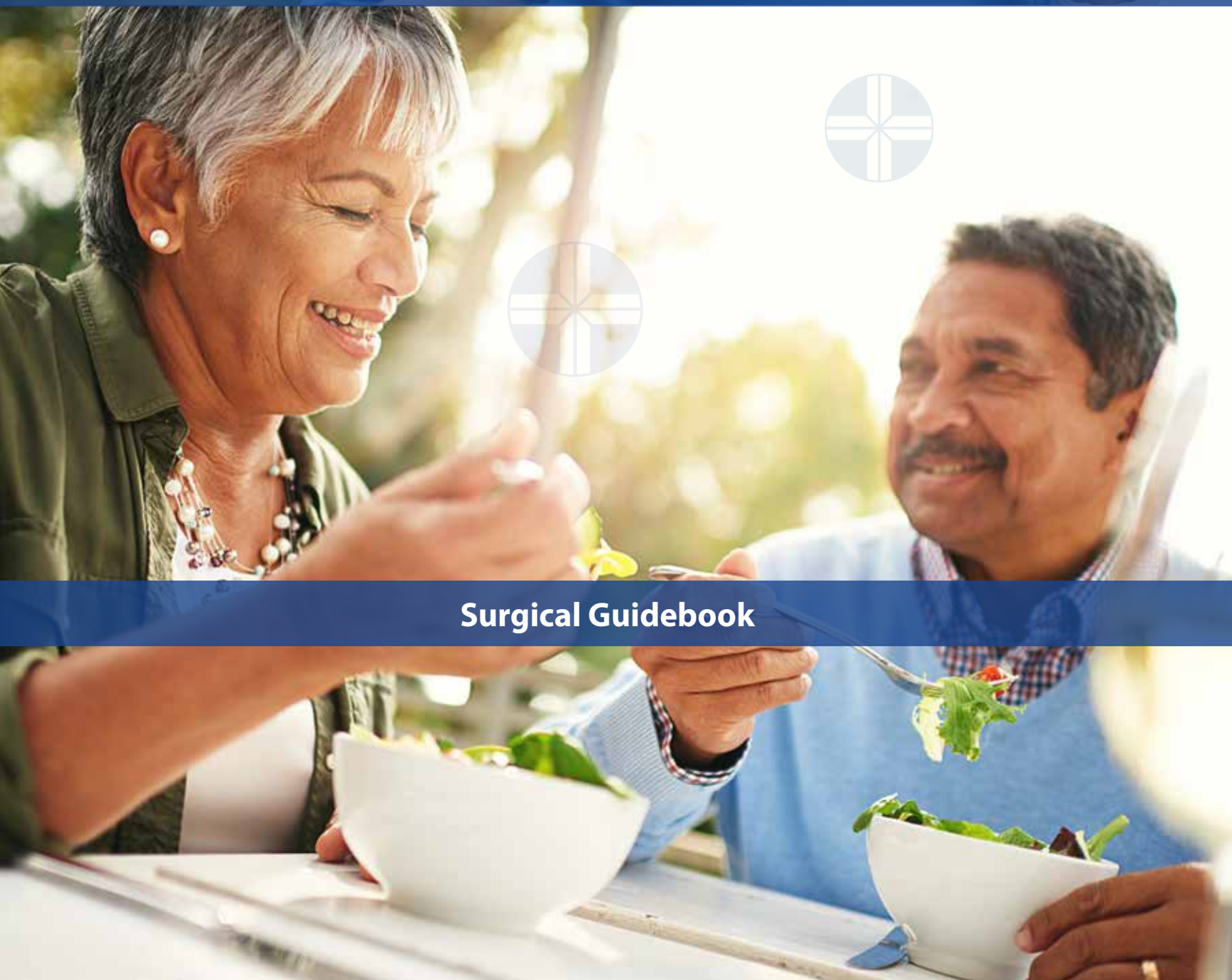




SELF REGIONAL
HEALTHCARE

BARIATRIC SERVICES



Surgical Guidebook



Recent research suggests that surgical intervention, when part of a comprehensive weight loss program, can save lives.

Welcome

Thank you for choosing Self Regional Healthcare to guide you through the process of surgical weight loss. Obesity is a major health problem in our country, affecting nearly 93 million adults. It is the second leading cause of preventable death in the United States. The average person with morbid obesity lives approximately 22 years less than a person of normal weight. Morbid obesity is becoming a major health crisis and may soon surpass smoking as the leading cause of preventable death in the United States.

Recent research suggests that surgical intervention, when part of a comprehensive weight-loss program, can save lives. Moreover, 70% to 90% of co-morbid conditions related to obesity, such as diabetes, coronary artery disease, sleep apnea, hypertension, depression, and various orthopedic issues, are improved or well-controlled after significant weight loss.

Our mission at Self Regional Healthcare is to provide a comprehensive surgical weight-loss program that ensures good outcomes and offers a lifetime of care for patients with morbid obesity. Our bariatric team includes surgeons, registered dietitians, nurse practitioners, physician assistants, and behavioral health specialists. Together, we have created a program that supports our patients in making informed decisions about their surgical options. Support groups are an integral part of our program, providing patients with the guidance they need before, during, and after their treatment.

We are committed to helping our patients make the lifestyle changes necessary to achieve healthier and happier lives. Our team is excited to help you plan your treatment program and is dedicated to supporting you in the fight against obesity.

The Purpose of this Manual:

Preparation, education, continuity of care, and plans for post-discharge are essential for optimum results in weight-loss surgery. **Communication is essential to this process.**

This manual serves as an educational tool for you and your healthcare team. It is designed to help you understand:

- What to expect at every stage of the process.
- What actions you need to take.
- How to care for yourself long-term.

Remember, this is just a guide. Your physician or a healthcare team member may add to or change any of the recommendations. Always follow their recommendations first and ask questions if you are unsure about any information. Keep this manual with you for a handy reference.



Frequently Asked Questions

How do I know if I am a candidate for surgery?

Candidates for surgery are individuals who have been unable to lose weight through diet and exercise, are approximately 100 pounds overweight, and have deteriorating health problems due to the excess weight. In addition, the National Institutes of Health states the criterion for surgical intervention is a body mass index (BMI) of 40 or above.

Individuals with a BMI between 35 and 40 with a pre-existing co-morbid condition, such as diabetes or heart disease, are also eligible candidates.

What are the different types of procedures?

