

Your Guide to Bariatric Surgery





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Chapter One – General Information

Welcome to the BayCare Comprehensive Bariatric Surgery Program

Meet Your Bariatric Surgery Team

How to Get Here

Tobacco-Free Campus

Chapter One – General Information

Welcome to the BayCare Comprehensive Bariatric Surgery Program

This guide will help you learn more about weight loss surgery and how to move toward weight loss success. Learning as much as you can about your digestive system and your surgical procedure will help you play an active role in your recovery.

Please read the entire guide before surgery. **Bring the guide with you when you come to the hospital for your weight loss surgery procedure.** Review any questions with your doctors, nurses, dietitian, fitness expert or bariatric program manager. They will answer questions and help you and your family on your weight loss journey.

This guide has been prepared for information only. It should not be considered a substitute for medical advice.

Meet Your Team

At the hospital, your surgeon is supported by a strong and talented team. These team members will help you prepare for surgery. They will make your hospital stay as comfortable as possible and help you recover as quickly as you can. Members of your team include:

Internal Medicine Specialist/Hospitalist (Physician)

A medical doctor may follow your care and manage your current conditions during your hospital stay.

Nurses

Licensed nurses will help coordinate your activities and provide your care. Along with your bariatric program manager, your nurse will be in charge of your personal care, pain management and discharge planning. The registered nurse (RN) and licensed practical nurse (LPN) wear royal blue or white scrubs.

Bariatric Program Manager

Your bariatric program manager coordinates your preoperative appointments and care, and helps guide you through the surgery process. Your program manager will also help coordinate your care while you are in the hospital and will assist you and your family during your hospital stay.

Nurse Manager

Registered nurse managers will oversee your care while you are in the hospital. Your satisfaction is very important to them. Do not hesitate to contact the appropriate manager for any reason. Nurse managers wear royal blue or white scrubs with a white lab jacket.

Patient Care Leader (PCL)

This is a specialized nurse who will help coordinate your care with your doctor, primary nurse and other health care professionals. They wear royal blue or white scrubs.

Patient Care Tech (PCT)

The patient care tech works under the direction of an RN or LPN. They take your vital signs and assist you with activities such as bathing or getting to the bathroom. The PCT wears green scrubs.



Chapter One – General Information

How to Get Here

Mease Dunedin Hospital Map



Tobacco-Free Campus

To promote a healthy lifestyle, BayCare hospitals are tobacco-free and there are no smoking areas. Studies have shown that smoking negatively impacts healing, including the internal healing necessary with weight loss surgery. If you or a loved one smokes, you might want to

consider stopping prior to surgery. If you need a nicotine patch during your hospital stay, let your physician know and one will be ordered. Free resources include QuitNow at QuitNow.net/Florida or (877) U-Can-Now (877-822-6669).



Chapter Two – Meet Your Digestive System

The Normal Digestive System

The Role of Leptin and Ghrelin in Weight Management

The Importance of Sleep in Weight Management

Weight Loss Surgery Options

Chapter Two – Meet Your Digestive System

The Normal Digestive System

The digestive system is a group of organs that work together to convert food into energy and help basic nutrients feed the entire body. Food passes through the alimentary canal or the gastrointestinal (GI) tract. The alimentary canal is made up of the oral cavity, pharynx, esophagus, stomach, small intestines and large intestines. There are also several important accessory organs that help your body digest food but food does not pass through them. Accessory organs include the teeth, tongue, salivary glands, liver, gallbladder and pancreas. To provide energy and nutrients to the body, six major functions take place in the digestive system: Ingestion, secretion, mixing and movement, digestion, absorption and excretion.

Digestive System Anatomy

Mouth

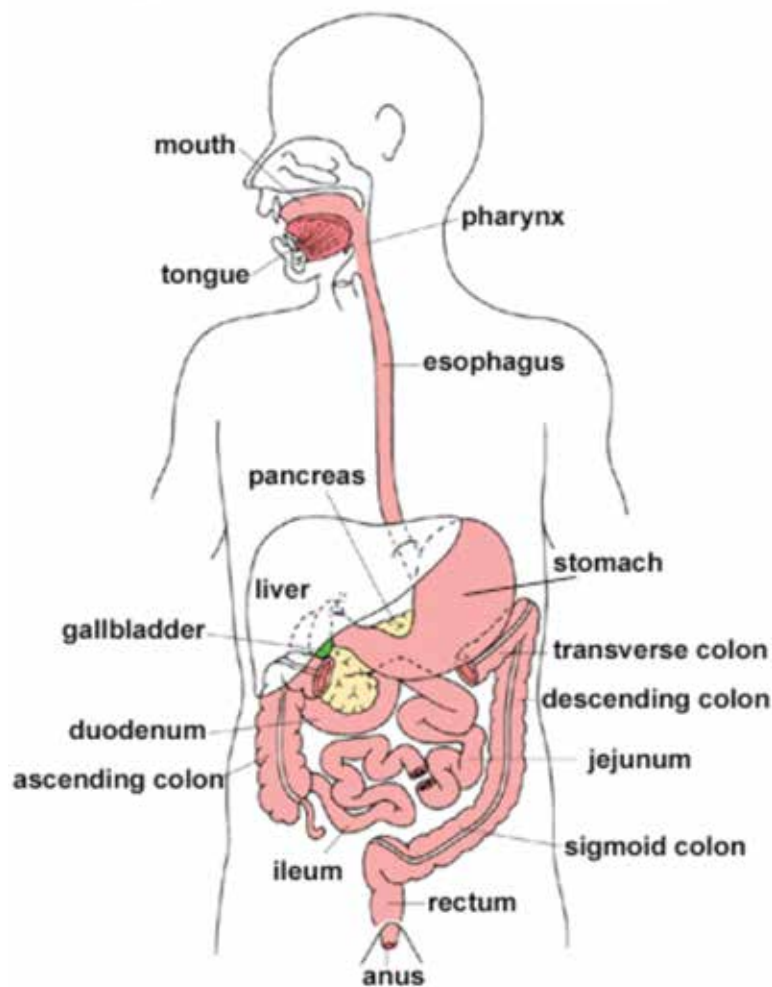
Food begins its journey in the mouth. Inside the mouth are many accessory organs that aid in the digestion of food—the tongue, teeth and salivary glands. Teeth grind food into small pieces, which are moistened by saliva before the tongue and other muscles push the food into the pharynx.

