



Bariatric™  
INSTITUTE

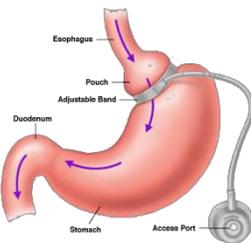
## Bariatric Surgery Handbook



Gastric Sleeve



Gastric Bypass



Adjustable Band



Duodenal Switch

*Congratulations, your surgery is just around the corner!*

*This is an exciting time, and over the next weeks/months there will be lots of new information you'll need to get the most out of your surgery.*

*This booklet contains most of the information you'll need for the first 3 months after surgery – please bring it with you to the hospital and bring it to every appointment as well. Also, please share this booklet with the people who will be on your surgical journey with you.*

*We look forward to helping you regain the health you deserve!*

*Your Surgical Team*



## MEDICATION CHANGES AROUND BARIATRIC SURGERY\*

Medication Type	Before Surgery	After Surgery
<b>Blood Pressure/Heart</b> Toprol, Lopressor, Losartan, Lisinopril, Altace, etc.	<b>DO</b> take your blood pressure and heart meds on the usual schedule. The only exception is lisinopril and similar "-pril" meds – please leave off the last dose prior to surgery.	Almost always, resume blood pressure meds after surgery. After several months of weight loss it may be practical to reduce or eliminate blood pressure meds; we like to involve your prescribing doctor in this decision.
<b>Diuretics</b> Lasix, HCTZ	Do not take the day of surgery.	Usually no longer needed after surgery.
<b>Cholesterol/Lipids</b> Lipitor, Crestor, etc.	Do not take the day of surgery.	Usually do not take this type of med for the first several months after surgery. We will recheck your cholesterol levels in 6 months.
<b>Diabetes – oral meds</b> Glyburide, Avandia, Januvia, Metformin, etc.	Metformin may cross-react with anesthesia, so the last dose should be 3 days prior to surgery. Other oral meds – do not take the last dose before surgery.	Diabetic meds often can be stopped or reduced after surgery. Your surgeon will give you specific instructions.
<b>Diabetes – injections</b> Insulin, Victoza, etc.	Your surgeon will give you specific instructions.	Often, diabetic meds can be stopped or reduced after surgery. Your surgeon will give you specific instructions.
<b>Blood Thinners</b> Aspirin, Coumadin, Xarelto, Plavix, Lovenox, etc.	Usually stop 1 week before surgery. Your surgeon will give you specific instructions.	Aspirin is very likely to cause bleeding ulcers, so it should not be taken after surgery. Other blood thinners are usually okay, but should be discussed with your surgeon.
<b>Birth Control / Other Hormones</b>	Stop birth control and other hormone meds 2 weeks before surgery due to a slight increase in the risk of blood clots.	Okay to resume these meds one month after surgery.
<b>Reflux/Heartburn</b> Nexium, Zantac, etc.	It is okay take these meds on your usual schedule leading into surgery.	Take this type of medicine as needed after surgery.
<b>Steroids</b> Prednisone, Flonase, Advair, Pulmicort, etc.	Steroid pills such as prednisone should be stopped 2 months prior to surgery. If this is medically impractical, please discuss with your surgeon. Inhaled steroid and injected steroids (joint injections) are okay.	May resume after surgery.
<b>Asthma, Sinus Meds</b>	Do not take the day of surgery.	Resume on normal schedule after surgery.

**Psychiatric**  
Prozac, Seroquel,  
Wellbutrin, etc.

Take these on normal schedule leading into surgery.

Resume on normal schedule after surgery. (If any of your meds need to have the levels monitored (Lithium, Depakote, etc.) please plan more frequent monitoring for proper levels during the first 3 months after surgery.)

**Immune/Arthritis**  
Humira, Enbrel, etc.

Stop 1 month prior to surgery. These meds may interfere with healing or with normal immune function.

Resume on normal schedule after surgery.

**Thyroid Replacements**

Take these on normal schedule leading into surgery.

Resume on normal schedule after surgery.

**Pain Meds - Prescribed**  
Opioid/Narcotic Meds  
Such As Norco, Percocet,  
Morphine, etc.

There's no major conflict with surgery or anesthesia, but patients who take this type of med regularly often have a hard time with pain control around surgery. Please make a plan with your pain doc and your surgeon before surgery is scheduled.

Resume according to your particular plan.

**Pain Meds – OTC**  
NSAIDs such as  
Ibuprofen (Motrin, Aleve,  
Advil), Naprosyn,  
Voltaren, Mobic, etc.

Stop 3 days before surgery. Like aspirin, meds in this group thin the blood.

Like aspirin, these meds are likely to cause bleeding ulcers after surgery so they should almost never be taken. Tylenol is not in this group, and Tylenol is okay. Celebrex is a prescription med that is okay for joint pain, headache, etc.

**Bariatric Supplements**

Do not take the day of surgery.

Do not take these during first week at home. Resume when instructed at follow up class.

**Other Vitamins & Herbal Remedies**

Stop 2 weeks before surgery.

Discuss with our team if you need these after surgery.