Restrictive Procedures: Vertical Sleeve Gastrectomy (VSG)

This procedure generates weight loss solely through stomach restriction. Approximately 85% of the stomach is removed, significantly reducing the amount of food (or calories) that can be consumed, thus leading to weight loss. This is done without bypassing the intestines or causing any gastrointestinal malabsorption.

Combined Restrictive and Malabsorptive Procedure:

The Roux-en-Y Gastric Bypass (GBP)

The Gastric Bypass reduces the amount of food the stomach can hold and bypasses a portion of the small intestine. Weight loss occurs by limiting the amount of food you are able to eat and reducing the number of calories absorbed by the body.

Biliopancreatic Diversion with Duodenal Switch (BPD/DS)

The Biliopancreatic Diversion with Duodenal Switch is primarily a malabsorptive procedure but also has a restrictive component. The BPD/DS changes the normal process of digestion by reducing stomach size and allowing food to bypass approximately two-thirds of the small intestine, resulting in the absorption of fewer calories and weight loss. The food bypasses almost the entire duodenum, all of the jejunum, and part of the ileum. It meets with digestive enzymes in the ileum, mixing together food and nutrients, which are primarily absorbed in the common channel (common channel lengths vary but are generally 100-150cm in length).

Single anastomosis duodeno-ileal bypass with sleeve gastrectomy (SADI-S)

The SADI-S is primarily a malabsorptive procedure but also has a restrictive component. Similar to the BPD/DS, the SADI-S changes the normal process of digestion by making the stomach smaller and allowing food to bypass part of the small intestine resulting in the absorption of fewer calories and weight loss. The food bypasses almost the entire duodenum, all of the jejunum, and part of the ileum. It meets with pancreatic enzymes and bile in the ileum, mixing together food and nutrients, which are primarily absorbed in the common channel (this is generally 100-150cm in length).

Whereas the BPD/DS has two connections, the SADI-S only has one connection or anastomosis. This difference decreases the amount of time in the OR and under anesthesia.

Is removing the stomach safe?

Both the VSG, SADI-S, and BPD/DS remove a portion of the stomach. This type of stomach removal has been safely performed since the mid-1980s.

What is the difference between open surgery and laparoscopic surgery?

The open procedure requires a single large incision on the abdomen. This technique allows the surgeon to perform the surgery without the use of video monitors.

The laparoscopic or robotic procedure, also known as minimally invasive surgery, allows the surgeon to operate through several small incisions rather than one large one. With the use of video monitors, the surgeon views the internal organs and performs the procedure.

What are the potential risks of surgery?

As with any surgery, risks are involved. However, these risks are relatively low for most patients. Your surgeon will discuss the potential risks with you and provide education on how to recognize symptoms of complications.

Which procedure is right for me?

You will need to speak with your surgeon about which procedure is most suitable for you.

Can this surgery be completed with the use of the “robot?”

Yes, these surgeries can be performed using either a laparoscopic or robotic approach. The best option for you will be discussed during your visit with the surgeon.

Can the surgeon perform any other procedure during my surgery?

There is a possibility that the surgeon may perform additional procedures, such as a liver biopsy, cholecystectomy (removal of the gallbladder), or a hiatal hernia repair.

You may be prescribed an abdominal ultrasound to examine your liver and gallbladder. If the ultrasound reveals changes in the liver, the surgeon may choose to perform a liver biopsy for a closer evaluation of the liver cells. If gallstones are detected in the gallbladder, the surgeon will discuss the option of removing the gallbladder during your bariatric surgery.

Additionally, you may need to undergo an endoscopy before surgery. This procedure provides a closer view of your esophagus, stomach, and the first part of your small intestine.

Will my recovery be different if I have an additional procedure?

Patients who undergo a hiatal hernia repair may experience slightly more upper abdominal discomfort, which should resolve within the first week or two after surgery. However, having a liver biopsy or gallbladder removal does not typically alter the postoperative recovery process.

How long will I be in the hospital?

The average length of stay is 1 night. Allow 2 to 4 weeks for recovery before returning to work.

How long before I start losing weight?

The rate and amount of weight loss depend on the type of surgery you have and your adherence to the recommended diet and exercise program. The most significant weight loss typically occurs within the first 6 to 9 months following surgery, with the highest overall weight loss happening within the first 18 months. Most patients continue losing weight for up to two years after surgery.

Will I need to take vitamins?

Yes, regardless of the type of surgery you have, lifelong vitamin supplementation will be necessary.

Is it possible to regain weight?

Yes, weight regain is possible with all types of surgeries. This is why it's crucial to follow the instructions provided on proper eating and to establish an exercise plan. These lifestyle changes are essential for both short-term success and maintaining weight loss long-term.

What is Dumping Syndrome?

Dumping Syndrome is the body's reaction to consuming simple sugars. With the gastric bypass procedure, when sugar is ingested, it moves into the small intestine too quickly, causing fluid to shift from the bloodstream into the intestine. This can result in symptoms such as shakiness, dizziness, sweating, and a rapid heart rate—similar to the symptoms experienced by a person with low blood sugar.

These symptoms can also occur if you consume high-fat foods, foods high in sugar, or drink liquids with your meals. While Dumping Syndrome is primarily associated with the gastric bypass, some individuals with VSG or BPD/DS may also experience similar symptoms depending on their dietary choices.

Will my insurance cover my surgery?

Most insurance companies do cover weight-loss surgery; however, you will need to check with your provider to determine if your policy includes coverage for obesity surgery. Insurance companies typically have specific guidelines and criteria that must be met for the surgery to be approved.

Are there any medications that I need to avoid after surgery?

Yes, you will find them listed in this manual under medications.

Why should I follow a special diet?

It is important to follow the recommended eating plan to prevent nutritional deficiencies and maximize weight loss in a healthy, appropriate way.

Why should I avoid carbonated beverages?

Carbonated beverages contain carbon dioxide (bubbles). When the carbon dioxide enters the pouch, it warms up and releases gas, which can cause abdominal discomfort and stretching. Additionally, carbonated drinks can contribute to reflux.

Why do I have to separate my liquids and solids?

Your pouch is too small to accommodate both liquids and solids at the same time. If you drink while eating, your pouch may fill up too quickly, leading to nausea and vomiting. Additionally, drinking during or immediately after a meal can flush the food out of your pouch faster, causing you to feel hungry sooner. This can lead to excessive snacking and increased calorie intake.

May I continue to drink caffeinated beverages?