Pharynx

The pharynx, or throat, is a funnel-shaped tube connected to the far end of the mouth. The pharynx passes chewed food from the mouth to the esophagus. It also plays an important role in the respiratory system, as air from your nose goes through the pharynx on its way to the lungs. Because the pharynx does two different things, it contains a flap of tissue known as the epiglottis that acts as a switch in sending food to the esophagus or air to the larynx.

Esophagus

The esophagus is a muscular tube connecting the pharynx to the stomach. It carries swallowed masses of chewed food to the stomach. At the end of the esophagus is a muscular ring called the lower esophageal sphincter which closes the end of the esophagus and traps food in the stomach.



Stomach

The stomach is a muscular sac that is located on the left side of the abdominal cavity, near the diaphragm. In an average person, the stomach is about the size of two fists placed next to each other. This major organ acts as a storage tank for food so that the body has time to digest meals properly. The stomach also contains hydrochloric acid and digestive enzymes that continue the digestion of food that began in the mouth.

Small intestine

The small intestine is a long, thin tube about 1" in diameter and about 10' long. It is located near the stomach and takes up most of the abdominal cavity. The small intestine is coiled like a hose and the inside surface is full of ridges and folds that digest food and absorb nutrients.

Chapter Two – Meet Your Digestive System

Liver and gallbladder

The liver is a triangular organ located to the right of the stomach, near the diaphragm and the small intestine. It weighs about three pounds and is the second largest organ in the body. The liver's main function is the production of bile. The gallbladder is a small, pear-shaped organ located near the liver. The gallbladder is used to store and recycle excess bile from the small intestine so that it can be reused for future food digestion.

Pancreas

The pancreas is a large gland located near the stomach. It is about 6" long and shaped like a short, lumpy snake. The pancreas emits digestive enzymes into the small intestine to complete the chemical digestion of foods.

Large intestine

The large intestine is a long, thick tube about 2½" in diameter and about 5' long. It is located near the stomach and wraps around part of the small intestine. The large intestine absorbs water and contains bacteria that helps break down waste. Waste in the large intestine leaves the body through the anal canal.

Digestive System Physiology

The digestive system is responsible for turning food into energy and nutrients. The six main processes of the digestive system are:

1. Ingestion (eating)
2. Secretion of fluids and digestive enzymes
3. Mixing and movement of food and wastes through the body
4. Digestion of food into smaller pieces
5. Absorption of nutrients
6. Excretion of wastes

Ingestion (Eating)

The mouth is responsible for this function. The mouth and stomach are also responsible for the storage of food as it waits to be digested.

Secretion

During the day, your digestive system produces approximately seven liters of fluid. These fluids moisten dry food, serve as a protective barrier and lubricant, help protect the body by killing bacteria and combine large amounts of food for easy digestion.

Mixing and movement

The digestive system uses three main processes to mix and move food:

- **Swallowing:** Uses muscles in the mouth, tongue and pharynx to push food out of the mouth, through the pharynx and into the esophagus
- **Peristalsis:** A muscular wave that travels the length of the GI tract, moving partially digested food. It takes many waves for food to travel from the esophagus, through the stomach and intestines, to reach the end of the GI tract.
- **Segmentation:** Short segments of the small intestine contract to mix food and increase the absorption of nutrients.

Digestion

Digestion is the breakdown of large pieces of food into smaller pieces. This begins with the chewing of food by the teeth, is continued through mixing of food by the stomach and intestines, and the food is broken down by chemicals throughout the other organs.

Absorption

Once food has been broken down, it is ready for the body to absorb. Absorption begins in the stomach with simple molecules like water and alcohol being absorbed directly into the bloodstream. Most absorption takes place in the walls of the small intestine. Small blood and lymphatic vessels in the intestinal wall pick up the molecules and carry them to the rest of the body. The large intestine is also involved in the absorption of water and vitamins B and K before feces leave the body.

Excretion

The final function is the excretion of waste in a process called defecation. Defecation removes indigestible substances from the body so that they do not accumulate. Defecation is controlled by the conscious part of the brain, but must be done on a regular basis.

Taylor, T. (n.d.). Digestive System. InnerBody. Retrieved March 30, 2014, from Innerbody.com/image/digeov.html#full-description

Chapter Two – Meet Your Digestive System



The Role of Leptin and Ghrelin

Ghrelin

Ghrelin is a hormone which helps ensure that the body gets enough food. This hormone may also work against the body—it can encourage eating more food than required to meet your individual nutritional needs. This typically results in weight gain.

Leptin

Leptin is another hormone that helps us turn off our hunger signals when our body is properly fueled. When leptin levels are low, the body has difficulty turning off hunger signals. This typically results in weight gain.

The Importance of Sleep

According to a recent scientific study, poor sleep results in weight gain and an increased incidence of obesity. Poor sleep may also be a factor in diabetes, certain cancers, high blood pressure and premature death.

