United States. It induces weight loss by providing early and extended satiety (satisfaction after eating) and not just by reducing the capacity of the stomach. The band is fastened around the upper stomach to create a new, smaller stomach pouch. As a result, most patients experience an earlier sensation of fullness and are more satisfied with less food. Since there is no cutting, stapling, or stomach re-routing involved in the LAP-BAND operation, it is considered the least traumatic of all weight loss surgeries. The procedure is performed laparoscopically (keyhole surgery), so patients generally experience significantly less pain and scarring. In addition, the hospital stay is often only two nights. Patients can typically resume normal activities within 2 weeks, quicker than with other surgical alternatives.



Next, the LAP-BAND is sutured in place and connected to the Adjustment Port on the abdominal wall, just under the skin.

The LAP-BAND System is an adjustable silicone band with an inflatable inner surface. It is connected to an access port by a kink-resistant silicone tube. The port allows adjustments of the band to meet your individual weight loss needs by adding or removing fluid. This impacts the amount and rate of food consumption. Adjustments are performed with a small needle during your visit to Dr Bessell's rooms, and are determined by the your weight loss, the amount of food that can be comfortably eaten, the exercise regimen and other issues surrounding the your health, as well as the amount of fluid already in the band.

Because no permanent changes are made to the body's anatomy or physiology, the procedure can essentially be reversed. If necessary, all of the system components can be removed (this requires a second keyhole operation).

To date, more than 100,000 LAP-BAND Systems have been placed and the results have been reported in hundreds of scientific publications (the most relevant articles have been posted on Dr. Bessell's website for you to read at www.gisurgery.net). The LAP-BAND System has been shown to produce significant and sustained weight loss, with an average of 50-60% of excess weight being lost in the first 2 years following surgery. Good weight loss maintenance has been reported out to seven years so far. This weight loss has been shown to effectively resolve or improve all of the health problems of obesity listed in the Introduction, and to improve quality of life. After approving the LAP-BAND System as "safe and effective" in June 2001, the U.S. FDA's Office of Device Evaluation named the LAP-BAND System as one of the "Significant

In order to establish whether the LAP-BAND system is appropriate for you the following criteria will be used.

- You are between 16 and 65 years of age
- You have severe obesity defined as BMI > 35
- You have some of the associated health problems of obesity
- You have already made some serious efforts to lose weight
- You understand your risks & responsibilities
- You are medically fit for surgery and anaesthesia

If you don't qualify for the LAP-BAND, we may still be able to offer another form of surgery, or our team may be able to assist you in non-surgical weight loss.

REALISTIC EXPECTATIONS FOR WEIGHT LOSS

The weight will be lost gradually and will commence immediately after surgery.

The amount of weight loss will depend partly on the size of the small gastric pouch and the calibrated opening to the rest of the stomach. More importantly the amount of weight loss in the long term will depend on you i.e. on how carefully you follow the recommendations regarding eating habits, diet and exercise. The recommended rate of weight loss we would like to see is 0.5-1.0kg per week.

In general, gastric banding will lead to loss of weight to the amount that is desirable. As a rule of thumb, we will aim to lose two thirds of your excess weight over the first 1-2 years. However, this will require careful calibrations by the surgeon and a life long commitment to change on your part. The band is easy to defeat with high energy liquids and you will need frequent, long term follow-up.

Whilst the laparoscopic approach has helped decrease the length of hospital stay by decreasing the postoperative recovery period, the insertion of the gastric band is not without complications.

As with any surgical procedure, there are associated risks to the patient. Whilst Dr Bessell will endeavour to minimise risks, complications may occur which may have permanent effects. Unfortunately deaths have also been reported following this type of surgery.

Open Surgery (Laparotomy)

Whilst Dr Bessell may have recommended laparoscopy to insert the LAP-BAND, he may find that after starting the procedure, this approach is not safe due to unexpected findings or events. If this is the case, then he will insert the LAP-BAND through a large incision in the abdomen. This is known as open surgery or "laparotomy".

Converting from a laparoscopic to an open approach is not a complication of the procedure but rather to protect your safety and well being.

General Risks of Surgery

These are risks that are common to all operations. However, because of your weight, you may be at greater risk of suffering complications from the operation. The risk increases with age and weight, and whether the patient has a heart condition, diabetes or hypertension:

- Cardiovascular problems such as heart attack or thrombosis refers to formations of blood clots in the leg. The blood clot may move to the lung or heart and hence may be fatal.
- Infection of the wounds or failure of wounds to heal properly. This is more likely to occur in patients with diabetes.

Special measures will be taken to reduce these problems to a minimum, but in spite of these measures, a significant complication will probably occur in about 5% of all patients.

Specific Risks Associated with Laparoscopic Surgery

- Excessive bleeding
- Infection
- Injury to organs near stomach
- Injury to the stomach wall
- Injury to major blood vessels
- Gas embolism from the gas used to insufflate your abdominal cavity.

It is important you understand fully the risks involved before proceeding to surgery. Your signature on the consent form attests to your understanding of these matters and desire to proceed. Dr Bessell will go through these and other risks carefully. Please make sure you clarify any questions that may arise.

The LAP-BAND operation is not without complications and it is important that you fully understand the risks and discuss this matter with your surgeon before you decide to have this operation.