It is not recommended in the first couple of weeks after surgery. Caffeine is a stimulant and can cause decreased hunger. It also can cause the pouch to be irritated. Caffeine can also lead to reflux. Please talk with your provider about when it is safe to re-introduce caffeine.

Can I drink alcohol?

Alcoholic beverages should be avoided, and their consumption should be limited for the following reasons:

1. Alcohol is high in calories, and excess calories can easily be consumed without realizing it.
2. Many alcoholic beverages are carbonated, and carbonation should be avoided.
3. Alcohol can irritate the stomach and increase the risk of reflux and ulcers.
4. Tolerance to alcohol can change after surgery.

Discuss with your surgical team when it is safe to drink alcohol again. Your body breaks down alcohol differently after surgery and you may have more alcohol in your body than you may think.

Why do I have to drink so much clear liquid?

When losing weight, there is a heavy load of waste products to eliminate, mostly in the urine. These waste products can cause formation of kidney stones. Drinking water helps the body efficiently remove these waste products. Also, dehydration can occur rapidly with insufficient water intake.

Will I need to lose weight before surgery?

You may be asked to lose weight prior to surgery. During your consultation, the surgeon will inform you if weight loss is recommended or required. Additionally, you will be advised not to gain weight throughout your pre-surgery program.

How long after surgery is it safe to attempt pregnancy?

Because of the rapid weight loss following surgery, it is recommended to wait until your weight stabilizes before attempting pregnancy. This will help ensure a safer outcome for both you and your baby.

How will I prevent pregnancy after surgery?

You will need to discontinue oral (tablet) forms of birth control for 30 days before and 30 days after surgery to reduce the risk of blood clots. Intrauterine devices (IUDs) are an acceptable form of birth control and can remain in place before and after surgery. If you stop taking oral contraceptives, you must use an alternate method of birth control. Please discuss various options with your gynecologist or primary care provider before and after surgery.

How soon after surgery can I exercise?

Walking begins almost immediately after surgery. In most cases, you should aim to walk every two hours while awake, starting within the first four to six hours post-surgery. Most patients are admitted for about 24 hours. Once home, you should continue walking around the house, up and down stairs, and performing any light activities you were doing before surgery, with the exception of driving, lifting more than 10-15 pounds, or straining (e.g., holding your breath).

After your first postoperative visit, and as you continue to heal, you can gradually increase the intensity and frequency of your exercise. You are encouraged to build up your walking distance, which can be done on a treadmill or elliptical (without resistance). The goal is to achieve 60 minutes of walking per day while recovering.

Your surgeon will typically see you around four weeks after surgery (this may sometimes be done by an Advanced Practice Provider). During this visit, your surgeon will evaluate your progress and may release you to resume unrestricted activities based on your recovery. Most patients are able to return to work within two to four weeks.

How often should I exercise?

Generally, we recommend exercising for 2.5 to 3 hours per week. This should include at least 30 minutes of aerobic activity five times a week. Aerobic activity means getting your heart rate up and breaking a sweat. Aerobic exercise improves cardiovascular health, while anaerobic (resistance) exercise enhances muscle tone and strength, resulting in the highest calorie burn. Stretching exercises are also important to increase flexibility and help prevent injuries.

Be careful not to injure yourself by progressing too quickly. At the same time, remember that what we are recommending is the minimum. More exercise is always beneficial if done safely. Explore what is available in your community and discuss your plan with your surgeon.

Will I get a hernia from exercise?

Most of these procedures are done laparoscopically, making hernias much less common compared to conventional open surgery. In most cases, you can resume normal activities within two weeks. However, to ensure safety across all types of activities and jobs, we recommend waiting at least four weeks before returning to strenuous activity.

It is normal to feel some discomfort at your incision sites, which may last up to three months. This discomfort is not a hernia—it is your abdominal wall muscle healing. The general rule is to increase your activity gradually. You may experience discomfort with twisting or sudden movements, so stretch and increase your activity level as tolerated.

If your surgery was done using an open approach, the waiting period is longer before resuming unrestricted activity. Most surgeons recommend at least six weeks for heavy lifting. If you have other conditions, such as pre-existing hernias, your surgeon will provide specific instructions based on your circumstances.

Is everyday walking, like what I do at work or walking my dog, exercise?

Not really. It's important to set aside time specifically dedicated to your exercise routine. Everyone can find 30 minutes a day to prioritize their health—you are worth it!

Will I lose muscle mass?

Losing weight often includes some loss of muscle mass. However, starting a progressive exercise program early can help minimize this and may even lead to gaining muscle mass.

Will exercise help extra skin?

Yes and no. Extra skin resulting from weight loss occurs regardless of how the weight is lost. The amount of excess skin is directly related to how much weight you lose and your genetics. If your fat is distributed centrally (around your organs), you will have less excess skin than someone who carries more weight peripherally (on the hips and extremities). This is often referred to as an "apple shape" versus a "pear shape."

As you continue losing weight and most of the fat between your muscle and skin is gone, sagging skin may remain. Unfortunately, no amount of exercise can eliminate this excess skin completely. If the sagging skin becomes a concern, you may want to consider plastic surgery. For the best results, it is recommended to wait at least one year after surgery and to have lost 60% of your excess body weight before considering any surgical options.

What type of revisions are available if I have already had bariatric surgery?

Revisions to previous bariatric surgeries are performed by our bariatric surgeons and are tailored to each patient. Your surgeon will first need to evaluate whether a revision is possible. After your initial consultation, a comprehensive workup will be ordered to assess your situation. You and your surgeon will then discuss the potential benefits and risks of an additional surgery to determine the best course of action.

Preoperative Checklist

To be checked off when completed. This is a list of general steps to complete. You may be required to complete additional tasks based on your health history. Your surgery team will guide you through the process.

- Information Seminar: This is a critical step in understanding your surgery and the entire bariatric surgery process.
- Primary Care Physician (PCP) Documentation
- Letter of Clearance from PCP (if required)
- Nutrition Consultation and Any Additional Nutrition Visits Required by Insurance
- Psychiatric Consultation
- Lab Work, X-Ray, and/or Upper GI Study (if needed)
- Support Group Attendance
- Initial Surgical Consultation
- Preoperative Esophagogastroduodenoscopy (EGD) (if ordered)
- Additional Medical Clearances (if required):
 - Pulmonary
 - Sleep Study
 - Cardiology
 - Vascular
 - Other
- Insurance Approval Process
- Pre-Surgical Appointment and Class with Exam
- Preoperative Weight Loss (as requested by your surgeon)
- Pre-Admission Testing (if required)
- Purchase Vitamin and Mineral Supplements
- Purchase Protein Supplements
- Pack for Hospital

Before Surgery

Insurances:

Contact your insurance company. It is very important to understand your benefits and any limitations of your insurance coverage. Make sure you have your current insurance information readily available. You should also be aware of any copays that are your responsibility.

