



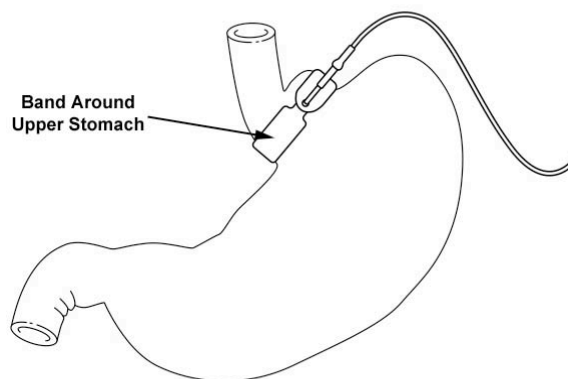
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## You And The Laparoscopic Gastric Band (LAGB)



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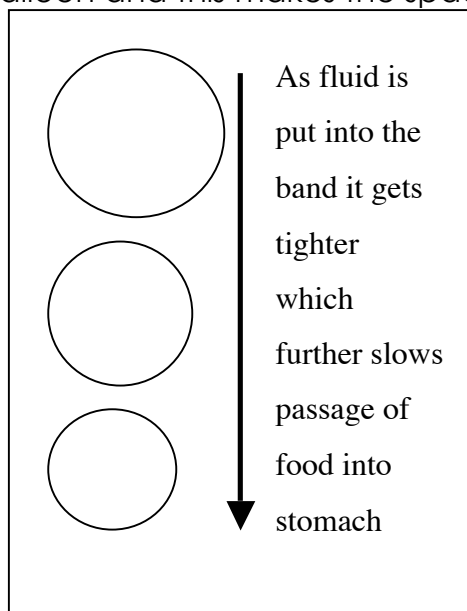
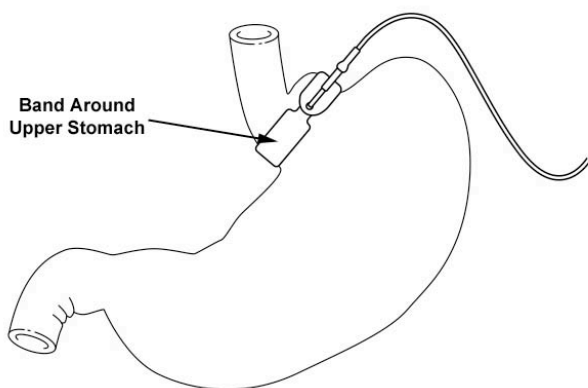
## **ESSENTIAL INFORMATION ABOUT THIS BOOKLET**

This booklet is intended to explain issues that come up before and after placement of a LAGB. It is not supposed to replace advice given by your doctor or other carers but rather to add to it.

You may have questions that you wish to discuss before deciding to undergo surgery and questions after the operation. Writing them down will often help. I have endeavoured to make the instructions as simple as possible, but they will not suit everyone so some flexibility is OK.

## **WHAT IS IT?**

The LAGB is a device manufactured in many different forms but all have a similar underlying design. The band is a silicone ring with a balloon like a tyre-tube running around the inside of it. This inflatable area is connected by hollow tubing to a "port" (a disc a bit larger than a 10 cent piece) which sits under the skin of your abdomen. When fluid is put into the port it inflates the balloon and this makes the space for food to pass into your stomach smaller.



## **Frequently Asked Questions**

**Q: *How much stomach is above the band?***

A: About the size of a thumbnail.

**Q: *What happens when I eat?***

A: Food moves slowly into the stomach, and food sitting above the band stretches some of the nerves that help reduce your hunger.

**Q: *Does having the band make me lose weight by itself?***

A: No

**Q: *How does it work then?***

A: The band is designed to slow you down when you eat (so it may take 20 mins to have ½ a sandwich) and to suppress your appetite so you can stop eating after a very small amount of food. The decision to stop eating has to be yours.

**Q: *How much food will I be eating?***

A: About 600-800 Calories per day when losing weight and 1000-12000 calories per day when keeping your weight stable.

## **HISTORY OF THE LAGB**

The LAGB has developed slowly over the last 20 years.

