

Having an intra-gastric balloon insertion

This leaflet aims to answer your questions about having an intra-gastric balloon inserted. It explains the benefits, risks and alternatives, as well as what you can expect when you come to hospital.

If you have any further questions, please speak to a doctor or nurse caring for you.

What is an intra-gastric balloon?

An intra-gastric balloon is a soft silicone balloon that is placed into the stomach and filled with a sterile salt (saline) solution. The balloon partially fills the stomach, leading to a feeling of fullness. The intra-gastric balloon helps you to control your appetite and therefore the portion sizes when you eat. It can lead to weight loss when used alongside a good diet and changing some behaviours.

Why should I have an intra-gastric balloon insertion?

It can be used as a stand-alone, non-surgical treatment to manage your weight or – if you have been advised that you need to lose weight before – you can have an operation. It may also improve kidney or liver function for some people.

Intra-gastric balloon insertion is also recommended if you:

- have significant health risks relating to obesity, such as a body mass index (BMI) of more than 35kgs/m² (which may or may not cause diabetes, fatty liver disease, high blood pressure, polycystic ovary syndrome or arthritis)
- have failed to lose weight with a supervised weight control programme and have been prescribed oral weight loss medication before
- do not wish to have weight loss surgery
- cannot have obesity surgery.

How does the balloon work?

The balloon creates a feeling of fullness and helps you to reduce the volume of food you eat. It works best if you maintain a low-calorie diet and stay in close contact with the doctors, nurses and dietitians caring for you while the balloon is in place.

What are the risks?

Most people do not experience any complications at all. However, there are some risks:

- Occasionally the endoscope or balloon can damage the lining of the oesophagus, stomach or intestine. This can cause bleeding or a tear in the oesophagus or stomach. If

this happens you may need to have a blood transfusion or surgery to treat the problem.

- Gastric discomfort, nausea and vomiting are common for the first few days following balloon placement, but rarely continue in the longer term.
- Feelings of heaviness in the abdomen, abdominal and/or back pain, gastro-oesophageal reflux (where stomach acid leaks out of the stomach) or indigestion have also been reported.

If the balloon deflates spontaneously, the intestine may get obstructed by the balloon, causing further problems. If a partially deflated balloon passes into the small bowel, the balloon will need to be removed.

If you have any bleeding disorders or are taking any of the drugs outlined in the ‘How can I prepare?’ section below, please contact the nursing staff on the unit for further advice.

What happens during intra-gastric balloon insertion?

You will have an examination (called a gastroscopy) that allows us to look directly at the upper part of your intestines, in particular:

- the tube that takes food from the mouth into the stomach (oesophagus);
- the stomach and beyond into the upper parts of the small intestine (duodenum).

We use a thin flexible camera with a light at one end, called an endoscope. It is passed through the mouth, down the oesophagus and into the stomach by a specially trained doctor (endoscopist). The camera is thinner than your little finger. It will not get in the way of your breathing at any time, as it passes down your oesophagus and not into your windpipe.

We use the camera to check that it is safe to insert the balloon in your stomach. If there is any ulceration, severe inflammation or other concerns from, we won't insert the balloon. Once the assessment is complete the endoscopist will remove the endoscope.

We will then insert the balloon into the stomach through the mouth and oesophagus. Then the endoscopist will reinsert the endoscope so that the balloon can be safely inflated. The balloon is filled with liquid so that it partially fills the stomach. The balloon can be left in place for up to six months, after which it must be removed.

While the intra-gastric balloon is inserted, you will be breathing for yourself but you will be given some sedation to help you relax and make the insertion more comfortable. This may make you drowsy and forget the procedure. Please tell the endoscopy staff if you have any known allergies, as these may alter the medicines we give you.

How can I prepare for having an intra-gastric balloon?

- To make sure the endoscopist has a clear view, your stomach must be completely empty. Therefore, **you must not eat anything for at least six hours, or drink any liquids for four hours, before the test.** If necessary, you can take medicines with sips of water on the morning of the procedure.
- If you are taking antithrombotic (anti-platelet or anticoagulant) medication to prevent the formation of blood clots (such as regular aspirin, ticagrelor, apixaban, clopidogrel, warfarin, rivaroxiban or dabigatran); sedatives; or chronic pain medication (especially regular anti-inflammatory medicines such as diclofenac, ibuprofen and naproxen), please let the doctor or nurse know in good time before the date of your procedure.

- Please let us know if you have a latex allergy.
- If you are breastfeeding, you will need to bottle feed immediately after the test until the next day, as some of the sedative drugs can appear in breast milk.
- If you are diabetic, you should contact your GP or your diabetes nurse specialist for advice before your appointment. Alternatively, you can call the endoscopy department and ask to speak to the nurse in charge for further advice.

Before the insertion of an intra-gastric balloon

Seven days before the procedure you will be seen by a dietitian to organise and discuss your post-procedure diet.

