

SPECIAL ISSUE:

Obstruction / blockages – what to do when food gets stuck (adapted from The Pocket Gastric Band Guide by Trudy Williams)

“The band is a lifetime commitment. It is not meant to be surgically induced bulimia (vomiting), but that’s what can happen if you don’t get smart. It is not normal to chew food and spit it out into a glass at the dinner table! It is not normal to disappear from the table at every meal to vomit into the bathroom basin! Others with you (friends and family) find these new habits vile and disgusting – it’s not good for the kids to grow up watching this. Weight loss at any price is not a great message for kids or anyone.”

Work with your band, not against it. Analyse when and why the discomfort strikes. Pain and discomfort are caused when you...

- Rush your food
- Do not chew well enough to break up food into small pieces (it’s not good enough to simply squash food into a mushy lump)
- Eat much more than you can handle
- Eat without thinking (mindless eating)
- Eat textures or types of food that you know causes pain
- Try to eat too much in one swallow (use a child’s knife and fork at meal times, and use guide on Great Ideas plate)

These are all common causes of discomfort and pain- and all are within **your** control. You will find some foods and eating times that will cause you grief. Learn from them.

If you have severe hiccups, your eyes water, you can’t breathe or you have chest pain whilst eating, chances are that something is stuck. Pain and these other signs are the band’s way of teaching you to eat better.

Everyone reacts to food in different ways on different days. Reactions are often unpredictable because what goes down comfortably one day gets stuck the next.



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Reactions range from a feeling of mild indigestion to intense pain in the mid-chest region. You may even think you are having a heart attack. Sometimes food travels back up from the small pouch into the food pipe then into your mouth (called regurgitation or vomiting).

Okay, but what can you do when something gets stuck? The solution often comes back to *what* and *how much* is stuck. As strange as it may seem, even though you know what you ate, you may not know what part of the meal or which food got stuck.

Options to resolve a blockage...

- Don’t do anything – just learn from experience and allow to unblock on its own
- Suck on Cinnamon Eclipse mints (when available)
- Thrust your chest out and strut like a turkey. Stretch your arms above your head and behind your back to open up chest area
- Try something fizzy like diet soft drink preferably lite ginger beer/ale. Fizzy drinks work best with food that is in little particles because the fizz dislodges the particles with its bubbles. But take care! Sometimes the reaction can be so fierce and effective that food quickly bubbles back – straight into your mouth, and sometimes through your nose. Be prepared and drink this over a sink.
- Drink a cup of warm liquid (tea or coffee or warm lemon water), but be careful! Sending liquid down into a blockage could backfire and you could regurgitate even more. If it is totally obstructed, the more water you pour in the more it overflows.

If food gets stuck quite often and you regurgitate or bring up sticky saliva, food and gastric juices, you should rest the band and the fleshy lining of your stomach (surrounded by the band). Your stomach lining may be irritated and swollen, blocking your system even more.

Go back to fluids only for at least 24 hours. After this time gradually eat real food, transitioning through soft foods for another 24 hours – but chew it well, eat small and slowly.

If you still experience problems, eat mushy, puree or blended foods. If you have no problems eating mush, then you may have to improve your chewing and slow down your eating pace. If the blockage seems stuck fast and nothing clears it, ring the clinic and organise to be seen by either the nurse or the surgeon as soon as possible.

Some people find it incredibly hard and slow to learn from their mistakes, even though they hate the pain and discomfort of regurgitation and vomiting. Old habits die hard, and new habits are hard to set. Practice, practice, practice...

Try these strategies:

- Use your Great Ideas in Nutrition plate – the prompts around the perimeter are excellent reminders on 'how' you should be eating
- If you don't like eating off the melamine plate, just have it next to you as a reminder when you eat off your bread and butter plate. It takes 21 days of doing something continuously to form a new habit
- Drink before you eat to flush the mucous ring from your pouch
- Remember the 20/20/20 rule. 20 chews per mouthful, put your cutlery down for 20 seconds, take 20 minutes to finish your meal
- Buy smaller utensils. Baby's knife, fork and spoon will eat smaller mouthfuls
- Relax. Stress seems to alter how you cope with food as it can tighten and narrow the food pipe, making it more difficult to swallow

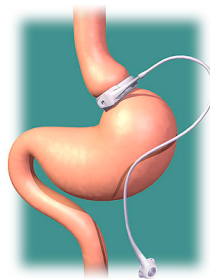
"When I'm stressed, nervous or tense, then even my safe foods will get stuck. It seems that the whole food pipe twitches and shrinks to trap foods as they go down. I've learnt to close my eyes for a minute and breathe deeply to relax before I start to eat. If there's tension at the office or table, I try to escape and eat somewhere else"

While it is very common to regurgitate food, or for thick mucousy saliva and digestive juices come back up into the mouth, it is strongly discouraged. Not only can it be unpleasant and at times embarrassing, it actually puts you at risk of creating an enlarged stomach pouch that eventually may need



a revision operation. Yes, that means further surgery to reduce the pouch, a costly and inconvenient exercise that can be avoided if you conquer changes in eating behaviours early.

If regurgitation/positing occurs, the band is actually giving you feedback about your eating style.



If you have eliminated all of the usual causes of regurgitation and vomiting, then the band may be too tight. This makes it harder for food to travel through, and food gets stuck more often. Have the band loosened for your own sanity and comfort. A too tight band doesn't actually mean you will lose more weight, in fact, to the contrary. When you can't eat solid proteins, you will be more likely to consume 'slider' foods, soft easy high-carbohydrate foods that give you energy, but are also high calorie and make you more hungry.

"I've learnt that patience is a virtue. I had 'right now syndrome' really badly straight after the surgery – I wanted the weight off straight away. I slowly realised that fast weight loss is not good. With a too tight band racing for the fastest weight loss, I lost my social life, couldn't eat with the family and felt really run down. With the band a little looser, I can live a normal life plus get a steady rate of weight loss...none of the horrid roller-coaster run of regurge-vomit-feast-famine."

Regurgitation is rarely linked to an enlarged food pipe or band slippage, however both of these may occur as a result of continual poor eating behaviour. If you have eliminated all possible causes of regurgitation, please come back to the clinic and discuss these with the nurse or your surgeon.

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