When surgeons began to realise that the majority of patients undergoing gastric partitioning (VBG, "stomach stapling") eventually suffered staple-line failure some started to attempt similar operations using the band from their stapling operations but without using the staples themselves. Eventually it was worked out that using inert material like silicone reduced infection rates, but there was a fair amount of guess-work involved in trying to figure out where to put the band and how tight to make it. When Kuzmark from Sweden managed to attach an inflatable silicone band to hollow tubing used for other medical devices the problem of how tight to make the band was solved as it could now be put on loose and tightened as needed. This, and the development of laparoscopic (keyhole) surgery made this type of surgery a reasonable prospect for the first time.

During the early 1990's it was discovered that the LAGB helped people lose weight but that the rate of device failure (band slippage, erosion, and tubing problems) and weight regain was very high. When surgeons (predominantly Australian) moved the band to the top of the stomach rather than midway down this had the effect of drastically reducing the size of the "pouch" of stomach above the band and drastically reducing the failure rate. This is the operation that is done today.

The LAGB is the safest effective long term weight loss procedure ever developed.

### **Frequently Asked Questions**

#### **Q: Can I be "allergic" to the band, or react to it in any other way?**

A: The possibility of allergy is very small however the band is a foreign object inside your body and all medical prostheses have risks associated with them.

#### **Q: So what are the risks of the band itself?**

A: If infection gets onto the band from anywhere, this can be very hard to get rid of without removing the band itself. Infections occur in a small number of people (about 1-2%), and they invariably resolve quickly after band removal. Putting another band in after the infection has gone does not usually result in re-infection.

Movement or slippage of the band occurs in a small number of people. This is probably a reflection of the fact that the part of the body that the band is put in is moving a lot and is often under a lot of stress. Band slippage can be corrected with laparoscopy.

Erosion of the band into the stomach (or other organs) is another complication, although very uncommon. This is usually not as bad as it sounds but surgery is needed to fix the problem.

The band tubing and access port can break or twist. This is usually a straightforward thing to fix.

#### **Q: How many people have these problems?**

A: Hard to say. The risk of "device" problems requiring re-operation is probably in the order of 2-4% per year.

## **Who is Suitable For This Type of Surgery?**

In general , weight-loss surgery is reasonable for people who are:

- 1) Very overweight
- 2) Have medical or other problems caused by their weight
- 3) Have tried for several years to lose weight with other methods
- 4) Are prepared to go ahead with the follow-up after surgery

Essentially the risks of the surgery need to be balanced against the risks of not having surgery. As you are aware there are many different surgical options available and it would be silly to suggest that one solution will suit everyone. It is important to know about the other options as well to help you make a more balanced decision. We have an Information booklet available to go through these details if you have not read this yet.

### **Frequently Asked Questions**

**Q: *Why do I need to have tried dieting first when it obviously doesn't seem to work.***

A: This is to help you get an understanding of the energy content of foods and the importance of exercise.

**Q: *What are the benefits of LAGB versus other operations.***

A: The band is probably the safest effective procedure developed to allow long-term weight loss. Other operations, although also performed by keyhole surgery are larger and therefore riskier.

The band will cause scarring around your upper stomach but otherwise does not change the way your insides are put together.

The band is easier to remove than other operations however removal of the band invariably leads to weight regain.

The hospital stay and time off work is less than the other operations.

**Q: *What are the minuses of the band versus other operations.***

A: The band requires quite significant long term compliance to achieve and maintain weight loss. This requires a degree of retraining, and if you are not able to be retrained you will not lose weight. About 5-10% of people find that they are not able to use the band effectively.

There will be some foods you will not be able to eat after the operation, these vary from person to person but typically include white bread, chicken, many red meats, and fibrous fruit and vegetables.

The band is a mechanical device, and like all mechanical devices it can "break". Although the majority of mechanical problems can be fixed this does mean another operation. If the band problem is not fixed, about 95% of people will put their weight back on.

**Q: *Why does the weight return when the band is removed?***

A: Your weight problem is a lifelong illness. If you stop taking treatment (the band) the illness will return. This is similar to other lifelong illnesses such as asthma or high blood pressure in that the treatments work only while they are being taken.

## **Before the Operation**

The most important thing will be a discussion about your weight problem and how it affects you. If you wish to undergo treatment for your weight you should have an idea about what your goals are and whether these goals can be achieved by having this procedure. If the operation is unlikely to give you what you want you should consider something else.

We will talk about your dieting history and assess any medical problems you have. Some medical problems may require further assessment and treatment to make you as fit as possible before your operation. In general I prefer to see people twice in consultation prior to surgery.

