

Preparing for Surgery

Congratulations on your decision to change your life and improve your health. We are very excited to be part of this new chapter of your life.

What is Enhanced Recovery?

- Enhanced Recovery is a care pathway that is designed to decrease nausea, pain, and stress after surgery and decrease the amount of narcotic pain medicine required (opioids).

What are the benefits of Enhanced Recovery?

- Fewer complications from surgery
- Less nausea after surgery
- Better pain control after surgery using non-narcotic (opioid) medications
- Less swelling after surgery
- Better glucose control after surgery
- A quicker recovery and return to normal activities

GET OUT OF BED AND WALK

Walking within hours after your surgery has many benefits, such as helping to prevent blood clots in your legs. The more you walk after surgery, the sooner you will feel ready to go home.

WEAR YOUR COMPRESSION STOCKINGS WHEN YOU'RE IN BED

These stockings or compression devices are used to prevent blood clots after surgery. When you're in bed, you should have them on. You may also be given shots to help prevent blood clots in your legs.

EXERCISE YOUR LUNGS

Use your breathing machine (incentive spirometer) after surgery. Exercising your lungs will re-inflate the tiny airways that collapse during anesthesia. Ten deep breaths in a row every hour while awake will help your lungs recover from surgery and can prevent pneumonia.

DRINK YOUR FLUIDS

After bariatric surgery, you will not be able to drink much at one time. Frequent small sips are the best way to stay hydrated and you should start with small amounts the night of your operation. As your stomach heals, it gets easier to take a normal sized drink but for the first week or two, staying hydrated can be a full time job.

COMMUNICATE WITH YOUR TEAM

Let your team know if you have pain or nausea.

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Clinic Visits Before Surgery

- At each visit you attend, we will check your weight, ask about your clearance requirements (other provider's visits, etc.), and you will also see a dietitian.



Primary Care Provider (PCP)

- Make an appointment with your PCP for 1-2 weeks after your surgery to be sure that you have the right medicines and doses of medicines.
- After surgery, your medical conditions should get much better, your medicine needs will change, and your lab results will need to be monitored closely.

Support Groups

- Before surgery, you must go to at least **2** support group meetings. We encourage you to attend as many support groups as possible before and after surgery.
- Support groups are a good way to get information about what to expect. You will be able to talk with others who have had bariatric surgery and those who are waiting for surgery.
- *Research has shown that people who attend support group maintain their weight loss better than those who do not.*
- ***Also, sometimes during this process, you may feel frustrated or like you are having to live differently than your friends and family. Support group can be a great way to remember that you are not alone.***



Support Person for Hospital

- You must have someone pick you up from the hospital and, if possible, stay with you at your home for the first few days after surgery. Before surgery, speak with family or trusted friends who can help you at this time. If you cannot have someone stay with you after surgery, make sure your home is set up with everything you will need.

Illness

- Notify your surgeon of any cold, sore throat, fever, or any other new illness you develop in the week before surgery. It may not be safe for you to proceed with surgery if you are not well.



Preparing for Surgery

Pregnancy

Weight loss surgery can make it easier to become pregnant, and it can also make pregnancy much safer. **It is important to wait at least 12-18 months before attempting to become pregnant so you can make sure your health is stable first.**



Please be cautious during this time and use a method of birth control to ensure that you do not become pregnant. If you use oral contraceptives (pills) for birth control, talk to your Healthcare Provider about other methods.

Before the surgery, you will need to stop all forms of hormonal replacement for 14 days (pills, ring, patch, creams), due to risk of blood clots. After the surgery, birth control pills may not work as well. You may restart hormonal therapy 4 weeks after surgery.

Smoking

Smoking is very dangerous in bariatric surgery patients because it...

1. Increases risk of ulcers and severe abdominal pain
2. Prevents lungs from working well
3. Increases risk of pneumonia after surgery
4. Prevents your incisions from healing
5. Increases risk of blood clots (DVT)
6. Stimulates production of stomach acid
7. Reduces circulation by constricting your blood vessels



You must quit smoking at least 90 days prior to surgery.