Our office staff will begin the pre-authorization process once you have seen the surgeon for a consultation and all required information is in your chart. Check with your insurance company to learn what criteria they require for approval.

Primary Care Physician Documentation:

This documentation may be necessary to obtain approval for your surgery through your insurance company. Some insurance providers require proof of a physician-supervised diet attempt within the last year. Your family doctor may need to provide records of at least six consecutive months of visits for weight checks and counseling. These notes must indicate that you are actively participating in both an exercise program and a structured diet plan.

All information must be recorded in the doctor's chart notes, as insurance companies will not accept a letter simply stating that you have been on a diet. Additionally, some insurers may request a weight history spanning two to five years. If a supervised diet is required, our dietitian will assist you in creating a plan to meet these requirements in preparation for your surgery.

Letter of Clearance/Recommendation from PCP:

This letter may be required for insurance approval of your surgery and will be submitted to the insurance company. Due to privacy regulations, you will need to obtain this letter directly from your family doctor.

Nutrition Consultation:

You will be required to schedule a nutrition appointment with the dietitian. This session will assess your current eating habits, diet history, medical history, and use of vitamins and supplements, and will help you begin making the necessary changes for life after surgery. Your insurance may require more than one visit with the dietitian before surgery. Additional education will be provided as you progress through the program.

Psychiatric Consultation:

A psychiatric consultation is required by both the insurance company and the program. This consultation helps assess your emotional well-being and readiness to understand and follow the requirements before and after surgery.

Exercise Consultation:

If you have an orthopedic or other medical condition, you may be required to obtain a physical therapy consultation. Insurance companies may also require documentation showing your participation in an exercise program. The physical therapist will perform an assessment and develop an exercise plan tailored to your physical abilities to follow preoperatively. Your surgeon will inform you if this consultation is necessary.

Lab Work, X-Rays and Upper GI Testing:

You will receive prescriptions for the necessary tests, and it is recommended that you complete them as soon as possible. The results will help your surgeon determine if additional consultations or further testing are needed before surgery.

Support Group Attendance:

It is strongly recommended that you attend at least one support group meeting prior to surgery. This is a valuable opportunity to speak with other patients who have undergone surgery and ask any questions you may have. Support groups provide a strong support network, along with helpful education and information. Studies show that patients who regularly attend support group meetings tend to have better long-term success with their surgery.

Initial Surgical Appointment:

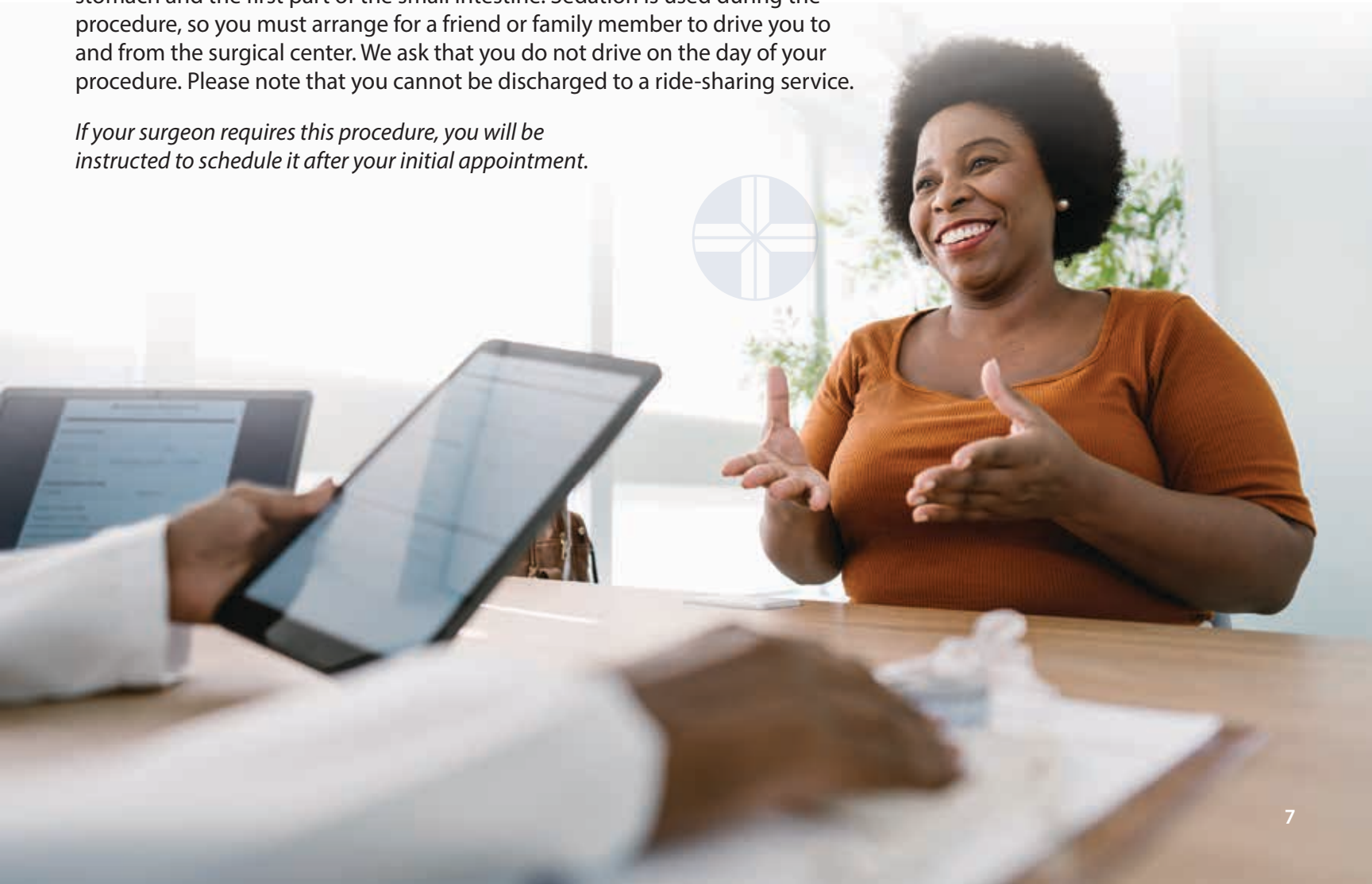
This consultation with the surgeon may be lengthy, as it involves a comprehensive assessment. During this visit, the surgeon will interview you, review your chosen surgical procedure, and address any questions you may have. If ordered, your pre-surgical EGD will be scheduled at this time, along with any additional consultations the surgeon determines are necessary.

