Online Lap Band Pre-Surgery Quiz

Please circle the best response.

1. Morbid obesity is defined as
   a. Body mass index greater than 40.  
   b. Greater than 100 lbs. overweight.  
   c. Greater than 200% over the ideal body weight.  
   d. All of the above.

2. The long-term success of Lap Band surgery depends on:
   a. The tightness of the Lap Band.  
   b. Whether a client has open or laparoscopic surgery.  
   c. Your long-term commitment to dietary, exercise, and medical guidelines.

3. In the first two weeks following surgery, clients are required to
   a. Consume only pureed foods.  
   b. Consume only liquids.  
   c. Consume regular foods.  
   d. Consume only soft foods.

4. Once weight loss surgery clients reintroduce “regular foods” to their diets, they will
   a. Eat as much as they want of regular foods.  
   b. Still need to limit high fat and high sugar foods for life.  
   c. Need to only eat two meals per day.  
   d. Try to eat as many fruits as possible.

5. As part of new eating habits following weight loss surgery clients may be encouraged to:
   a. Eat smaller meals at regular times during the day.  
   b. Drink 64 ounces of water per day.  
   c. Eat meals more slowly than before.  
   d. All of the above.

6. In order to achieve and maintain weight loss goals, it is recommended that people
   a. Exercise a minimum of 30 to 45 minutes a day, most days of the week.  
   b. Exercise for one hour, one day per week.  
   c. Exercise when there is time.  
   d. Exercise only if they are not losing weight.

7. What rate of weight loss I can expect after the Lap Band procedure?
   a. 1 to 2 pounds every day.  
   b. 1 to 2 pounds every week without proper Adjustments.  
   c. 1 to 2 pounds every month.  
   d. 1 to 2 pounds per week with proper Adjustments.

8. Followings are the potential complications after the Lap Band procedure, except:
   a. Intestinal or stomach leak.  
   b. Erosion and slippage.  
   c. Pulmonary embolus (blood clot to the lung).  
   d. Tubing and access port failure.

9. Open surgery (as opposed to laparoscopic surgery)
   a. Is not likely to happen  
   b. Can result in poorer weight loss results.  
   c. Is possible if unable to do the laparoscopic surgery.  
   d. Usually results in a shorter hospital stay.

10. Choose the statement that is most true:
    a. After the Lap Band procedure, re-operation is never necessary due to bleeding, erosion, slippage or perforation and other causes.
    b. The Lap Band procedure is a tool to help people achieve weight loss; clients must follow the program’s recommended lifestyle changes in order to have long-term success.
    c. It is ok to substitute soft drinks and coffee for the 64 ounces of water that clients need each day as long as it is in moderation.
d. It is ok to drink from a straw following surgery.

11. After weight loss surgery, the general progression from liquids to normal foods is about:
   a. 6 weeks.
   b. 2 weeks.
   c. 2 days.
   d. 6 months.

12. You are required to take a multivitamin after weight loss surgery for:
   a. About 5 to 10 days.
   b. Three months.
   c. Five years.
   d. The rest of your life.

13. Diabetes, high blood pressure, back pain and similar ailments always get better after weight loss surgery.
   a. True
   b. False

14. Vomiting can occur after surgery due to the followings, except:
   a. Drinking too fast.
   b. Advancing the diet too quickly.
   c. Eating too little.
   d. Not chewing up food well.

15. With the Lap Band procedure, I
   a. Can have an adjustment to have the band opened more to eat more for a special occasions, like a wedding.
   b. Understand that weight loss and surgical outcomes are not guaranteed.
   c. Expect to melt pound off of me without lifestyle changes of dietary and exercise, since these have not helped in the past.
   d. Will follow up with my surgeon for the first year, and then I will be okay on my own once I lose my weight and change my diet

To be signed after meeting with Dr. Shin:

This is to certify that I have completed this questionnaire myself and that any incorrect responses have been corrected and discussed with Dr. Shin.

_________________________  ____________________________  ___________
Client Print Name            Client Signature           Date

I certify that this questionnaire was reviewed with the above-named client.

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Robert B. Shin, MD, FACS