

Your Guide to Weight Loss Surgery





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Welcome to the BayCare Bariatric Surgery Program at St. Joseph's Hospital

This guide will help you learn more about weight loss (bariatric) 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 or bariatric program manager. They'll answer questions and help you and your family on your weight loss journey.

This guide has been prepared for information only. It shouldn't be considered a substitute for medical advice.

Meet Your Team

Throughout your weight loss surgery journey, before and after surgery, your surgeon is supported by a strong and talented team. These team members will help you prepare for surgery, make your hospital stay as comfortable as possible and help you recover as quickly as you can. Read more about the members of your team.

Dietitian

A registered and licensed dietitian and nutritionist will provide a minimum of three educational sessions before surgery. The dietitian will also visit you during your hospital stay to review postsurgical nutrition goals and guidelines.

Pharmacists

A clinical pharmacist will meet with you before surgery to review any prescription medications, over-the-counter products and supplements you may be taking, and develop a care plan specific to you and your safety before and after surgery. At this meeting, the pharmacist will also review medications you'll likely receive when you're discharged. A few days after returning home from the hospital, the pharmacist will call you to check and see how you're doing and help with any medication-related concerns.



How to Get Here

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. Patient needs to be nicotine free for at least 30 days before their procedure. Free resources include QuitNow at QuitNow.net/Florida or (877) U-Can-Now (877-822-6669).



Surgical Technique

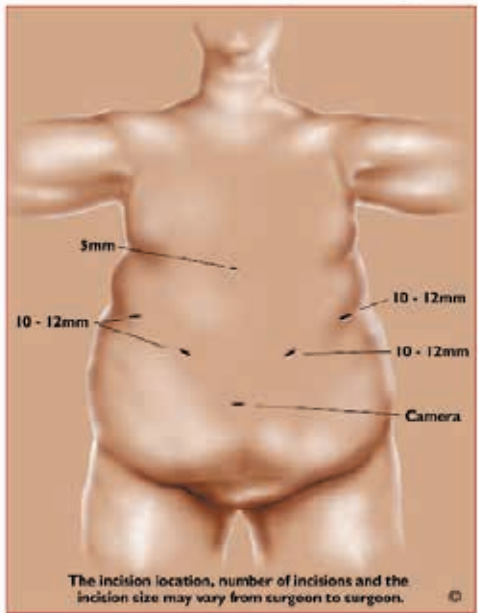
The surgeon may perform a minimally invasive robotic-assisted surgery using the da Vinci® technology. Using tiny instruments through a few small incisions, your surgeon will perform the surgery sitting at a console next to you. A camera provides a 3-D, magnified high-definition view inside your body. Your surgeon may recommend the laparoscopic or open technique.

Advantages of minimally invasive surgery include:

- 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



The da Vinci® Surgical System



Incisions for laparoscopic weight loss surgery

Weight Loss Surgery Procedures

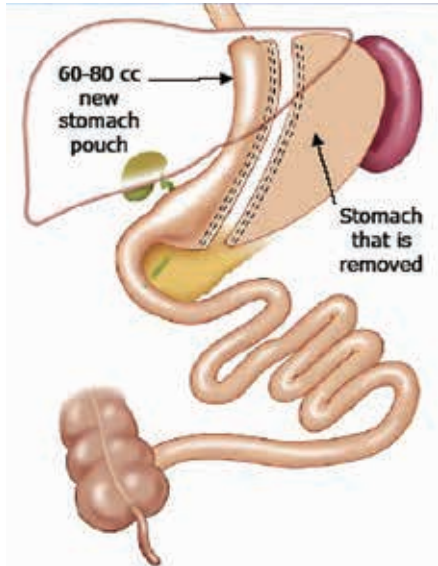
Sleeve Gastrectomy

The sleeve gastrectomy is a procedure that surgically removes about 2/3 of the stomach, with the remainder stapled closed. You'll feel full after eating or drinking only a small amount. The texture of your food intake will be advanced slowly after the procedure. It's important to follow guidelines provided around meal size, foods to choose, texture and frequency to both protect the healing staple line of new smaller stomach and help you feel your best after surgery. Vitamin and mineral supplementation is indicated after the sleeve gastrectomy procedure.

