DISCHARGE INSTRUCTIONS FOR BARIATRIC (OBESITY) SURGERY

Introduction:

You have had a procedure called bariatric surgery. During this procedure, we surgically changed your stomach so it can only hold a small amount of food at one time, absorb a certain amount of food at one time, or both. This will help you lose weight and decrease your risk of health problems, such as diabetes, respiratory problems, and coronary artery disease. This surgery will make it difficult for you to eat large amounts of solid foods. After the surgery, you must eat very small meals. Eating too much food or too fast may cause unpleasant symptoms, such as nausea or vomiting.

Changes in How you Eat

- Follow the diet that was prescribed for you before and while you were in the hospital. Eat 80-100 grams of protein and liquids (e.g. soups) for 4 weeks after the surgery
- Drink liquids in smaller amounts than you used to. This will make it easier for your body to digest. But, it is important that you continue to drink liquids (in small amounts) so that you do not become dehydrated. Your total daily intake liquid (protein supplement + other should be 40-50 ounces). Some signs of dehydration include dry mouth and dark urine.
- Eat slowly. Eating too much or too fast will cause nausea and vomiting.
- Avoid the unpleasant effects of the dumping syndrome. The syndrome refers to abdominal pain, nausea, and bloating that occur after eating foods high in sugar, such as ice cream and milkshakes, following a bariatric procedure. Diarrhea, sweating, and fainting can also occur. So avoid foods that could cause this.
- Attempt to request for medicines and vitamins in the liquid form. All pills should be crushed unless specifically instructed not to do so.

Activity

- Keep in mind that recovery takes several weeks. It is normal to feel tired. Rest as needed.
- Walk as often as you feel able. Increase your activity slowly. You should average walking once every 4 hours.
- Do not lift anything heavier than 10 pounds.
- Avoid strenuous chores, such as vacuuming or lifting full bags of garbage, until the doctor says it’s okay.
- Climb stairs slowly and pause after every few steps.
- Start an exercise program 1 week after discharge. You can benefit from simple activities such as walking or gardening. Ask us how to get started.
- Ask us when you can expect to return to work.

Home Care

- Continue the coughing and deep breathing exercises you learned in the hospital. Take your incentive spirometer home.
- Shower as needed. But avoid baths, swimming pools, and hot tubs for 2 weeks after going home. This helps prevent infection of the incision site.
- Keep the incision clean and dry. Wash the incision gently with mild soap and warm water. Then gently pat the incision dry with a towel.
- Follow our instructions about caring for the dressing covering your incisions.
- If your wound opens or drains, call the Bariatric Surgical Office.
- Again, take your medications in crushed or liquid form for 3 weeks after surgery and as instructed.
- Keep in mind that your medications will need to be adjusted as you lose weight.
- Learn to take your own pulse. Keep a record of your results. Ask us which readings mean that you need medical attention.
- Don’t drive for 2 weeks after surgery.
- Bring records of your health care and all your medicines (or at least an accurate list) to your appointments.
Follow-up

- Make a follow-up appointment as directed by Debbie or Darlene.
- Be sure to go to the laboratory or x-ray to obtain your outpatient studies.
- Bring your medical progress charts (if you have them) and medicines as noted above.
- CALL 310-222-8205 if you are having difficulty or go to the Emergency Room/Urgent Care Center.

WHEN TO BE ALARMED

- CALL 310-222-8205 AND TALK TO DEBBIE OR DARLENE (DON'T LEAVE MESSAGES). OTHERWISE GO TO THE EMERGENCY ROOM OR URGENT CARE CENTER AT HARBOR-UCLA IF:
  - Shortness of breath; difficulty breathing; chest pain (CALL 911)
  - Painful or swollen leg(s)
  - Cloudy or smelly drainage from the incision site
  - Fever of 100.4°F or higher, or shaking chills
  - Fast pulse
  - Night sweats
  - Persistent pain, nausea, or vomiting after eating
  - Diarrhea beyond the first week after discharge
  - Pain in your upper back, chest, or left shoulder
  - Persistent hiccups
  - Confusion, depression, or unusual fatigue
  - Signs of bladder infection (urinating more often than usual; burning pain, bleeding, or hesitancy when you urinate).

Making Bariatric Surgery Work for You: (READ the book: Surgical Weight Loss for Dummies)

After bariatric surgery, success is in your hands. The changes you make need to be lifelong commitments. Follow any instructions you are given on nutrition and activity. Be aware that how you see yourself and how others see you may change. Turn to those close to you for support. They can help you adjust to your new life,

What to Expect As You Lose Weight

Most likely, you will lose weight steadily each month after surgery. The most rapid weight loss often happens during the first 6 months after surgery. Most patients lose over half their excess weight in the first year and a half. After that, you may gain a small amount of weight back. This is normal. Most likely, you won’t reach your ideal weight. But you’ll reach a healthier weight.

