

GULF COAST BARIATRICS



"STAY THE COURSE"

Preoperative and Postoperative Review

Instructor: Sharon W., RNC



Goals for Lifestyle class #3:

- Review preoperative preparation
 - 14 days to 7 days out preop
- Review preoperative instructions
 - day before, day of surgery and hospitalization
- Review discharge instructions
- Tips for success

The materials we will review in lifestyle class #3 are the following:



Power point presentation "Stay the Course"



The materials are attached to this webinar for you to view, download and print



Education materials are also located at: Gulfcoastbariatrics.com ---> click on patient forms---> scroll down to Bariatric Education Materials

PREOPERATIVE TIMELINE

30-45 DAYS PREOP

"DONE" LIST

- ✓ Daily protein drink started
- ✓ Bariatric multivitamin started
- ✓ 64 ounces of water achieved daily
- ✓ Weight maintained or small weight loss
- ✓ Logging 2-3 days per week

30-45 DAYS PREOP

"WORKING ON IT" LIST

- Reaching 80 grams of protein daily
- Eliminating starches and sugars
- Increasing movement
- Practicing mindful eating
- Weight maintenance



**PREOPERATIVE
PREPARATION
&
INSTRUCTIONS**

14
DAYS PRIOR
TO SURGERY

STOP all appetite suppressants (ex. Phentermine and injectables)

MAKE sure your final appointments for clearances, labs and testing are completed

START 2 protein drinks per day as meal replacement with 1 main meal of protein and vegetables

CONTINUE bariatric multivitamin

REVIEW all class education materials and handouts from the RD

10
DAYS PRIOR
TO SURGERY

MEDICATION

STOP all Aspirin products, NSAIDS, and oral contraceptives.
Check with your cardiologist on stopping blood thinners you may take
Plan to stop Metformin medication 2 days prior to surgery

CALL

CALL the office and hospital to pay any fees due prior to surgery

PROTEIN &
VITAMINS

CONTINUE 2 protein drinks as a meal replacement and 1 main meal of protein and a vegetable per day
CONTINUE your bariatric specific multivitamin
CIRCLE BACK to the RD if you are unsure about your protein and vitamin supplementation

REVIEW

REVIEW the class materials and the Rsource Guide provided to you by Cassandra, RD.

7
DAYS PRIOR
TO SURGERY

FULL
LIQUIDS

*START your preop full liquid diet as outlined in the resource guide by Cassandra, RD and in Lifestyle class #4.

REVIEW

*Review instructions received at your preop visit as well as class education materials and materials / resource guide received from the RD
*Circle back to Cassandra, RD if you have questions regarding your preop nutrition.

1 DAY PRIOR TO SURGERY

DO NOT	DO NOT eat or drink after midnight
CLEAR LIQUIDS	Clear liquids only and utilize sugar-free electrolyte replacement drinks throughout the day to stay hydrated
MEDICATIONS	Take medications as instructed by Dr. Bass at your preoperative appointment and/or the preadmitting nurse
REVIEW	Review discharge instructions and all education materials. Make sure you have the main office number plugged into your phone: 239-494-8777 ** 24/7-365**. Put your postop appointment that was schedule at your final preop appointment with Dr. Bass into your phone.
REPORT TIME	The hospital will call you between 3-5pm to give you your report time for the morning of surgery. If surgery is on a Monday, you will receive a call on Friday.



QUESTIONS?



**PREOPERATIVE
INSTRUCTIONS
&
HOSPITALIZATION**

SURGERY DAY

DO NOT eat or drink

Take medications with only a sip of water, as instructed

If you are on CPAP, make sure you ask the preadmitting nurses if you should bring your machine or just the mask.

Remember your photo ID and insurance cards and arrive to the facility on time

Leave valuables at home

HOSPITAL STAY

Typically, surgery for VSG and RYGB is a 1-night stay.

Get up and walk as much as possible to prevent blood clots, pneumonia and to get the GI tract moving and excess gas out.

Most patients have an UGI the day after surgery to look for a leak and make sure liquid passes through into your new stomach.

Clear liquids will be started the day after surgery before discharge from the hospital.

Questions or concerns while you are in the hospital are to be directed to the nurse caring for you in the hospital (not Dr. Bass's office) and your nurse is responsible for contacting Dr. Bass.



QUESTIONS?



DISCHARGE INSTRUCTIONS

CALL IMMEDIATELY:

OFFICE # 239-494-8777 (24/7- answering service after hours)

Dr. Bass will return your call on a blocked number

- Heart Racing
- Chest pain or difficulty breathing
- Fever 101F or greater
- Drainage, redness, bleeding, increased pain or swelling at incisions sites
- Pain, redness or swelling in your legs
- Liquids not going down
- Persistent nausea or vomiting unrelieved by medication
- Pain unrelieved by medication

DO NOT EMAIL THE OFFICE IF YOU ARE HAVING A PROBLEM.

FLUIDS

The #1 goal is to stay hydrated.