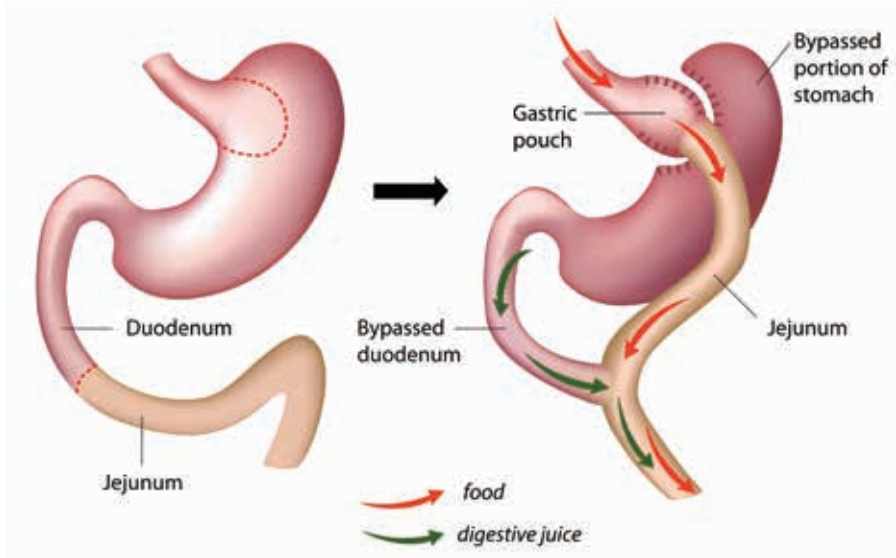
Gastric Bypass

Gastric bypass surgery results in a small stomach pouch and allows food to bypass part of the stomach and small intestine. While stapling creates a small stomach pouch, the remainder of the stomach isn't removed but is completely stapled shut and divided from the new stomach pouch. A portion of the small intestine is rerouted to connect to the small pouch of the stomach. Following your surgery, you'll feel full more quickly, and bypassing part of the stomach and intestine will also result in fewer calories and nutrients being absorbed. After surgery, the texture of your food will be advanced very slowly. It's important to follow the volume guidelines to initially not put pressure around the staple lines of the new pouch. The decreased absorption of nutrients can put you at risk for certain deficiencies. This makes vitamin and mineral supplementation very important.

Sleeve Gastrectomy



Gastric Bypass



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 make sure that you're healthy enough to undergo surgery.

Steps to Surgery

You'll receive a "Steps to Metabolic and Bariatric Surgery" info sheet at your initial surgical consultation. This lists surgeon's orders and insurance criteria that you need to meet before surgery. Tentative surgery date scheduling and authorization requests occur after completion of the presurgical program and receipt of all ordered clearances.

Smoking/vaping with nicotine disqualifies patients from surgery as it interferes with wound healing, causes respiratory complications and reduces all the medical benefits of weight loss. Therefore, if you're a smoker, you'll need to stop smoking at least 30 days or more before surgery, and a negative nicotine/cotinine urine or blood test is required.

Insurance

Health care benefits are constantly changing. It's important for you to understand your insurance benefits and coverage criteria for weight loss surgery, as every policy is different. Contact your insurance company to double-check our findings and confirm bariatric surgery coverage for the treatment of obesity at St. Joseph's Hospital (*CPT codes 43775 for sleeve gastrectomy or 43644 for gastric bypass*). Upon completion of presurgical testing and clearances with receipt of records to the Weight Loss Surgery Program, your presurgical file will be reviewed for completion. Once you have a surgery date, your presurgical records are submitted to your insurance for review and approval. You may contact the BayCare Central Pricing Office at (813) 852-3116 or MyEstimator.org to request an estimate of financial responsibility. The resulting estimate may not match your final bill exactly.

Presurgical Weight Loss

Per your surgeon's orders, you'll begin a structured diet two weeks before your official surgery date. Education on what foods to include and the protein powder to use will be reviewed at the presurgical bariatric nutrition consult. If you misplaced your presurgical diet instruction sheet or supplement order form, contact the Weight Loss Surgery Program at (813) 870-4986 to request another copy.