### **Frequently Asked Questions**

#### ***Q: Do I need to see a dietician or psychologist before surgery?***

A: Not always, a dietician is available pre and post-operatively and some people get significant benefit from seeing her, others prefer to wait and see. A psychologist is available if you find you have issues that need to be tackled, don't be afraid to ask.

#### ***Q: Do I need tests or special diets before an operation?***

A: Yes. You will have some blood tests to look at your sugars, thyroid, blood count, and vitamin levels. You will need to go on a Very Low Calorie Diet (liquid meal replacement such as Optifast, Tony Ferguson etc) for 2-4 weeks before the operation.

#### ***Q: Why do I need the diet?***

A: There are three benefits to the pre-op diet.

- as most of the early fat tissue you lose with these diets comes off the liver and fatty tissue around your internal organs, the operation will be faster, safer and **significantly** less painful. This also significantly reduces your chance of needing a large incision to put the band in.
- weight-loss reduces the severity of weight related illness very quickly which therefore makes the anaesthetic safer
- as you need to be on liquids for a few weeks after the operation it is often easy to stay on the diet drinks if you have found ones that you like.

#### ***Q: What if I don't like the drinks.***

A: Try another brand, there are many, many options including "milkshakes", soups, bars, and desserts. In general the brands with the greatest range of flavours (Dr McLeods and Tony Ferguson) seem to be better tolerated. If you cannot find something you tolerate you should postpone your surgery and discuss other short term/rapid weight loss options with a dietician.

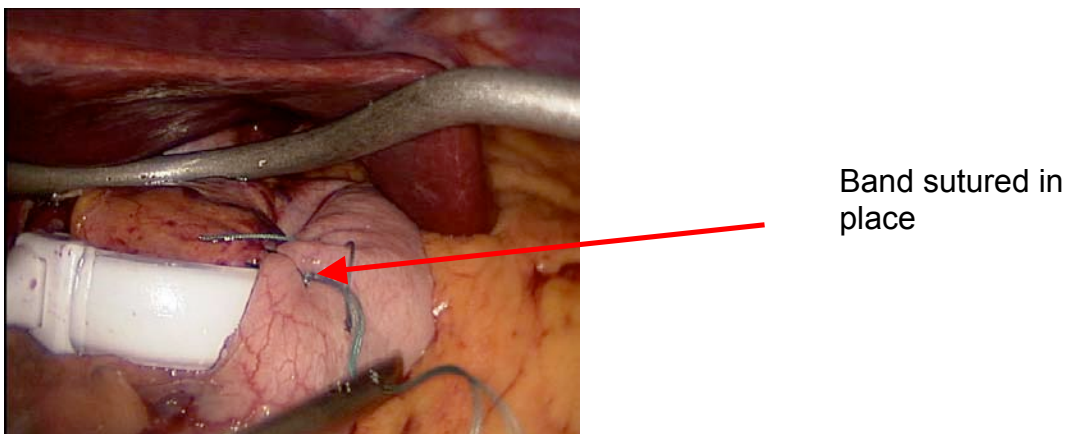
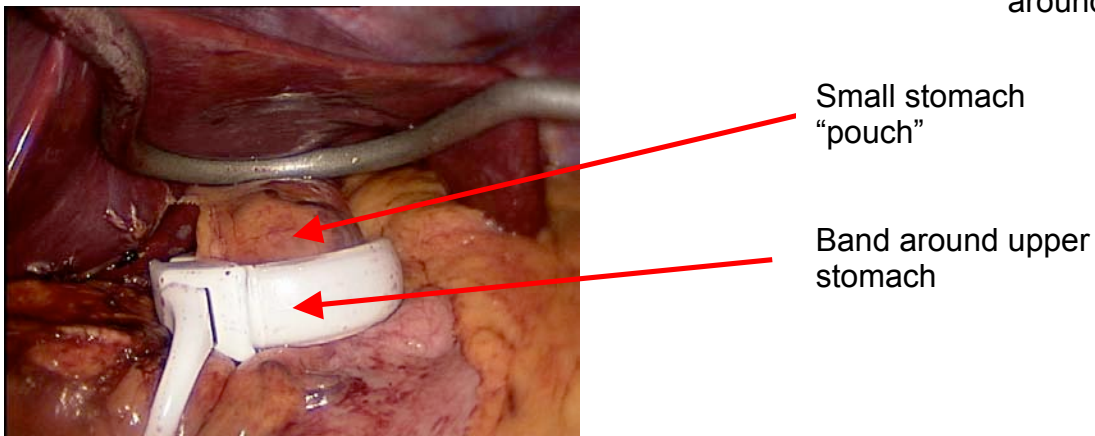
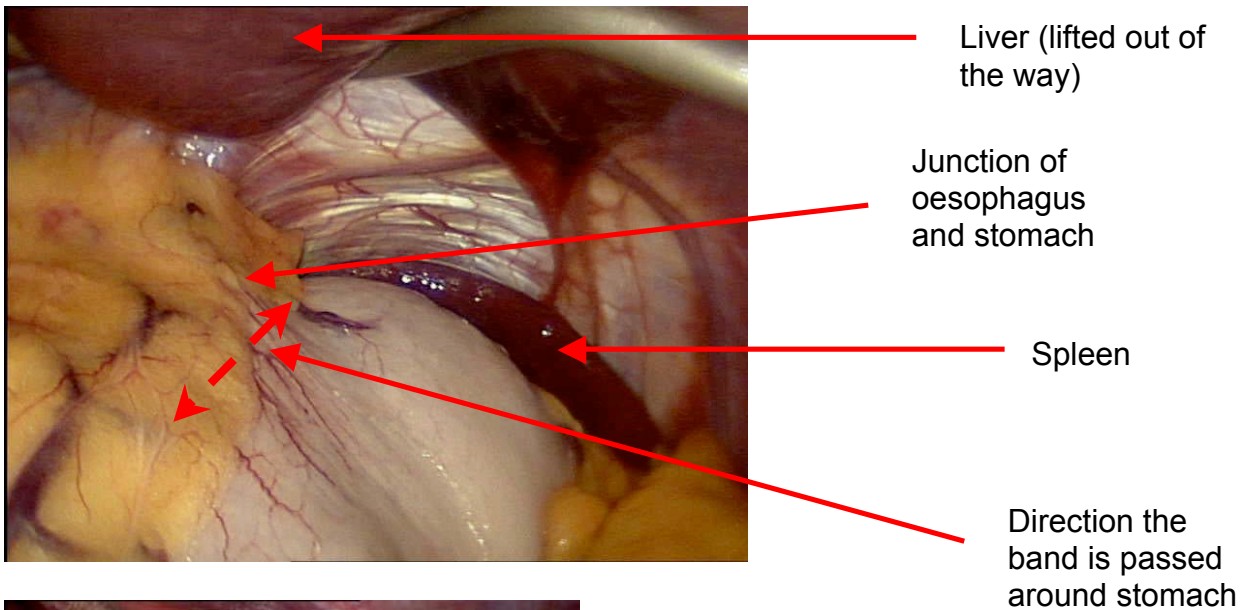
## **The Operation**