Changing Your Eating Habits: Permanently!

To stay healthy, you may be given guidelines such as:
- Choose high-protein foods to help prevent nutritional problems.
- Eat slowly. Take small bites. Chew each bite well before swallowing it.
- Stop eating as soon as you feel full.
- Do not snack between scheduled meals.
- Drink sugar-free liquids, such as water. Drink them between (not with) meals. Wait 1 hour after meals before drinking liquids.
- Take vitamins as directed.
- Avoid fibrous foods, such as celery, string beans, and unprocessed meat.
- Avoid alcohol and carbonated drinks.

Having an Active Lifestyle

These tips can help you succeed:
• Choose a form of exercise you enjoy.
• Exercise at your own pace.
• Ask a friend to join you.
• Keep a record of your exercise activity in a calendar or notebook. Some people find this is a good way to track their progress and stay motivated.

Finding Support
You might talk to:
• Friends and family members.
• Other bariatric surgery patients. Often they know just what you’re going through. You may find other patients through a support group at your bariatric surgery program. Or there may be a group in your local community.
• A mental health professional. If you spoke before surgery, you might seek him or her out again. Special counseling or classes may be suggested.

NUTRITIONAL ADVICE AND “OWNERS MANUAL” AFTER BARIATRIC SURGERY

Following weight loss surgery, your body and “new” digestive tract need time to adjust. Before your surgery you were given nutritional programs (e.g. protein selection) and you were started while you were in the hospital. CAREFULLY follow the program as the ultimate success of the surgery depends on your focus and choices.

BASIC INSTRUCTIONS (You have heard this before):
• Eat 3 meals per day, no more! Protein, 80-100 grams daily is essential!
• Avoid eating between meals. Avoid “flavored” beverages (e.g. Gatorade) as they contain huge amounts of carbohydrate → DUMPING. Avoid diet soda as the carbonation will stretch your pouch.
• Drink 40-60 ounces of fluid daily. Even water must be consumed slowly, 2-3 ounces per swallow. Your stomach is small! DO NOT drink water with your meals!
• Engage in exercise (start slowly – walking). Read the book Surgical Weight Loss for Dummies!

THE FIRST FOUR WEEKS (Phase I)
When you are post-operative in the hospital and initially discharged the effects of bariatric (obesity) surgery on nutrition and your well being reflect its restrictive (small stomach = size of an egg) effect.
• Eat 3 meals consisting of protein supplement (80-100 grams of protein daily) + broths, tea.
• Consume a total of 40-60 ounces of fluid daily; the difference from your meals is water.
• Guidelines to ease back into the daily routine. Look at your pre-operative teaching and Surgical Weight Loss for Dummies book.

→ Begin your walking program (at least every 4 hours)
→ You may shower within 24 hours.
→ You may return to driving once you no longer need pain medications. This is often 2 weeks after surgery.
→ You may resume sex in 3 weeks.
→ You may return to work in 2 weeks, or as instructed.
→ Avoid lifting anything over 10 pounds for 6 weeks.
→ Take your medications
  * Liquids, if possible.
  * Crush all pills unless otherwise instructed
  * Be AWARE your medication needs WILL CHANGE!
→ IF YOU HAVE QUESTIONS OR PROBLEMS CALL.

THE SECOND FOUR WEEKS (Phase II)
As your digestive tract heals and you become more active you’ll still eat 3 basic meals which are low-fat, low carbohydrate pureed or semisolid food. DO NOT be tempted to “just try” bread, chunks of meat or leafy vegetables no matter how well you chew them as the ball of food can get stuck! It hurts!
• Protein in form of food + supplement to add up to 80-100 daily. Remember, it is essential that each meal contain at least one-half (1/2) the calorie source as protein. Consult the Calorie King (small) book as a reference – 1st twenty-five pages.
• Consume a total of 40-60 ounces of fluid daily adding to the total as you become more active.
• Vitamin and Mineral Availability
- **Multivitamins**
  The markedly reduced intake volume following bariatric surgery means that ingestion of vitamins within food will be inadequate. Every patient therefore needs to supplement dietary vitamin intake with a high-potency multivitamin supplement. The following are some examples: Use liquid forms if possible.
  - Multigenics Intensive Care (Metagenics)
  - Trader Joe’s – The Women’s Formula
  - Vitox (IDN)
  - Kirkland High Energy Pack (Price/Costco)
  - Centrum
  - Any well-formulated High-Potency Multivitamin Preparation.