Discharge Planning

Typically, the hospital stay for a sleeve gastrectomy is one to two nights. However, there may be a situation when you may need to stay longer. For gastric bypass surgery, the usual hospital stay is two to three nights. General discharge goals include the ability to tolerate fluids, move around with little assistance, urinate and adequate pain control (*on a 0–10 scale, your pain should be at a five or below*), and a good understanding of your postsurgical nutrition plan.

Preparing to Take Time Off from Work

Talk to your employer about taking time off from work. After surgery, one to six weeks may be needed based on the type of work you do. Family and Medical Leave Act (FMLA) and/or short-term disability forms can be faxed or hand delivered to the surgeon's office once a surgery date is scheduled. There's a \$25 fee for the surgeon's office to complete this paperwork. The surgeon's office won't complete intermittent FMLA paperwork for presurgical visits, such as imaging studies or appointments with the multidisciplinary team.

Presurgical Preparations

Preparing for Your Surgery

A visit to St. Joseph's Hospital before surgery, called a preadmission testing (PAT) visit, will be arranged to help prepare you for surgery. You'll get a phone call from a nurse before your PAT appointment and they'll ask about your health history and current medication use, and will give you instructions for surgery.

During your PAT appointment, you will:

- Be expected to pay your insurance copay. St. Joseph's Hospital will provide a reference to a financial counselor.
- Have any needed tests done. This may include blood tests, a urine test, chest X-rays, an EKG and other tests ordered by your bariatric surgeon.
- If needed, the anesthesia department will review your health history, medication use and test results to determine your anesthesia needs. Anesthesia is given during surgery to induce sleep and prevent pain.

The length of your visit will depend on your needs before surgery as well as the number of patients scheduled, so allow at least an hour for your appointment. You're very important to us and we'll work hard to answer your questions, make your visit as pleasant and short as possible and, most importantly, make your surgery safe and successful. You may be directed to continue taking medications until the day of your surgery or you may need to stop taking certain medications. Talk with your doctor about which medications to take and which to stop. It's 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.



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
- Debit or credit card if purchasing protein powders, vitamins and/or discharge medications before you leave the hospital

Leave jewelry and other valuables at home. We supply plus-sized gowns for your comfort.

The Day Before Your Surgery

- Don't eat or drink anything after midnight. Failure to do so may result in the cancellation of your procedure.
- 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.
- You'll get a phone call from a team member from St. Joseph's Hospital the day before your operation reminding you when to arrive at the hospital.

The Morning of Your Surgery

- If you've been instructed to take medications 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 if you didn't bathe or shower the night before surgery.
- 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.
- In the hospital, per surgeon orders, you may be given a scopolamine patch which is placed behind the ear to help with nausea, and 1,000mg of liquid Tylenol and 600mg of liquid gabapentin to help with pain after surgery.
- If you'd like to have your discharge prescriptions delivered to your room, let your nurse know you want to use our Meds-to-Beds program.



Sleep Apnea and Surgery

Immediately after surgery, it's 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's vital that you use your CPAP equipment before and after surgery.

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're in a coma or near death
- You can't communicate your wishes through speech, in writing or by gestures

If you don't have a living will, you can request one when you're 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'll become a part of your records.



At the Hospital

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

- When you arrive, you'll meet with a nurse. They'll review what you can expect before and after surgery.
- You'll get a hospital gown and a bag for your clothes and belongings.
- You'll be admitted to the presurgical area. A nurse will take your vital signs and ask questions to prepare you for surgery. An intravenous (IV) line will be started.
- You'll be helped onto a stretcher and wheeled to the surgery holding room, where you'll be introduced to your surgical team. While you're in the holding room, you'll get medication through the IV to make you feel relaxed and comfortable.
- You'll 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'll be put in your bed and taken to the post-anesthesia care unit until you wake up. This process usually takes one to two hours.
- 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's 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're fully awake and medically stable, you'll be transferred to the medical/surgical floor where you'll be put in a bariatric-friendly room.

Keeping You Safe

Keeping you safe is our top priority. We'll regularly ask you to identify yourself by stating your name and birth date and we'll compare that to your identification armband. This makes sure that we give you 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 hasn't washed their hands, ask them to do so. Your doctor will also order IV antibiotics before and sometimes after your surgery to help prevent surgical site infections.