Some individuals may be asked to lose weight before surgery. Preoperative weight loss helps reduce the risk of blood clots, makes the surgery safer, and shrinks the size of your liver. A smaller liver allows the surgeon to have a clearer view of your internal organs during laparoscopic surgery. If your liver is too large, it may require converting to an open procedure or postponing the surgery.

Pre-Surgical Endoscopy (if ordered):

This procedure is performed to identify any issues that may need to be treated before surgery. The test involves inserting a small tube down your throat into your stomach and the first part of the small intestine. Sedation is used during the procedure, so you must arrange for a friend or family member to drive you to and from the surgical center. We ask that you do not drive on the day of your procedure. Please note that you cannot be discharged to a ride-sharing service.

If your surgeon requires this procedure, you will be instructed to schedule it after your initial appointment.



Additional Medical Clearances

If you are required to see additional physicians or specialists, you will need to obtain medical clearance from them before proceeding with surgery. If referrals are needed, please request them from your Primary Care Physician (PCP) prior to your specialty visit. Below are some examples of consultations that may be ordered:



Pulmonary

If you have a history of asthma, sleep apnea, or other breathing difficulties, you may need to see a lung specialist. Based on the evaluation, the specialist may be involved in your care during hospitalization to monitor your respiratory status postoperatively.



Sleep Study

Depending on your medical history, you may need a sleep study to assess your breathing during sleep and determine if a CPAP machine is needed. If a CPAP is required, you must use it for 2-4 weeks prior to your surgery date. The pulmonary office will coordinate this with you, and you must bring your CPAP to the hospital for postoperative use.



Cardiology

Patients with a cardiac history, uncontrolled high blood pressure, or an abnormal EKG will need clearance from a cardiologist. If additional cardiac testing is recommended, it will be arranged through the cardiologist's office.



IVC Filter

While not commonly used, high-risk patients may need to consult with a vascular specialist to determine if an IVC (inferior vena cava) filter is necessary. This device is surgically implanted to prevent blood clots from traveling to the heart and lungs. If you have a history of blood clots or are deemed high-risk, your surgeon will recommend a consultation with a vascular surgeon to discuss the risks and benefits of the procedure. A hematologist may also provide recommendations for blood clot prevention after surgery.



Other

Based on your individual health history and current circumstances, you may need additional tests or clearances from other physicians or specialists. This will be determined by your surgeon during the consultation appointment.

If you currently have a specialist involved in your care, please inform us. You may obtain the necessary clearance from your current specialist if needed. Remember to obtain any required referrals from your PCP before your specialty appointments.

Insurance Approval Process:

After you have completed the program and insurance requirements, a pre-authorization request letter will be submitted to your insurance company to determine benefit coverage. This can be a lengthy process, and with some companies, it may take up to 8 weeks. Our staff will keep you updated on the progress and will notify you as soon as a determination is reached or if additional information is required.

Once your surgery is approved, we will provide you with a surgical date. If your request is denied, you will be responsible for filing an appeal with your insurance company.

Presurgical/Nutrition Education Class:

It is essential that you understand the surgical procedure you are undergoing and the instructions you need to follow after surgery. This class is designed to review the surgical procedure, outline what to expect during your hospital stay, and discuss what is required upon discharge.

At the end of the class, you will take a written examination and must score 90% or higher to pass. If your score is below 90%, the test will be reviewed with you to ensure that you have the necessary information to care for yourself after surgery.

Final Preoperative Appointment:

This appointment with the Advanced Practice Practitioner (APP) is scheduled approximately 2-3 weeks before your surgery date. During this visit, your chart will be reviewed to ensure that all necessary steps have been completed and that all specialists have cleared you for surgery. We will address any additional questions you may have, prescribe medications needed before and after surgery, and have you sign your surgical consent forms. This consent is the same form you reviewed during your initial consultation with the surgeon.

Ready for Surgery:

This appointment may be scheduled one week prior to your surgery and may take place over the phone. If not already completed during your preoperative appointment, you may need to have additional blood tests and/or x-rays performed. The Ready for Surgery (RFS) staff will also provide instructions on which medications to take before surgery.

The RFS staff will call you on the business day before your surgery to confirm your arrival time at the hospital.

Anesthesia Clearance:

The anesthesiologist will review your health history and current medications and will discuss the type of anesthesia you will receive prior to your surgery. They will also address any questions you may have regarding anesthesia or pain control.



Planning Ahead

You can prepare for your recovery by planning ahead:

- Arrange for transportation. You will not be able to drive for up to two weeks after surgery.
- Purchase postoperative items. Refer to the shopping list in this booklet for recommended items.
- Arrange for assistance. Plan to have a friend or relative help you, especially with lifting items weighing 10-15 pounds or more.
- Purchase your vitamins, supplements, and prescriptions in advance to ensure you have everything ready for your recovery.

Medications

Stopping Medications Preoperatively: This is a general guideline. Your surgeon or the specialist who prescribes your medications may provide specific instructions on when to discontinue them.

The following are examples of medications that may need to be stopped prior to surgery. This list is not exhaustive, so please discuss your specific medications with your surgeon or prescriber for detailed instructions.

- Coumadin (Warfarin): Stop 3 days before surgery.
- Plavix (Clopidogrel): Stop 7 days before surgery.
- Aspirin: Stop 7 days before surgery.
- NSAIDs (Ibuprofen, Motrin, Aleve, Advil, Naproxen): Stop 30 days before surgery.
(Tramadol may be used as an alternative if you are not allergic; consult your PCP for a prescription.)
- Glucosamine +/- Chondroitin: Stop 14 days before surgery.
- Diabetes Medications: Check with the physician managing your diabetes for adjustments needed before starting the liquid diet.
- Estrogen-Containing Pills or Patches (e.g., birth control): Stop 30 days before surgery.
(Your surgeon will let you know when it is safe to resume these medications.)

Please discuss these requirements with your prescriber prior to stopping any medication.

- Some over-the-counter supplements may need to be stopped prior to surgery as they can cause blood thinning.

