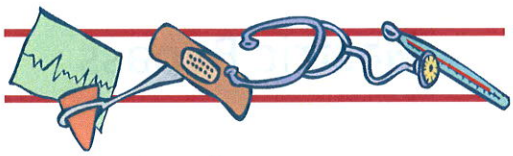
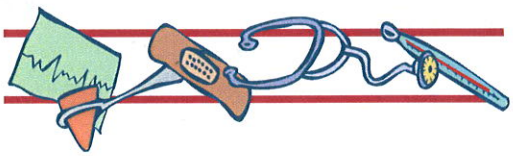
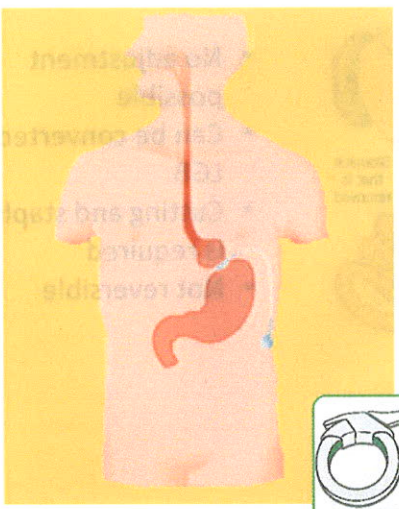


Welcome to PRE-OP Class for Bariatric Surgery



Laparoscopic Adjustable Gastric Banding



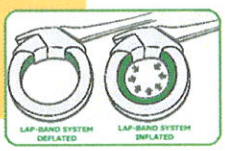
Restrictive

Surgery factors:

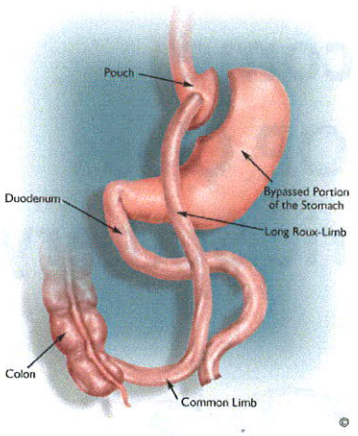
- Reversible
- Shorter recovery time

Patient factors:

- Calorie intake
- Requires greater patient commitment
- Not for "sweet eaters"



Gastric Bypass



Restricts the amount you can consume and decreases absorption

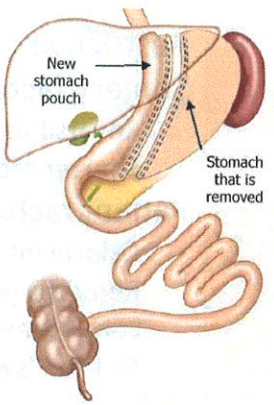
Surgery factors:

- "Dumping syndrome"
- Decreased appetite

Patient factors:

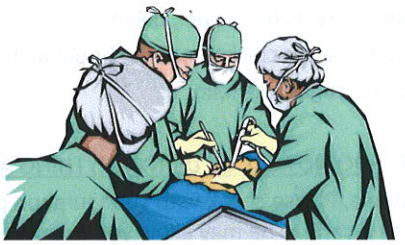
- Open mind toward drastic changes in lifestyle

Sleeve Gastrectomy



- No adjustment possible
- Can be converted to LGB
- Cutting and stapling is required
- Not reversible

PREPARING FOR SURGERY



Before Surgery

- Register at Hospital
  - Need to register as soon as you receive the orders, not the day of surgery
  - Documents: orders, insurance, identification
- Meet with PRE-OP staff
  - Take your medical history and have you sign consent.
    - Have your medications or list of medications including dose and administration instructions
    - Have a list of your medical history, previous surgeries and procedures, include dates
  - You may have blood drawn
  - You will receive a skin cleansing kit and instructions for use

The Day Before Surgery

Magnesium Citrate (Laxative instructions will be given at MD office)

Breakfast

- Have a light breakfast. This may include any of the following items: 1 boiled or poached egg or small portion of skinless chicken/turkey or fish, toast-no butter

Lunch and dinner

- Clear liquids for the rest of the day.
  - Beverages: water, crystal light, Propel, decaf tea
  - Soups: fat free, low sodium chicken or beef bouillon/broth
  - Sugar free popsicles, sugar free jello

- NPO after MIDNIGHT –DO NOT EAT OR DRINK ANYTHING AFTER 12AM
  - If taking medications, Please check with your surgeon prior to surgery for clarification on medications he may allow you to take the morning of surgery (may include medications for: HTN, thyroid, heart, inhalers for asthma)