Sleep Apnea and Surgery

Immediately after surgery, it is common to continue to feel the effects of the anesthesia used during surgery. You may experience shallow breathing; postoperative pain and the medications used to treat it also contribute to this. If you have sleep apnea, you already experience breathing issues. The combination of the postoperative anesthesia with sleep apnea is very dangerous. Bring your CPAP equipment with you to the hospital. It is vital that you use your CPAP equipment before and after surgery.

Still, C., Sarwer, D., and Blankenship, J. (2014). *The ASMBS textbook of bariatric surgery* (Vol. 2: Integrated Health, p. 127). New York: Springer.

Chapter Two – Meet Your Digestive System

Weight Loss Surgery Options

All surgeries are done laparoscopically, which means the surgeon makes several small incisions on the abdomen. Using a scope and long instruments, he and the surgical team can clearly see what they are doing on large television screens, which are connected to the scope with a camera.

- **Restrictive only:** Adjustable gastric band
- **Restrictive and metabolic:** Gastric bypass and sleeve gastrectomy

Advantages:

- Fewer wound complications
- Lower chance of infection
- Lower chance of herniation
- Less pain and faster recovery
- A better view of your anatomy for the surgeon

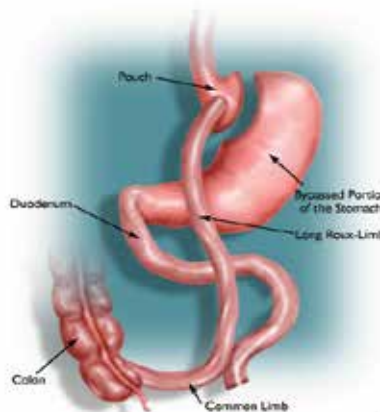


Gastric Bypass

How does it work?

This option helps you lose weight by changing how your stomach and small intestine handle food. After surgery, your stomach will be smaller and you will feel full with less food.

The food you eat will no longer go into some parts of your stomach and small intestine. Because of this, your body will not absorb all the calories or nutrition from the food you eat. This surgery also will lower your body's "set point," helping you lose weight and maintain your weight loss.

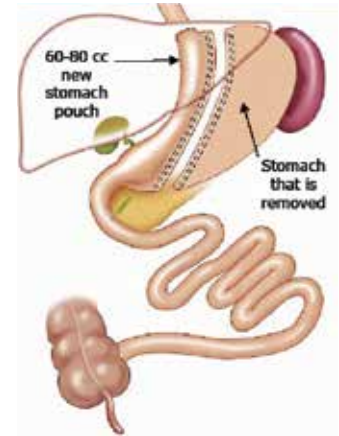


Gastric Sleeve

How does it work?

This option helps you lose weight by making your stomach smaller and by changing the way your hormones interact with your digestive system. Because the surgeon removes at least 2/3 of your stomach, including the part where most of the hormone ghrelin is made, you will not be hungry.

You will feel full after eating a very small amount. In addition, this surgery also will lower your body's "set point," making it easier for you to lose weight and maintain your weight loss.

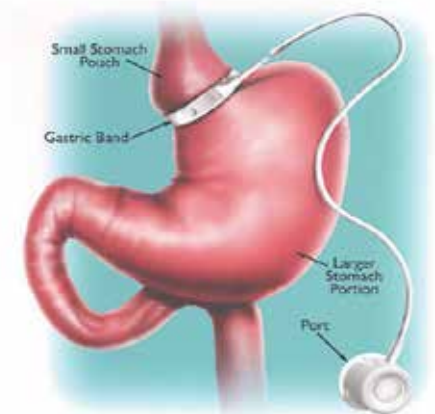


Gastric Banding

How does it work?

The surgeon places a silicone band around the upper part of your stomach. This creates a small pouch with a narrow opening that goes into the lower part of your stomach. This option does not involve any cutting or stapling inside your belly.

After surgery, your small stomach pouch will fill up quickly (although you may not notice this until after you have a simple office procedure called a band fill). You will feel full after eating a small amount of food. The food in the small upper pouch will slowly empty into the main part of your stomach.





Chapter Three – Getting Ready for Surgery

Medical History and Physical Exam

Insurance Coverage

Health Care Directives

Discharge Planning

Home Health Care

Chapter Three – Getting Ready for Surgery

Medical History and Physical Exam

No surgical procedure can take place until we review your overall health and medical history. The surgeon also needs to ensure that you are healthy enough to undergo surgery. Your primary care physician will need to provide a letter of medical clearance and your surgeon will examine you to determine your current health status.

You may be directed to continue taking any medications until the day of your surgery. Or you may need to stop taking certain medications before surgery. Talk with your doctor about which medications to take and which to stop. It is very important that you tell your doctor about all medications you take, prescription or over-the-counter. Aspirin products and medications such as ibuprofen (the active ingredient in Advil and Motrin), naproxen (Aleve), and aspirin (Excedrin) may need to be stopped several days before your surgery and **must not be taken after your surgery due to possible stomach irritation**. This may also be true for diet pills, vitamin E and herbal supplements such as echinacea, ephedra, garlic, ginkgo, ginseng, kava and St. John's Wort.

Insurance Coverage

Health care benefits are constantly changing. It is important for you to understand your benefits before having surgery. Call your insurance company or review your benefits with your surgeon's office and/or program manager prior to surgery to find out if you have weight loss surgery coverage.

Health Care Directives

A health care directive (also known as a living will) gives the person of your choice the power to act on your behalf during any medical emergency. This document is used to ensure that your wishes are followed even if you can't communicate them. A health care directive goes into effect when:

- You are in a coma or near death
- You cannot communicate your wishes through speech, in writing or by gestures

If you don't have a living will, you may request one when you are admitted to the hospital. Ask an admissions representative for a living will form. Since the medical team must know of your health care directives, **bring a copy of your living will to the hospital with you**. It will become a part of your records.