\*This table is a general guide, but you should receive particular instructions from your surgeon at your pre-op appointment. Please discuss any questions with your surgeon. When you're released from the hospital after surgery, you'll receive a complete, detailed list about your medication instructions for home use.

The great news is that surgery is likely to eliminate many of your prescription medications because you won't need them anymore. If there are medications that you still need, we can reassure you that prescription medications work in a completely normal way after surgery.

# YOUR HOSPITAL STAY

## **What to bring to the hospital**

As you're packing to go to the hospital, pretend you are going to a gym/spa for a couple of days. Bring some reading, a laptop computer, or other entertainment. Bring some gym clothes that are comfortable and not too fancy (you may get a little bit of blood on them). You may want some sandals since we'll encourage you to walk around the hospital ward a lot. Bring your toothbrush and other toiletries. Don't forget chargers for your electronics.

If you've been diagnosed with sleep apnea, **please bring your CPAP machine to the hospital**. We won't need your CPAP machine during the actual surgery and probably not in the recovery room, so when you first arrive it's best to leave the machine in your car. When you arrive on the surgical ward later, it will be a great time for your family to bring the CPAP to you there.

## **Physical preparation for surgery**

We don't feel it is necessary for you to do any kind of "bowel prep" (clearing out your colon) before surgery. Follow the low-calorie pre-op diet plan during the week leading into surgery so that your liver shrinks, and your bowels should be in good shape.

On the other hand, it is a good idea to spend a bit of extra time to clean out your belly button a day or two before surgery. Excess abdominal fat may lead to deep belly buttons and they sometimes accumulate "stuff" in the depths of that spot. A nice clean belly button probably reduces the chance of infection.

Often, hospital staff will recommend a special cleansing agent to use with your shower on the night before surgery. If you haven't received special cleansing agents don't worry; your regular soap and shampoo will be fine.

## **What to expect on the day of surgery**

Please come to the hospital with an empty stomach – no breakfast and nothing to drink except some sips of water to wash down medications. Please arrive at the hospital three hours before your surgery is set to begin. If you're not sure where to check in, ask at the desk in the front lobby of the hospital.

Your surgeon will visit with you and your family shortly before you go back into the operating room. Usually the pre-op team will have your IV's in place, and you'll be in your hospital gown. Your surgeon will let you know about how long surgery should last, and he'll update your family and friends immediately after surgery is complete. Patients are typically in the recovery room for 1-2 hours after surgery and family members are not allowed to visit there; your time in recovery is a good time for family to run errands or get a bite to eat.

## **What to expect during your hospital stay**

You may have pain during the first couple of hours following surgery, but this usually settles down to a sore feeling before long. Most patients find that one of the incisions hurts a bit more; for the gastric bypass this is the left lower incision, for the gastric sleeve this is the right lower incision, and for the band it's the larger left incision where the port is located.

A few patients will have a surgical drain at one of the upper incisions. The inside section of this drain is next to your new surgical stomach, and the purpose of the drain is to let us see the appearance of fluids next to your pouch; thin blood is normal during the first couple of days after surgery. In most cases this drain will be taken out before you go home.

In most cases, we do not place a Foley catheter (a tube into your bladder to drain urine). You'll be encouraged to walk to the bathroom to void within a few hours of surgery.

If there's any concern about diabetes, staff will check your blood sugar on a regular schedule. Even if you were not diabetic before surgery, the natural stress of surgery may cause your blood sugar to rise above normal. Many patients need a few doses of insulin during the first 36-48 hours following surgery; this does not indicate new or worse diabetes, it is just a temporary physical response to surgery.

The hospital team should have you up and walking shortly after the recovery room on the day of surgery. For the first couple of weeks, walking will be your main exercise. You should walk often, and walk as far as you can manage. When we release you to home we are also clearing you to ride in a car, to go up/down stairs, to shower, and to be alone at home.

On the day of surgery, the key goals will be to practice your deep breathing, to walk a few times, and to urinate. Don't be surprised if your urine is green the first few times you void – this may be from blue dye we use in your stomach at the end of surgery to be sure there is no leakage. Once you're fully awake, the staff will offer you some water and perhaps other liquids to drink. It is very common for patients to have a bit of nausea on the day of surgery.

Many patients will have a quick X-ray test called an Upper GI series on the morning after surgery. You'll drink a few swallows of a thick liquid that shows up on X-ray; this shows us the shape and function of your new surgical anatomy.

Many patients recover to go home after one night in the hospital. We'll check your vital signs and lab results and see how you feel. It's also very common to go home after 2 nights in the hospital. You and your surgeon together will decide when you go home.

Most patients begin having flatus ("passing gas") on the second or third day after surgery. Most patients will not have an actual bowel movement until about one week after surgery. When the bowels begin working they may be loose, constipated, or something in between. If bowel movements are really difficult or if they don't become controlled in a reasonable timeframe, give us a call.

