



INTRA-GASTRIC BALLOON

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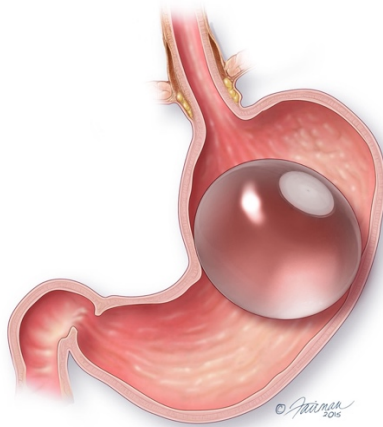


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Introduction

Intra-gastric balloons have been used in one form or another for almost 40 years. Over time they have been many changes in size, shape, fill, methods of placement, material. There are now a few on the market but the balloon that I use has been around for the longest time and has a very safe endoscopic (under vision) introduction and removal method. Essentially it is a 'tool' that can use to assist with weight loss when diet, exercise and medications alone fail.



I have specific criteria that you have to fulfil to be a candidate:

- Body Mass Index (BMI) > 27 where weight is a physical or mental impact
- Reasonable attempts at weight loss without success
- Age 18-65 years
- No alcohol or drug dependency
- Committed to follow up and change in lifestyle

Balloons can change how much you can eat and how much you want to eat, inducing a feeling of fullness. But they are not 'magic' or a 'quick fix', they to be linked to a commitment to change your lifestyle in terms of diet and exercise to be associated with good outcomes. Most patients will see significant weight loss after a balloon is placed in the stomach, however, occasionally this does not happen, usually due to a failure to commit to healthy eating and regular exercise, equally there is great variability in how much an individual loses. I will discuss this with you but it's important that your expectation of weight loss is realistic.

All procedures carry risk and these have to be balanced against the health benefits of a healthy weight. Generally, unless you are old or very unwell, the benefits offset the risks, as obesity does negatively impact your health and well-being.

This booklet explains the benefits, risks and alternatives, as well as what you can expect when you come to hospital for your balloon placement and aftercare. If you have any more questions, please speak directly to me.

So what is an intra-gastric balloon?

I use the Orbera balloons: BIB and Orbera365. These are made from a soft, silicone shell that can be filled with sterile saline when placed in your stomach. By occupying space in your stomach, you feel full. This in turn, leads to reduced portion sizes and reduced appetite. To get the benefit of the balloon, you need to change your lifestyle, with increased exercise and a lower calorie diet. If you do then it can support significant weight loss but without changes then you may not lose any weight.

Before the balloon

Information is really important to make a decision. I do not assume that you understand the balloon, but I would appreciate it if you come pre-prepared with some of your own research and knowledge to your appointment, as having any procedure always carries risks as well as benefits. At your appointment I will discuss your history of weight gain and loss; your medical conditions if any; and examine you. If a balloon is the right option for you then I will discuss how this is done and the general and specific risks and benefits and expectations. Some patients are ready to move forwards at this point and others will need more time, more information or more investigations before proceeding.

The intra-gastric balloons are non-surgical. They do not involve incisions, sutures, or permanent anatomical changes so once they are removed, you revert to how you were before the balloon was placed. They can be used for anyone with weight issues with any BMI ≥ 27 . They can also be used for patients with significant obesity to reduce their surgical risk by reduction of weight before an operation or to improve kidney or liver function, and in patients who have failed to achieve and maintain weight loss with a supervised weight control programme or previously been prescribed oral weight loss medication. It is also often placed in patients who either do not wish to have surgery for their weight issues or are not candidates for weight loss surgery.

You cannot have a gastric balloon if you have had previous upper gastro-intestinal surgery, an ulcer, a bleeding disorder, inflammation of your bowel or are currently pregnant or will attempt to get pregnant during the period that the balloon is in place.