- Vomiting - Some patients have trouble adjusting to their new eating habits; they repeatedly eat too quickly or too much and then vomit.
- Infection of the port - an infection may develop in the port area or in the abdomen, and in some instances the infection may involve the band. In such a case, reoperation may be necessary. It is very important that you do not let anyone apart from Dr Bessell's team inject or remove fluid from your port as infection can occur if the proper sterile technique is not used.
- Leakage - leakage from the gastric band or from the connecting tube between the balloon and the port may occur. The gastric balloon is made of fragile material and if too much fluid is injected, leakage will occur if the injecting needle is inserted incorrectly. Leakage from the port can occur if the incorrect needle is used for injecting or removing fluid from the port. Hence it is important that only an experienced person be allowed to manipulate the amount of fluid in your band. In the event of leakage the gastric band can normally be replaced with a new one, but this will require reoperation.
- Slippage of the band and pouch dilation - This is a major long term concern that the band may slip and the pouch (the part of the stomach above the band) may become too large. This problem can arise months or years after the procedure. This is a rare complication as at operation, the band is placed in a special tunnel and special measures to fix the band securely are performed.

However, it can still occur if the strict rules of eating and ignoring the signs of fullness are not adhered to. A reoperation may be necessary in up to 10% of patients overall.

- Other complication - there may be other rare, unspecified complications. You should ask Dr Bessell for more detailed information.

There is no guarantee that the LAP-BAND will work without fault for the rest of your life. However, extensive use of the band since 1985 demonstrates that it works well and can be complication free with long term weight loss. This complication free and successful weight loss is more likely to occur if you have a clear understanding of the potential benefits and risks of having a gastric band and have a realistic responsibility towards your eating habits and exercise.

Some of these late complications can occur so it is important that you are aware of them.

Flabby Skin

This can occur especially if you have lost a lot of weight or lose it very quickly. It usually occurs on the arms, breasts, abdomen and thighs. Exercising during weight loss can reduce the amount of flabby skin and help tone up your body. About 20% of patients have surgery for this condition. Excessive skin folds can become a large problem especially in summer. Rashes and other skin conditions can be of great concern especially under the breasts and abdomen. Rubbing of loose skin on the thighs can also become very uncomfortable. Ask Dr Bessell if this occurs, as surgery may be advisable once your weight has stabilised.

Gallstones

Gallstones often occur in the obese. If you have not already had a cholecystectomy (had your gallbladder removed) you may be asked to have an ultrasound before your operation to determine whether you have any stones. If there aren't any present you may still develop stones as a result of the weight loss after surgery. You can live a perfectly normal life without a gallbladder. Approximately 18% of patients who have not already had a cholecystectomy do so at the time of surgery.

Iron, folic acid and B12 Deficiencies

These deficiencies occur in many patients after surgery for weight reduction. They are due to the small amount of food being consumed and are a little more common after gastric bypass. We therefore recommend that all patients take a vitamin supplement and have their levels of vitamin B12, folate and iron checked.

Pouch Dilation and Weight Gain

Eating amounts larger than recommended and stretching of the small pouch are the most common reasons for weight gain. Following the guidelines carefully can usually prevent this. Eating more than your pouch can handle can cause stretching. Once this occurs the damage has been done. Your pouch will not shrink back to its normal size. Some patients have ended up being their original weight due to excessive consumption of food. Certainly the pouch will stretch slightly after a while and this is normal. If however you find that you can eat a normal sized meal in one sitting, then excessive stretching may have occurred. The only way to correct this is to have further surgery to reduce the size of the pouch.

Hair Loss

About 60% of patients experience some hair loss especially during the first year following surgery. This is not permanent and you do not go bald. Your hair will grow back.

Hernia Incision

Sometimes a hernia can form along the incision line. A hernia is basically a weakness in the abdominal wall allowing the abdominal organs to herniate. This can be corrected by surgery.

Acid Erosion of Teeth

The tooth surface is composed of mineral (calcium) which is susceptible to acid attack. If the resting environment around the tooth changes (such as constant sugar, ingestion of acidic foods, poor cleaning techniques, or refluxed stomach acids) the end result is tooth decay. This can be prevented quite easily by good dental hygiene practice (e.g. simply brushing your teeth well after reflux or regurgitation occurs, and at least three times a day after meals).

Infection of the Wound and/or Band

This is uncommon and may need treatment via drainage of the infection, antibiotics, or removal of the band, catheter and port. Please discuss any of these problems with Dr Bessell.

If you come to the initial consultation with Dr. Bessell you must bring your doctor's referral letter, and all previous X-Rays. We will discuss the procedure and make an assessment of whether you would benefit from an operation. We will examine the indications for surgery, explain the risks involved, and ask for your past medical history to diagnose any predisposing causes for obesity, any complications, and any medical problems which might effect the operation.

Dr Bessell will then arrange 3 further consultations:

- Respiratory and Internal Medicine Physician
- Dietitian
- Physiotherapist/Exercise Therapist
- Psychologist

These are critical members of our weight loss team. Each of these health care professionals can identify reasons or conditions that would compromise the effectiveness or success of the operation. Further, they will provide education, advice and support that will enhance the success of your progress after surgery.

Before you leave our rooms, the staff will give you an explanation and quote for the surgeon's fees. Please note we have no responsibility for the charges from the hospital, the assistant, the anaesthetist, pharmacy, pathology or X-Ray. However, the majority of these will usually be reimbursed from your health fund. For a full explanation of medical fees and charges, refer to Dr Bessell's website at www.gisurgery.net.

SOME INVESTIGATIONS

As part of your preoperative assessment, before you leave your initial consultation, some investigations will be arranged in addition to the further consultations explained above.

- You will always be required to have some Blood Tests. These should be taken after a 12 hour fast, so it is normally most convenient to have them taken first thing another morning, after skipping breakfast.
- It is common to need an Endoscopy. This

is a day surgery procedure performed under sedation where a thin flexible telescope is passed into your mouth and advanced downwards to examine your gullet, stomach and duodenum. This excludes medical conditions which might complicate the placement of a LAP-BAND. This will be scheduled some weeks before your operation. It carries its own risks and costs which will be fully discussed with you.