## DISCHARGE INSTRUCTIONS – JUST AFTER THE HOSPITAL

### Hydration and Food Intake – Hydration is your number one priority!

- You should drink zero-calorie fluids almost constantly in small sips. Carry some fluid with you at all times. You should aim to drink a minimum of 64 ounces of fluid each day. Keep an eye on the appearance of your urine – if the color is light and clear then you probably have enough hydration; if the urine is deep yellow or amber in color then you probably need to drink more fluids.
- Imagine your new stomach as a small funnel. Thin liquids will flow out of the bottom steadily and it should be okay to take a small sip every few seconds. Like a funnel, it will be possible to overfill it by drinking too fast or “plug it up” by eating something too thick before it has healed sufficiently.
- It’s normal to have no appetite for a few weeks following surgery on your stomach. We recommend that you only take in thin clear liquids with no calories and no carbonation until you have your follow up appointment. If you force food (including soup or protein drinks) “to keep your energy up” you may make yourself feel sick, delay your recovery, and impair weight loss. You came into surgery with a normal nutrition level, so for the time being there is no daily nutritional ‘requirement.’
- You can try flavored water and fluids with sweeteners, or you can try broth to get some taste variety. Sometimes the artificial sweeteners or broth can cause diarrhea, so if you’re having loose BM’s it’s probably best to hydrate with pure water.
- You may find benefit in using one electrolyte replaced drink daily such as fat free broth or Propel Zero or Powerade Zero.

### Hydration Options:

- Water
- Sugar-free drink mixes (i.e. Crystal Light, Wylers Light, Hawaiian Punch)
- True Lemon water flavorings
- Flavored Waters (i.e. Vitamin Water Zero, SoBe Lifewater)
- Zero-calorie sports drinks (i.e. Powerade Zero, Propel Zero, Replenish)
- Decaffeinated teas or coffee (be careful of what you add to the coffee...use small amounts of sugar substitutes or unsweetened almond or coconut milk)
- Fat-free broth
- Sugar-free popsicles

### Activity

Walking is *mandatory*. You should walk as far as you can at least once each day, and twice is better. This means you should get out of the house and walk around the neighborhood. Going up and down stairs will not impair healing, so it’s okay as long as you’re steady enough on your feet.

Showers are okay.

The abdominal binder is intended for your comfort, and it has *nothing to do with long term healing*. That means if it feels good, wear it. If it doesn’t, take it off. Some people like to wear their binder on the outside of a T-shirt to pad the skin.

Riding in a car is okay when you’re released from the hospital, but don’t drive until you’re off narcotic pain meds.

You are cleared to resume driving when you can be a safe driver, which includes moving well and paying attention to the road. You aren’t considered safe while you’re taking prescription pain meds. Once you’re finished with pain meds, you may drive when you’re moving and reacting normally.

## **Wound care**

Your incisions should heal nicely without special care. It's okay for the incisions to get wet in the shower, but not to soak (swimming pool, hot tub) until your surgeon checks the incisions at your first follow-up visit. You may put lotions or oils on the incision if you desire – we don't know of anything along these lines that helps healing but most of it doesn't hurt either. The wounds don't need extra covering for healing purposes. On the other hand, if it feels better to put a gauze pad on the incision that is fine.

Signs of an infection in the wound are redness, increasing tenderness, or fluid leaking from the wound. You may also have a fever if you have a wound infection. Call our office if this seems to be happening.

## **Weight**

There's a good chance that you'll weigh more when you get home than when you came into the hospital. Don't panic! It is normal to have mild total-body swelling after a major surgical procedure like the gastric bypass or the sleeve. As you probably know, water weighs a lot so this fluid buildup will make you heavier than you were before surgery. The body will hold onto this fluid for 4-7 days and then naturally shed the fluid through the kidneys.

## **Follow-up**

You should be seen at our office from 7-10 days after release from the hospital. The first appointment after surgery is usually on a Thursday, and it's a fairly long day at our office. You'll attend a post-op class and then visit with your surgeon one-on-one. We'll go over your liquid intake, check your incisions, and begin teaching for the next phase of recovery. Later appointments won't include a class, so the timing will be more like a typical office visit.

## **Return to Work**

The typical timing for return to work is 1-2 weeks after surgery. You have our permission to go back as soon as you can drive, but most people find that they are still sore and lack stamina for at least a week after surgery. Some people have jobs with special physical demands that may require them to be out of work for a longer time; we will authorize up to 4 weeks off work if that works best for you.

## **Document your journey**

One last suggestion: take a picture of yourself before surgery. Many bariatric surgery patients tell us that in the months after surgery they have a hard time adjusting their internal self-image to fit their rapidly improving external shape. We suggest that you have a "before" picture and follow it with "after" pictures every month or so. You can post your Before & After pics on our practice App.

## **Call our office for the following problems:**

- Fever of 100.5 or greater
- Worsening pain, unrelieved pain, or pain that worries you
- Incision problems such as leakage, redness, swelling, or increasing tenderness
- Difficulty keeping up with hydration – this is not dangerous but it's the most common problem. Please call us if you're not drinking liquids easily; we can help.

Our office number is (210) 651-0303, and this will reach your surgical team at any time, even outside business hours.