Consent

It is important to me that you understand the reasons that you are having the balloon, the alternatives, the risks and side-effects and that this is not magic! You will not lose weight without engaging in the process, adjusting your diet and lifestyle and doing some exercise during the time the balloon is in place. It may seem common sense but I cannot make you do these things. But if you do engage then the balloon makes it significantly easier to lose weight and to change your lifestyle. Intra-gastric balloons are safe but there have been cases of life-damaging or life-threatening complications and even mortality. Some of these complications are listed below. I encourage patients to have as much information as possible and am always available to answer your questions. Regardless, if there is anything you don't understand or if you need more time to think about it, please tell me. This is your decision and you are free to change your mind at any time, even if you have signed the consent form. Your wishes will be respected at all times. I will not place the balloon if I feel that I do not you're your 'informed' consent. A 'Hospital consent form' will need to be signed, perhaps on the day of surgery.



Risks

All procedures carry potential risk but in general, most patients experience no complications with intra-gastric balloons. However, complications are possible from the endoscopy to place or remove the balloon, the sedation associated with placement or removal, the medications taken to offset the discomfort from the balloon or directly from the balloon itself.

The endoscope can cause damage to the lining of the oesophagus, stomach or intestine. This can cause bleeding or rarely a tear in the oesophagus or stomach. If this happens you may need to have a blood transfusion or surgery to treat the problem.

Occasionally, the balloon deflates without warning due to a leak, the balloon being smaller can pass into the bowel and the intestine might get obstructed by the balloon, causing further problems. If a partly-deflated balloon passes into the small bowel, it HAS to be removed. Blue dye in the balloon acts as an early warning system against this unlikely event.

The following complications have all also occurred with intra-gastric balloons:

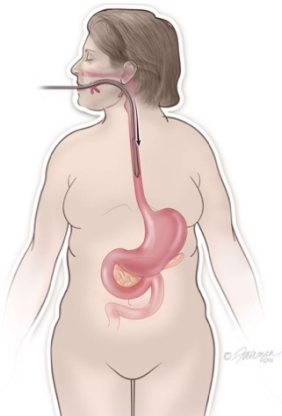
- Acute pancreatitis
- Spontaneous hyperinflation/deflation of the balloon
- Bowel obstruction (including gastric outlet)
- Aspiration pneumonia
- Gastric or bowel perforation
- Injury to the upper GI Tract
- Excessive vomiting

How is the intra-gastric balloon placed?

The procedure starts two weeks before the balloon is placed - you start your antacid medication then. This has to be continued for the whole time that the balloon is in your stomach as it protects the stomach lining from the balloon rubbing against it.

My preference is for you to have fluids only for three days before placing the stent. On the morning of your balloon you take a single tablet of a strong anti-sickness tablet with a sip of water, as this takes 3-4 hours to work properly. You can also take your usual medications with sips of water. Other than these, you must be 'fasted' i.e. no food for 6 hours and no fluids other than these sips of water for 4 hours before the endoscopy.

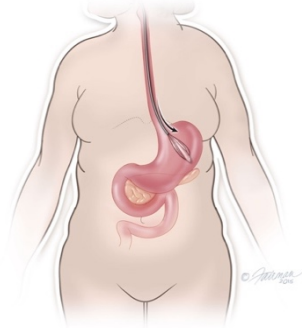
I put a needle in your hand and spray your throat with local anaesthetic. Then you are given sedation (not a full anaesthetic – it's just to make you drowsily comfortable for the procedure). Quite frequently the sedation makes you forget the procedure.