Discharge Planning

Typically, the hospital stay for bariatric surgery is one to two nights. However, there may be a situation when you may need to stay longer. We will work with you to develop a discharge plan so that you can make arrangements before surgery. General discharge goals include the ability to drink an adequate amount of fluids, move around with little assistance, urinate, indicate that your bowels are moving (passing gas or bowel sounds), and adequate pain control (on a 0–10 scale, your pain should be at a five or below), and a good understanding of your nutrition plan.

Home Health Care

Although this is not typical, some patients may need assistance beyond what family and friends can provide. Home health workers can help. BayCare can supply home health care workers who are specially trained in weight loss surgery to help you walk, regain strength and complete daily tasks. They also monitor your condition and safety.

Chapter Four – Caring for Yourself: Presurgery Preparations

Preparing for Your Return Home

What to Pack

The Day Before Your Surgery

The Morning of Your Surgery

Preparing for Your Return Home

Homecoming should be a joyful experience. Remember that although you still look like you, your body has changed. You may feel afraid or anxious on how to manage your new body. You can also experience excitement, sadness, grieving or other mixed emotions, which may surprise you. You may even feel regret at your decision to have surgery. This is normal and should get better. If you need help dealing with your feelings, contact your surgeon's office or program manager. Some things to consider prior to discharge:

- Review the “Weight Loss Surgery Nutrition Advancement Guide” that was given to you during your visit with the dietitian.
 - Keep several canisters of whey protein isolate on hand in assorted flavors, including unflavored.
 - Have sugar-free drinks available, such as Crystal Light, in your favorite flavors.
 - Clean out your cabinets, removing any food items that may be difficult for you to keep from eating.
 - Purchase measuring cups and a small food scale to help you to portion your foods.
 - Be sure to purchase chewable bariatric vitamins.
- If you are an emotional eater, you may find yourself replacing food with other unhealthy habits. Ask for help even if you aren't sure you need it.
- Medications
 - Be sure that all your medications can be broken or crushed and taken one at a time. If they are coated for your stomach or time-release pills, they may NOT be broken or crushed. If they are 1mm size (the size of a Tic-Tac mint) or smaller, they may be swallowed whole. If your medications are available in a liquid form, you may ask your doctor to prescribe them that way before your surgery. Call your pharmacist with any questions regarding your medications.
 - Purchase liquid Tylenol in adult strength. You may not take ibuprofen or aspirin as these may harm your stomach lining. If your prescription pain medication contains acetaminophen (Tylenol) do NOT use any other form of acetaminophen (Tylenol) while taking it.

What to Pack

Bringing a few items from home can make your hospital stay more comfortable. We suggest you bring:

- Nonskid, closed-heel-to-toe slippers or sneakers for walking
- A toothbrush, toothpaste, mouthwash or denture supplies
- A comb or hairbrush
- Shaving supplies or cosmetics

Bring no more than \$5 cash to the hospital and leave jewelry and other valuables at home. We prefer that you wear a hospital gown rather than your own nightgown or pajamas. We supply plus-sized gowns for your comfort.

The Day Before Your Surgery

- Follow your anesthesia instructions regarding eating and drinking. **Your surgery may be delayed or cancelled if you don't follow these instructions.**
- Report any changes in your condition to your physicians. Some problems may require postponing your surgery. These include a sore throat, a cold, a fever, dental problems, difficulty urinating and skin conditions such as rashes or abrasions.
- Be sure to follow any presurgical prep instructions given by your surgeon, such as a bowel prep or abdominal washing. Common bowel preps include a laxative-type pill such as Dulcolax or a drink such as magnesium citrate. **Failure to follow these instructions may result in cancellation of your surgery.** If you have any questions regarding your instructions, please ask your surgeon or program manager.

The Morning of Your Surgery

- If you have been instructed to take medication in the morning, swallow them with only a small sip of water. DO NOT drink or eat anything unless instructed by your surgeon.
- Bathe or shower.
- Allow plenty of time to arrive at the hospital as directed.
- If you use a CPAP or BiPAP, **you must bring it to the hospital.** Failure to do so may delay your surgery.

Chapter Five – Surgery and Recovery

At the Hospital

Keeping You Safe

About Anesthesia

Managing Your Pain

Pain Medications

Patient-Controlled Analgesia (PCA) Pump

Preventing Complications

Postoperative Respiratory Exercises

Patient Care Plan – Gastric Banding

Patient Care Plan – Gastric Bypass and Gastric Sleeve

When Can I Go Home?

After Weight Loss Surgery: The First Few Weeks

After Weight Loss Surgery: The First Year

After Weight Loss Surgery: Year Two and Beyond

Chapter Five – Surgery and Recovery



At the Hospital

Being in the hospital may be an unusual experience for you. This list may help you understand the hospital routine.

- When you arrive, you will meet with a nurse. He/she will help review what you can expect before and after surgery.
- You will receive a hospital gown and a bag for your clothes and belongings.
- You will be admitted to the presurgical area. Friends and family members may wait with you. A nurse will take your vital signs and ask you questions to prepare you for surgery.
- You will be wheeled via stretcher to the surgery holding room, where you will be introduced to your surgical team. Your friends and family will be shown to the waiting area outside the operating room. While you are in the holding room, an intravenous (I.V.) line will be started. You will get medication through the I.V. to make you feel relaxed and comfortable.
- You will then undergo surgery. This process can vary in length. The actual operation is only one part of your time in the operating room. The rest of the time is spent preparing you for surgery.