- Barium meal. This is an X-Ray procedure in which you will be asked to swallow some chalky dye whilst some X-Ray photographs are being taken. It is quick and painless, and not always required.
- An Abdominal Ultrasound to exclude gallstones is sometimes recommended if you have previously experienced abdominal pain. If gallstones are detected, laparoscopic removal of your gallbladder may be recommended by Dr Bessell. Again, the indications, nature and risks of surgery, and alternatives will be fully explained to you before we decide to proceed.
- If you have suffered problematic gastro-oesophageal reflux in the past, doctor may advise Oesophageal manometry & 24 hr pH tests. These are performed at the Repatriation General Hospital or the Royal Adelaide Hospital and require a fine-bore tube to be passed down the nose into the gullet. A data recorder is worn on your belt for a day to log the severity of your reflux while the tube is taped to your cheek. If you have severe reflux, some technical modifications to your operation may be advised.

Once the initial consultation has been completed, the additional consultations booked, and the necessary investigations arranged, a further appointment with Dr Bessell will be scheduled for about 1 month's time.

BEFORE THE OPERATION

You will be admitted to Wakefield Hospital or Flinders Private Hospital on the morning of your operation. Unfortunately we have no control over whether you are allocated a private room, but it pays to make the hospital aware of your preference as early as possible.

On the ward, the nurses will record your temperature, blood pressure, heart rate, and weight. You will change into a gown and anti-embolic stockings. This is part of our thrombosis-prevention programme, which also includes a blood-thinner injection post-operatively each day.

Your nursing care has been mapped out by a printed Clinical Pathway which the hospital staff will refer to throughout your admission.

You will also be examined by the Anaesthetist who has been personally selected by Dr Bessell as an expert in this area.

The surgery will commence in the afternoon and usually takes 1-2 hours. When you wake up from the operation you will usually spend time in the Recovery ward for approximately 30-60 minutes.

AFTER THE OPERATION

Once you are fully awake, you will return to the General ward from the Recovery ward. You will notice an IV drip, and dressings on your abdomen. You will have painkiller injections prescribed, supplemented by suppositories (they work very well!).

For the rest of the day you will be allowed ice chips only to eat. On the first post-operative day, you will go to the X-Ray department for a Barium Swallow to confirm correct positioning of the LAP-BAND. After that you will be free to commence fluids (water, tea, coffee, apple juice, etc). If you can tolerate this, the drip will be stopped and you can take painkiller tablets orally.

We will encourage you to have a shower, go for a walk, and conduct deep breathing exercises, all on the first day. The dietitian may call to see you again.

On the second post-operative day you will progress to unrestricted fluid intake. If the nursing staff are satisfied with your progress, restrictions and wound care will be discussed and you will be discharged home. You will be given a follow-up appointment with Dr Bessell, usually in about 5-6 weeks time.



By the time you visit Dr Bessell's rooms 5 or 6 weeks after the operation, you will have just recommenced a solid diet. It is at this time your first band inflation will occur. Thereafter we will review progress every 5 weeks, adding or removing fluid as required. In the first year 4 to 6 adjustments are often necessary, and this is one of the great advantages of the LAP-BAND, we can tailor it to your weight loss needs. Once good progress has been established, some of your visits may be conducted by a General Practitioner assisting Dr Bessell, who is specifically trained to attend to not only your weight loss, but also your improving general health. In this way we can also advise on any blood pressure, diabetes, and psychological issues that may arise.

After the first year, the minimum frequency of visits to Dr Bessell is twice a year. If we don't see you, we can't help you lose weight!

The effectiveness of the LAP-BAND System depends not only on the success of the surgical procedure, but also your ability to change your diet and exercise behaviour. You are encouraged to eat a balanced diet of well-chewed solid food and must avoid high kilojoule liquids or soft foods. The band produces feelings of early satiety and longer-lasting fullness. This reinforces your ability to be content with smaller meals. With the assistance of an exercise therapist, you are encouraged to increase physical activity and exercise, which are very important to weight loss, good health, and improved quality of life.

YOUR RESPONSIBILITIES FOR THE SUCCESS OF THE OPERATION

1. **Diet:** Eat only 3 small meals a day. Do not eat between mealtimes. Eat slowly over a period of 20 minutes. Eat only good, solid food. Eliminate high kilojoule fluids from your diet (soft drinks, fruit juice, alcohol). Stop eating as soon as you feel satisfied.
2. **Exercise:** At least 30 minutes 3 to 4 times a week
3. **Follow-up:** Long-term contact with Dr Bessell's team is the only way we can influence your weight loss. A minimum of two visits a year is necessary.

Having Lap band surgery is only part of the picture to help to achieve long term weight control. Good eating habits need to be established and maintained right from the start to minimise complications, ensure good health and enable successful weight loss.

To ensure long term success and that you achieve your goals, there are 3 distinct phases that you must pass through.

Phase 1 Before Surgery

During Phase 1 the dietitian will assess your eating habits and may make recommendations to improve your overall nutrition. If significant changes must be made to the diet you may need further appointments prior to surgery.

The band is only part of the weight loss picture. Your commitment to a healthy diet and regular exercise is vital. If your diet consists of poor food choices, you have less chance of long term success. Prior to surgery we must coach you toward a healthy lifestyle. If you already have this in place, great! If not, we can advise you on the changes necessary to improve your diet. You will need to demonstrate that you can make such changes before you can progress to the next phase.