You have a gastroscopy to check that your oesophagus, stomach and duodenum are happy and healthy and there is nothing that would stop me placing the balloon such as an active ulcer. This is done with a thin, flexible camera with a light on the end. It is put into the mouth, down the oesophagus and into the stomach. The tube is about the same width as your little finger, and

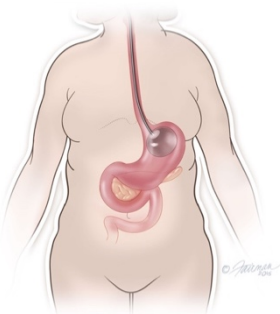
it will not get in the way of your breathing at any time, because it

goes down your oesophagus and not into your windpipe. Once the check is complete and we are safe to proceed, the endoscope is withdrawn and the balloon with tubing passed through your mouth and down your oesophagus. I then follow this down with the endoscope again so that I can watch the balloon as it is inflated through the small filling tube. This is by far the safest way of getting it in the correct place. I fill the balloon with blue dyed, sterile saline. The balloon has a self-sealing valve. Once filled, I gently remove the tube and the endoscope. This all takes about 20-30 minutes in total. The balloon is too large to leave the stomach itself. It can be left in place for 6 months or 12 months depending on the balloon type, and then it HAS to be removed. I then remove the endoscope and you gradually wake up in the recovery area of the endoscopy unit.



You will be discharged later in the day after the procedure. You must arrange for a relative or friend (18 years of age or older) to take you

home after the test and someone should stay with you overnight. This is due to after effects of the sedation. It can last longer than you expect so you cannot drive/cycle or operate any machinery for 24 hours. I strongly advise not to sign legal documents/contracts, make any important decisions, cook, drink alcohol or take sleeping tablets during this period. I will give you a copy of your



report and also send a copy to your GP (but this takes days to reach them).

Please note: your appointment will be cancelled on the day if you have not organised an escort home and someone to stay with you. If you are unable to arrange for someone to collect you, please contact us to discuss alternative arrangements.

It's worth making sure that afterwards you have easy access to

- Clear juices (such as apple) or broths
- Ice blocks
- Plenty of water
- Chewable or liquid multivitamins
- The medications that I prescribed for you

If you have small kids at home with you – plan in advance for support such as childcare for at least three days.

How is the balloon removed?

The removal is a similar procedure. You need to switch to fluids only for five days before I remove your balloon. You can take your usual medications with sips of water but otherwise 'fast' for food and fluids for 6 hours before the endoscopy.

This is again done under sedation as a day case in the endoscopy unit. I perform a gastroscopy to check that nothing is untoward and that the balloon is safe to remove. I then 'puncture' the balloon with a special needle and insert tubing into the balloon to deflate it fully and safely. Then I grasp the balloon with special pincers and pull the soft, deflated balloon out through your mouth. I then remove the endoscope and you gradually wake up in the recovery area of the endoscopy unit. Again, you will be discharged later in the

day after the procedure with the same restrictions due to the sedation used for the procedure as detailed above. You do not need the anti-sickness or other medication and can stop these after removal procedure.



Medication

The majority of patients will recover and be discharged a couple of hours after your procedure. You may feel some discomfort in your stomach and a sore throat but the main issue is usually nausea and sometimes vomiting. These settle for most people after around 3 days but you will need to take regular anti-sickness medication that I prescribe beforehand to you for this first week. Please contact me if this continues even though you are taking these medicines, or if these symptoms continue after one week.

The prescription:

- Pantoprazole 40mg once a day, a strong anti-acid medication, (you start this two weeks before the procedure) and must continue this for the whole time the balloon is in your stomach.
- Ondansetron wafers and cyclizine tablets for anti-sickness.
- Buscopan tablets to reduce bowel and stomach cramps.
- Lorazepam, a mild anti-anxiety medication that will help settle some of the side-effect symptoms if they become overwhelming.

I will explain all of these to you before the procedure. It is important to take them regularly until your symptoms settle down. I advise not doing any physical activity for the first 24 hours after your procedure, to minimize symptoms and should stick to only gentle activity for the first 7 days.



Why does the balloon contain blue dye?

Rarely the balloon can leak, by putting dye into the saline that I fill the balloon with means that if you get blue/green urine or poo then it's obvious this is happening. If this happens you need to let me know as soon as possible. If you can't get hold of me then go to A&E. The problem is not the balloon or the dye but if the balloon deflates then it can travel out of the stomach and into your intestines – it could then block the bowel and need surgery to be removed, whereas if it is still in your stomach I can remove it with the endoscope. So time is important if this happens.