- **Vitamin B-12**
  Impaired uptake of Vitamin B-12 your “new digestive tract” may lead to a deficiency. It is recommended that this be replaced by use of Vitamin B12 replacement: options are:
  - Sub-Lingual Vitamin B-12 (Trader’s Joe’s)
  - Vitamin B-12 1000 mcg q 3 months sub-cutaneously.

- **Iron**
  Iron uptake occurs primarily in the duodenum, and is significantly impaired following Gastric Bypass. Iron supplementation is recommended in all menstruating females. Deficiencies are not expected with either lap bands or sleeve gastrectomy. The preferred formulation is Ferrous fumarate, with Vitamin C, in a *non-enteric coated* tablet.
  - Ferrancee HP
  - Vitamin C

- **Ferrous Sulfate** is very poorly absorbed, and is quite distressing to the GI tract. It should not be used in Gastric Bypass patients.

- **Calcium**
  Calcium intake is likely to be inadequate in the bypassed patient, due to reduced food intake, and the need to avoid milk ingestion. Calcium absorption is not impaired. Patients should ingest 1000-1500 mgm of Calcium daily. Suitable preparations are numerous. The preparation must be Calcium Citrate.

- **Vitamin D**
  In order to prevent “soft bones” (osteoporosis) in the future it is necessary to pay special attention to Vitamin D and take in about 1500 units daily. This vitamin works on calcium balance.

**BEYOND EIGHT WEEKS (Phase III)**
Increasing tolerance of your new digestive tract allows the addition of “regular” food. THE CHOICES MUST BE WISE, following the principles above. DO NOT SLIDE back into bad habits or the full effect of your surgery will not be achieved. Additional issues to be aware of are below BUT GET HELP EARLY!

- **Repetitive Vomiting and Dehydration** may occur early in the post-operative course. Several factors appear to play a role in the pathophysiology of this complaint:

  - **Inadequate chewing of solid foods.** Nearly all cases of nausea begin after institution of use of solid foods. Most obese persons habitually ingest their food rapidly, often in large bites, and chew very minimally. A normal stomach will compensate for this behavior, but the tiny pouch is easily obstructed, or overwhelmed with volume, and reacts by producing nausea and vomiting. Patients much conscientiously focus on chewing each morsel until it is essentially liquefied.

  - **Bowel obstruction (blockage)** – You will likely experience waves of crampy abdominal pain.

  - **Fatigability** and reduced energy is an occasional post-operative complaint, and is usually associated with inadequate exercise and physical conditioning. It is important all patients exercise daily, for at least 20 minutes of aerobic activity. An additional weight resistance regimen is very beneficial when added to the aerobic program several days a week. All our patients are repeatedly counseled and advised that exercise is essential to maintenance of muscle mass during calorie restriction.

  - **Slow Weight Loss** is an occasional complaint. Some persons experience a 20-30 lb loss the first month, and then expect loss to continue at that rate. A loss of 2 lb. per week is healthy and reasonable, and will lead to the
loss of 100 lb. in one year. The first investigation should be fore compliance with the basic program described above (the most frequent lapse is between-meal snacking, which must be stopped, with the aid of increased water intake.).

- **Diarrhea** occurs occasionally and must be promptly reported as it will lead to dehydration with a smaller oral intake. If symptoms do not go away within 24 hours, then seek HELP! Causes include:
  * infection of a toxin producing bacteria
  * “dumping” syndrome – you are eating too much sugar!
  * Lactose intolerance – you may lose the ability to digest lactose (a sugar found in dairy products).
    Symptoms include cramps, bloating, and diarrhea. Avoid any foods (such as milk and cheese) if this happens.
Remember, diarrhea is not caused by bariatric surgery.

- **Pregnancy** – can result as fertility is often impaired by obesity and is greatly increased with weight loss. Conception while losing weight puts the fetus at risk! Avoid pregnancy for 12-18 months after weight loss surgery.

In summary, this is an exciting time! Change will occur and it will occur rapidly. You have a responsibility to yourself and your loved ones to care for your well being. Ask questions and seek information about your post-operative care. DON’T FORGET YOUR FOLLOW-UP APPOINTMENTS!

Good Luck!

RESOURCES TO ANSWER YOUR QUESTIONS:

- **Bariatric Surgical Office Harbor-UCLA Medical Center** 310-222-8205
- **Website:** Kleintyme.com
- **Surgical Weight Loss for Dummies**
- **American Society for Bariatric Surgery** – [www.asbs.org](http://www.asbs.org)
- **National Heart, Lung, and Blood Institute Obesity Education Initiative** 301-592-8573