- After the procedure, you will be placed on your bed and taken to the Post-Anesthesia Care Unit until you wake up. The waking-up process usually takes from one to two hours. During this time, your surgeon, nurse and/or program manager will talk with your family and friends.
- The anesthesiologist and recovery room nurse will care for you as you awaken. You may wake up with an oxygen mask or, if you use a CPAP, you may find that it has been placed on you. You might experience dry mouth, blurred vision, chills or pain. Your nurse will monitor your vital signs and make you as comfortable as possible.
- When you are fully awake and medically stable, you will be transferred to the Medical/Surgical floor where you will be placed in a bariatric-friendly room.

Keeping You Safe

Keeping you safe is our top priority. We will regularly ask you to identify yourself by stating your name and birth date and we will compare it to your identification armband. This ensures we provide you with the right treatment, tests and medications. One of our goals is to prevent the spread of infection. Your health care team will wash their hands with soap and water or use alcohol gel before and after they see you. If you have concerns that your health care provider has not washed his or her hands, please speak up and let them know. Your doctor will also order I.V. antibiotics before and sometimes after your surgery to help prevent surgical site infections.

Chapter Five – Surgery and Recovery



About Anesthesia

Anesthesia is a type of medication that causes you to lose sensation so that you feel no pain. For weight loss surgery, you must have general anesthesia. This type of anesthesia acts primarily on the brain and nervous system and eliminates sensations of pain. General anesthesia is administered by injection into your I.V. or by inhaling it. Your level of sleep is closely monitored to ensure that you will not awaken during the operation. An anesthesiologist or certified registered nurse anesthetist will give you anesthesia. Your doctor or nurse will evaluate your medical status and discuss the anesthesia process with you before the surgery.

Managing Your Pain

Although most patients who undergo weight loss surgery have minimal pain (less than 5 on 0–10 scale), all patients have the right to pain management. Treating pain is an important part of your care and recovery. Only you can describe the type and degree of pain you are having. The pain caused by surgery may be more severe at first, but it will ease as your body heals. A common area for pain is in your shoulder area. The carbon dioxide gas put into your abdominal cavity during surgery causes this. Moving around may help this pain, as well as an anti-gas medication. If you had a hiatal hernia repair during your surgery, your shoulder pain may be more severe and last longer.

We expect that you will:

- Assist your team in measuring your pain. Your nurses will ask you to rate your pain on a scale in addition to checking your level of sleepiness, vital signs, etc.
- Discuss pain relief options with your team to develop a plan for pain management.
- Ask for pain relief when pain first begins and before any activity that might cause pain.
- Tell your team about any worries you have about taking pain medications.

Measuring Your Pain

To help measure your pain, we will ask you to rate it before and after a dose of pain medication. You will rate your pain on the 0–10 pain scale below:



Chapter Five – Surgery and Recovery

Pain Medications

There are different methods by which we give you medications to treat your pain:

- **I.V.:** Dilaudid, morphine, fentanyl and ofirmev are the most common pain medications used after surgery. For the first 24 hours after your surgery, you will receive medication through the PCA pump (see below).
- **Oral:** Once you are cleared to begin the bariatric sugar-free clear liquid diet and you are able to tolerate the diet, you will be given an oral medication for home pain relief. Because this medication contains Tylenol, do NOT take any additional Tylenol once you are at home.

The most common side effects associated with narcotics used for pain include:

- Decreased respirations/breathing
- Drowsiness
- Nausea/vomiting
- Dizziness
- Constipation
- Rash
- Itching
- Dry mouth
- Decreased appetite

In order to prevent excessive bleeding as well as irritation of your stomach, avoid taking Advil, Aleve, Anacin, aspirin, ibuprofen, Indocin, Mobic and Motrin. If you feel you need to take these drugs, talk to your surgeon. You may take acetaminophen (Tylenol) in a liquid form. **Do not take Tylenol along with the prescription pain medication given to you by your surgeon, as this may already contain Tylenol.**

Patient-Controlled Analgesia (PCA) Pump

This method allows *you* to control the amount of pain medication you receive.

- The nurse will show you how to use the pain control button on the pump.
- The pump makes a beeping noise when you press the button for your pain medication. Listen for this sound to make sure you pressed the button correctly. The pump also has an alarm. If the alarm sounds, call the nurse.

- The pump is set so that you cannot give yourself any additional medication until the last dose takes effect. This is usually 6–10 minutes after the previous dose. It takes 6–10 minutes for the medication to work.
- Some patients feel sick when using the PCA pump. If this happens to you, your nurse can give you anti-nausea medication. If the nausea persists, an alternate method of pain medication can be discussed.
- Keeping your pain controlled will help you heal faster. Use the pain control button 10 minutes before getting out of bed, especially the first time. **CAUTION:** Be sure that someone is there to help you avoid falling.
- Not all surgical pain can be relieved, but you can be made comfortable. Tell your nurse about any pain that will not go away.
- Call the nurse if you experience nausea, vomiting, itching or difficulty in passing urine or bowel movements.
- To prevent over-medication, only you are to press the pain control button. Sleepiness and the lack of desire to press the button is a sign that you are getting enough medication.
- Do not use other medications, including street drugs or alcohol. They may put you at risk for life-threatening problems.
- Don't worry about getting "hooked" on pain medication. The amount of pain medication you give yourself is about one-tenth the amount of medication you would receive if the nurse were to give you a pain shot.
- The pump that delivers your medication is an electrical device and must travel with you wherever you go.
- **REMEMBER:** Pain prevention and control brings short-term and long-term relief and healing benefits. Be sure to report any pain to your doctor or nurse.

PCA Content Reference:

- Pain Control After Surgery, A Patient's Guide, AHCPR Rub. No. 92-0021, Rockville, MD
- Agency for Health Care Policy and Research Public Health Service, U.S. Department of Health and Human Services, February 1992.
- Patricia Donnelly, Coordinator, Clinical Nursing Education (Updated by Margo McMonis, Coordinator, Clinical Nursing Education)

Chapter Five – Surgery and Recovery

Preventing Complications

After surgery, your body is weak and at a greater risk for infection and other health problems. You and your caregiver can help reduce the chance of postsurgical complications.