Discontinue the following supplements 14 days before your surgery:

- Garlic
- Flaxseed, Fish Oil, and Omega-3
- Ginkgo Biloba, St. John's Wort,
- Any other herbal-containing products, including green or herbal teas Black Cohosh
- Vitamin E

Please consult your surgeon or healthcare provider if you have questions about any other supplements you may be taking.



Preoperative Diet

It is essential to follow the preoperative diet as instructed before surgery. The purpose of this diet is to help shrink the size of your liver, allowing the surgeon a clearer view of your internal organs during laparoscopic surgery. If your liver is too large, you may need to be converted to an open procedure.

If you are having an open procedure, you are still required to follow the preoperative liquid diet prior to surgery.

Purchase Vitamins and Supplements:

After surgery, your food intake will be significantly reduced, so you will need to supplement your diet with vitamins. Initially, you will also need a protein supplement. Plan ahead by purchasing these items before your surgery.

Day Before Surgery:

Do not eat or drink anything after midnight the night before your surgery, except for your usual morning dose of heart and blood pressure medications, antidepressant medications, and any medications specifically ordered by the Advanced Practice Practitioner. These can be taken with a small sip of water.

Night Before Surgery:

Shower with an antibacterial soap. You may be instructed to use a chlorhexidine wash as directed. Wear clean pajamas and use clean bed sheets. Do not shower the morning of surgery. Refrain from applying any lotions to your body on the day of surgery. Notify your doctor if you develop a fever, chills, sore throat, or any other illness.



Smoking Cessation

If you smoke, you must quit at least four weeks before your surgery. Smoking increases the risk of pneumonia and other respiratory complications after surgery. It also constricts blood vessels, which can slow down the healing process. Patients with a recent history of smoking will undergo lab testing prior to surgery to confirm that no nicotine is present in their system. If the test is positive, your surgery may be cancelled.

Hospital Care

Morning of Surgery

- **DO NOT** take water pills/diuretics (e.g., Lasix/furosemide, Hydrochlorothiazide, Aldactone/spironolactone, Diovan HCT) on the day of surgery.
- **DO** take your blood pressure (antihypertensive) and heart medications with a sip of water. Please check with your healthcare team to confirm which medications to take.
- **DO** take your antidepressant medications with a sip of water.
- **DO** take any medications specifically ordered by your Nurse Practitioner.

For insulin-dependent patients, insulin doses should be adjusted before surgery while on the clear liquid diet and the morning of surgery. Please consult your endocrinologist or prescribing doctor for the appropriate dosing instructions. **If you have any concerns, please contact our office.**

If you currently use a blood sugar monitoring device that attaches to your skin, please remove it before coming to the hospital. If you are scheduled to change the monitor, do not replace it prior to surgery. The metal in the monitor can interfere in the operating room, so you will not be able to reapply it until after you are discharged. If you need to check your blood sugar, intermittent finger sticks are acceptable.

You may brush your teeth and rinse your mouth, but do not swallow the water. Refrain from wearing makeup, including lipstick or nail polish, to the hospital. Dress in comfortable clothes and do not wear any jewelry, including body piercings. If you cannot remove rings, please ask us for assistance. Any jewelry that cannot be removed may need to be cut off in the hospital.

Please be on time. Arriving late on the day of surgery may result in a delay or cancellation of your procedure.



Same Day Surgery Unit:

The nurses in this unit will prepare you for the operating room. They will insert an IV line into a vein in your hand to administer medication that will help you relax. They will also take your weight, check your vital signs, and may ask a few questions to complete their paperwork. If there is a possibility that you could be pregnant, you will be asked to provide a urine sample.

In the Operating Room:

You will be taken to the operating room on a stretcher and prepared for your surgery. The following equipment will be used to monitor your health and ensure your safety during the procedure:

- Blood pressure machine
- Heart monitor to watch the rhythm of your heart
- Oxygen monitor to measure the level of oxygen in your blood
- While you are asleep, a blood pressure catheter may be placed into your wrist/ arm.
- Machine to help you breathe, (ventilator). If you have been diagnosed with sleep apnea or have other respiratory complications, you may be kept on the ventilator until you are breathing well on your own. You may be kept in the ICU if any problems arise intraoperatively or postoperatively.
- Tubes and drains may be placed once you are asleep.
 - A Foley catheter may be placed into your bladder to monitor the amount of urine you are producing. This helps to monitor kidney function during your surgery. This catheter will be removed before you are discharged.
 - A tube will be inserted through your mouth into your stomach for your entire surgery. This tube is used as a guide for the surgeon and is usually removed before you are awake.

Post Anesthesia Care Unit:

After your surgery, you will be taken to the Post Anesthesia Care Unit (PACU), where you will be closely monitored until the effects of anesthesia wear off and you are awake and breathing comfortably on your own. Once you are fully awake, you will be transferred back to the same day surgery unit until you are ready to be moved to your hospital room.

Pain Management:

You will experience some level of pain after your surgery. Uncontrolled pain can affect you in many ways and may slow your recovery. The medical staff will ask you to rate your pain on a scale from 0 to 10 to determine your pain level and evaluate how well your treatment is working. Since each person responds differently to pain treatment, it's important to communicate with the nurses to help manage your pain effectively.

Most pain medications are ordered on an "as needed" basis, so you will need to request them when you feel uncomfortable. The type of pain control used will depend on the type of surgery you had. During your stay, the team may use a combination of therapies, including narcotic and non-narcotic medications and ambulation (walking), to help manage your pain.

Pain after laparoscopic surgery is often due to retained gas, muscle stretching, and muscle spasms. Walking and gently stretching the abdominal muscles by arching your back while walking can help alleviate this type of pain. It's important to understand that some discomfort is normal, regardless of the type of pain management used. If you are interested in non-narcotic pain relief options, ask your doctor or nurse for more information.



Activity and Circulation

Once you are fully awake, you will be encouraged to get up and walk in the hall on the evening of your surgery, usually within 4 hours of leaving the operating room. Starting on postoperative day 1, you should walk every 2 hours while awake.

Walking helps prevent complications such as pneumonia, blood clots, constipation, and other issues that can impact your recovery. It also helps eliminate anesthetic gases, reduce nausea, and alleviates pain caused by muscle spasms.

Even after discharge, it is important to continue moving around at home for these same reasons.

Breathing Exercises:

You will need to take 10 deep breaths every hour to help prevent pneumonia. Even after you go home, it is important to continue these breathing exercises several times a day for the first few days following surgery. Using the incentive spirometer can assist with this effort.