What are the side effects of having the balloon inserted?

Nausea, retching and vomiting are common in the first 5-7 days after placement of the balloon. This is your body recognizing a foreign object in your stomach then eventually accepting this. This is usually felt as nausea, vomiting or retching, and a feeling of heaviness in the stomach. Rarely these feelings persist. The special anti-sickness tablet that you have in the hours before the balloon is placed has been a game-changer for patients having balloons, but I still recommend taking the other anti-sickness tablets as prescribed. It can be difficult to get enough fluid into you during this period and the nausea and retching can be distressing for some people. You can set off retching with either sipping or taking bigger mouthfuls of fluids, so I recommend taking in as much fluid as you can, when you can! It's common to be worse in the mornings, and you may feel better after a small vomit in the morning but this will settle within a few days. Rarely these symptoms persist. It's important to move around, you may not feel like it to begin with, but you will ultimately feel better if you do. As you progress on to semi-solid foods (minced and mashed), you need to take your time and eat small portions. Chew thoroughly and

separate drinking fluid and eating. If you cannot keep fluid down or have not progressed your diet by a week, please let me know.

Constipation is common due to the reduced fluid intake and reduced fibre intake, aim to drink 1.5-2l of water a day. Caffeinated drinks can dehydrate you further so try to make coffee and tea very weak. If you are a 'caffeine' addict then it might be helpful for you to gradually have less of these drinks in the two weeks before the balloon insertion. This will help to reduce any withdrawal effects you might have afterwards. Aim to get some fibre into your meals, such as vegetables, fruit, oats, brown rice, wholemeal cereals, bread or pasta. But equally these can be bulky foods so be cautious with your portion sizes. Gentle exercise can help as well as simple things like drinking some prune juice. Sometimes fybogel drinks or laxatives are needed to get things going.



Heartburn and acid reflux are also common but the pantoprazole should mostly control this. You may find that spicy foods, alcohol and

caffeinated drinks, tend to set off reflux. Try to avoid these as well as big portions. Milk and dairy products will help your reflux and offer great protein in a liquid form. Try to spread out milk drinking through your day and no more than half a pint per day of skimmed. Also choose lower fat versions of dairy products. Do not eat for two hours before bedtime and don't lie down after any meals or you are sure to get reflux.

Halitosis or bad breath/burps can be an issue in some patients. This is due to coating of the balloon with food. It's harmless but unpleasant so chew your food well and try to move around after eating to help the food go down. If it's problematic then a couple of mouthfuls of low calorie fizzy drinks will clean the balloon.

Bloating is really common too but that's the balloon that you can feel! Some patients find it reassuring to know it's there and in a good place. There's nothing that can be done if you don't like it except to remove the balloon.

Pain/discomfort is not common.

Psychological issues affect some patients suffer after placement of the balloon. Many patients have 'buyers remorse' especially in the first few days when you feel nauseated - did you really need a balloon to help with your weight, is this really worth it, can I just get this taken out? This can make you feel down or sad or upset. This is normal and as the symptoms settle and your weight starts coming off. But, if you have used food as a 'comfort' for emotional issues then losing this 'crutch' can leave you feeling a bit 'lost'. If you need specific psychological help or support please do not hesitate to tell me.

Hair loss or thinning of your hair is common with weight loss surgery but less so after a balloon is placed but it can occur due to a mixture

of rapid weight loss, low protein intake and a 'shock' response of the body. It is most noticeable three months after an intervention. I recommend taking vitamin supplements and maximising protein intake.

Weight loss is personal. Some patients lose weight faster than others. This is absolutely dependent on how much you engage with the balloon and make lifestyle changes. Do not rely on the balloon but use it as a tool. Tools work best when they are used the way they were intended. Set realistic expectations or you will ultimately be disappointed. Try to make your lifestyle changes sustainable ones.