You will probably come into hospital on the day of the procedure, having had nothing to eat or drink for 6 hours prior to your operation time. A bit of a wait in hospital is to be expected.

You can have your normal medications with a sip of water at the normal time, however blood thinning medications (Aspirin, Plavix, Assasantin, Warfarin etc) will need to be stopped 5-7 days beforehand. Diabetes medications can usually be taken but often half your usual dose.

You should have had some contact with your anaesthetist before the operation but you probably won't meet them until you have been "checked in" through hospital admissions. A drip will be put into your arm to give you medications and then you will be wheeled into the operating room. You will see a lot of people bustling around, but don't be concerned as they are there to help you.

Once you are asleep small incisions (5-15mm in size) will be made in your abdomen to allow placement of a camera and operating instruments (which look like chopsticks). The band is then placed around the upper part of your stomach.



The access port is then connected to tubing coming off the band and then sutured onto the muscle on your abdominal wall. This requires an incision about 3-5cm in length.

Dissolving sutures are put in the skin and dressings put on the wounds. You wake up in the Recovery Unit around 10-30 minutes after the operation and will feel quite sleepy for a few hours.

Once you are awake and feeling reasonably comfortable you will go up to the ward for the night. You will be able to have water and pain-killers. Injectable painkillers will be available if you need them.

The next day you would normally expect to be feeling well enough to go home and you will get instructions about what to eat and drink.

### **Frequently Asked Questions**

#### **Q: *Is the operation dangerous.***

A: In general, no. While the list of potential complications is actually very long, more serious complications are thankfully uncommon. The risk to your life with the operation is around 1 in 2000, the risk of serious (making you sick) complications around 1 in 200, and the risk of relatively minor (and easily managed) complications about 1 in 20. No complication feels minor if you have one yourself however.