The Day of Surgery

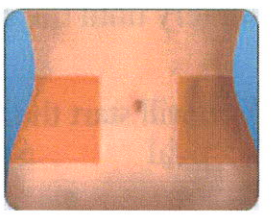
- If applicable, bring your CPAP
- Bring your medications with you
- You will be in the pre-op area, nurse will prepare you for surgery
- Surgeon and anesthesiologist will speak with you prior to surgery
- You will be taken to the OR and surgery will begin

POST-OP

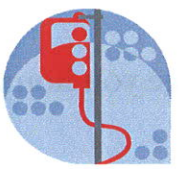
- Keep in mind NO Surgery is without PAIN
- Pain is Subjective and will vary person to person (pain is rated 0-10)
- Pain Medications will be administered prior to leaving the O.R. and will continue to be administered, as ordered per physician, during your hospital stay
- Most refer to their pain as "Soreness" and is usually rated anywhere from 2-3 on the pain scale. This soreness is usually subsides in 1-2 weeks.
- You may experience shoulder pain (this is caused by carbon dioxide in the abdomen which further exerts pressure on the phrenic nerve)
- Nausea may be triggered by varying factors including pain medication. It is very important not to "heave" after the surgery, as this may place pressure on your staple line. Notify the nurse immediately if you feel nauseated so that medication can be administered promptly

POST-OP cont.

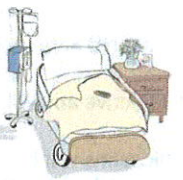
- You may get Lovenox injections (anticoagulant)
  - Rotate injection sites
  - Do not inject into a scar, bruise, or area where clothing may rub
  - If you are sent home with prescription for Lovenox, be sure you understand how to inject yourself.



- After surgery you may have:
  - NG-Tubes (do not push or pull)
  - JP Drains
  - Foley Catheter
  - PCA pump



While in the Hospital



- Average length of stay
  - Band/Balloon is sent home same day
  - Sleeve is over night stay
  - Bypass is a 2 night stay
- Incentive Spirometer
  - start using ASAP, recommended 10 or more times per hour as tolerated
  - this will help improve lung function
- Getting out of bed
  - ROLL instead of doing a Sit-Up
  - Support your abdomen with a pillow, your arms, or the sides of your sheet
- Ambulation
  - Your nurse will encourage and help you to start walking the same day of surgery
  - Walking is good for your circulation, oxygenation and healing process
  - As soon as you are able to walk to the restroom, your Foley can be removed
  - Walking may help reduce discomfort from gas

DIET

- You will be "NPO" after surgery
- This means you may not have anything by mouth after surgery until the surgeon says it is ok
- You will start the STEP 1 clear liquid diet while in the hospital
- The surgeon will not discharge you home until you are able to tolerate the diet

Diet habits to follow beginning with Step 1

- While in the hospital, Step 1 diet will be initiated.
- Remember you're new stomach is the size of a medicine cup (30ml)-Gastric Bypass. Even though the kitchen staff delivers more than this amount, you will only eat what fits in your medicine cup!

Remember DO NOT SKIP MEALS!!! – It is very easy not to be hungry and skip. If this is the case, even one (1) spoon of something counts! You do not have to finish it all your 30 ml.

Sample Schedule for Step 1

- Sample Schedule: All EVEN hours you take nutrition (i.e. broth, sugar free jello, water, propel, crystal light, sugar free popsicles etc...) and All ODD hours you hydrate with water...

8–8:30am -(take 30 min. to eat) 1 oz chicken broth

8:30-9am -you rest

9-9:30am -(take 30 min.) Hydrate with 1 oz WATER

9:30-10am- you rest

10-10:30am- (take 30 min.) 1 oz Sugar free Jello

You get the idea.

STEP 1 FOOD ITEMS

Please Purchase Prior to Surgery

- Sugar Free Jello
- Clear Broths (Step 1)
- Crystal Light or Propel
- Sugar Free Ice Pops

Note: Please refer to your Bariatric Diet Packet for more details

VITAMINS/ MINERALS

Start with Step 2 Diet

ALL vitamins or pills must be in CHEWABLE, SUBLINGUAL, LIQUID, CRUSHABLE, form

- Multi Vitamin-(Taken with breakfast and dinner)
- Iron (Taken with lunch, at least 2-3 hours before taking your Calcium)
  - Females: 18-27 mg
  - Males: 10-12 mg
- Calcium Citrate with Vitamin D
  - 1500-2000 mg
- B_{12}
  - 1000 mcg