The Phase 1 pre-operative appointments will also prepare you for Phase 2, and will include a discussion of the pre-operative diet requirements, as well as the initial dietary changes that you will need post operatively.

Phase 2 First 4 - 6 weeks after surgery Liquid Diet

Immediately following surgery it is important to avoid anything which could move or displace the band before it settles into place. This is why a fluid diet is recommended for 2-4 weeks after the surgery. There may also be some swelling of the stomach following surgery, so the volume that the stomach can hold is very small. Fluids need to be thin enough to get through a straw and sipped very slowly.

Whilst in hospital following surgery you will be graded from ice chips onto small amounts (50ml/hour) of **clear fluids** including clear

broth, apple juice, tea and coffee. Do not drink all the fluids sent to you on your tray at one time - spread them out across the day. Drink all fluids **slowly** and ensure you are comfortable before continuing. Do not distend the stomach or overfill it as this will trigger vomiting. Vomiting should be avoided as the contracting stomach can cause the band to move. Fizzy drinks must be avoided as they can cause gas to build up and can lead to stretching of the stomach or slippage of the band.

Once clear fluids are tolerated, you will progress onto full fluids. These are fluids which can pass through a straw, including soups, fruit juices, fruit puree and milk products.

Soups

When on a liquid diet it is difficult to obtain sufficient protein. Soups should therefore include a protein food such as chicken, meat, chick peas, kidney beans, split peas or soup mix. They must be vitamised (pureed) to remove any lumps and be able to be poured. Tinned or pre-packaged soups can be used occasionally, however home-made soups are more likely to be nutritious.

Unsweetened juices

Unsweetened juices are a good source of vitamins after surgery. It is however high in natural fruit sugar and therefore high in energy. Whilst acceptable when food intake is limited, fruit juices should be limited in the long term once you are back onto solid food. Canned or stewed fruit can also be vitamised to a runny consistency. Some fruit juice may need to be added to pureed fruit to ensure a consistency that can pass through a straw.

Low fat milk drinks, runny custard, ice cream and smooth yoghurt

Milk and milk products are particularly important to provide calcium and protein. As you cannot include solid protein foods you must ensure you include sufficient milk or milk products. Aim to include three serves per day whilst on a liquid diet. Keep in mind that low fat ice creams and custards are higher in sugar and lower in calcium than milk or yoghurts.

Meal Replacement Drinks

Alternatively, you could use low energy diet supplements such as Optifast® meal replacement drinks which have added protein, vitamins and minerals. Three Optifast® meal replacement shakes could be taken daily in place of meals. This will meet all of your nutritional requirements but is low enough in energy to assist weight reduction. Optifast® is available from pharmacies. Discuss with your dietitian.

Fluid Intake

You will need to work hard to take in all the fluid your body needs to keep hydrated. You need a minimum of 1500mls (1.5L) of fluid per day. As you can only tolerate small amounts at a time this means that you must remember to keep drinking frequently throughout the day, but remember to drink slowly.

Vitamised Diet

As the swelling reduces, fluids slip easily through the band and you will no longer feel full having fluids alone. The band however is still at risk of being displaced, hence foods which could move the band should still be avoided. After 2-4 weeks of fluids only you can progress to pureed foods of a smooth texture. This stage should continue for 2 weeks before more solid foods can be included.

Foods for this stage should be pureed in a food processor or blender into a smooth moist consistency, so that no lumps are present. These foods should not require chewing. They should have a thick, cohesive texture, and form a soft peak when scooped with a spoon. Vitamised foods should be served with thick gravy and sauces, however many naturally smooth foods are also suitable e.g. custard.

Fluids should now only be taken between meals to minimise discomfort from overfilling the stomach and vomiting. When including 3 meals per day of vitamised food you should start to feel more full than when you were taking only fluid. You may not feel the need to snack between meals, however if you do, choose soft items like pureed fruit or yoghurt.

A multivitamin and mineral supplement should be included following surgery and continue for the whole time weight loss is occurring. Your dietitian will discuss this with you in more detail.

An appointment 4 weeks after surgery is recommended to discuss the transition to normal eating again.

Whilst your diet can now include foods of more normal consistency, they must be soft, easy to chew and nutritious. Food should be chewed well enough to form a puree in the mouth before swallowing. A good guide for the size of meals is to serve main meals on a bread and butter plate rather than a dinner plate. Your dietitian will advise you in making the best food choices.

Phase 3 Sustainable long-term healthy eating

Phase 3 involves regular follow up with your support team for the long term. Review consultations are recommended at three to six monthly intervals for the first two years after surgery.

In the long term you will need to eat slowly so that you can feel when your stomach is full and as soon as you feel full, stop eating. It takes time for your brain to feel the signal that you are full. If you eat quickly you are likely to overeat before you notice the signal. You must also learn to chew well and not swallow large lumps. Hard, difficult to chew foods must be avoided. Those most poorly tolerated are steak, stringy foods like celery and fresh white bread.

Drinking fluid with food can also overfill the stomach, or move food through too quickly, making you feel hungry again. This must be avoided. Foods and fluids need to be separated. After the band has been inflated drink no closer than 10 minutes before meals or 1 hour after meals to prevent overfilling the stomach and causing vomiting. High calorie liquids must also be avoided. Liquids will empty from your small stomach quickly. Liquid calories (juice or excess milk), should be avoided regardless of how healthy they seem. Choose solid foods which will fill you up.

Your dietitian will help you to find the foods suited to you to ensure you keep well nourished and achieve your weight goals.

Having a LAP-BAND procedure done is a great first step to a healthier life, but your commitment to change must not stop here. Adopting appropriate lifestyle and exercise habits will help you to lose weight, obtain associated health benefits, and maintain a healthy weight over the long term.