#### **Q: *How long will I be in hospital?***

A: 95% of people go home the next day.

#### **Q: *How long will I be off work?***

A: 1-4 weeks depending on your circumstances.

#### **Q: *What will I eat after the operation.***

A: What you eat and drink changes over the first few months. Most people have no hunger at all for several days or weeks after surgery and find it hard to even drink large amounts of fluid quickly. While you are satisfied with fluids alone, you should stay on fluids alone. Options include the diet drinks, clear then progressively thicker soups, Weight Watchers or other diet soups, V8 juice or low fat yoghurt/milk drinks.

When fluids are no longer enough then having pureed foods (vegetables, fruit) as well as soups is reasonable, and when this is no longer enough you can start trying soft breakfast cereals (weetbix, not muesli), over-cooked vegetables and pastas and other "soft" foods?

#### **Q: *What else is "soft" food.***

A: If it can be mashed with a fork then it is soft. Feel free to experiment with a range of things. It is important not to start eating foods too early and in general most people wait two weeks until they try this. Some people start earlier, some later.

#### **Q: *Why should I be so cautious?***

A: If food gets stuck trying to go through your band you will vomit. If you vomit too much before the band has had a chance to settle in you could make it slip and need another operation to put it back in the right place.

**Q: What should I avoid.**

A: Foods that tend to “clump” or stick together will be the hardest and should not be attempted for some time. White bread, chicken breast, white rice, oranges and other fibrous fruits, and tabouli are examples of foods that stick together. Toast, especially brown bread is okay for a lot of people, and crackers/Cruskits/rice cakes are very often tolerated well from early on. Many people substitute rice cakes for bread at lunch time and this seems to work.

**The Post-op Period**

After about 1 week the wounds should be almost healed and the dressings can come off. Swimming should be avoided for another week or to but light exercise can be started.

At 2-3 weeks post-op you will come in for a follow-up appointment and talk about the process of adjusting the band. This process is quite complicated and you will have to be patient.

Immediately after the operation you will find that you have no hunger and just a couple of mouthfuls of liquid or yoghurt etc are enough to make you feel satisfied and able to stop eating. This feeling changes over days or weeks as bruising around the stomach slowly settles, but basically it is this feeling we are trying to achieve again when the band is tightened.

Adjusting the band involves injecting a small amount of fluid into the port that was sutured onto your abdominal wall muscles. As there are a lot less nerves here than other parts of the body, and the needle is small, there is usually minimal discomfort (half that of a blood test).

After fluid is put into the band you should have a drink of water to make sure your swallowing is okay and have fluids only for the rest of the day.

Once fluid has been put into the band you will often feel that food moves more slowly after you have swallowed it, that you have to take small mouthfuls and take your time eating, and that you feel satisfied after small meals and have minimal hunger between meals. You may also find that some foods become more difficult to eat and you should take note of these. Over the following days or weeks you will feel the feeling of restriction diminish and as this happens you will feel hungrier, eat faster, and find that your portion sizes go up; you may also find that you are thinking about food more between meals and fighting the urge to snack. This is normal, and is simply a result of the stomach "settling in" around the band. When this starts to happen you should ring up and organise another appointment for a band fill. Over time the time between fills gets longer and longer, and the amount of fluid put in with each fill becomes less and less until you reach a state of “balance” where you are able to manage your hunger with small meals, and this in turn helps reduce your weight.

**Frequently Asked Questions**

**Q: Will the band fills hurt?**

A: To be honest, no. The most frequent comment made by people after there first fill is “was that all?”.

**Q: Do I need x-ray?**

A: No. Occasionally it can be hard to find the port with the needle, or hard to judge how much fluid to put in, in which case x-ray is used but this is needed in a minority of cases. Some adjustors (usually non-surgeons) prefer to use x-ray routinely, but I find it gets in the way and I don't like the way it turns band fills from a "chat" to a "procedure".

**Q: How do I know if the band is too tight?**

A: You will hear a gurgling sound when you swallow water, you will also belch with every sip of water, and be unable to finish the glass quickly. If you feel this way and don't request to have fluid removed you are **likely to spend the next few days vomiting**.

The band will often get tighter over the first 24 hrs after a fill, so please ask for fluid to be removed if you find water a struggle.

If you live a long way from the office you should have a yogurt or something similar before heading home to reassure yourself that everything is fine.

If the band is too tight to make it easy for solid foods to be swallowed, just stay on liquids for a couple of days as this sensation will often go away.

