STANDARDIZED PROCEDURE
LAP BAND PORT ACCESS (Adult, Peds)

I. Definition

The subcutaneously placed port for patients with the Lap Band requires periodic postoperative adjustment to loosen or tighten the band. This is accomplished by accessing the port with a Huber needle (or similar, non-coring needle). Under sterile conditions, a small amount (0.5ml-3.0ml) of sterile saline is injected into or removed from the port to either tighten or loosen the band.

II. Background Information

A. Setting

The setting (inpatient vs outpatient) and population (adults vs pediatrics) for the Advanced Health Practitioner (AHP) is determined by the approval of the privileges requested on the AHP Privilege Request Form. If the procedure is being done on a Pediatric patient, make sure Child Life is involved and use age appropriate language and age appropriate developmental needs with care of children, as appropriate to the situation.

B. Supervision

The necessity of the procedure will be determined by the AHP in verbal collaboration with the attending physician or his/her designee. Direct supervision will not be necessary once competency is determined, as provided for in this procedure. At that time, general or indirect supervision is acceptable.

Designee is defined as another attending physician who works directly with the supervising physician and is authorized to supervise the AHP.

The Advanced Health Practitioner will notify the physician immediately upon being involved in any emergency or resuscitative events or under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Bleeding that is not resolved
3. Outcome of the procedure other than expected

C. Indications

Need to tighten or loosen Lap Band. (See "Section IV. A. Pre-treatment evaluation")

D. Precautions/Contraindications

Contraindication: Known or suspected port or catheter infection.

III. Materials

1. Sterile saline
2. 1-5 ml syringe with a Luer lock
3. Huber needle 19 gauge, 2"(50mm) or other non-coring needle to maintain integrity of the port’s silicone surface.
4. Premedication (see "IV-C. Patient Preparation")

5. skin cleansing agent
6. sterile 2x2's, 4x4's
7. sterile gloves
8. sterile field.

IV. Lap Band Port Access

A. Pre-treatment evaluation

Patients with Lap Bands are evaluated frequently (at least once per month) after about 6 weeks of recovery from surgery for the need to either tighten or loosen the band. An algorithm is used that compares weight change and feelings of hunger. A decision is made either to add to or withdraw from the solution of sterile saline that was instilled in the sleeve of the band in the operating room. The precise volume of solution injected or withdrawn varies from 0.5ml - 5.00ml. In the early postoperative period most Lap Band adjustments are to add fluid and thus increase the restriction that is its function.

B. Set up

Assemble supplies: see Materials above

C. Patient Preparation

Premedicate with topical local and/or injected local anesthetic if patient prefers. Use LMX topical cream applied 20 minutes prior to the procedure and/or 1% Lidocaine without epinephrine injected subcutaneously with a 23 or 25 gauge needle. Less than 2ml should be adequate. Start shallow and proceed to deeper anesthetic penetration on either side, superior and inferior of the identified site for Huber needle puncture. One should wait a minimum of 2 minutes for the injected anesthetic to take effect.

D. Procedure

Lap Band Port systems are placed in the operating room. The catheter device consists of a flat metal ring with two wings that have holes for suturing. A silicone port is centered in the ring. At the back of the port is a tube that carries sterile saline to the Lap Band.

The front of the port is sutured on top of the fascial layer using one of the abdominal port sites (incisions) used to place the band laparoscopically, so that it lies beneath the patient's skin and subcutaneous fat. The usual site is the left upper quadrant, in the mid-clavicular line, 2-3 finger-breadths distance from the costal margin.

To access the port, the surgeon first palpates the region noted to locate the port. After determining the point on the skin perpendicular to the port surface, a mark may be made gently with a pen.

The site is prepared with selected skin cleansing agent. A local anesthetic may be injected.

Using sterile technique, the Huber needle is advanced through the skin at the selected site with one hand as the other hand continues to palpate the port and guide the needle hand

to the silicone pad. Their will be a palpable, albeit slight "pop" as the needle pierces the port's silicone pad.

A measured amount of sterile saline is pre-drawn into the syringe. Be sure to note the amount before starting the injection procedure. When the port is first entered, aspirate gently on the syringe. There should be no blood.

Lap Bands placed by the UCSF Bariatric Surgery Service are likely to have methylene blue dye mixed with the port saline. Upon aspirating with the syringe and seeing the dye, the provider performing the port access is ensured of having entered the Lap Band port.

The appropriate amount of sterile saline is instilled or withdrawn from the port using the syringe.

The syringe is then withdrawn and a sterile gauze held over the puncture site with adequate pressure to prevent bleeding, if any. The amount of exchanged fluid is recorded in the patient's chart with the time and date of the procedure.

E. Post-procedure

Have the patient swallow at least 125ml of water. Wait 5-10 minutes. Observe for any signs or reported symptoms of nausea, vomiting, heartburn, or abdominal pain.

In the absence of any of the above, the procedure is considered successful.

G. Termination of treatment

Place small bandage over injection site.

Review individualized dietary intake goals and guidelines.

Review exercise goals.

Schedule the patient's next follow up visit.

V. Documentation

A. Documentation is in the electronic medical record

1. Documentation of the pretreatment evaluation and any abnormal physical findings.
2. Record the time out, indication for the procedure, procedure, amount of saline used, EBL, the outcome, how the patient tolerated the procedure, medications (drug, dose, route, & time) given, complications, and the plan in the note, as well as any teaching and discharge instructions.

B. All abnormal findings are reviewed with supervising physician.

VI. Competency Assessment

A. Initial Competence

1. The Advanced Health Practitioner will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.
2. The Advanced Health Practitioner will demonstrate knowledge of the following:

   a. Medical indication and contraindications of lap band port access.

b. Risks and benefits of the procedure

c. Related anatomy and physiology

d. Consent process (if applicable)

e. Steps in performing the procedure

f. Documentation of the procedure

g. Ability to interpret results and implications in management.

3. Advanced Health Practitioner will observe the supervising physician perform each procedure three times and perform the procedure **three** times under supervision.
4. Supervising physician will document Advanced Health Practitioner's competency prior to performing procedure without supervision.
5. The Advanced Health Practitioner will ensure the completion of competency sign off documents and provide a copy for filing in their personnel file and a copy to the medical staff office for their credentialing file.

B. Continued proficiency

1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.
2. Each candidate will be initially proctored and signed off by an attending physician. Advanced Health Practitioner must perform this procedure at least **three** times per year. In cases where this minimum is not met, the attending must again sign off the procedure for the Advanced Health Practitioner. The Advanced Health Practitioner will be signed off after demonstrating 100% accuracy in completing the procedure.
3. Demonstration of continued proficiency shall be monitored through the annual evaluation.
4. A clinical practice outcomes log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.

VII. RESPONSIBILITY

Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380.

VIII. HISTORY OF PROCEDURE

Revised June 2012 by Subcommittee of the Committee for Interdisciplinary Practice
Reviewed June 2012 by the Committee on Interdisciplinary Practice
Prior revision February 2007
Approved June 2012 by the Executive Medical Board and the Governance Advisory Council.