Exercise does not necessarily mean going to a gym. It can simply mean adopting a lifestyle that routinely includes enough general activity on a daily basis. Everybody's lifestyle commitments, physical activity habits, physical activity likes and personal goals differ, so therefore physical activity programs will differ. Some people may attend gym facilities as part of their weekly exercise schedules if that is what they choose, while others programs may involve nothing more than walking the dog every day for an adequate amount of time.

In simple terms however, we can all lose weight if we consistently stick to the practice of expending more energy than we consume. Once this balance is achieved in ones lifestyle you will be on your way to a healthier body, mind and life.

The Exercise Physiologists role is to establish an appropriate physical activity schedule that suits your personal needs. This process will take into consideration your medical

history, injuries, age, mobility and lifestyle habits to help you to fit the correct amount of appropriate exercise into your daily life.

The Exercise Physiologist will both set a suitable physical activity schedule and practically undertake a session with you. This way you can return to your every day life with the necessary skills and confidence to undertake your physical activity schedule safely and effectively.

Over time you will physically change after LAP-BAND surgery, so your exercise program will also essentially require progressing. The Exercise Physiologist offers this advice over the long term to help you reach and maintain your weight, fitness and physical functioning goals.

To support you with your lifelong physical activity program, you also have access to a gym facility that is specifically dedicated to overweight individuals. Exercise sessions can be undertaken on a daily, weekly, monthly basis or simply whenever you require a boost to motivation levels. The gym facility enables the practical application of exercise programs under the guidance of Accredited Exercise Physiologists in a comfortable non threatening environment

After your operation, it is essential that you not to eat large meals or to nibble between meals. Those who have relied on eating to help them cope with tension, boredom or depression, may find this a particular problem and will have to learn new coping methods.

Where obesity has for years been the main or exclusive focus of dissatisfaction in a person's life, other problems may be neglected and allowed to pile up. Sometimes weight loss exposes these other problems and help may be required to tackle them effectively.

For these and other reasons, it is important for people seeking gastric reduction operations to be assessed with regard to lifestyle factors by psychologists. It is then possible to try and predict what psychosocial issues that may emerge after surgery and to plan ahead for appropriate support.

Dr Michael Waters-
Internal Medicine Specialist

As part of the team approach to you care you will be reviewed by Dr Waters, a specialist internal medicine who is involved in screening and management of some of the important medical complications of obesity, assessing fitness to undergo a general anaesthetic and surgery, and is available to provide peri-operative care to those patients with certain medical conditions.

Prior to your appointment with Dr Waters you will be asked to attend for a panel of blood tests and cardiac electrocardiogram. These are to screen for associated conditions such as diabetes, dyslipidaemia (abnormally elevated cholesterol and triglycerides), fatty liver, heart disease, and other unrecognised problems or nutritional deficiencies.

Obesity is associated with a higher long term risk of cardiovascular disease, so in older patients, or those with suggestive symptoms, we may need to further screen for heart disease prior to surgery.

Many patients who present for weight loss surgery suffer from sleep apnoea, a condition in which the individual stops breathing intermittently during sleep due to collapse of the upper pharyngeal airway. Typical symptoms include snoring, feeling ill refreshed on waking, and daytime tiredness. If severe, this can pose problems around the time of surgery, with a higher risk of breathing difficulties. This is treated with CPAP, standing for continuous positive air

pressure, provided by a portable bedside machine that delivers a positive pressure of air to the upper airway via a facial mask, to 'splint' open the upper airway during sleep. Thus we might ask you to attend a sleep study and, if severe sleep apnoea confirmed, arrange for stabilisation on CPAP prior to surgery. With subsequent weight loss this condition will improve or resolve in the majority of cases.

Diabetes mellitus, a condition of abnormally high blood glucose levels, is an increasing common problem in our community with 25% of adults over the age of 25 with some degree of altered glucose metabolism. Obesity is a major risk factor for the development diabetes. Dr Waters is available to be involved in diabetic management prior to and following surgery, a period during there can be marked change in treatment requirements.

He will also liaise with your relevant general practitioner or usual medical specialist as required.

Dr. Helen Patrone - Bariatric physician

You may decide to come to see us by your own choice, from recommendation or be referred by your doctor. A written referral is not essential but useful if you have any medical conditions or are taking medications.

On your first visit you will see our Bariatric physician who is an experienced general practitioner with a special interest and training in the management of individuals who are overweight or obese. A complete medical and psychosocial history will be taken, to get to know you, and understand your reasons seeking our help. Your current and past medical problems, medications, allergies and previous surgeries will be documented on our computer medical records. We will ask you some specific questions relating to your health.

We will measure your height, weight, waist circumference and calculate your BMI. We will determine your appropriate Target Weight, being approximately two-thirds of your excess weight lost over a 2 year period after surgery. The target weight is a very realistic and achievable weight that you will be able to maintain for the rest of your life, providing you make the necessary longterm changes to your lifestyle and your band is managed well by us! We are in the business of long term follow-up of all of our patients to ensure the best achievable health outcomes for you.

We will explain the operations to you. Some people will have an adjustable band. Some people may consider gastric bypass. Either way, you will develop a good understanding of the surgery suitable for you, the process of preparation for surgery and the principles of successful longterm weight management. Its very important that you start making the changes in your lifestyle, eating habits and behaviours, food and beverage choices and exercise levels after the first appointment, leading up to you surgery. Then you will feel

confident that you are well prepared for the lasting changes required for your success and improvement in your health.