Another symptom that the band is too tight is reflux. If you get this you may either feel a burning discomfort behind your breastbone that settles with antacids or a choking sensation when you lie down as fluid comes back up your oesophagus passively. If you get reflux that causes discomfort and is not relieved by simple treatments then you will need fluid out of the band.

**Q: Why do I need so many fills?**

A: After fluid is put into the band the stomach "shifts" out of the way so the band feels looser. Fluid does not leak from the band. The first fill often has no effect at all, and when it does begin to affect you, you will initially notice it loosen within a few days or weeks.

When the band is close to being fully calibrated, tiny (0.25cc) changes in the volume will have profound and long lasting effects, whereas the first couple of fills of 1-2cc may seem to cause only minor changes in your hunger and capacity.

**Q: How much fluid and how many fills will I need?**

A: No-one knows, there are several different sized bands and everyone has a different size stomach. If you want to remember numbers which will aid you in figuring out how you are progressing the **only** things that matter are **when** you had the last fill and **how much** was put in. Most people need 4-5 visits in the first 4-6 months after the operation, 3-5 band fills are average for the first year, 2 for the second, and about one yearly after that.

**Q: When do I come in for a fill?**

A: When you are losing control of your portions sizes.

When you feel you are eating too much and too quickly.

When simple "food distraction" techniques, such as having a cup of tea, or making a phone call etc are not enough to stop the urge to snack.

**Q: How quickly will I lose weight?**

A: There is so much variability from person to person for so many reasons that it is impossible to predict. Remember that “celebrity stories” in magazines have no relationship to reality as only the best results get reported. The actual statistics show that the average maximum weight loss is achieved 2-3 years after surgery with a lot of the weight lost in the first 18 months.

**Q: How much weight will I lose?**

A: Impossible to say. The average weight lost after LAGB is 50-60% of the excess weight that is carried (refer to the Information Booklet on the website to explain this again if needed), but we know that chance, age, start weight, medical illness, and the ability to exercise all have an affect on the final result. In the end, most people get to a stage where they feel that further weight loss comes at the expense of too much effort and settle at a weight that more-or-less suits them.

## **Diet After Surgery**

What to eat is probably the hardest thing to convey to people before and after surgery, and there is no particular diet or type of food that suits everyone. When people are losing weight well with a band or keeping it off they all tend to have a similar approach to food, and this approach is the key to success rather than the type of food you eat and how you prepare it.

An extra complicating detail is that during the process of band calibration your tolerance to some foods will change from week to week, but you should not view this as anything more than a settling in phenomenon. Most things that are complex take a long time to achieve, and for most people losing weight is the hardest thing they have ever done. A band will make this otherwise impossible task achievable but will take some effort and persistence.

### **Approach to Food.**

**Amount.** Our society has been deceived about how much food you need to eat to be healthy. It is virtually impossible to starve or become malnourished with a band but you will have to work hard to manage your own and other people's expectations about how much you should eat. This is the hardest thing that you will have to do when managing the band, but it is the most important thing also. If you or others believe that you “must” eat more food then you will simply not lose weight, or will fall well short of your goals. Eating less food may mean you miss out on extra calcium, iron, folate, fibre or other substances but they can easily be mixed in with the diet or supplemented.

Studies of people who have lost weight (by any method) show that successful **maintenance** of lost weight is usually achieved by those who

- consume 1000-1300 calories a day
- exercise enough to burn off 300 calories a day (in effect giving them a daily intake closer to 1000 calories
- consume a controlled diet with restricted food choices (they say “no” a lot)
- realise that weight loss is precious, and weight regain difficult to recover from

Having an operation to lose weight doesn't change the way you lose weight, it only makes it significantly easier. If someone maintaining their weight is having ~1000 calories a day then to lose weight you probably need to eat less than this or do a significant amount of vigorous exercise. It appears that many people losing weight probably eat about 600-800 calories per day.

**Frequency.** The fool who invented the theory that we need to "eat little and often" should have been gagged. People with weight problems can manage the "often" but not the "little". Managing portion control is extremely difficult at the best of times and if you expose yourself to many eating opportunities during the day you will simply expose yourself to more opportunities to make an error. Unfortunately you cannot "prime" or stimulate your metabolism in any other way than with exercise, and more unfortunately, you will find that as you lose more and more weight your body will try harder and harder to fight you by hanging on to every calorie you eat as hard as it can. This will have the effect of making your body more efficient or in effect "slowing your metabolism".