Home

The first couple of weeks after getting your balloon can be a whirlwind of highs and lows. One day you will feel amazing, pleased with your decisions, comfortable and happy and the next day can be one of nausea, constipation and regret. What you eat is important. Give yourself time to recover and get used to the balloon. A food diary is a good idea – it helps you to keep track, so that you don't 'forget' or fool yourself about what you are eating and allows you to look back over time. It's a good motivator.

Day 1

Drink, drink, drink. Start with sips but gradually increase this until you are getting some fluid in regardless of how sick it makes you feel. Cold fluids are usually better tolerated.

Rest, rest, rest. Get up and walk around the house but do not do any formal physical activity. Take your usual medication as well as the prescribed drugs that I have given you.

Day 2-3

Progress your liquid diet: thin soups, fruit juices and milk. Don't try solids yet. It's boring but this doesn't last long and gets your stomach used to the smaller volumes you will be eating. Drink slowly, don't 'chug', sip and wait and sip again, aim to drink no more than 100ml at once and wait 10 minutes before drinking again. Aim to get in 1.5-2l of fluid in the day but less than 1000kcal in total. Avoid caffeine if you can. Also keep away from chocolate, ice cream and fizzy drinks. Walking and being active around the home will enhance your recovery and reduce your fatigue.



Day 4-7

From now on you can progress your diet, if you feel ready. It's not a race. Make sure that you can tolerate one consistency comfortably before trying the next one. Always keep up your fluids and remember that there is a difference between mental/emotional hunger, which may have become engrained over time, and physical hunger. So, clichéd or not, listen to your body more than your head! Pretty much everything can be blended to a purée. Strain the purée if you need to, or add more fluid to it and use spices and herbs for flavour. Avoid chillies and hot sauces until your stomach is more settled. Try to start getting in some protein at every meal. Stop if you feel uncomfortable. Start doing some gentle physical activity.





Day 8-14

The next stage is mince and moist or soft foods. Eat slowly, chew well, pick low fat, low carb and low calorie options. You should know what full feels like by now – whether this is discomfort, pressure or a feeling of fullness. It's easy to go past this, but then you will regurgitate or vomit. Listen to the signals and eat slowly. Maybe use the '20 chews for a mouthful and eat your meal over 20 minutes' – see below.

Example of a fluids day

Breakfast

- ½ cup protein shake/skimmed milk
- ¼ cup fruit juice

Mid-morning (if needed)

- ½ cup fruit juice
- ½ ice pole
- ½ cup skimmed milk

Lunch

- ½ cup of broth or strained soup
- ¼ cup of protein shake
- ¼ cup skimmed milk

Mid-afternoon (if needed)

- ¼ cup protein shake

Dinner

- ¼ cup of broth or strained soup
- ¼ cup skimmed milk

Supper (if needed)

- ¼ cup protein shake



SUMMARY WEEK ONE FLUIDS

- Low calorie, low acid fruit juices – apple, grape, cranberry.
- Weak coffee/tea or decaf.
- Low fat clear broths
- Low calorie jelly
- Flavoured ice pole
- Low fat yogurt drinks
- Protein/meal replacement shakes
- Skimmed milk

Example of a purée day

Breakfast

- ¼ cup cottage cheese
- ¼ cup purée fruit
- ¼ cup low fat yoghurt

Mid-morning (if needed)

- ½ cup blended and strained soup
- ½ cup skimmed milk

Lunch

- ½ cup of tinned minced tuna/salmon
- ¼ cup of purée sweet potato
- ¼ cup of purée vegetables

Mid-afternoon (if needed)

- ½ cup of soup, milk, yoghurt or cottage cheese

Dinner

- ½ cup of tinned minced tuna/salmon
- ¼ cup of purée vegetables
- ¼ cup purée fruit

Supper (if needed)

- ½ cup protein shake/milk/juice

Example of a soft diet day

Breakfast

- ¼ cup soft fruit: bananas or oranges after removing the white pithy membrane
- A boiled egg
- ¼ cup skimmed milk