You will have some blood tests and an ECG ordered, and appointments to see all of our professional multidisciplinary team members will be made. Our Dieticians, Exercise Physiologists, Internal Medicine Physician, and Psychologists will complete your comprehensive assessment prior to your surgery. Dr Bessell will perform an Endoscopy to examine your oesophagus and stomach. Sometimes we pick up significant reflux problems or a hiatus hernia. These can be treated without too much trouble.

You will have plenty of opportunity to ask questions. We all agree that the better people are prepared, the better their progress is afterwards! Taking the time and effort to lay the foundations for an improved healthy lifestyle is the cornerstone to a successful outcome.

After you have had your surgery, you will continue to see our Bariatric physician at regular intervals for band adjustments, support and monitoring. Once you have reached your target weight, we only need to see you about every 6-9 months forever!

Once your weight loss has ceased, which is generally 2 years after surgery, your weight should remain fairly stable. It sometimes happens however, that your weight will start to increase again. This may be due to inappropriate eating patterns such as eating between meals and eating junk foods or stretching of the pouch or stoma (usually caused from eating more than you should). Very occasionally weight gain is due to a technical problem. In either case, you should consult Dr Bessell and /or dietitian if weight increase occurs. A look at your eating habits or an endoscopy can help reveal the problem.

Occasionally the opposite happens and you are unable to eat solid food without vomiting after most meals. It is very important that you report this problem as early as possible.

Whatever happens, see your surgeon if you are concerned about any changes. There is often a simple solution to your problem, and you may be unnecessarily anxious. Remember, you only get advice; nobody will force you to do anything you do not wish to do.

Q. Will I be sick a lot after the operation?

A. The LAP-BAND System limits food intake. If you feel nauseated or sick on a regular basis, it may mean you are not chewing your food well. It could also mean you are not following the diet rules properly. Another reason you would feel sick may be that there is a problem with the placement of the band. So you should contact Dr Bessell. The goal is to avoid vomiting as much as possible. It can cause the small stomach pouch to stretch or lead to slippage of part of the stomach through the band. This would reduce the success of the operation. In some cases, it would also require another operation.

Q. Will I suffer from constipation?

A. There may be some reduction in the volume of your stools. That's normal after a decrease in food intake, because you eat less fibre. This should not cause severe problems. If difficulties do arise, check with Dr Bessell, he may be able to suggest for you to take a mild laxative and drink plenty of water for a while. Drinking plenty of water (6-8 glasses a day) is a good idea anyway.

Q. Will I need to take vitamin supplements?

A. You may. It's possible you may not get enough vitamins from three small meals a day. At your regular check-ups, your specialist will evaluate whether you are getting enough vitamin B12, folic acid, and iron. Your surgeon may advise you to take supplements.

Q. What about other medication?

A. You should be able to be prescribed medication. You may need to use capsules or break big tablets in half or dissolve them in water so they do not get stuck in the stoma and make you sick. You should always ask the doctor who prescribes the drugs about this. Your surgeon may tell you to avoid taking aspirin or other non-steroidal anti-inflammatory pain relievers. That's because they may irritate the stomach, causing the band to be removed.

Q. What about pregnancy?

A. Becoming pregnant can be easier as you lose weight. Your menstrual cycle may become more regular. If you need to eat more while you are pregnant, the band can be loosened. After the pregnancy, the band may be made tighter again, allowing you to continue on your weight-loss journey.

Q. Can the band be removed?

A. Although the LAP-BAND System is not meant to be removed, it can be. In some cases this can be done laparoscopically. Surgeons report that the stomach generally returns to its original shape once the band is removed. After the removal, though, you may soon go back up to your original weight or even gain more.

Q. What if I go out to eat?

A. Order only a small amount of food, such as an appetiser, and eat slowly. Finish at the same time as your table companions. You might want to let your host or hostess know in advance that you cannot eat very much.

Q. What about alcohol?

A. Alcohol has a high number of kilojoules. An occasional glass of wine or other alcoholic beverage, though, is not considered harmful to weight loss.

Q. Will I need plastic surgery for the surplus skin when I have lost a lot of weight?

A. That is not always the case. As a rule, plastic surgery will not be considered for at least a year or two after the operation. Sometimes the skin will mold itself around the new body tissue. You should give the skin the time it needs to adjust before you decide to have more surgery.

Q. Will I happen if I become ill?

A. One of the major advantages of LAP-BAND System is that it can be adjusted. If your illness requires you to eat more, the band can be loosened by removing saline from it. When you have recovered from your illness and want to continue losing weight, the band can be tightened. This can be done by increasing the amount of saline. If the band cannot be loosened enough, it may have to be removed.

Q. How is the band adjusted?

A. Your LAP-BAND System consists of a band with an inflatable (balloon-like) inner surface. The band is connected by a thin tube to an access port under your skin. The clinician adjusts the band by injecting the fluid into it. To adjust the band, the surgeon uses a special fine needle.

Q. Where are band adjustments performed?

A. Band adjustments are done in a hospital or a doctor's office. They may need to be done somewhere that has radiology equipment.

Q. Who is allowed to adjust my band?

A. Only a surgeon trained and authorised by INAMED health can adjust your band. This person usually will be your surgeon or bariatric physician. Never let an untrained clinician or non-medical person adjust your band-and never adjust it yourself. Doing so could cause you serious problems. It could also damage your band.

Q. What do terms "inflation" or "fill" mean?

A. Both words are used to describe how your surgeon injects fluid into the band to adjust the stoma size. This is done with a needle through the self sealing access port, which is located under your skin.