Coughing is also beneficial, as it helps clear any secretions that may have accumulated from the breathing tube used during surgery. To reduce discomfort while coughing, hold a blanket or pillow against your abdomen to “splint” your muscles and minimize pain.

Compression Stockings:

Compression stockings will be placed around your lower legs to help improve blood circulation. While you are in bed, compression boots may be worn over the stockings. These boots work by gently squeezing your legs in cycles to keep blood flowing and help prevent blood clots from forming. You should wear these boots whenever you are lying in bed for an extended period.

Be sure to take your stockings home and continue wearing them for compression until your activity level returns to normal.



Discharge:

Most patients are discharged the afternoon following surgery, typically between 12:00 and 4:00 p.m. However, higher-risk patients or those with active health issues or complications may need to stay until postoperative day two or longer.

Postoperative

Caring for Yourself at Home

When you return home, there are several important things you need to know for your safety, recovery, and comfort. Please refer to your discharge instructions for detailed guidance.

Pain Control:

Upon discharge, you will receive a prescription for pain medication. This should be enough to last for 1-3 days, after which Tylenol should be sufficient for managing pain. Do not exceed 3 grams per day (equivalent to 6 extra-strength Tylenol). Tylenol can be taken up to four times a day and may be substituted for the narcotic as your pain improves.

Do not take any non-steroidal anti-inflammatory drugs (NSAIDs) for pain control after surgery. Refer to the section on medications to avoid postoperatively for more details.

Activity:

Exercise is essential for continued success after weight loss surgery. Aim to walk at least two miles or one hour per day within one month after your surgery. If you experience joint pain due to arthritis or other degenerative conditions, consider trying water exercises once your wounds are fully healed. Your surgeon will advise you when it is safe to start a more vigorous exercise program.

Activity Restrictions:

To ensure proper healing and reduce the risk of hernia at your incision sites, please follow these guidelines:

- **No lifting** more than 10-15 pounds (approximately the weight of a gallon of milk) for four weeks.
- **No lifting or holding** children or pets weighing more than 10-15 pounds for four weeks.
- **No heavy housework** such as carrying groceries, doing laundry, or vacuuming for four weeks.
- **No sexual intercourse** for two to four weeks, depending on your level of abdominal discomfort.
- **Do not drive** until you have discussed your pain level with your Surgeon or Advanced Practice Practitioner at your first postoperative visit.

Body Changes:

- It is normal to have difficulty sleeping after surgery. Try to limit daytime naps to avoid disrupting your sleep pattern.
- Your energy level may be lower for at least the first month.
- Changes in bowel habits are common. You may experience constipation or loose stools.

Constipation:

Constipation can occur after surgery due to pain medication, decreased fluid intake, and a high-protein, low-fiber diet. Here are a few ways to help prevent constipation:

- Start stool softener (Colace or docusate sodium) the day after surgery.
- Walk every 2 hours while awake.
- Take small frequent sips of fluids. Get as close as you can to 64 fluid ounces daily.
- Use a laxative such as Senna, Milk of Magnesia or Dulcolax tablet for severe constipation.

Hair Loss:

Many patients experience early postoperative hair loss due to changes in the normal hair cycle. This may be caused by the physical stress of surgery, rapid weight loss, or the effects of anesthesia. Early hair loss is not related to protein malnutrition or vitamin and mineral deficiencies. However, if hair loss persists beyond 6 months after surgery, it could indicate low protein intake or a vitamin or mineral deficiency.

- Ensure you are getting enough protein. Refer to the nutrition section of this manual for protein intake recommendations.
- Consider using special shampoos designed to reduce hair loss—check with your local hair salons for options.
- Your hair will grow back, but it may take several months before you notice any improvement.

Irregular Menstrual Cycle:

If you menstruate, you may notice short-term changes in your cycle due to hormonal fluctuations after surgery. Your cycle should return to normal within a few months. If you have any concerns, contact your gynecologist.

Emotional Changes:

It is not uncommon to experience emotional ups and downs after surgery, but these feelings typically resolve within a few weeks. If you have concerns about emotional changes or need to speak with someone, talk to your bariatric team about connecting with a behavioral therapist. If you are already seeing a behavioral health provider, we encourage you to continue follow-up care. Support groups are also a great resource for emotional support.

If you were taking antidepressants before surgery, you should resume them as soon as you are able to take medications, which is usually upon discharge.

Pregnancy:

It is crucial to avoid pregnancy during the early recovery period after surgery. Becoming pregnant during this time of rapid weight loss can lead to severe birth defects, miscarriage, and diminished weight loss success. Rapid weight loss may also increase your fertility, so using additional precautions is essential during this phase.

Condoms are not recommended as the sole method of birth control. Please discuss contraception options with your gynecologist or family doctor before surgery.

Liquid Intake:

Dehydration is a common issue after bariatric surgery. It can be difficult to catch up once you fall behind because your stomach is too small to rapidly consume large amounts of fluid. Constant sipping throughout the day is the best approach to achieve adequate hydration, with a goal of 64 fluid ounces per day.

If your urine is dark, has a strong odor, or if you are not urinating frequently, these are signs of dehydration. Please call the office, as you may need intravenous fluids.

Postoperative Medications

You may receive a prescription for an antacid medication (e.g., Omeprazole, Protonix, Nexium), which will be taken for 1-3 months, depending on your surgeon's instructions. If you still have your gallbladder, you may also be prescribed Ursodiol (Actigall, Reltone) to be taken twice a day for 6 months.

- After surgery, take pills one at a time, waiting about 5 minutes between each pill. If the pill is large, you may split it in half or crush it.
- Whole capsules can be swallowed starting from the first full day at home.
- Chewable or liquid multivitamins should be started on the first full day at home.
- Lovenox: Patients should be aware of their copay, but do not pick up this medication until discharge, as your surgeon will confirm whether it is necessary.

Medications to Avoid Postoperatively:

The following medications should be avoided for the first 3 months after surgery due to their potential for stomach irritation. After 3 months, they can be used but still carry a risk of causing stomach irritation:

- Advil, Aleve, Aspirin (or aspirin-containing medications), Excedrin, Motrin, Ibuprofen
- Steroids

If you are within the first 30 days after surgery, please contact our office before starting any new medications prescribed by providers outside of your bariatric team. This includes medications such as antibiotics, blood pressure medications, cholesterol medications, and others.