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'll 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 IV or by inhaling it. Your level of sleep is closely monitored to make sure that you won't wake up 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're having. The pain caused by surgery may be more severe at first, but it'll 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:

- Help your team in measuring your pain. Your nurses will ask you to rate your pain on a scale of 0–10.
- 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 Pain

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



Pain Medications

We'll help treat your pain using two different methods. Let your surgeon know in advance if you have a sensitivity to any of these medications:

- **IV:** Dilaudid and/or toradol are the most common pain medications used after surgery.
- **Oral:** Oral pain medications, if needed, may include norco, percocet, liquid Tylenol or gabapentin.

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

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

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're awake. Perform deep breathing and coughing exercises.
- Your incisions/dressings/drain (*if present*) will be checked regularly.
- You'll have an IV. It's important that you're able to drink fluids without difficulty before it'll be removed.
- You may have a catheter in your bladder that'll be inserted during surgery. It'll be removed the morning after surgery. If you can't urinate once your catheter has been removed, tell your nurse.

Discharge Medications

When indicated, per surgeon’s order:

- Pain medication
- Nausea medication to be taken as needed (*Zofran*)
- Constipation medication to be taken as needed (*milk of magnesia*)
- Medication to suppress stomach acid (*pantoprazole* or *famotidine*)
- Medication to prevent gallstones if gallbladder still present (*ursodiol*)

Breathing 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 your incentive spirometer every hour while you’re awake. 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 can’t inhale anymore, hold your breath for six seconds then exhale slowly. Repeat as often as prescribed by your doctor.

When Can I Go Home?

A smooth and speedy recovery depends on you following your patient care plan. By strictly following this plan, you’ll have a better chance of leaving the hospital on your scheduled day. The type of procedure you have and your general recovery will determine your length of stay. The bariatric team will review the discharge instructions with you.

Discharge Instructions

Follow Up

- Your first year of follow-up appointments will be scheduled and provided to you by your surgery date.
- Standard visits during the first year after surgery occur at two weeks, six weeks, six months and 12 months from your surgery date, with annual visits at year two and beyond.

Signs and Symptoms to Report to Your Doctor

- Temperature above 101°F
- Incisions that are bleeding, red or warm to the touch, or have a thick, yellow, green or milky drainage
- Pain that your pain medication isn’t helping
- You can’t keep fluids down
- Severe nausea and/or vomiting after drinking
- Your skin or the white part of your eyes turns yellow
- Your stools are loose or you have diarrhea

- You develop a rapid heart rate
- You become short of breath and/or experience chest pain
- You develop a pain in your leg
- Shoulder pain that becomes worse over the few days following the surgery
- **You go to an emergency department for any reason**

Constipation is normal during the initial postsurgical period. If you’re uncomfortable for three to five days, you can take one tablespoon of milk of magnesia every 12 hours until you have a bowel movement, then discontinue.

Wound Care

- Leave bandages intact for three days after you’ve been discharged, then remove. Wash your hands with Dial® soap or other antibacterial soap before you remove them.
- If moisture gets in/underneath the bandages, they become saturated with blood or if the sides are lifting before the three days, remove them (*after cleaning your hands*).
- You can shower. Don’t take a tub bath or go swimming in a pool until the doctor advises you to do so.
- Gently wash the wound areas with Dial soap or other antibacterial soap and water. Pat dry with a clean towel. Don’t rub dry.
- To reduce the chance of infection, use a clean towel every time you wash and dry wound areas
- **Don’t try to wash off or peel off the steri-strips or glue.** They’ll come off on their own.
- If you have staples, leave them alone. Staple removal will take place at the surgeon’s office during a scheduled appointment.

Activity

- Walk at least three times every day. Slowly increase the amount of steps that you take each day. Don’t overdo it. If you have pain or discomfort, stop and rest.
- Limit the use of stairs.
- **No lifting, pushing or pulling anything heavier than 10 pounds for six weeks after surgery.**
- No straining or strenuous exercise. If you need to cough or sneeze, hold a pillow firmly over your belly for support.
- No swimming until three weeks after surgery.