At your pre-assessment visit, please tell us about any medicines you are taking. If you need to stop taking any of them temporarily, we will tell you. Otherwise, continue to take all your medicines as usual.

Please note that you will not be allowed to have any caffeinated drinks for seven days after the procedure. If you enjoy caffeinated drinks regularly, it may be helpful for you to cut down on these two weeks before the balloon insertion. This will help to reduce any withdrawal effects you may have afterwards.

Intra-gastric balloon insertion – procedure checklist

- Arrange for a friend or relative (18 years of age or older) to escort you home after your appointment. This is because you will be sedated during the procedure. If you do not organise an escort, or if they are under 18 years old, we will not be able to do the procedure on that day.
- Make a note of the date of your appointment.
- If you are taking an antithrombotic medication please contact us for advice before your appointment.
- DO NOT eat anything for 6 hours before your appointment or drink anything for 4 hours before.
- Wear loose-fitting clothes on the day of the procedure.

What will happen on the day of the procedure?

When you arrive at the hospital, you will book in at reception and take a seat in the waiting room. The pre-assessment nurse will take your blood pressure, temperature, pulse and oxygen levels. The nurse will also ask you questions about your medical history to ensure that you are fit for the procedure and have stopped any medications as advised by the consultant caring for you.

We will explain the procedure to you again and the consultant will ask you to sign a consent form.

We will then insert a cannula (a tube that delivers or removes fluids from the body) into one of your veins and you will change into a hospital gown. We will take you to the procedure room and give you a sedative (usually midazolam and fentanyl) to help relax you while the procedure takes place. The sedation will not put you to sleep, but will make you feel drowsy and relaxed.

After the procedure you will go to the recovery area where the nursing staff will monitor your blood pressure, temperature, pulse and oxygen levels.

As you must not have anything to eat on the day of the insertion, we will give you fluids via your cannula to keep you hydrated, and will discuss when you may start drinking fluids before you leave.

After your recovery period in the endoscopy department, you will be assessed to see if you can be discharged home. Some patients may need to stay overnight on a hospital ward if further monitoring is required.

The nursing team will explain your instructions for discharge with you including when you can start to take sips of water.

What do I need to do after I go home?

Day one

We encourage you to take oral fluids. You will need to start with sips of water and then gradually increase the amount that you are drinking until you are able to manage good amounts of fluids. You should not take part in any physical activity.

Days one to three

You can start on a liquid diet on days one to three, including thin soups, fruit juices and milk. Do not eat solid foods. You will have met with the dietitian to ensure that your calorie intake is adequate and that you are receiving all the nutrients you need.

You should drink plenty of fluids (up to two litres per day), but do so slowly. **You must avoid coffee, fizzy drinks, fatty foods, chocolate and ice cream.**

Days four to seven

You can now start eating a semi-solid diet, which can include foods like porridge, thicker soups and fruit purees. You can do gentle physical activity.

Day eight and onwards

You will be able to start a solid diet, although your calorie intake must remain at 1,000–1,200kcal per day maximum.

You should aim to maintain a low-fat diet at all times. You should not drink fluids while eating, although you can have a few sips if necessary. Always eat food first and then drink.

You must remain on this diet for the duration of the balloon therapy. The dietitian will discuss this with you.

Will I feel any pain?

You may feel some stomach discomfort after the balloon insertion, with some nausea or vomiting for a few days following the procedure. This should stop after about a week and should not continue in the long term. We will give you medicines to help manage this before you leave. Please contact the team if this discomfort persists despite taking these medicines, or if the discomfort persists after one week.

We will give you the medicines listed below (the medicine listed in brackets is the most frequently prescribed medicine for the described symptom):

- acid-reducing drugs to combat reflux and indigestion while the balloon is in place (lansoprazole)
- anti-sickness tablets for a week following insertion (ondansetron, metoclopramide)
- medicine to reduce abdominal cramps and spasms during the week following the insertion (hyoscine butylbromide).

It is important that you take these medicines, and any other medicines prescribed for you, when you leave hospital. We will explain the medicines to you before you go home.

It normally takes around three days for the worst of the symptoms to resolve, but it can sometimes take longer.

You must not undertake any physical activity for at least 24 hours after your procedure and should stick to gentle activity for at least seven days after the balloon is fitted.

Are there any side effects?

There can be some side effects; the more common ones are described below.

Nausea and vomiting

Nausea and vomiting are very common in the first 7-10 days following the insertion of the balloon, because the stomach is not used to having it in place. You will be discharged with medications to help settle the nausea and vomiting, but please be aware some people find vomiting and dry retching very distressing.

Some people may continue to have occasional nausea and vomiting for up to three weeks after the insertion of the balloon. It is not uncommon to vomit first thing in the morning and then to feel better for the rest of the day.