Mid-morning (if needed)

- ¼ cup yoghurt
- ¼ cup sugar free pudding
- ½ cup of protein shake

Lunch

- ½ cup of tinned tuna/salmon with 1 tablespoon of low fat mayonnaise or yoghurt
- ¼ cup of ricotta or cottage cheese
- ¼ cup of soft fruit

Mid-afternoon (if needed)

- ½ cup of soup, skimmed milk, yoghurt or protein shake
- 30g of low fat cheese

Dinner

- ¼ cup of tinned tuna/salmon
- ¼ cup of soft vegetables
- ¼ cup soft fruit/low fat yoghurt

Supper (if needed)

- ½ cup low fat hot chocolate made with skimmed milk
- ¼ cup of soft fruit

Onwards

You should now move slowly on to solid foods while retraining your appetite! Try to eat regular, normal foods but in small amounts. This will help to regulate both your emotional feelings of hunger and your energy levels. Poor weight loss after placement of a balloon is often due to high-energy snacking because of hunger. So stay motivated and aim to eat no more than 1000-1200kcal each day. Try solids one food at a time. Cook rather than eat raw foods to soften them up. Stay away from carbs such as bread, pasta and rice. Careful with butter, oil, gravy, cream, and jams. Separate mealtimes and drinking fluids (you can, of course, sip some fluid during your meals) and choose low-fat options. Eating first and drinking afterwards will help keep the balloon clean. I also recommend taking a daily multivitamin and calcium supplement. Keep up the fluid intake.

You do need fibre. Substitute whole-grain bread and pasta where possible. Eat plenty of fruit and vegetables (eat the 'peel', eat fruit rather than drink fruit. Beans and lentils are full of protein and fibre. Protein fills you up and give you longer lasting energy – think: dairy, tofu, lentils and fish. Nuts and seeds are super nutritious but eat only small amounts. Consider adding bran to meals if you struggle or use fybogel.

Develop good habits rather than bad ones. Balance your meals. Limit your fat, sugar, salt and alcohol intake but don't get rid of the fun or the love in your diet. Just limit your portion sizes. Make sure that you eat some 'colour' – especially dark greens – these tend to give you more nutrients for less calories.

General how to eat rules!

Some simple rules that seem like common sense but worth reading every now and then to remind yourself:

1. Set aside time to prepare food and to eat.
2. Protein (meat and non-meat and dairy based) is really important, it fills you up, and maintains your muscles.
3. Eat small mouthfuls of food at a time - no more than a tablespoon size.
4. Slow down and chew well. Chew every mouthful: 20 chews is a good number to remember and put your fork or spoon down between each mouthful. Wait. This allows time for the food to settle in the stomach, before taking the next mouthful.
5. If you get discomfort then you've eaten too fast, not chewed enough or have had enough. Learn to stop when you feel full.
6. Take 20 minutes to eat your meals.
7. There will always be some foods you cannot tolerate, but you should be able to eat most things.
8. Ensure you have a good fluid intake each day; drink a minimum of 1.5-2 litres.
9. Don't drink and eat at the same time. Leave a 30 minute gap between them.

Exercise helps to maintain muscle tone, maintain your bone strength, improve your weight loss and increase your confidence and feeling of well-being. Aim to do some activity every day, but don't expect to be running a marathon straight away. It will take time to build up your stamina. I recommend walking to begin with. It's simple and effective. Try to start with a daily walking plan. Gradually increase your exercise every day – for example the distance, the speed or the time that you walk depending on your level of comfort. Build up to moderate to strenuous activity over the first few weeks. Plan your exercise – set goals for the short and long term and schedule it into your week. Always think sustainability – can you continue to do this after the balloon is removed. It's also easier to exercise if it's an activity that you like to do but variety is also good. You are building your new lifestyle. Take opportunities to move – walk up those stairs, don't take the lift; park further away from where you are heading and walk the rest of the way; walk or cycle to work; take your dog for an extra walk. They will also appreciate it. Incidentally, sexual intercourse is fine when you feel up to it. You won't pop your balloon!