Start with clear liquids and push the electrolyte replacement drinks when you are discharged from the hospital.

Continuously sip WATER and ELECTROLYTE REPLACEMENT all day, 1-2 ounces at a time. You may feel swollen and tight in your chest and fill up quickly on small sips.

Smell aversion, taste aversion and ESPECIALLY increased sweet taste is not uncommon. Dilute down premixed drinks and use powders to make it your own. Have more than 1 option available to try.

Room temperature and warmer liquids are usually better tolerated.

Your fluid goal per day is 64 ounces but it may take a few days to a couple weeks to reach that goal. Typically, at 2 weeks postop your fluid intake should be at a minimum of 45 ounces daily.

Review ALL of your education materials from class and the RD and make sure to join into support groups.

ANY trouble keeping liquids down CONTACT THE OFFICE.

PAIN & NAUSEA

Pain is most common in your left shoulder (especially if there was a hiatal hernia repair with surgery) and between your breasts.

It is helpful to move around, do arm exercises, utilize light heat and gently massage the left shoulder for relief of the discomfort.

Utilize your pain medication as directed. Pain medication can cause nausea, if so, **CALL THE OFFICE**

Utilize your medication for nausea if prescribed on discharge. If the nausea is new and medication was not prescribed on discharge, **CALL THE OFFICE.**

Drinking too fast, too big of sips or too cold can cause pain and nausea.

Heartburn, excess stomach acid, postnasal drip or excess mucous secretions, can cause nausea. **CALL THE OFFICE**

Food aversion, smell aversion, taste aversion and heightened sense of sweet taste is NOT UNCOMMON and may cause nausea.

CALL THE OFFICE if pain or nausea is unrelieved by your prescribed medication.

MEDICATIONS

Resume your medications as instructed upon discharge from the hospital. Any questions, **CONTACT THE OFFICE OR YOUR PRESCRIBING DOCTOR.**

Small pills should go down fine however large pills may need to be crushed or divided. Spread out multiple pills over 15-30 minutes. Do not take more than 1 pill at a time.

Don't forget to take your Bariatric Multivitamin. You should consider it a prescribed medication.

Good hydration helps pills to go down easier and helps to avoid constipation.

Monitor your blood pressure and blood sugars frequently if you take medication for those conditions.

Schedule a follow-up appointment with your medical doctors for medication adjustments.

Start a stool softener when you get home. You may take any stool softener and/or laxative for constipation.

CONTACT THE OFFICE with medication questions.

BEHAVIORS

REMEMBER: drink slowly and avoid gulping.

Drinking too fast may cause discomfort between your breasts.

Follow the slow diet progression as outlined in your materials or you may hurt yourself. THIS IS NOT A RACE.

Portion sizes, bite sizes and sip sizes (pea size) should be very small or it may hurt when you drink or eat or cause vomiting.

Attend support groups and nutrition classes.

Review the materials from your lifestyle classes and Bariatric Resource guide.

Visit www.gulfcoastbariatrics.com for support group and educational information.

ACTIVITY

Start walking immediately as tolerated and using your incentive spirometer throughout the day. (Walking prevents blood clots, helps with passing gas and opens your lungs to prevent pneumonia)

Build on your activity level every day as tolerated. Start by walking a small amount frequently throughout the day.

Shower and wash your incisions gently with soap and water. NO BATHS, NO POOLS, NO SPAS until seen by Dr. Bass for your first postop appointment but you can shower when you get home.

Driving may be resumed after you are off all pain medication.

Begin a safe/ structured exercise program when you are pain free. Slowly build a routine of cardio and strength training to 6 days per week for 60 minutes.

CONSTIPATION

Water, water, water

Move as much as tolerated

Discontinue pain medication as soon as possible

Daily stool softener when you get home (anything over the counter is fine)

Laxative (anything over the counter is fine) if you feel you need to go and can't OR it has been 3-4 days without moving your bowels

Add a fiber supplement to your daily routine once you are able to get approx. 45-50 ounces of water in daily.



QUESTIONS?

TIPS FOR SUCCESS



Water & sugar-free electrolyte replacement come first when you are discharged from the hospital.



Protein is second as it is essential to your healing, muscle maintenance and energy. Resume protein drinks on day 2-3 of discharge from the hospital after your surgery.



Review your education materials.



Portion sizes, bite sizes and sip sizes (pea size) should be very small. How much you tolerate at a time is different for everyone so go VERY SLOW.



Re-start a bariatric specific vitamin day 3 postop.



Call the office with any questions- 239-494-8777. Attend your 2 week postop appointment.



Attend the online post-op education class and support groups. Gulfcoastbariatrics.com

Frequently asked questions



Everything tastes sweeter, is this normal? Yes, therefore it is important to try a variety of different protein drink options ,including premixed and powders you mix yourself, prior to surgery and have more than 1 option on hand after surgery.



Will my hair fallout? You may experience hair thinning with rapid weight loss. Protein intake and bariatric vitamins are super important to help with hair loss and regrowth.