We will perform a lab to check for nicotine 90 days after your quit day, which must be negative before your surgery is approved.

Preparing for Surgery: Medications

Changes in Medications:

During your final pre-surgery visit, your surgeon will review with you which medications to stop taking before surgery. Most patients should make the following adjustments to the medications listed below:

- **Hormone therapy/Hormonal birth control:** See page 18.
- **Diabetes medication:** Some diabetes medicines may need to be stopped. The nurse or surgeon will let you know about medicine changes. After surgery, your requirement for diabetes medication will decrease. Most people will not need to take any diabetic medication after surgery. It will be very important to check your blood sugar after surgery (if you were checking before) to know when your medication requires further adjustments after surgery. Please let your PCP know if you are having blood sugars <100.
- **Diuretics (e.g. Lasix, furosemide, HCTZ, spironolactone):** Most patients will not take these medications after surgery. Consider stopping these medications (discuss with your healthcare provider) while on pre-operative liquid diet, especially if any dizziness occurs.
- **Supplements (fish oil, CoQ10, vitamin E):** Please stop taking any supplements besides your multivitamin 10 days prior to surgery.



- **Blood thinners** (e.g. Aspirin, Coumadin, Pradaxa, Plavix, Eliquis, Xarelto): You will need to stop aspirin and aspirin-containing products 10 days prior to surgery. The other medications will need to be stopped at varying lengths of time prior to surgery. Please clarify with your surgeon in advance so you have a plan for these medications.
- **Large pills:** You do not need to crush medications. You can take pills in pill form if they are smaller than ½ inch. You will need to cut a pill in half if it is larger than ½ inch.

Preparing for Surgery: Medications

- **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs): Stop taking NSAIDs 14 days prior to weight loss surgery.** NSAIDs have been linked to causing stomach ulcers after weight loss surgery. **Do not EVER take NSAIDs again after gastric bypass surgery,** due to the risk of pouch upset (gastritis), sores in your pouch (ulcers), or bleeding from your pouch. Acetaminophen (Tylenol) may be taken for aches and pains, or speak to your provider about alternative arrangements for pain medications. The following are examples of NSAID medications. This is not a comprehensive list; please clarify with your provider if you are taking any NSAIDs.

<p>Aspirin (includes Exedrin, Bufferin) Celecoxib (brand name: Celebrex) Diclofenac (brand names: Voltaren, Cataflam) Etodolac (brand name: Lodine) Flurbiprofen (brand name: Ansaid) Indomethacin (brand name: Indocin) Ibuprofen (brand names: Advil and Motrin) Ketoprofen (brand names: Orudis, Oruvail) Ketorolac (brand name: Toradol) Meloxicam (brand name: Mobic)</p>	<p>Nabumetone (brand name: Relafen) Naproxen (brand names: Aleve, Naprelan, Anaprox, Naprosyn/EC-Naprosyn) Oxaprozain (brand name: Daypro) Piroxicam (brand name: Feldene) Rofecoxib (brand name: Vioxx) Sulindac (brand name: Clinoril) Tolmetin (brand name: Tolectin) Valdecoxib (brand name: Bextra)</p>
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DO NOT USE before surgery or after a gastric bypass



Generally considered safe to use:



If you have any specific questions about medications, please ask your Healthcare Provider or feel free to call our office for more information.

Your Time in the Hospital: Day of Surgery

MUST BRING	Consider Bringing
<p>Bariatric Handbook CPAP or BiPAP machine (with settings) and mask if you have sleep apnea Incentive spirometer</p>  <p>Friend or family member Loose, comfortable clothing to wear home Photo ID ALL MEDICATIONS</p>	<p>Tank top to wear under abdominal binder Biotene mouth wash for dry mouth Knee-length bathrobe Hand lotion Comb or brush Lip balm Soft Kleenex Toothbrush and toothpaste Deodorant Women: Supplies for your menstrual cycle Contact lens supplies **DO NOT BRING VALUABLES</p>

Before you arrive to the hospital:

- Be sure to shower with an antibacterial soap
- Remove all nail polish
- Do not put on lotions, creams, hair products, or makeup
- Remove all jewelry and body piercings, and leave them at home
- Wear loose, comfortable clothing and non-slip shoes that are easy to take on and off
- Pull long hair back in an elastic band (no metal)
- Take only the medications that have been approved by the surgeon or anesthesiologist with small sips of water

After you arrive to the hospital:

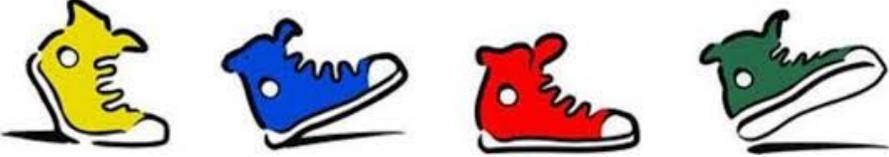
Check-in: You will check in to the hospital using your photo ID. You must arrive at least 2 hours before your surgery (someone will call you with the exact time of arrival).

Outpatient Surgery (OPS): This is where you will be prior to surgery. Someone will start an intravenous (IV) line in this area and prepare you for surgery.

The Operating Room (OR): This is the room where surgery takes place. You will be wheeled in to the OR on a stretcher and will move to the OR table. Everyone in the room will make sure you are comfortable, and the anesthesia provider will give you medications to make you unconscious. After you are safely under anesthesia, we will carefully position you and perform the operation.

The Recovery Room: After surgery, you will be moved to the recovery room. You will be in the recovery room for about 2 hours before being moved to a regular hospital room. You should start walking and using your incentive spirometer as soon as you are awake. Your surgeon will give your support person an update as soon as you are out of surgery.

Your Time in the Hospital: After Surgery

<p>How will you feel</p>	<p>When you wake up, you will feel groggy as the anesthesia wears off. You may also have some pain or feel bloated – this is normal. Walking around will help with the bloating. <u>If your pain is preventing you from walking or taking deep breaths, ask your nurse for more pain medication. Sometimes, people feel dizzy or have blurry vision; please let your nurse know if this happens.</u> You may notice you have to urinate more than usual. It takes about 3 days to get rid of the extra fluid we gave you during surgery.</p>   
<p>When can you start drinking</p>	<p>You can start drinking 1 ounce (one medicine cup) of ice/water every 15 minutes as soon as you are awake enough to drink. You must sip slowly and not drink more than 4 ounces per hour until further instruction.</p> 
<p>Walking/ Exercise</p>	<p>Walking lowers the chance of blood clots and pneumonia. The first time you get out of bed is usually the hardest, so ask someone to help you. You should start walking as soon as you are awake enough in the recovery room. You should continue to walk around the unit every 1-2 hours while you are awake. You must exercise your feet and legs every hour, even while lying in bed, to lower the risk of blood clots. While in bed, you can exercise by pointing and flexing your feet, as if you are pushing a gas pedal on a car. <u>Getting out of bed and walking is the best way to exercise your legs and circulate blood.</u></p> 

Your Time in the Hospital: After Surgery

<p>Leg compression devices</p>	<p>You must wear compression devices on your legs while you are sleeping or resting in bed. You can take off the compression devices while walking, sitting, or using the bathroom. These help prevent blood clots.</p> 
<p>Deep Breathing</p>	<p>You will need to breathe deeply and cough. Use the incentive spirometer every hour when you are awake during your hospital stay. You should take at least 10 slow, deep breaths with the device each hour. Breathing deeply helps your lungs expand, which helps lower your risk of pneumonia.</p> <p><u>Use incentive spirometer</u> <u>10 times an hour.</u></p> <p>A good way to remember is to do several deep breaths at every commercial break as you watch TV!</p> 
<p>Family/ friends</p>	<p>Arrange for a responsible adult (spouse, family member, or close friend) to drive you to the hospital and stay at the hospital until you are out of surgery. Someone must pick you up from the hospital to be discharged – please make a plan. You cannot leave the hospital by yourself.</p>