Caring for Your Incision

Laparoscopic Procedure:

- You will have 4-6 small incisions on your abdomen, which will be closed with steri-strips and/or surgical glue, along with absorbable sutures under the skin.
- The steri-strips should dry up and fall off within 10 days. If they have not fallen off by your first postoperative visit, they may be removed in the office.
- If your surgeon used surgical glue, allow it to fall off naturally. Do not rub or pick at the glue.
- You may shower 24 hours after surgery.

Common Drainage:

It is normal to have some fluid drainage from the incision sites. This type of drainage is called serosanguineous and has a color similar to cherry Kool-Aid. It may occur in small or large amounts. If you notice large amounts of drainage, keep the area covered with a gauze dressing, and call the office if you have concerns.

Contact the office immediately if the drainage becomes bloody, cloudy, thick, or foul-smelling.

Recognizing and Preventing Potential Complications

Signs of Infection:

- Increased swelling and redness at the incision site
- Changes in the color, odor, or amount of drainage
- Pus-like drainage from the incision
- Increased pain or tenderness at the incision site
- Fever greater than 101°F

Signs of Intra-Abdominal Infection:

- Worsening abdominal pain
- Fever, chills, or sweating
- Malaise (general feeling of discomfort or unease)
- Difficulty breathing



Blood Clots in Legs

Inactivity after surgery can cause blood to slow and thicken in the veins of your legs, leading to the formation of a blood clot. If a clot develops, you will be readmitted to the hospital for intravenous blood thinner medications. Prompt treatment is essential to prevent more serious complications, such as pulmonary embolism (blood clots in the lungs), which is a life-threatening condition.

Signs of Blood Clots:

- Swelling in the affected leg, accompanied by increased warmth and tenderness in the area
- Pain with walking or other activities

Prevention of Blood Clots:

- If you were given compression stockings in the hospital, wear them for 7 days after surgery
- Walk every 2 hours while awake
- Continue sipping water and staying hydrated

Pulmonary Embolus:

A pulmonary embolus occurs when a blood clot breaks loose and travels to the lungs. This can be life-threatening. Call 9-1-1 or go directly to the emergency room if you experience any of the following symptoms:

- Sudden chest pain
- Difficult breathing (air hunger) or rapid breathing
- Sweating
- Confusion
- Racing or pounding heart

Prevention of Pulmonary Embolus:

- Prevent blood clots in the legs by following postoperative instructions, recognizing the signs of blood clots, and calling your physician immediately if you notice symptoms.
- High-risk patients may be sent home with a medication called Lovenox, an injection used to prevent blood clots.

Abdominal Pain:

After surgery, you will experience some pain, but your pain medication should help reduce its severity. If your pain does not improve or is not relieved and lasts for more than 4 hours, please contact the surgeon's office.

Other Possible Complications:

The following issues can occur either immediately after surgery or as "late complications" several months later. Some may not be directly related to your surgery or diet, but any of these concerns should be reported to your surgical team.

Vomiting/Retching/Pain with Eating or Drinking:

Vomiting can occur after surgery for several reasons, including:

- Eating too quickly
- Eating too much
- Drinking with meals
- Not properly pureeing your food during the pureed phase
- Not chewing food thoroughly
- Swallowing too much air

**Prevention:**

- Follow the phases of the diet as outlined in your manual—do not skip ahead.
- Eat slowly and chew thoroughly
- Take very small bites or sips
- Put your utensils down between bites
- Stop eating at the first sign of fullness
- Do not drink liquids with meals. Wait 15 minutes after drinking to eat and 1 hour after eating before drinking
- Avoid using a drinking straw
- Be mindful not to swallow air
- If nausea occurs, use the anti-nausea medication that has been prescribed



Ulcers:

Ulcers can develop in the pouch after surgery. If detected early, they can be successfully treated with medication. However, if left untreated, ulcers can lead to more serious complications that may require additional surgery.

Symptoms of Ulcers:

Persistent severe nausea and pain when eating. Call your surgical team if these symptoms occur.

Prevention of Ulcers:

- Avoid tobacco.
- Avoid the medications previously mentioned in this manual.
- Avoid caffeine and alcohol.
- Take anti-ulcer medication as prescribed, even if you are not experiencing heartburn or reflux.

It is essential to take your vitamins consistently after surgery to prevent symptoms and conditions caused by deficiencies. Some symptoms of vitamin and mineral deficiencies include:

- Weak and easily broken bones
- Anemia
- Fatigue
- Dizziness
- Low blood count or low iron stores
- Tingling in the hands and feet
- Nerve damage

Stomal Stenosis (stricture):

Stomal stenosis, or "stricture," is the scarring or tightening of the opening where the pouch and small intestine are reattached. This condition occurs in a small percentage of postoperative patients and typically presents with symptoms 4-8 weeks after surgery.

Symptoms of Stomal Stenosis (Stricture):

- Vomiting after eating or drinking, which worsens over time
- Sensation that food is getting "stuck"
- Inability to tolerate foods that were previously well-tolerated
- Difficulty advancing to the later phases of the diet

If you experience any of these symptoms, please call your surgical team.

Treatment:

Treatment for a stricture is typically performed on an outpatient basis. During an endoscopy, a balloon is inserted into the narrowed area to open, or dilate, the passage between the pouch and the intestine. Some patients may need multiple dilations before they are able to tolerate solid foods regularly.

Dumping Syndrome:

Dumping syndrome is typically caused by consuming foods high in sugar or fat but can also occur if you drink liquids with a meal. This happens when rich food empties too quickly from the pouch into the small intestine. The rapid release of fluids and hormones can trigger the following symptoms:

- Sweating
- Nausea
- Dizziness
- Weakness
- Stomach cramps
- Diarrhea
- Heart palpitations

Weight Regain:

Resuming old, unhealthy eating habits can result in minimal weight loss or even weight regain. Research shows that patients who follow up regularly have the greatest short and long-term success with weight management. We are committed to supporting you for life and encourage you to attend all scheduled follow-up visits.

If weight regain becomes an issue, please schedule an appointment promptly for a comprehensive nutritional and behavioral evaluation.

If you are experiencing special problems, please discuss them with the Advanced Practice Practitioner. If necessary, an appointment with the physician will be scheduled. Do not wait until your next scheduled visit—call for an evaluation if you experience issues between follow-up appointments.

For questions or concerns after hours or on weekends, please call the office to reach the answering service. A surgeon from our practice is available to assist you 24/7.





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