# BARIATRIC SURGERY INSTRUCTIONS

## *7-10 Days after surgery*

### **What you're likely to be experiencing**

Pain level - You may have moderate pain or soreness. You may find that one incision bothers you more than the others because we do a bit of extra surgical work on the muscle layer at the time of surgery. You can help the pain resolve most quickly by steadily increasing your physical activity. It turns out that much of the pain comes from the stiffness of decreased movement, so walking and other gentle but increasing activity will help work these sore areas out. Massaging the firm area like you would do for a "charley horse" can also be helpful.

Confusion about appetite – Most patients don't have hunger at this early time after surgery and might even be confused about "what is hunger." This is normal, because the nerves that "feel" hunger are suppressed by the natural inflammation that goes with surgery. While those nerves are "stunned" most patients have a strange but helpful absence of hunger. Don't worry if the concept of hunger is a bit confusing for now; you will feel natural hunger as your body heals and as it needs nutrients. Read on to Diet Progression on the next page for details on how you should best advance your diet.

Irregular bowel movements – Any degree of bowel function may occur around this time, ranging from constipation to frequent loose BM's. Most people will settle into a pattern of a BM every 2-5 days after a while.

Burping – This is very common at this early stage. This is not a danger sign, and it will settle down with time.

Tired of artificial sweeteners – We get it! If you're healing properly, we'll give you instructions about gradually moving into normal food intake so you can experience normal taste again.

### **Your main goals at this time, and new instructions**

If you're recovering normally, your next planned appointment will be in about one month. At the next appointment you'll begin your long term metabolic follow up with one of the outstanding Nurse Practitioners or Physician Assistants on our team. Here are the general guidelines for the upcoming month:

Fluids – It may be challenging to get in enough fluid to maintain adequate hydration. You must take small sips on a near-constant basis, keeping fluid within reach at all times. You will know you are taking enough fluid if you urinate several times each day, and if the color of your urine is very light, almost like water. At this stage, most patients find they can't eat *and* still get an adequate amount of fluid to drink – food gets in the way of hydration. The main priority at this time after surgery is **fluid**, more than food.

Vitamins and Supplements – You're going to attend a class today that will teach you about our recommendations for your regular routine of supplement intake. It's a good idea to take supplements and your prescriptions meds one at a time; if you try to take several meds in a "handful," they will probably cause nausea or irritate your pouch.

Diet progression – Before your visit with the surgeon, you will attend a class with our Dietician, Heidi Jensen, RD. The class will give you detailed instructions about vitamins and supplements and advancing your diet. This is an interactive session and you'll be able to ask questions.

So far, you should have taken only liquids by mouth. Over the next month you will probably get hungry from time to time and it will be natural for you to begin experimenting with more solid food. Everyone's diet progression will go slightly differently – we want you to be aware of your body sensations and to follow the three key principles below:

- 1. Hydration is the most important goal, now and every day going forward. You should not even think about eating food if you aren't hydrated first.**
- 2. Sweets and starches (carbohydrates) are going to work against your weight loss and your health, so they should always be kept to a minimum. Common starchy foods to avoid: processed and refined foods such as breads, tortillas, cereals, crackers, rice, pasta, starchy vegetables (such as potatoes, peas and corn), and even fruit. All fruits have sugar; even though it is 'natural' sugar, this can still be harmful for you. All sweets, starchy foods, and fruits should be avoided as long as possible and kept to a minimum in the long run.**

3. **Eat 2-3 times per day and eat only enough to take care of your hunger. Focus on protein and always eat your protein first.**

We'd like you to eventually work up to taking in at least 60 grams of protein each day. During this time, it is very difficult to get in 60 grams of protein, but we do want you to start establishing your routine of eating 2-3 times per day and focusing on protein foods first. Protein shakes are a great option during this phase because they give you the nutrition you need but are easier to take in than solids. Only drink what you can take in comfortably in 20 minutes, then put the rest away for your next meal. Do not push it, and do not sip on it throughout the day. Just 20 minutes at mealtimes and only what is comfortable to consume.

As long as you follow the guidelines above, it is okay to begin experimenting with eating small amounts of healthy food. Most people find it best to start with the easiest proteins and gradually work toward the more difficult:

- a. Mushy proteins – eggs, beans, cheese, yogurt (check the yogurt label to be sure it is a low-sugar yogurt) and protein shakes.
- b. Seafood – fish, shrimp, scallops, etc.
- c. Poultry – chicken, turkey
- d. Meats – beef and pork are healthful foods, but are usually the most difficult to digest. You may want to start with thinly-sliced lunch meats.

When you have learned how to eat small amounts of seafood and poultry, it will also be okay to test out non-starchy vegetables such as carrots or cauliflower. Also, it is okay to spice your foods with pepper, garlic or other seasonings if you like.

Last and very important – in the next several weeks you are RE-LEARNING how to eat with your new surgical stomach. You should think of food intake as an “experiment” or a “test” and not a meal. For example, when you try eggs don't eat one whole egg – eat just one forkful and go slowly. If you try beans, test out just 5-6 beans.

If you go slow and “listen” to your body then you can have excellent weight loss without feeling sick or vomiting. It's important to be gentle as you practice new eating patterns to avoid damaging your fresh surgical anatomy.