Liquids and Vitamins

- It’s essential to stay hydrated.
- Refer to your *Weight Loss Surgery Nutrition Advancement Guide* that you received before surgery for details. Some reminders:
 - Drink sugar-free clear liquids and high-protein liquids.
 - Sip liquids very slowly, one to two ounces every 30 minutes.
 - Minimum daily goals are 48 fluid oz. from 24 ounces (*three cups*) of sugar-free clear liquids (*water, Crystal Light, fat-free broth, etc.*) PLUS 24 ounces (*three cups*) of high-protein liquids (*protein powder mixed with 1% or fat free milk, Lactaid® or Fair Life® if lactose intolerant, or unsweetened soy milk*)
- Begin vitamin and mineral supplementation once you’re home from the hospital. Remember to take calcium in divided doses and separate by at least two hours from a multivitamin that contains iron. Contact the Weight Loss Surgery Program at (813) 870-4986 if you have questions about your postsurgical nutrition goals or to schedule an appointment with the bariatric dietitian.

Pain Management and Medications

- You can take the pain medication prescribed to you by your doctor. DON’T take ibuprofen (*Advil/Motrin*), naproxen (*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. It’s acceptable to take acetaminophen (*Tylenol*).
- It’s best to take medications in liquid or chewable form. If your medication only comes in pill form, choose smaller pills when available. Ask your pharmacist or doctor if medication can be broken. Take only one pill at a time. Never take several pills at once because it may lead to a blockage.
- If you’re taking narcotic pain medication, don’t drive or use machinery. These medications may make you drowsy.
- Constipation is normal during the initial postsurgical period while on liquid diet texture. If you’re uncomfortable for three to five days, you can take one tablespoon of milk of magnesia every 12 hours until you have a bowel movement, then discontinue.
- You’ll get a phone call from the pharmacy team approximately one week after surgery to review medications and answer any questions.

Special Instructions

It’s highly recommended that you participate in bariatric surgery program support groups after your procedure to continue learning how to manage your new ways of eating, the importance of activity and changes in relationships you may encounter. Contact the Weight Loss Surgery Program at (813) 870-4986 for upcoming support group dates.

Possible Postoperative Complications

Airway Obstruction

All patients are encouraged to keep the head of the bed elevated after surgery. If you have sleep apnea and use a CPAP machine, be sure to bring your CPAP machine to the hospital on the day of surgery. CPAP will be applied immediately after surgery while you’re waking up from anesthesia. The respiratory therapy team will also meet with you to make sure everything is working correctly.

Leak

This is a rare but serious complication. Follow your nutrition advancement guide as instructed to lessen stress to the suture site. Signs and symptoms include increased heart rate over 120 beats per minute, left shoulder pain and shortness of breath.

Deep Vein Thrombosis (DVT)

Blood clots can form in your legs as a result of surgery and decreased activity. Medical prevention consists of compression therapy to your legs and medication (*lovenox or heparin*) during your hospital stay to prevent clots. **Walking as soon as possible after surgery** will improve circulation and help prevent blood from pooling in your legs. Signs and symptoms include a calf that’s swollen and warm to the touch.

Pneumonia

Surgery and decreased activity limit the expansion of the lungs, creating an environment for pneumonia. Using the incentive spirometer as instructed will help to expand the lungs. Walking soon after surgery also helps expand the lungs and decreases the chance of developing pneumonia. Signs and symptoms include elevated temperature greater than 101.5 degrees and difficulty breathing.

Reflux

Reflux is common after sleeve surgery. You may need to increase your PPI medication. Eat more slowly and take smaller bites. Sit upright for a minimum of 30 minutes after eating. Don’t lie down right after eating. Avoid foods that are spicy or acidic (*coffee, tea, tomatoes*) if experiencing reflux.

Emotional Changes

Be prepared for emotional ups and downs after you go home from the hospital. If these feelings continue or get worse, contact the bariatric surgery program or your mental health provider.

Stricture or Obstruction

The opening from the newly created small stomach pouch may narrow or close. The obstruction can usually be opened by performing an endoscopic examination as an outpatient procedure.

Vomiting

Vomiting is often a result of overfilling the small stomach pouch, drinking liquids too soon after a meal or not chewing food well. Eat slowly, chew your food well and stop eating at the first indication that you’re full (*satiety*). Excessive nausea or vomiting should be reported to the team so that you can be evaluated.