Will I have excess skin? It is possible but the amount is not affected by the rate of weight loss. It is related to skin elasticity, genetics and time overweight.



Do you have support groups? Yes, 2 per month and a postop education class. Register on the website: [gulfcoastbariatrics. Com](http://gulfcoastbariatrics.com).



When can I start to exercise? Walking begins immediately and anything more strenuous or in water usually after seeing Dr. Bass at the 2-week postop visit.

Frequently asked questions



When is my postop appointment? 2 weeks post-surgery. You received the postop appointment date at your preop appt with Dr. Bass. Review your preop/postop checklist for your appointment.



Should I schedule an appointment with my PCP? Yes, schedule an appointment for postop in case of medication changes especially if you take medication for diabetes and blood pressure.



When should I start my vitamins? Immediately but by 3 days postop. Treat it like medicine. This is a lifelong commitment.



Can I have alcohol? No, this an important conversation to have with Dr. Bass.



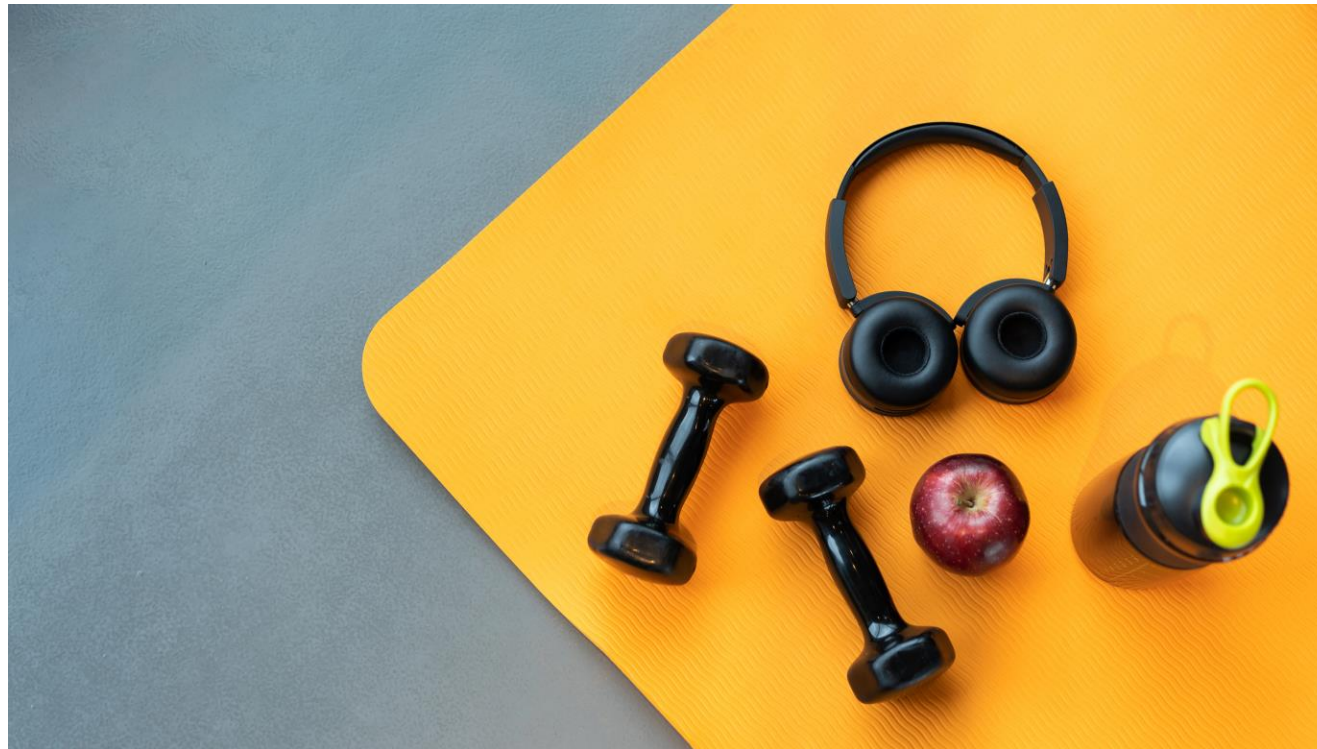
Can I take Advil and Aspirin? No, this is a conversation for you and Dr. Bass. NSAIDS can cause gastric ulcers especially in gastric bypass patients.



What do I take for allergies or cold and flu symptoms? Anything Tylenol based.



I have a medical marijuana card; can I go back to using marijuana? No, you must speak to Dr. Bass and smoking of any kind is not recommended and can cause gastric ulcers especially in gastric bypass patients.



LIFESTYLE

YOU WILL RECEIVE A POST CLASS SURVEY POP UP WINDOW AND/OR VIA EMAIL. PLEASE ENTER THE PASSWORD FOR TONIGHT'S CLASS INTO THE SURVEY WHEN PROMPTED