Eating slowly, taking small bites (using a baby spoon is a helpful trick), and chewing your food well can all help with food tolerance.

Exercise and physical activity – As long as we don't see any complications, we'll release you from any medical restrictions on your activity. For now, you're likely to be sore and you will limit yourself somewhat, but this soreness will soon pass and it's a good thing for you to steadily increase your physical activity. Basically, if the activity doesn't hurt then it's okay to do it. All the following are okay, as long as you don't experience pain:

- Driving (if you're finished with pain medication)
- Sex
- Lifting
- Going up and down stairs
- Aerobic exercise such as walking, treadmill, or bike
- Return to work (we'll provide clearance paperwork if you need it)

Patients sometimes ask us, “what happens to my stomach and intestines when I become more active?” The answer is, not much. Your stomach and your intestines are “cushioned” inside your abdomen so that what you do physically has very little impact on them. So, go for it!

Now is the time to make a firm plan to get started with exercise; we'll help you make the plan!

**What may happen before your next appointment**

Fatigue – About 1/3 of the time, a patient's physical and mental energy will drop significantly around 2-4 weeks after surgery. This is a fairly natural response to the stress of surgery plus the new requirement for your body to use fat stores for fuel. The fatigue and emotional distress will pass naturally in a week or two, but we firmly believe that **exercise** helps the body shake off this protective phase more quickly.

Difficulty with hydration – Most patients handle liquids well and have no problem staying hydrated. However, if you cannot take in liquids, **please call us to discuss the situation**. We may make arrangements to help you with IV hydration or to look into your healing stomach with a scope to see what the problem may be.

Sensation of cold – Most patients “run cold” after bariatric surgery. For a moment, think of your body like a furnace with much less fuel available to burn. During the first winter after surgery, this cold sensation may be uncomfortable but in later years you will just wear a sweater or jacket when others do not.

**Please call us if you experience any of the following:**

Fever – ( $\geq 100.4$ ) You may have run a “low grade” fever in the first few days after surgery, but your temperature should be normal now.

Intolerance to liquids – If you ever experience more than about 12 hours of inability to handle water or other thin liquids, you should call us.

Shortness of breath – In the first few weeks after surgery you may get “winded” easily while walking or doing other physical activity, and this is okay. On the other hand, if you suddenly can’t catch your breath while you’re sitting or doing minor physical activity, this may represent an emergency called a pulmonary embolus (PE).

**If you feel really short of breath, go immediately to the nearest Emergency Department and tell them that you might be having a Pulmonary Embolus.** Call us from the ER or afterwards, but the first priority is to go and be checked out. The good news is that PE is very rare and most such ER visits turn up negative, but there is no way to know until being evaluated medically.

Your best way to prevent a PE is to exercise – *walk early after your surgery, and walk often.*

# BARIATRIC SURGERY INSTRUCTIONS

## *One month after surgery*

### **What you're likely to be experiencing**

Pain level – Most pain should be resolved by now.

Appetite – You may be getting an idea of what hunger feels like for you. Most patients eat a couple of small meals each day and small amounts of healthy protein should feel natural.

Energy – Most patients are experiencing a steady improvement in their energy level, and overall sense of well-being. This improvement is usually best in patients who have begun a regular exercise program.

### **Your main goals at this time, and new instructions**

Exercise – you should have begun some type of planned exercise by now, perhaps with the help of our Physical Therapy partners. The general goal is for all patients to try regularly to do more each day, until they are doing at least 30 minutes of brisk activity at least 5 times per week. Don't let yourself be put off by this goal; start with what you can do, and know that *every little bit helps*.

Most people start exercise with some type of “cardio” activity. That's fine, but as you gain confidence we recommend that you work into some strength training as well. The idea behind strength training is to help your body keep all the muscle you can while you are burning the excess fat. Muscle is the “engine” of the body; so more muscle leads to better mobility and also a higher metabolism. A simple exercise to stimulate large muscle growth is squat thrusts or lunges; you can benefit from doing these for just 2 minutes per day.

Last point: EXERCISE is the number one habit that leads to an active metabolism and weight loss that lasts for life. You can track your exercise using our App!

Work – If you haven't yet returned to work, you should discuss the timing with us.

Diet Changes – Between now and your next appointment, you should be shifting your food intake toward primarily proteins (seafood is usually easiest, then poultry, then red meat) and practice making these the foundation of your diet. Please keep track of your daily protein intake (how many grams), aiming for at least 60 grams per day in the long run. You can track your protein intake using our App!

Many patients find that chicken or similar foods act “big” inside the stomach, and sit “like a brick” for several hours after being eaten. You should recognize that heavy foods can be good – if you eat solid protein then your hunger will be satisfied by a tiny amount of healthy food and you'll have better weight loss. Solid proteins will “sit” better if you cut them into tiny bits about the size of a pea, and then chew very thoroughly before swallowing.

Always remember to **avoid carbohydrates** such as potatoes, cereals, rice, bread, corn, and pasta. You should avoid fruits and especially fruit juices because of the high sugar content.