Wound Concerns

- It’s common to have drainage of clear to reddish fluid from your wound in the first week or two after surgery.
- A small amount of blood can make the fluid appear bright red. A reddish appearance is no cause for alarm.
- If you notice signs and symptoms of infection (*pus-like discharge, red streaks, fever, swelling or pain at incision sites*), notify your health care team.
- Contact your surgeon’s office with any concerns as soon as you notice any signs of infection or excessive drainage.

Long-Term At-Risk Considerations

- Gallstones and kidney stones
- Gastric outlet strictures
- Internal hernias
- Marginal or stomal ulcer secondary to the use of nonsteroidal anti-inflammatory drugs
- Nutritional deficiencies
- Periodontal disease
- Pregnancy is contraindicated for 18–24 months post-bariatric surgery because of the rapid weight reduction resulting nutritional deficiencies (*Thomas & Taub, 2010*).
- Ulcer

Thiamine Deficiency

Minimal nutrient intake, vomiting, and/or skipping bariatric-specific vitamins can lead to a possible thiamine deficiency. This specific nutrient deficiency is rare but can be serious and needs to be addressed immediately. Call the surgeon’s office or go to the emergency room if you have two or more of these signs/symptoms:

- Altered mental status or delirium
- Altered gait (*difficulty or abnormal patterns of walking*) or reduced reflexes
- Confusion
- Nausea and vomiting

Small Bowel Obstruction (SBO)

This is an obstruction in the intestine that can cause difficulty passing material through the bowel. Signs to be aware of are severe abdominal pain, nausea/ vomiting and inability to pass gas or have a bowel movement. To prevent a SBO from occurring, stay hydrated, don’t do any heavy lifting, perform no strenuous exercise for the first six weeks after surgery and follow postsurgical diet guidelines.

Medications and Vitamins After Surgery

Medications to Avoid

Changes in the structure of your stomach and absorption in your intestines doesn’t allow your body to utilize some medications. **Time- and extended-released medications should be avoided.** Consult your pharmacist if you’re unsure if a medication is appropriate or can be crushed. These medications should be avoided after surgery:

- | | | |
|----------------|-------------|------------|
| ■ Advil | ■ Diurex | ■ Mobic |
| ■ Alka Seltzer | ■ Dolobid | ■ Motrin |
| ■ Anacin | ■ Excedrin | ■ Nalfon |
| ■ Aspirin | ■ Feldene | ■ Naproxen |
| ■ Celebrex | ■ Fiorinal | ■ Norgesic |
| ■ Coricidin | ■ Ibuprofen | ■ Tolectin |
| ■ Cortisone | ■ Meclomen | ■ Vanquish |

Medication Adjustments

Your diabetes and blood pressure medications may need to be reduced, stopped or otherwise adjusted after surgery. Follow up with your doctor(s) who normally prescribe these medications as soon as possible after surgery. It can be helpful to keep a log of your blood sugar and blood pressure if you’re on these medications to help determine changes in dosage. Consult your bariatric pharmacist at (813) 870-4863 if you have any questions about your medications after surgery, including herbal supplements.

Vitamins After Surgery

Due to your decreased volume and variety of food, it’ll be difficult to consume adequate amounts of various nutrients. Vitamin and mineral supplements are required to ensure proper levels of nutrients due to malabsorption and eating less food after surgery. Vitamin and mineral supplementation is a LIFELONG requirement after bariatric surgery. Refer to your *Vitamins and Minerals After Weight Loss Surgery* handout.

Bloodwork and Labs

Follow up with your primary care physician after surgery for bloodwork at six months, 12 months and annually thereafter (*it’s recommended that B12 be checked starting at three months postoperative*):

- | | | |
|------------|------------------|--|
| ■ B12 | ■ Folic acid | ■ Fat-soluble vitamins A, D (25 hydroxy), E, K |
| ■ CBC | ■ Lipids | ■ Zinc |
| ■ CMP | ■ TSH | ■ Copper |
| ■ Iron | ■ HA1C | |
| ■ TIBS | ■ Thiamine (B-1) | |
| ■ Ferritin | ■ Calcium | |



After Weight Loss Surgery

The First Few Weeks

After weight loss surgery, 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's important to have a good support system in place to help you deal with the changes you may experience. Focus on staying hydrated (*getting enough fluids*).