- Nurses will measure your blood pressure, temperature and pulse.
- To improve your circulation and strength, walking is encouraged.
- When in bed, wear the compression leg wraps given to you before your surgery.
- Use your incentive spirometer each hour while you are awake. Also, perform deep breathing and coughing exercises.
- Your incisions/dressings/drain (if present) will be checked regularly.
- You will have an I.V. It is important that you are able to drink fluids without difficulty before it will be removed.
- You will have a catheter in your bladder that will be inserted during surgery. It will be removed the morning after surgery. If you cannot urinate once your catheter has been removed, tell your nurse.
- You will have an X-ray the morning after your surgery. You will drink a special liquid so the radiologist can see inside your stomach and check for leaks. When you have no leaks, your diet will be advanced to bariatric clear liquids.

Postoperative Respiratory Exercises

An incentive spirometer is a device that helps with lung expansion (expanded lungs are healthier lungs). Taking slow, deep breaths and coughing periodically will help keep your lungs clear. Use the spirometer several times a day. If you feel lightheaded or dizzy, you may be overdoing it. Stop and rest. Resume deep breathing when you feel better.

Using an Incentive Spirometer

Exhale completely and close your lips tightly around the mouthpiece. Inhale slowly and deeply, keeping the small blue ball between the two arrows. When you cannot exhale anymore, hold your breath for six seconds, then exhale slowly. Repeat as often as prescribed by your doctor.



How to Use an Incentive Spirometer

Chapter Five – Surgery and Recovery

Patient Care Plan – Gastric Banding

Day of Surgery

<p>Activity plan</p> <ul style="list-style-type: none">■ You will be encouraged to get out of bed and walk.■ You must be able to walk comfortably before you will be released from the hospital.
<p>Diet</p> <ul style="list-style-type: none">■ You will be given small sips of water and a journal to write down your fluid intake. You will drink 1 ounce every 30–60 minutes, depending on your surgeon's orders.■ You must be able to drink fluids without vomiting before you will be released from the hospital.■ You will drink only bariatric sugar-free clear liquids for the next two post-op days. Follow the nutrition advancement guide.
<p>Pain control</p> <ul style="list-style-type: none">■ Use the pain scale.■ Be sure to ask the nurse for pain medication for pain at a four or higher on the pain scale.■ Tell your nurse the effects of the pain medication.
<p>Breathing exercises</p> <p>Ten times each hour while awake you should:</p> <ul style="list-style-type: none">■ Cough■ Take deep breaths■ Use the incentive spirometer■ Use your CPAP machine while napping or sleeping if you have sleep apnea.
<p>Equipment in your room or attached to your body may include:</p> <ul style="list-style-type: none">■ An I.V.■ Compression devices on your legs■ Equipment for taking vital signs
<p>Things to report to the nurse</p> <ul style="list-style-type: none">■ Increase in pain■ Nausea or vomiting■ Difficulty swallowing fluids
<p>Discharge plan</p> <p>You will be allowed to go home when you:</p> <ul style="list-style-type: none">■ Are able to walk■ Are able to urinate■ Can drink without vomiting■ Have your pain under control (four or lower on the pain scale)
<p>Discharge education</p> <ul style="list-style-type: none">■ Pain management■ Diet advancement■ Wound care■ Activities and restrictions■ Medications■ Follow up

Patient Care Plan – Gastric Bypass and Gastric Sleeve

Day of Surgery

Activity plan You will be encouraged to get out of bed to sit in a chair. You will also be encouraged to move from side to side.
Diet <ul style="list-style-type: none">■ You will not be allowed to eat or drink.■ You may be permitted to have a few ice chips depending on your surgeon's orders.
Pain control <ul style="list-style-type: none">■ Use the pain scale.■ Use pain medications as needed. You may have a PCA pump. Press the button as needed for pain.■ Tell your nurse the effects of the pain medication.■ Sometimes pain medication causes nausea. Tell your nurse if you experience this so they may give you an anti-nausea medication through your I.V.
Breathing exercises <ul style="list-style-type: none">■ Ten times each hour you should:<ul style="list-style-type: none">– Cough– Take deep breaths– Use the incentive spirometer■ Be sure to use your CPAP machine while napping or sleeping if you have sleep apnea.
Other equipment in your room or attached to your body may include: <ul style="list-style-type: none">■ An I.V.■ A urinary catheter in your bladder■ Compression devices on your legs■ Possibly a drain in your abdomen■ Equipment for taking vital signs
Things to report to the nurse <ul style="list-style-type: none">■ Increase in pain■ Nausea or vomiting■ Drainage felt on your dressing■ Sudden onset of shortness of breath■ Any other concerns you may have

Chapter Five – Surgery and Recovery

Patient Care Plan – Gastric Bypass and Gastric Sleeve

First Day After Surgery and Remainder of Stay

Activity plan

- You will go to radiology to check your stomach for leaks.
- A nurse or patient care tech will assist you in getting out of bed and into a chair.
- You will be assisted with walking in the hallways.
- You will be assisted into the bathroom for grooming.

Diet

- When your radiology study is negative (no leaks), you will begin the bariatric sugar-free clear liquid diet.
- You will be given small sips of water and a journal to write down your fluid intake. You will be instructed to drink 1 ounce every 30 or 90 minutes, depending on your surgeon's orders.
- You must be able to drink fluids without vomiting before you will be released from the hospital.
- You will drink only bariatric sugar-free clear liquids for the next two post-op days. Follow the nutrition advancement guide.