**We recommend that you not drink liquids with your food, and also that you avoid drinking liquids for one hour after you eat.** If you don't drink with your food then you'll eat more slowly so that you eat a bit less. If you avoid drinking for an hour after food, then the food will be able to rest in your stomach and give you a lasting sense of satisfaction. If you drink with your food and soon after your food, then you'll turn your healthy solids into a “soup” that will flow quickly downstream and will not stick with you.

Stay hydrated – It should be getting easier for you to take in all the water that your body needs. You'll know if you're succeeding by observing the color of your urine; dark urine indicates that your body feels dry and is trying to hold onto fluid. Your goal is to give your body plenty of water to work with, so that you put out very light colored urine, almost like water. If you have not developed the habit of keeping water close at hand all the time, try to improve on this. If food is getting in the way of taking in enough fluid, then make sure you are caught up on fluids before you eat food.

Take pictures every month – Many people find it is difficult to change the self-image as they shed dramatic amounts of weight. Most find it's helpful to have pictures that objectively demonstrate the change in appearance as the weight comes off. The practice App is a great tool for this!

Consider a visit with your primary doctor – You’ve probably lost enough weight to be much healthier already. If you’re on medications for a weight related problem (such as high blood pressure) then it’s probably time to look at reducing your medications. We really like to have your prescribing physician handle these long-term medications. Besides, it’s a chance to show off your improving health!

Checking routine blood work – We will want to check nutrition labs 2-3 weeks before your next appointment, so that the results are available at the time you are seen. Staff can help you arrange the blood draw.

# BARIATRIC SURGERY INSTRUCTIONS

## *2 months after surgery and beyond*

### **What you're likely to be experiencing**

Appetite – You're probably getting hungry on most days, though not necessarily for 3 regular meals every day. You can probably handle a variety of foods, though you may still have the occasional episode of pain or nausea or vomiting if you try to eat something that does not “work.” You should work toward consuming at least 60 grams of protein each day.

Energy – Most patients have a good energy level at this point after bariatric surgery.

Self-image issues – Many patients have difficulty changing their internal self-image to match the dramatic external changes that are taking place. We don't have an ideal answer to this problem, but we believe that taking pictures of yourself each month does help.

Relationship changes – Your changing appearance is likely to affect all of your important relationships. Most patients report that spouses, co-workers, friends, and family treat them very differently. Some may welcome your changes, while others may be threatened. Many will expect more from you, now that you *appear* more capable.

More time on your hands – You may be finding that food was not only a means of sustenance, but also that food was like a hobby or a companion for you. Now is the time to *choose positive* ways to fill the time void you may be experiencing where food used to be.

Finding that weight loss is not “fixing” your life – Some patients come into surgery with profound disappointment in relationships, work/career, or other areas of life. Those who hope that weight loss will turn those areas around are usually beginning to experience recurrent disappointment at this stage. Let us know if this is a problem – our counseling team can help.

### **Today's appointment**

We'll review your developing habits and make sure that you are on track to get the best results from your surgery through proper eating, supplement intake, and exercise. We'll go over the results of your blood work and make plans to tune up any deficiencies that show up on your labs. We can probably use your weight loss trajectory to make an estimate about how low your weight will go. Lastly, we'll make sure that you understand the “homework” that you'll have between this appointment and the next one.

About your blood test results – more than half of our patients have a deficiency of Vitamin D at this stage. Research is still developing, but there seems to be something about the presence of obesity that “pushes down” the Vitamin D in the system. We definitely want to boost your Vitamin D for two reasons:

1. Vitamin D is important for bone health, because it helps the body put calcium to work building strong bones.
2. New research seems to show that Vitamin D is important in metabolism. When D is deficient, it seems that patients have lower energy and are susceptible to “craving” hunger that is difficult to control.

If you have a problem with low D or any of your labs, we'll have specific recommendations on how to correct the issue.

## **Some reminders, and some new instructions**

Eating habits – You should focus on using protein and green vegetables as your “foundation” foods; these should take up at least 90% of your plate. Continue to pay attention to your physical sensation of hunger, and eat just enough to take care of the hunger rather than eating until you feel full or stuffed. Remember: You should only be consuming calories 2-3 times per day. Eating small amounts throughout the day will work against your weight loss.

Most patients at this stage can eat a little bit of *any* food, including foods that they should not! This is tricky, because you can actually “train” your stomach to handle more sweets over time if you eat them regularly. Be careful and keep starchy foods (carbohydrates) limited to a very small part of your eating pattern; you should try to avoid sweets completely.

Quick reminder – Don’t drink liquids with your food, and avoid drinking liquids for one hour after you eat. This is to help you get the most satisfaction from the smallest amount of healthy food.

Supplements – Don’t slack up on those vitamins just because you feel good overall!! You will need supplements daily for life. We can help clarify in case you’re unsure about our supplement recommendations.