To help with nausea, try to move around even if you do not feel like it, as it will help with the transit of food from the stomach into the gut. It is also important to ensure that meal portion sizes are not too big.

Take your time when eating and chew your food well, or eat soft, minced or mashed foods. Remember to drink throughout the day but avoid drinking at meal times.

If you are struggling to keep any fluids down after the first seven days, please contact the hospital team.

Reduced stool volumes or reduced frequency of bowel movements

This is common and usually relates to eating smaller amounts of food. Normal bowel movements can be anywhere between three times per day to three times per week. If you are constipated, make sure that you are drinking enough between your meals.

Most people need at least two litres of fluids (such as water, sugar-free drinks). You should also include fibre foods in your meals, such as vegetables, fruit, oats, brown rice, wholemeal cereals, bread or pasta. However, as these foods can add bulk to your diet, make sure that portion sizes are not too big.

Heartburn and acid reflux

This is common and medicines are prescribed to help control this. Some foods can make heartburn and acid reflux worse, including coffee, alcohol, and spicy and fatty foods. You should avoid large volumes of food.

Milk and dairy products are often recommended to help with acid reflux. You can have up to half a pint of skimmed milk per day as part of your diet but this should be spread evenly throughout the day. Please ensure that you choose low-fat varieties of all dairy products.

Try to avoid eating for at least two hours before going to bed and don't lie down after meals.

Odour associated with belching/burping

Bad-smelling belching or burping can sometimes be a problem, and is thought to relate to food getting stuck in and around the mucous that coats the balloon. To avoid this, chew your food well and try to move around as this stops food from getting stuck around the balloon.

If the odour is a real problem, you can have a small glass (no more than 200ml) of a low-calorie fizzy drink to help clean the food away from around the balloon. If it continues, then stop eating solids for three days and during this time revert to clear soups as you would have done immediately after the balloon was inserted.

Bloating

This is common and is caused by the balloon itself, which is meant to help people feel full. Unfortunately, there is not much that can be done about this other than to have the balloon removed. Try to remember that the balloon is temporary and although bloating can be uncomfortable, it is normally manageable and will disappear when the balloon is removed. Again, the medications that you are sent home with should relieve these symptoms.

Why does the balloon contain blue dye?

In the unlikely event that the balloon leaks, your urine and stools will be coloured blue, making it obvious that that this has happened. None of the components of the balloon (the silicone, sterile saline or blue dye) are a health concern. However, a partially deflated balloon needs to be removed as it will not work properly and can move from the stomach into the intestines. Very rarely, this can cause a blockage that will require surgery. **If you notice that your urine or stools are blue, you must come to A&E at St Thomas'.**

Travel and the intra-gastric balloon

You should not plan to travel abroad after the balloon is inserted. You can fly with the balloon in place, but if the balloon deflates while you are abroad, the medical and nursing team who placed the balloon will not be available to look after you and remove the balloon.

Are there any alternatives to intra-gastric balloon insertion?

This procedure is usually offered if you have failed to lose weight with a supervised weight control programme, but you must have tried diet and exercise therapy before this.

Giving my consent (permission)

The staff caring for you may need to ask your permission to perform a particular treatment or investigation. You will be asked to sign a consent form that says you have agreed to the treatment and that you understand the benefits, risks and alternatives. If there is anything you don't understand or if you need more time to think about it, please tell the staff caring for you.

Remember, it is your decision. You can change your mind at any time, even if you have signed the consent form. Let staff know immediately if you change your mind. We will respect your wishes at all times. If you would like to read our consent policy, please tell a member of staff.

What should I do if I have a problem?

If you are experiencing any problems, please contact the Endoscopy Unit on 020 7188 7188 (extension 54059), or after 5pm call the switchboard on 020 7188 7188 and ask for the on-call gastroenterology registrar for further advice.

Will I have a follow-up appointment?

You will see the dietitian seven days after the balloon insertion and will also be seen by the team at about six weeks after balloon insertion. You will already have received a date for the removal of the balloon. This will be six months after the insertion.

Further sources of information

British Obesity Surgery Patient Association (BOSPA)

BOSPA is a national patient charity run by patients, for patients. It provides support and information to the thousands of people in the UK for whom obesity surgery can provide an enormous benefit.

t: 01637 889 150 / 01823 333 104

w: www.bospauk.org

Contact us

If you have any problems or concerns, please contact the Endoscopy Unit for advice on

020 7188 7188 ext **54059** (St Thomas' Hospital) Monday–Friday, 9am–5pm.

If you need to change or cancel your appointment please ring **020 7188 8887**.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

t: 020 7188 8801 **e:** pals@gstt.nhs.uk

Knowledge & Information Centre (KIC)

For more information about health conditions, support groups and local services, or to search the internet and send emails, please visit the KIC on the Ground Floor, North Wing, St Thomas' Hospital.

t: 020 7188 3416

Language Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

t: 020 7188 8815 **fax:** 020 7188 5953

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

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