5 steps to activity

1. **Time it:** We never have enough time. But 30 minutes five times a week is only just over 2% of your week! You probably spend a lot more than that reading your phone.
2. **Plan it:** If you book exercise in like an appointment then you are more likely to do it.
3. **Back it up:** Take your opportunities when you can because sometimes life does get in the way. That walk you had planned may be interrupted by a work appointment for example. So, turn it the other way around: if you find some spare time then use it, why not spend that 10 minutes walking up and down the stairs at work 5 times?
4. **Record it:** If you plan it then you can also record it. Look back over your week to see how you have done. Can you plan the next week any better?
5. **Reward it:** Focus on activity goals rather than weight goals. It's the activities that gets you where you want to go. Hit your target and reward yourself with a spa day or some new clothes. Rewards are good motivators.

Medications etc.

Most drugs are unaffected by having the balloon in situ but please mention your medication to me if you have a particular concern.

Alcohol, anti-inflammatories and smoking

I would prefer you to avoid alcohol for three months after the balloon is placed. It's safe to drink but it can increase or activate your nausea again and cause gastric inflammation. Do NOT take aspirin, anti-inflammatories, after the balloon is placed unless you have specifically been told that you can do so. These all cause ulceration which can be life-threatening in the presence of the balloon. I also advise stopping smoking for the same reasons. I will have discussed this with you prior to balloon placement.

Infertility, contraception and pregnancy

Pregnancy during a period of rapid weight loss can endanger both your baby and you. I will not place the balloon if you are pregnant or trying to get pregnant. The oral contraceptive pill should be absorbed normally or you may prefer to use barrier methods, a coil or depot contraceptives. Your general practitioner should be able to advise you appropriately.

Can I travel with my balloon?

Of course you can. It's safe to travel and to fly. The balloon can expand a little at altitude and can cause discomfort and more restriction but this is temporary and you are at no risk. However, you will need to declare this on travel insurance and please ensure that you have access to appropriate healthcare facilities if an emergency was to occur.

Problems?

If you don't feel right then I need to know about it! I very rarely leave the island even when on holiday so you should be able to contact me, if I miss your call or text then I will call you back (I may be operating). If you develop any of the following symptoms then contact me urgently, if you can't get hold of me then consult your GP or go to the Accident & Emergency department (A&E). Please take your endoscopy report with you.

Red alert symptoms:

- Significant chest pain
- You are unable to stop being sick
- Blood in your poo
- Excessive difficulty swallowing
- A fever (temperature above 37.5°C)
- Severe or persistent or worsening tummy pain.
- Become unusually breathless or have difficulty breathing

Follow up

I will see you in the rooms at 2 weeks, 3 months, 6 months, 12 months (and 18 months if you have a 12 month balloon) after your balloon. This is included in your fees.

Notes:

- Some of your data will be stored on a database unless you actively withhold consent. This is ultimately to improve patient care and ensure that my results are good.
- I encourage you to check your weight regularly, there are many apps that can be used to support your weight loss journey. I can advise you on these.
- I recommended taking a daily good multivitamin and mineral supplement, for women I also recommend taking a daily calcium-vitamin D supplement and sometimes iron.
- We all need to take responsibility for our own health. Weight loss from an intra-gastric balloon can make you healthier but don't assume that your diabetes, hypertension, obstructive sleep apnoea or your mental health etc. will improve or go away forever. Your medication doses may need to be altered up or down over time and you still need your medical issues monitored even if they do go into remission.
- If you are a woman of child-bearing age then you must avoid pregnancy for the duration of the balloon placement.

Support groups

There are a number of online support groups especially on Facebook. The local one can be found at:

<https://www.facebook.com/groups/JerseyWLSsupport>

You can also email them if you have any specific questions or simply to ask to join the group: jerseywlsgroup@gmail.c