The First Year

Most patients typically experience a period of rapid weight loss. You may feel as though nothing you do (*or fail to do*) could stop you from losing weight. 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.

Year Two and Beyond

You'll find that eating and activity take on an even greater importance and will affect your weight. This is true whether you're still losing weight or maintaining your weight loss. It's recommended that you attend support groups to reinforce behavioral changes. One-on-one nutrition consultations with the bariatric registered dietitian are always available and can be scheduled by calling (813) 870-4986.

The Role of Ghrelin and Leptin

The division of the stomach that occurs in both gastric bypass and sleeve gastrectomy procedures has an effect on hunger hormones.

- **Ghrelin:** Ghrelin is a hormone that helps make sure 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.



Frequently Asked Questions

Why do I have to stop smoking?

Smoking can lead to complications during and after surgery such as ulcers, bowel perforations, delayed healing and increased risk of a leak. We want you to be successful with your decision to have weight loss surgery and eliminate any unhealthy habits that wouldn't lead to improving your health and lifestyle.

Will I lose my hair? Can I prevent hair loss?

Hair thinning can occur due to nutrient changes in your body. Meeting your protein goal and taking vitamins and mineral supplements each day can help. Hair loss is usually noted three months after surgery; after seven months regrowth begins. Not everyone has hair loss and it's temporary.

Is it normal to feel full and that food is “stuck?”

During surgery you were intubated (*a breathing tube was placed down your windpipe*) and you may have a sore throat or hoarse voice. This is temporary. If you have **ANY breathing difficulties**, notify your medical team immediately, or call 911 if you're at home. Remember, surgery affects how food travels in your digestive system and your satiety (*feeling full*). You're going to feel different. Time, patience and knowledge will help you be successful and healthy.

I don't like to exercise. How will this affect my weight loss after surgery?

Regular exercise is a habit you need to develop after committing to weight loss surgery. Find exercise you enjoy and that you can also do by yourself before having surgery. Don't sit for long periods of time as blood clots may form.

When can I go back to work?

Your ability to return to work should be addressed with your surgeon.

What about driving?

If you're taking narcotic pain medication after surgery, don't drive until you've stopped taking them.



Where do I buy vitamin and mineral supplements?

We recommend looking for quality brands that are bariatric specific. If you have questions about the many choices of brands available, ask your dietitian. Buy your vitamins and minerals before surgery to make sure they're available when you get home from the hospital. You'll need to take vitamins every day to avoid nutrient deficiencies.

Why are my clothes fitting loosely, but the scale hasn't moved?

It's normal to have periods of plateaus through all phases of weight loss after surgery. After weight loss surgery, you may lose weight quickly at first, and then as time passes, the weight loss slows down. You may lose inches and not pounds during a plateau. It can be inconsistent with alternating periods of significant weight loss followed by no weight loss. This is normal.

How do I fit fiber into my eating plan?

When beginning the pureed/blenderized texture diet after surgery and beyond, in addition to eating proteins at meals, it's important to remember to incorporate a small amount of vegetables, fruits and beans (1–2 tablespoons) to each meal. Plant-based foods contain fiber and beneficial phytonutrients, which are missing from vitamin/mineral supplements.

Is it okay to have protein bars and high-protein cookies?

Protein bars and high-protein cookies are sources of carbohydrates and usually loaded with sugar and fats, which isn't the best way to get protein. Don't make protein bars or cookies part of your regular meal plan; it's okay to have them occasionally. Look for those with 10–15 grams of protein, 5–8 grams of fiber and less than 15 grams of sugar, with no more than 200 calories.

A Final Note

The Weight Loss Surgery Program at St. Joseph's Hospital wants to help you on your journey to better health. Following the instructions in this guide will help make sure that you heal as fully and quickly as possible, and that you'll be successful at reaching your weight loss goals. After you return home, you may receive a satisfaction survey in the mail. Your comments and feedback are vital to our continued quality improvement. We value your input and strive to provide quality health care to all we serve. On behalf of your St. Joseph's Hospital team, we wish you a speedy recovery and success with your health and weight loss goals. We know that you have many choices when it comes to your health care needs. Thank you for choosing us to provide your care.

My Medical Questions and Notes

Use this page to write notes or questions to ask your surgeon, dietitian, nurse or any member of your weight loss team.

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