Pain control

- Use the pain scale.
- Use pain medications as needed. You may continue to use the PCA pump. Press the button as needed for pain.
- Tell your nurse the effects of the pain medication.
- Sometimes pain medication causes some nausea. Tell your nurse if you experience this so they may give you an anti-nausea medication through your I.V.
- When you are able to drink fluids without nausea or vomiting, your PCA pump will be discontinued and you will be given a liquid pain medication by mouth.
- Common side effects of narcotic pain medications include:
 - Nausea/vomiting/dizziness
 - Dry mouth
 - Constipation
 - Decreased appetite
 - Rash/itching
 - Decreased breathing

Things to report to the nurse

- Increase in pain
- Nausea or vomiting you may be experiencing
- Any drainage on your dressing
- Sudden onset of shortness of breath
- Any other concerns you may have

Discharge plan

- Most patients go home the first or the second day after surgery.
- Discharge education:
 - Pain management
 - Activities and restrictions
 - Diet advancement
 - Medications
 - Wound care
 - Follow up

Chapter Five – Surgery and Recovery

When Can I Go Home?

A smooth and speedy recovery depends on you following your patient care plan. By strictly following this plan, you will have a better chance of leaving the hospital. The type of procedure you have and your general recovery will determine your length of stay. Your surgeon and bariatric manager will review this with you.

Discharge Instructions – Gastric Banding

Wound care

- Change the bandages as instructed by your doctor until he/she says you do not need them anymore. Change them more often if they get dirty or wet.
- Gently wash the wound areas with mild soap and water. Pat them dry with a clean towel. Do not rub them.
- You may remove the bandages and take a shower if sutures (stitches), staples or glue were used to close your skin, but only after your doctor approves.
- Do not try to wash off or peel off the steri-strips or glue. They will come off/fall off on their own.
- Do not soak in a bathtub, swimming pool or hot tub until your doctor approves.

Diet

Refer to the Weight Loss Surgery Nutrition Advancement Guide that you received before your surgery. You may request an electronic copy before leaving. Some reminders:

- Stop sipping as soon as you feel full. Never force yourself to finish.
- Amounts: Your goal is to consume at least 32 ounces of fluids each day, 1–2 ounces every 30 minutes.

Activity restrictions

- Avoid lifting anything heavy for three to six weeks. If it hurts, don't do it. Check with your surgeon before you resume any movement that will make you strain.
- You may drive when your surgeon says it is safe.
- Walking is good. You may walk upstairs and downstairs.

Signs and symptoms to report

- Temperature is above 101°F
- Incisions are bleeding, red, warm to the touch or have a thick, yellow, green or milky drainage
- Pain that your pain medication is not helping
- Cannot drink or eat, or you are vomiting after eating or drinking
- Shortness of breath and developing chest pain or a pain in your leg
- Your skin or the white part of your eyes turns yellow
- Stools are loose or you have diarrhea
- A rapid heartbeat

Pain management

- Do not hesitate to take pain medication prescribed by your doctor.
- Do not take ibuprofen (Advil, Motrin), naproxen sodium (Aleve), or aspirin (Excedrin) as these may harm the lining of your stomach. Talk to your doctor if you feel you need to take these drugs. You may take acetaminophen (Tylenol).

Follow-up appointments

- You will have several visits with your doctor in the first year after surgery. You may also see your dietitian and program manager.
- Strongly consider enrolling in the post-op “Success Program” to help to ensure weight loss success.
- You will likely have a visit with your doctor in the first month after surgery. Your doctor will check your wounds and see how your diet is going.
- After this, your visits will likely be every one to two months.
- Your goal for weight loss will be about 2–4 pounds a week.

Special instructions

Exercise and support groups are very important to your success in losing weight and keeping it off. It is suggested that you attend a weight loss support group session once a month. In this group, you will continue to learn how to manage your new ways of eating, your new body and the changes in relationships that you may

Chapter Five – Surgery and Recovery



encounter. Go to TampaBayWeightLoss.org or contact your program manager for more information or for a support group schedule.

Discharge Instructions – Gastric Bypass

Wound care

- Change the bandages as instructed by your doctor until he/she says you do not need them anymore. Change them more often if they get dirty or wet.
- Gently wash the wound areas with mild soap and water. Pat them dry with a clean towel. Do not rub them.
- You may remove the bandages and take a shower if sutures (stitches), staples or glue were used to close your skin, but only after your doctor approves.
- Do not try to wash off or peel off the steri-strips or glue. They will come off/fall off on their own.
- Do not soak in a bathtub, swimming pool or hot tub until your doctor approves.

Activity restrictions

Begin to walk as soon as possible after surgery. Move around the house and use the stairs at home during the first week. If it hurts to do any activity, stop doing it. You should be able to resume most of your usual activities in four to eight weeks. Until then:

- Do not lift anything heavier than 10–15 pounds until your doctor approves. Do not do any activity that involves pushing or pulling.
- You may take short walks inside or outside, and you may go up and down stairs.
- Do not push yourself too hard. Increase activity slowly.
- If you are taking narcotic pain medication, DO NOT drive or use machinery because these medications may make you drowsy.
- If you have pain in your stomach, try moving around. This may help.
- If you need to cough or sneeze, hold a pillow firmly over your stomach for support. You should be able to start exercising regularly six weeks after surgery if your doctor approves.

Chapter Five – Surgery and Recovery

Diet

Refer to the Weight Loss Surgery Nutrition Advancement Guide that you received before your surgery. You may request an electronic copy before leaving. Some reminders:

- Stop sipping as soon as you feel full. Never force yourself to finish.
- Amounts: Your goal is to consume at least 32 ounces of fluids each day, 1–2 ounces every 30 minutes.