Fiber – Your intestines (especially your large bowel) are structured to handle a significant amount of bulk in your diet. Your smaller intake will not let you consume enough bulk (in food) to promote optimum bowel function over time, possibly leading to constipation or a slightly higher chance of diverticular problems. When patients are handling solid foods well (usually at about this time) we recommend that they begin taking supplemental fiber as part of their daily routine. We think that any product containing psyllium should be okay – commonly available products include Metamucil (sugar-free), Fibercon, Benefiber, and Citrucel. We find that the powder forms of supplemental fiber give more reliable results than the tablets. We recommend you start with 1 tablespoon of fiber, twice each day. Last, make sure you are drinking plenty of liquids – good hydration is a key to staying “regular”.

Routine blood work – We will want to check nutrition/vitamin labs prior to most of your future appointments. Staff should give you instructions about arranging for the labs to be drawn prior to each appointment, so that the results are available at the time you are being seen by our team.

Please visit your doctor – Most physicians in the community have a hard time grasping the magnitude of the health change after bariatric surgery, so it would be really helpful if you visit with your doc so he/she can have a real understanding of the “new you.”

## **What may happen over the next several months**

Increased tolerance to food – Most patients experience a transition where “suddenly” their eating capacity increases, usually around 6 months after surgery. It may feel like your stomach has stretched, but this is actually a normal stage in the healing process. Your stomach is not actually bigger but it is regaining its natural “stretchiness.” Remember to stop eating when your hunger is satisfied. Eating until you are “full” can cause more “stretchiness” than you want and can enable you to eat more than you need. Over time, this will lead to weight regain. Be mindful when you eat and eat only to satisfy hunger.

Hair loss – About half of our patients notice some hair loss at 3-5 months after surgery, and half don’t notice any change. Sometimes the hair loss can be worrisome; the hairbrush fills every time, the shower and clothes and car are all covered with hair, etc. We believe this is caused by a response of the body to the stress and semi-starvation of the first few weeks after surgery. The hair loss begins as the hair roots “wake up” and begin to grow new hair, which pushes out the old. The hair loss usually lasts for 4-8 weeks. We do occasionally see patients whose hair visibly thins a bit, but very few patients have required wigs. Your hair will return to its normal thickness (probably with improved texture) over time. The best way to help your hair recover is to take the recommended supplements and to be sure your diet is protein-focused.

Abdominal pain, or constipation – About 1 in 20 patients will experience really severe cramping or gas-like pain in their abdomen at 8-15 months after bariatric surgery. Call our office without delay if you have significant abdominal pain, whether surgery was 1 week or 1 year or 10 years earlier. We may ask you to come in for evaluation, or we may recommend other tests.

Fatigue, dizziness, easy bruising – some patients experience recurrent fatigue at 6-12 months after surgery, after having excellent energy for the first few months. Sometimes these patients also experience easy bruising, or dizziness, or ankle swelling, or changes in their menstrual cycle. This set of problems usually passes on its own, but if you notice any of these symptoms you should call and arrange for us to see you sooner than your “routine”

appointment – we will probably want to recheck labs and discuss your protein and vitamin intake and sleep habits, along with possibly recommending exercise or dietary changes.

### **A Word about Personal Trainers**

Many patients want to maximize their weight loss and health gains by working with a Personal Trainer. Most often, this is a great idea because patients with Trainers seem to work out more regularly and also to maintain long-term exercise habits. However, we recommend that you make a deal with your Trainer at the outset to avoid modifying our nutrition advice. Very few Trainers have been trained in the special issues around bariatrics, and our past experience is that Trainer input into your post-operative diet pattern is likely to be counter-productive. We're happy to discuss any ideas your Trainer may have, just please check in with us before plugging a new food or supplement idea into your plan.

### **Upcoming appointments, and homework for you**

We aim for you to lose a lot of weight, to gain health, and to *avoid weight regain*. During the next several months, the “power” of your surgical procedure will fade a bit; you are likely to experience a little more hunger and somewhat more food intake. While these changes are perfectly natural, they mean that going forward it will be *you and your habits* that have the largest impact on your weight and health. It is really important for you to carry a healthy lifestyle into the rest of your life; this is where we talk about “locking in” your health gains and your weight loss by continuing work on your life habits.

During your next several appointments, we'll be able to tell if you're on track to reach a healthy weight that we're all pleased with. If it seems that you're not on track, we'll work with you to optimize your eating and exercise patterns and then we may have a discussion about adding weight loss medications to “boost” your surgery. Medication therapy for obesity is mainly managed by your Nurse Practitioner or Physician Assistant, backed up by our Internal Medicine partner Dr. Anz.

There are generally three areas of homework for patients in order to get the most out of their transition from brisk surgical weight loss to lifestyle maintenance:

1. Continue tracking your total calories and total grams of protein taken in daily. Depending on your circumstances we might want you to change your eating patterns and might re-set your target for protein intake. It's much easier for us to give you specific advice if your recent intake pattern is available for review. The practice App is a great tool for this type of documentation.
2. Start a journal about your lifestyle habits (especially food intake and exercise), and make entries regularly. Journaling has been shown to help people have better insight into their own habits, and to give them better control of those habits. Furthermore, some day in the future you may “fall off the wagon” and begin to gain back weight. You should definitely come to see us if that occurs (don't avoid our office because of embarrassment), and you will probably benefit from looking back at a period of journaling success in your own life so you can use that as an example of how to get back on track.
3. Increase strengthening exercise. While you have burned a LOT of fat during your rapid weight loss over the past few months, it is likely that you've burned some muscle too. It's useful to rebuild that muscle because muscle makes you more “able,” and having more muscle also helps you burn additional fat. It is most effective to build the large muscles of your legs, your buttocks, and your abdominal “core.” Usually, the best exercise is some variation on squats, but this can be modified according to the condition of your knees and your body overall.