Q. What fluid is used to fill or adjust the LAP-BAND System?

A. Sterile, normal saline is used. Saline is just like your body's natural fluid, similar to tears.

Q. When should I expect my first band adjustment?

A. It is likely for your first band adjustment to occur 4 to 6 weeks after surgery. The exact time, though, can differ for each person. You and your surgeon will decide when the right time is for yours.

Q. What should I expect at my first adjustment appointment?

A. Expect to discuss your eating, exercise, and rate of weight loss. This will help determine whether or not it is the right time for you to have a band adjustment. If it is, you can expect the following.

1. An evaluation of your pouch size and stoma size before adjusting the band. (This isn't always done). Your surgeon may or may not evaluate your pouch size and stoma size before the adjustment.

2. Adjustment of your band

3. Evaluation of your pouch size and stoma size after the procedure to confirm that the proper band adjustment was made.

Q. How much fluid will be put in my band during my adjustments?

A. The first adjustment could range from 0.5 ml to 2ml of fluid. There is no preset amount. Later adjustments will likely be small increments. The most the band can hold is 4ml. How much fluid is used for the adjustments differs from person to person. Some bands are left empty after surgery. Others will have a very small amount of fluid in them. The surgeon determines this when your LAP-BAND System is implanted. How much fluid is used for your first adjustment will depend partly on how much fluid was placed in your band at the time of surgery. It will also depend on the following:

- Your eating habits
- Your eating patterns
- Your weight loss

Your doctor will evaluate the size of your band outlet (stoma), how you are eating, and how you tolerate your fill.

Q. Do I need at least 2 or 3ml of fluid in the band for it to work?

A. Some people need less, and some need more. The fill amount is determined by:

- the exact positioning of the band
- how you chew
- how much time you take with a meal
- how you "listen" to your band

There is no set formula to know how much fluid you need. Your doctor needs to evaluate you. Your doctor will consider:

- the size of your small upper pouch
- the size of the opening (stoma) to the lower pouch
- your weight loss progress
- how and what you eat

There is no rule about how much fluid is enough for you. Do not compare someone else's band fill to yours.

Q. How will I know when I need a band adjustment?

A. The most common reasons for adjustments:

- You are not able to eat much of anything without feeling uncomfortable or vomiting. Your band may be too tight.
- You are able to eat without restriction. Your band may be too loose, it could also be too tight causing you to choose a liquid diet.

Fluid may be added to the band to "tighten" it. This will decrease your stoma size. Sometimes, a patient may notice symptoms such as reflux or vomiting. A patient may have a hard time with many foods. If this happens, fluid may be removed to "loosen" the band. This will increase your stoma size.

Q. How many band adjustments will I need?

A. Most patients have between 3 and 5 adjustments in the first year. Sometimes, very small adjustments are made in later years. This varies from person to person.

Q. How does the surgeon see that my adjustment is correct?

A. The surgeon may use fluoroscopy when he adjusts your band. This is a special form of x-ray. Regular X-ray is static. But fluoroscopy shows a constant picture of a moving object. As you take a drink of a special liquid, such as gastrografin or barium, you and your surgeon will be able to watch it travel down your oesophagus. You'll be able to see it go into the small upper stomach pouch. From there you can see it go through you stoma into your big lower stomach.

Q. Am I allowed to have my stomach opened for a special occasion?

A. No! your band should never be opened to eat a big meal at a special occasion. The band can be opened for medical reasons, though, such a pregnancy.

Q. When I get an adjustment, will it always feel the same?

A. People have different reactions. Yours will depend on factors unique to you. They include:

- the exact location of your band
- normal variations in your anatomy
- how you eat (especially how you chew)
- what food you eat
- how you respond to changes in band tightness

Q. Does it hurt to get an adjustment?

A. You may get a prickling sensation and a small amount of pressure, similar to when you give blood. Your surgeon may give you a small injection of medicine to numb you before entering the access port.

Q. What is the most important thing I need to know about adjustments?

A. Do not be in a hurry to have one too soon. The LAP-BAND System offers you steady and safe weight loss. You should be able to eat small amounts of foods with comfort. If you are too restricted, it is hard to get adequate nutrition. Also, you could have symptoms such as reflux or vomiting.

Q. How would I know if my band is "too tight" or "overfilled"?

A. If the adjustment results is too tight of a stomach opening, you could have a hard time eating most food. You may drink liquid meals. This may result in weight gain if the liquid used is high in kilojoules. A band that is too tight can cause reflux symptoms (acid heart-burn), particularly at night. It can also cause frequent vomiting. The opening into the larger stomach could become completely blocked, resulting in not being able to keep food or fluids down. Should you develop these symptoms, please notify your surgeon at once.

Q. Will my insurance pay for adjustments?

A. This will vary. Please contact your health fund. Dr Bessell's staff may be able to provide advice in some instances.

Q. How much does an adjustment cost?

A. This will vary. Please contact your health fund. Dr Bessell's staff may be able to provide advice in some instances.

Q. How much weight will I lose?

A. The amount of weight you lose depends on several things: The band placement, your new lifestyle, and new eating habits. Most Australians lose between 50% to 60% of their excess weight in the first one to two years.

The goal is to lose weight gradually. Weight loss of 1 kg a week in the first year is possible, but half a kg a week is more likely. Twelve to eighteen months after the operation, weekly loss is usually less. Your main goal is to have weight loss that prevents, improves, or resolves health problems connected with severe obesity.

Here are ten rules for eating, drinking, and exercise that will help you get the best results you can with LAP-BAND System. How willing you are to follow a new way of eating is key to making the operation a success.