Signs and symptoms to report

- Temperature is above 101°F
- Incisions are bleeding, red, warm to the touch or have a thick, yellow, green or milky drainage
- Pain that your pain medication is not helping
- Cannot drink or eat, or you are vomiting after eating or drinking
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- Stools are loose or you have diarrhea
- Shortness of breath and/or worsening chest pain or pain in your leg
- A rapid heartbeat

Dumping syndrome

Symptoms of dumping syndrome can occur during your meal or to up to one to three hours after eating. Early symptoms (during a meal to 15–30 minutes following a meal) may include nausea, vomiting, abdominal pain, cramps, diarrhea, dizziness, lightheadedness, bloating, belching, fatigue, heart palpitations and rapid heart rate. Late symptoms (one to three hours after eating) may include diarrhea, dizziness, lightheadedness, fatigue, heart pounding, rapid heart rate, sweating, weakness, shakiness, feelings of anxiety, nervousness, fainting, mental confusion and low blood sugar (hypoglycemia). To avoid dumping syndrome:

- Avoid sugar and high carbohydrate food.
- Do not overeat or drink with meals.

Pain management

- Do not hesitate to take pain medication prescribed by your doctor.

- Do not take ibuprofen (Advil, Motrin), naproxen sodium (Aleve), and aspirin (Excedrin) as these may harm the lining of your stomach. Talk to your doctor if you feel you need to take these drugs. You may take acetaminophen (Tylenol).

Follow-up appointments

- You will have several visits with your doctor in the first year after surgery. You may also see your dietitian and program manager.
- Strongly consider enrolling in the post-op *Success Program* to help to ensure weight loss success.
- You will likely have a visit with your doctor in the first month after surgery. Your doctor will check your wounds and see how your diet is going.
- After this, your visits will probably be every one to two months.
- Your goal for weight loss will be about 2–4 pounds a week.

Special instructions

Exercise and support groups are very important to your success in losing weight and keeping it off. It is suggested that you attend a weight loss support group session once a month. In this group, you will continue to learn how to manage your new ways of eating, your new body and the changes in relationships that you may encounter. Go to TampaBayWeightLoss.org or contact your program manager for more information or for a support group schedule.

Discharge Instructions – Gastric Sleeve

Wound care

- Change the bandages as instructed by your doctor until he says you do not need them anymore. Change them more often if they get dirty or wet.
- Gently wash the wound areas with mild soap and water. Pat them dry with a clean towel. Do not rub them.
- You may remove the bandages and take a shower if sutures (stitches), staples or glue were used to close your skin, but only after your doctor approves.
- Do not try to wash off or peel off the steri-strips or glue. They will come off/fall off on their own.
- Do not soak in a bathtub, swimming pool, or hot tub until your doctor approves.

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- You may take short walks inside or outside and you may go up and down stairs.
- Do not push yourself too hard. Increase activity slowly.
- If you are taking narcotic pain medication, do NOT drive or use machinery because these medications may make you drowsy.
- If you have pain in your stomach, try moving around. This may help.
- If you need to cough or sneeze, hold a pillow firmly over your stomach for support. You should be able to start exercising regularly again six weeks after surgery if your doctor approves.

Diet

Refer to the Weight Loss Surgery Nutrition Advancement Guide that you received before your surgery. You may request an electronic copy before leaving. Some reminders:

- Stop sipping as soon as you feel full. Never force yourself to finish.
- Amounts: Your goal is to consume at least 32 ounces of fluids each day, 1–2 ounces every 30 minutes.

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Follow-up appointments

- You will have several visits with your doctor in the first year after surgery. You may also see your dietitian and program manager.
- Strongly consider enrolling in the post-op *Success Program* to help to ensure weight loss success.
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After Weight Loss Surgery: The First Few Weeks

After weight loss surgery, you must give your body and mind time to adjust. For example, you may feel very tired and have difficulty drinking enough fluids or protein because of a decrease in hunger. You may feel very emotional and experience feelings of regret. All of these are normal and they typically pass with time. It is important to have a good support system in place to help you deal with the changes you may experience. We offer weight loss surgery support groups twice a month at no cost to you. In addition, health care team members will help you adjust to the changes that occur after weight loss surgery:

- Your surgeon will manage your care after surgery. Keep all appointments and ask any questions you may have.
- Your program manager is always available to help you. Call if you need support or have any questions.
- A dietitian can help you set up a nutrition plan specific to your needs.
- A fitness professional can discuss fitness goals and help you design a program specific to your needs and physical limitations.
- A mental health professional can help you adjust to the psychological changes associated with weight loss surgery.

Call your program manager to make an appointment with a dietitian, fitness professional and/or mental health professional. It has been statistically proven that patients who participate in therapies after weight loss surgery lose more weight than those who do not. They are also able to better maintain their new weight. We recommend our *Success Program*. This program features coaching sessions with a dietitian, fitness professional and psychologist, which will help you achieve your weight loss goals and help insure lifelong weight loss success. To enroll in the *Success Program*, call your bariatric program manager.

After Weight Loss Surgery: The First Year

This is called the honeymoon period. Most patients typically experience a period of rapid weight loss during the first year after surgery. You may feel as though nothing you do (or fail to do) could stop you from losing weight. But this period will eventually end. Your hunger may return, and your weight loss will taper off and stabilize. Apply your new lifestyle during the first year so that it becomes normal for you.

After Weight Loss Surgery: Year Two and Beyond

When the honeymoon period ends, you will find that what you eat takes on even greater importance and will affect your weight. This is true whether you are still losing weight or maintaining your weight loss. This is also the time that making poor food choices will cause weight gain or weight plateau. It is important that you find the support to assist you with identifying the reasons for poor choices and to recognize difficulties with making positive lifestyle changes. You may want to reach out to your support group, weight loss team or a behavioral health specialist. If you continue to do things the way you did before your surgery, you will achieve the same results – weight gain.