**Breakfast.** A lot of people do not feel like breakfast after LAGB. If you are not hungry in the morning, try to alter your habits so you have your first meal when you actually want it. For a lot of people this is late morning, in which case they can often combine this meal with lunch so they can then have a piece of fruit as an afternoon tea to tide them over to dinner time. You should base your meal patterns in the morning on your hunger and routine rather than on tradition. Eating something to stop you from feeling hungry later will usually not work.

**Lunch.** Lunch should, for most people be an uncomplicated and predictable routine (like breakfast). At work you need strategies to deal with predictable and repeated difficult situations such as cafeterias, lunch trolleys, vending machines and other "fast foods". The portion sizes will be hopelessly inappropriate for you and you will need to either bring food with you (Diet drinks/soups are very good for this), plan what to buy before you look at the menu, or be prepared to throw out the food (you should have ½ of the deli sandwich, or less if it is large). If you do not finish what you order, throw it out or you will end up grazing on it later.

**Snacks.** Morning and afternoon tea is another significant source of empty calories. If you find yourself unable to resist snacking at this time you should plan for it and bring an apple. A fundamental lesson about snack foods that you should learn early is that you will most likely eat every scrap of it, if it is put in front of you and you are bored. You should treat these foods in the same way that you may treat cigarettes ie, sometimes people have them but they don't get consumed inside the house. Snack foods are potentially as dangerous to children as cigarettes also so they will benefit from being shielded from them. Try not to have them in the house.

**Dinner.** This is for most of us the most important meal of the day. Your other meals should be controlled, boring, and basically designed to keep you healthy but losing weight. At dinnertime you will be sitting down with your family or out with friends, and you should not miss out on the important social and relationship aspects of eating. Your family will be watching what you eat and how you eat it. If you are trying to make up for excess consumption during the day by munching on a celery stick they will not be impressed.

It is important that you are able to eat some of the same things that others are eating, otherwise the extra effort required to produce a separate “special meal” for yourself will eventually be unmanageable. One way to make this meal work is to serve yourself food on a bread and butter plate, allowing only a tablespoon or so of each portion and leaving space on the plate between each serve. Serve fruit for desert if it is needed, the health of your family may depend on it.

**Supper.** The after-dinner desire to graze is a tough thing to beat. Often boredom rather than hunger is involved. Try going for a walk or reading a book rather than watching TV.

**Alcohol.** Alcoholic beverages are very high in calories. If you drink more than a couple of drinks you will completely negate any good work done during the day. Drinking will also disinhibit you and make you more likely to eat high calorie snacks, so a “big night” once a week will probably stop you losing any weight at all. Try having a large diet drink before any alcoholic drinks at home or at social events and this will stop you from drinking alcohol quickly because you feel thirsty. If you drink more than a couple of alcoholic drinks, more than a couple of times a week you should not have a band as you will not lose weight.

### **Food Choice.**

The band will suppress your hunger, and slow you down, but it will not force you into not eating. Any operation that forces you to stop eating (such as jaw wiring) will fail as it will not allow you to live and function as a normal person.

It is important to try to look to control the times that you eat, the speed that you eat and the types of food.

**Timing.** Our modern eating habits do not work well with a band. You will soon find that you have difficulty eating “on the run”. Eating and drinking while walking, talking, or driving will become a thing of the past and this has 3 potential benefits. It limits spontaneous or “empty” eating between meals, it encourages planning of meal size and composition, and it encourages you to take part in the important ritual of sitting down and having a meal. As you will often have a reasonable routine during the day you should plan your eating in a predictable way rather than just “letting it happen”.

**Speed.** You will find that the speed of your eating slows dramatically as you have to wait for each mouthful of food to pass through the band. You should use this slow pace to actually savour your food rather than aiming to eat large portions. Because it takes a longer time to eat, you can therefore use a “stopwatch” method for choosing how much to eat rather than finishing everything on the plate. Once 20 minutes have passed or others at the table have stopped eating you could use this as a queue to stop yourself. Do not save the rest of the food for later.

**Food types.** This is not a diet. You do not need to eat special foods, although many people substitute some meals for diet drinks or something similar for convenience. You should plan to gradually vary the foods you buy and prepare at home, but there is no reason to move away from “normal” food.

