

Gastric Bypass / Sleeve Gastrectomy Information Sheet

1 month before surgery:

- Date: _____ Stop taking oral contraceptives/birth control pills (if applicable)

2 weeks before surgery:

- Date: _____ Begin very low calorie, very low fat pre-surgery diet (guidelines will be provided by dietician)

Before Surgery:

- Date: _____ Pre-Surgery history and physical with your Primary care physician to be completed 30 days prior to surgery. Take Patient History and Physical Exam form to your visit.
 - You will need to discuss and review all of your medications at this visit
 - Are you on any long acting or sustained release capsules?
- Date: _____ Preadmission testing appointment at Good Samaritan Hospital
PSS phone number: 513-862-2775
 - Pre-Surgical Services (PSS) will call you to schedule this appointment.
 - Registration, paperwork, and any additional testing will be discussed at the visit.
 - Take all medications with you to this appointment.
 - Will receive instructions for the *Enhanced Recovery Program*
- Date: _____ Post surgery Medications
 - Fill prescriptions as directed at your pre-surgery office visit.
 - If there is an issue with prior authorization call the office immediately

Night before Surgery Date: _____

- Follow the instructions of the Enhanced Recovery Protocol*

Morning of Surgery Date: _____

- Bring CPAP/BiPAP machine and mask if applicable
- Bring Patient Education binder
- Arrive to Good Samaritan Hospital's Registration (1st floor Dixmyth)
 - You'll change into gown
 - IV started
 - Antibiotics given through IV
 - A small shot in soft tissue of belly (blood thinner to help prevent blood clots)
 - SCD/compression boots may be used on lower legs (squeeze legs to keep blood moving to help prevent blood clots)
 - Meet operating room nursing staff and anesthesia staff

- Operating Room/Surgery
 - Anesthesia will hook you up to monitors (blood pressure, EKG, etc.)
 - You'll receive general anesthesia (asleep) and breathing tube inserted
 - Foley catheter inserted if applicable
 - Total time in surgery is typically 2 – 2 ½ hours, actual surgery is 1 – 1 ½ hours.
- Recovery Room / After Surgery
 - Oxygen tube in nose (nasal cannula)
 - CPAP/BiPAP mask/machine setup (if applicable)
 - You will be given medication for pain and nausea
 - Continuation of being monitored

Night of Surgery 12th floor

YOU

- WILL walk in hall within 8 hours of being on unit
- WILL be sitting up in a chair – helps to prevent blood clots
- WILL cough and deep breathe, and use incentive spirometer – helps to prevent pneumonia
- WILL be able to start drinking clear liquids
- WILL be given sugarless chewing gum to chew three times day starting the evening of surgery
- WILL have discomfort especially on right side of abdomen – you will want to splint the area with a pillow when you are coughing or breathing deeply to decrease motion near your incision

Day after Surgery 12th floor

- Very important to be walking the halls **5 times/day**
- Very important to deep breathe, cough, and use incentive spirometer
- You will continue with clear liquids; **sip 4 ounces over 30 minutes**
- You will be on a liquid diet while in the hospital
- You will be given Impact Recovery to drink **three times** a day
- Blood thinner injections will continue throughout hospitalization
- Blood sugars will be checked and regulated with insulin, if needed
- Vital signs will be checked regularly – **if** temperature is greater than 101⁰, rapid heart rate, rapid breathing, uncontrolled pain, uncontrolled nausea, vomiting, shortness of breath, chest pain, or severe anxiousness – The surgeon may order tests to be sure you are not developing a complication
- Pain medication will be given as a liquid oral medication

Transition to Home

- You should be able to go home 24 - 48 hours after surgery
- Call office with any concerns or questions see **Bariatric Surgery Help Card**
- Be sure you have appointment scheduled for 1 week after surgery date with surgeon and dietitian
DATE: _____
- Your prescriptions should be at home already filled if applicable. Otherwise prescriptions will be given on discharge
- The nursing unit will call you a day or two after you go home to check up on you.