1. Eat only three small meals a day
2. Eat slowly and chew thoroughly (approximately 15 to 20 times a bite)
3. Stop eating as soon as you feel full
4. Do not drink while you are eating
5. Do not eat between meals
6. Eat only good quality foods
7. Avoid fibrous food
8. Drink enough fluids during the day
9. Drink only low kilojoule liquids
10. Exercise at least 30 minutes a day

Rule 1 - Eat only three small meals a day

The LAP-BAND System creates a small stomach pouch that can hold only about half a cup of food. If you try to eat more than this at one time you may become nauseated or vomit. If you routinely eat too much, the small stomach pouch may stretch. That will cancel the effect of the operation. Frequent vomiting can also cause certain complications, such as stomach slippage. You need to learn how much your stomach pouch can hold comfortably and then not exceed this amount.

Rule 2 - Eat slowly and chew thoroughly

Food can pass through the new stoma only if it has been chewed into very small pieces. Always remember to take more time for your meals and chew food very well.

Rule 3 - Stop eating as soon as you feel full

Once your stomach is full, your body receives a signal that you have eaten enough. It takes time, though, for you to become aware of this signal. If you rush through your meal, you may eat more than you need. This can lead to nausea and vomiting. Take time to eat your meal. Try to recognise the feeling of fullness - then stop eating at once.

Rule 4 - Do not drink while you are eating

This operation can work if you eat solid food. If you drink at mealtimes, the food you have eaten becomes liquid, and the effectiveness of the LAP-BAND System is greatly reduced. You should not drink anything for one to two hours after a meal. This allows you to keep the feeling of fullness as long as possible.

Rule 5 - Do not eat between meals

After a meal, do not eat anything else until the next meal. Eating snacks between meals is one of the major reasons for weight loss failure. It is very important to break this habit. Patients with proper "fill" levels do not feel hungry in between meals. If you are, this may be a sign that your band is too loose and you should tell your clinician.

Rule 6 - Eat only good quality food

With the LAP-BAND System in place, you should be able to eat only a small amount so the food you eat should be as healthy as possible. Do not fill your stomach pouch with "junk" food that lacks vitamins and other important nutrients.

Your meals should be high in protein and vitamins. Fresh vegetables, fruit, meat and cereals are good foods to choose. Foods high in fat and sugar are not. You may eat apples and oranges, but try to avoid orange juice and apple juice. Ask your doctor or dietitian before you take any vitamin supplements.

Note: Solid food is more important than liquid food. The LAP-BAND System will have little or no effect if you eat only liquid food. Liquid food passes through the stomach outlet very quickly and does not make you feel full.

Rule 7 - Avoid fibrous food

Food such as asparagus that contains many fibres can block the stoma. That's because you can't chew this food well enough to break it up into small pieces and your saliva can't break it down. Fibrous foods should be avoided. If you would like to eat asparagus or other fibrous foods once in a while, then you must be sure to cook them well, cut them into very small pieces first and then chew thoroughly.

Rule 8 - Drink enough fluids during the day

If you lose weight, the fat content of your body will drop. This results in waste products. You will need to drink large amounts of liquid every day in order to urinate more and excrete these waste products from your body. Individual needs will vary, but you should drink at least 6-8 glasses of water a day. Remember you should only drink water, tea or coffee (without milk or cream or sugar). Also, keep your food and drinks completely separate during the day.

Rule 9 - Drink only low kilojoule liquids

Drinks, including those containing kilojoules, simply run through the narrow outlet created by the band. If you drink liquids high in kilojoules, you will lose little weight, even if you otherwise follow your diet.

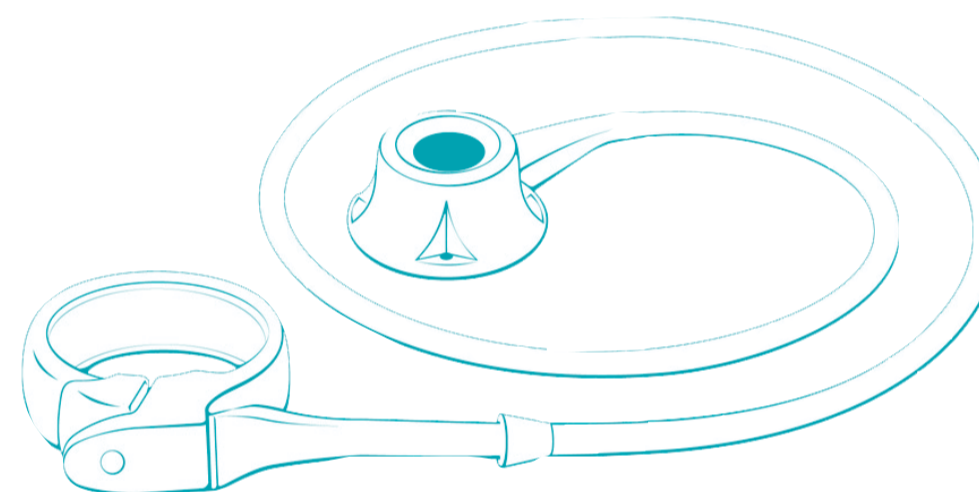
Rule 10 - Exercise at least 30 minutes a day

This rule is just as important as the other nine rules. Since physical exercise consumes energy and burns kilojoules, it is very important to successful weight loss.

Exercise can help improve your general health. Your size may make it hard for you to exercise as much as you should. But get started, even if it is a little at first. The more weight you lose, the easier it should get. Start with simple exercises such as walking and swimming. Gradually expand your program to include more vigorous forms of exercise such as cycling, jogging, and aerobics.

Increase your activity level in the course of daily living. For example, stand rather than sit, walk rather than inside, climb the stairs rather than use the elevator, etc.

Remember that you should always check with your doctor about the amount and type of exercise that is best for you.



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