As the band is tightened you will find that eating some foods will become difficult and you will either move away from them or find other ways of preparing them. Substituting wholegrain toast or rice cakes/dry crackers for white bread is an example of this, use herbs and spices for flavour and oil spray rather than butter. Avoid cream or butter sauces, and use tomato sauces or other alternatives. Fish often easier to prepare for meals than some red meats, although casseroles, mince, rissoles are usually fine. Lamb cutlets are also a reasonable meat choice if cooked lightly. Fruit may need to be peeled, and some fibrous fresh foods may lose their appeal.

Sometimes having to plan your food is inconvenient, and if you don't have time to deal with this on a regular basis you will have to avoid the trap of eating pre-prepared or fast-foods as they normally have 2-3 times the calories and salt than something made at home. Obvious exceptions to this are Weight-Watchers™ or other slimmers meals that you can purchase to have available when food preparation is too onerous.

### **Frequently Asked Questions**

#### ***Q: Do people vomit often?***

A: When both you and the band are well adjusted, no. In some people this process of trial and error can take a little while. People do not actually properly vomit (with the nasty acid and bile), rather they bring up a mouthful of chewed food and saliva that doesn't have the horrible taste and nasty gagging that we associate with vomiting. Some people call it the "PB's" (productive burp).

#### ***Q: How do I avoid vomiting when I eat?***

A: Eat slowly and pay attention. If you are very hungry you will eat too fast and so unfortunately the hungrier you are the more likely you are to vomit. Having a drink first will lubricate your oesophagus, clear any debris out of the band and settle your hunger a bit. All of these things will make it easier for you.

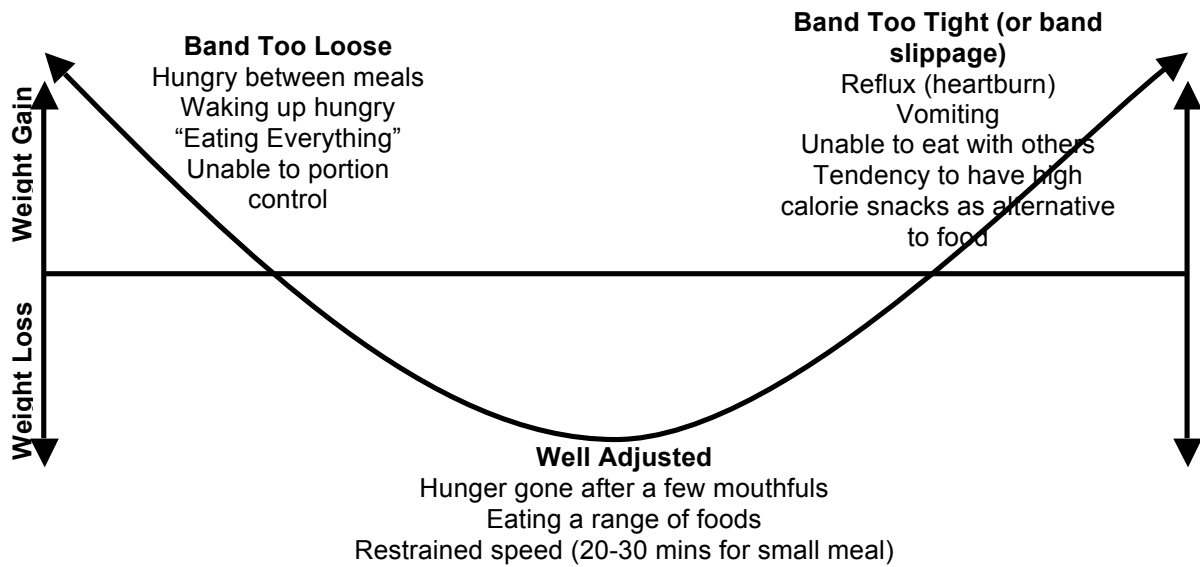
If you are stressed or in a noisy environment you will be less tolerant to lumpier foods and more likely to vomit. Have soup at restaurants unless you are confident about what you will be served and your ability to pay attention. Do not try too many new foods at restaurants in case you come across something you can't tolerate.

#### ***Q: What about drinks at mealtimes?***

A: You should drink before rather than after you eat. Drinking after food will wash the food through and you will feel hungry again. Drinking before you eat will suppress your hunger and make it easier to swallow lumpier things.

#### ***Q: How do I know if the band is adjusted well and I am eating appropriately?***

A: When you have appetite suppression, can eat a reasonable range of normal foods, can use "tricks" like fruit or zero calorie drinks to avoid snacking, and can avoid large meals and snacks.



**NOTES/QUESTIONS**