### **Pitfalls**

There are some common mistakes that our patients make:

- Oatmeal – This has a reputation as a “healthful” food and it has a reputation for providing fiber to help with bowel function. For our patients with their history of metabolic imbalance, **oatmeal is not a healthy food**. Oatmeal (just like all cereals) is a carbohydrate; it makes your blood sugar spike up and then crash down. And yes, this is also true of steel cut oats; they're still carbs.
- Coffee Creamer – most people choose a non-dairy creamer like Coffee Mate because it's low in fat. The problem is that the non-dairy creamers are made mostly from cornstarch, which is a very close cousin of sugar. So, even a simple cup of coffee with a spoonful of Coffee Mate can start you on a “spike and crash”

blood sugar cycle that may last all day. Old-fashioned half & half dairy creamer won't cause this problem, so for our patients that's a better choice in your coffee. You can also use unsweetened almond or coconut milk.

- Fruit – fruits have lots of sugar that is likely to re-create your metabolic imbalance and unhealthy hunger. Fruits are not healthy for bariatric patients, since they will push your metabolism back out of balance.
- Spreading meals out throughout the day – It will surprise you sometimes how little you can eat at one time and may make you feel like you need to go back and “finish” your meal a little later. Remember, only being able to eat a little at a time is part of how your surgery works for you! Limit your eating to what you can consume in 20-30 minutes only 2-3 times per day. More frequent eating will lead to weight regain in the long run.
- Alcohol (and other liquid calories) – Alcohol is not only very toxic to your liver, it is also high in calories. And since it's a thin liquid, no matter how small your stomach is, you can consume a lot easily it because it goes through quickly. The same goes for other liquid calories like juice, sweet tea, or sodas.

# BARIATRIC SURGERY INSTRUCTIONS

## *Long Term Follow-Up and Support*

Being a successful bariatric surgery patient is a lifelong process. Regular follow-up is an important part of your long term success and health. At your visits we will review your adherence to diet, habits, and exercise recommendations. Regular lab work is absolutely necessary to monitor your nutrition and evaluate for nutritional deficiencies. Deficiencies can lead to very serious health problems, some of which may cause permanent debilitation. These are easily prevented and managed if regular lab work is done. Bariatric surgery is an incredibly powerful tool. Keep your follow-up appointments so that you can reap the benefits of the tool in a safe and effective way and for many years to come.

### **Follow Up Schedule:**

1 week post-op

1 month post-op

2 months post-op (labs must be done 2-3 weeks before this visit)

3 months post-op

6 months post-op (labs must be done 2-3 weeks before this visit)

12 months post-op (labs must be done 2-3 weeks before this visit)

18 months post-op

Annually every year after that (labs must be done 2-3 weeks before these visits)

*If you start gaining weight at anytime, call the office to schedule an appointment to get back on track. Obesity is a chronic disease. We are her for your journey long-term.*

### **Utilize Our Ongoing Support Tools**

**Support Group** - Support Group takes place monthly in the Sage Bariatric classroom. Every month we have a surgeon present to visit with patients and a guest speaker gives a presentation. Watch for reminders on Facebook and in our emails.

**Workshops** - We frequently offer various evening workshops to support our patients. Topics are often focused on mindful eating and maximizing success as a bariatric patient.

**Online Resources** – We have many online resources for you! Go to our website [www.sagebariatric.com](http://www.sagebariatric.com) and look in the Patient Support section. There are videos, handouts, recipes, menus, and lots, lots more. The password for the Patient Education is “fit4life”.

**Newsletters** – Make sure we have your updated address so you can receive our newsletters

**Smartphone App** – Download the “Baritastic” app. Connect with us via the code SBI. Track your intakes, hydration, exercise. Have your patient information booklet and nutrition guide at your fingertips!

**Facebook Postings** – Like us on Facebook so you will have access to our continuous posts. You will find recipes, helpful hints, Support Group reminders, and lots more.

**Dietary Consultations** – Our dietician is always here for you if you would like to discuss any dietary topic in detail. Her expertise in bariatrics makes her a tremendous resource.

**Medical Team** – Our bariatric physician and nurse practitioners are always available for you. They support and care for all of our bariatric patients and help with non-surgical weight loss programs as well.

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ACKNOWLEDGEMENT

I, \_\_\_\_\_, have received Sage Bariatric Institute Patient Instructional Booklet. I agree that I am able to read and understand it and that I have the opportunity to ask questions. I understand that bariatric surgery is a life-long commitment. I intend to follow post-operative instructions, keep my recommend follow-up appointments, and call my surgeon’s office with any questions, problems, or concerns.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_