*Start taking Protein ASAP *

PROTEIN

- Unflavored Whey
- Preferably "Microfiltered" for easy digestion and quick absorption
- Sprinkle this into EVERYTHING that you put into your mouth to maximize healing speed and weight loss
- 1 lb of muscle burns 40-60 calories

Need 60-80g of Protein

SERVEWARE

- Use Baby Utensils, Plates and Bowls
- This will help keep your bites small, and your portions sizes small
- Use Small Disposable Plastic Containers with Lids
- This will help you to store your left-overs and to reduce waste

DIET

- Steps 2 – 5
- The importance of Protein
  - Proper healing
  - Hair loss
  - Energy
  - Muscle mass
- Begin taking your vitamins on Step 2 of your diet
- There may be changes in your sense of smell and taste.
- Remember that you must eat and drink because you need hydration and nutrition, NOT for flavor's sake

Sample Schedule for Steps 2-5

- Breakfast: 8-8:30
- ½ cup of cream of wheat
- Snack: 10-10:30
- ½ cup of whey protein shake
- Lunch: 12-12:30
- ½ cup of sugar free pudding
- Snack: 2-2:30
- ½ cup of whey protein shake
- Dinner: 4-4:30
- ½ cup of light fat free yogurt
- Snack: 6-6:30
- ½ cup of whey protein shake

- 9-9:30- sip fluids
- 11-11:30-sip fluids
- 1-1:30-sip fluids
- 3-3:30-sip fluids
- 5-5:30-sip fluids
- 7-sip fluids

* Food * + Liquid Need to be 30mins Apart

YOU DO NOT HAVE TO FINISH EVERYTHING ON THE MENU!!

HYDRATION

- **SIP – SIP – SIP!**
  - Prevent dehydration by sipping on fluids throughout the day
- Keep fluids in sight at all times to remind you to keep sipping.
- Plan ahead and take fluids with you everywhere that you go.
- Remember **NO STRAWS!**
- Some signs and symptoms of dehydration include
  - headache, confusion, constipation, low blood pressure, dizziness, decreased urine output, muscle cramps.

48-68 ounces of water a day

MEDICATION

- After your Bariatric Surgery, you will need all of your medicines and vitamins to be crushable, chewable or liquid
- This is due to absorption changes and anatomy changes after surgery
- Talk to your doctor about switching medication if the label says "Do Not Crush or Chew"; No Extended Release Medications

Medications

May include but are not limited to:

- Tylenol with codeine in liquid form for pain
- Zofran for nausea to prevent heaving or throwing up
  - Oral disintegrating tablet
- Nexium to decrease acid production and prevent ulcers
  - Nexium capsule must be opened and contents poured into a 30ml cup and mixed with chicken broth, jello, or pudding (depending on the diet step you are on)
- Some may be prescribed Lovenox Injections to prevent blood clots
- Women able to bear children will require 2 forms of birth control for the first 18 months after surgery

Changes to Expect

- Bowel Movements
  - Your bowel habits may change in frequency, texture or color
  - loose stools may occur because you will not be having solid foods
  - You may have dark stools if you have had a Gastric Bypass or Sleeve Gastrectomy this is old blood. If you have red blood in your stool you should contact your physician immediately.
- Constipation
  - may occur after bariatric surgery
  - Hydration is one way to help with constipation
  - Milk of Magnesia and Fleet's Suppository may also help with constipation

ACTIVITIES

- Walk, walk, walk!!! Start today!
- No Swimming until all wounds are completely healed (in about 4-6 weeks)
- You may begin low impact exercises, such as bicycling, after 2 weeks
- You may begin strength training exercises, such as weight lifting, after 1 month



WOUND CARE

- Keep your wounds clean and dry
- You may remove bandaids to shower, then pat dry.
- If bandaids were clean when you removed them, you may keep them off to allow the wound to breathe.
- Note: Shower Only!(4-6 weeks) or until completely healed

- Some sign of infection include
  - Fever
  - pain, swelling, redness, warmth
  - foul odor or drainage


LONG TERM FOLLOW UP

- Keep up with your lab work after surgery (3 months, 6 months and annually)
  - First appointment with surgeon should be 7-10 days after surgery
  - Second appointment with surgeon should be 30 days post-op
  - Third visit should be at 3 months, then at 6 months, and annually
- **You are responsible for making your follow up appointments with your Bariatric Surgeon.**
- Keep your appointments with both your doctor and your surgeon.

Follow Up Cont.

- Keep your appointments with the dietitian at:
  - First appointment- 1 month post-op, 3 month post-op, 6 month post-op, 12 month post-op
  - Please bring in your folder given to you at pre-op with the bariatric diet, food diary, and lab work