Activity

- **Do not** lift, pull, or push anything greater than 10 pounds or as directed by your physician.
- Walk as much as possible and increase your level of activity as tolerated.
- Continue with deep breathing, coughing, and using your incentive spirometer until your abdominal pain is minimal. This will help prevent pneumonia.
- **You may** shower. **You may not** take a bath until your wounds are completely healed.

Incision Care

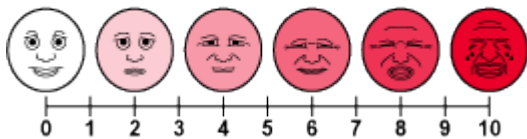
- **Wash your hands immediately before you touch your dressing or incision area.**
- You may have 4 or more small incisions. They are closed with skin adhesive strips. Skin adhesive strips can get wet and will fall off on their own. Check your incisions and surrounding area daily for any redness, swelling, discoloration, fluid (drainage), or bleeding. Dark red, dried blood may appear under these coverings. This is normal.
- You do not need to keep a dressing/gauze over the incisions unless you are experiencing drainage.
- If you experience drainage, use a warm, moist compress over the incision for 20-30 minutes at a time, 3-4 times a day. Call and make your surgeon's office aware of any drainage.
- If you have a drain, it will be removed at your follow-up visit or before you leave the hospital.
- If your drain is left in, follow your caregiver's instructions on drain care.
- If your drain is taken out, keep a clean, dry bandage over the drain site.

Pain Management

- It is very normal to feel pain after your surgery, especially on the **RIGHT** side of your abdomen.
- You will want to continue taking Tylenol (acetaminophen) 1000 mg every 6 hours while your pain persists and use pain medication only if not relieved with Tylenol. **(NO Ibuprofen or NSAIDS).**
- *** It is important that you do not exceed the maximum amount of acetaminophen, 4000 mg in 24 hours.
- ***If you have significant liver or kidney disease, you should start out with only 50% of the dose of Tylenol. Please check with your kidney or liver physician regarding the appropriate ongoing dosages.
- You will want to splint the area with a pillow when you are coughing or breathing deeply to decrease motion near your incision.
- You will be able to use ice or warm compresses to the area of pain.
- You will want to take pain medication before your pain is severe. This will keep your level of pain at a more moderate and manageable level.
- You will want to take your pain medication before activity and bedtime. Treating pain early usually brings quicker and better control and reduces the overall dose needed for pain medications.
- You don't always have to take a medication to relieve pain. Whether it's listening to music, watching TV, reading a book or mindful meditation, each of these techniques can help to control your nervous system and pain.

- Other information that may be helpful
 - When an incision is made during surgery, small sensory nerves to the skin are occasionally cut, which may cause temporary numbness. Sensation in those areas usually returns, typically within two to three months, as the nerve endings heal.
 - Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. These symptoms are common during the recovery period.
- Know your pain scale:

Pain Scale



Post-Operative Appointments

- You will have your after surgery dietitian and surgeon appointments at
 - 1 week post-op, 3 weeks post-op, and 6 weeks post-op
 - 3 months post-op (Labs to be done), 6 months post-op
 - 1 year post-op (Labs to be done)
 - Then continued on annually.
 - A follow up appointment with your medical doctor approximately 2-4 weeks after surgery date to discuss the need to adjust your medications.
 - **Follow up appointments are important elements of long-term weight loss success for improved health and early detection of nutritional deficiencies.**

Signs and Symptoms to be Aware of

Call Office (513-862-4957; if after hours call Answering Service at 513-246-7023):

- Heart rate >120 or you feel your heart racing
- Fever greater than 101.5⁰ Fahrenheit
- Uncontrolled pain that does not improve with pain medication
- Uncontrolled nausea that does not improve with nausea medication
- Vomiting
- Shortness of breath
- Chest pain
- Excessive bleeding, redness, drainage, swelling or any other problems at the surgical site.
- Itching, rash, or hives
- Bloody bowel movements

*** If you need to go to the emergency room, it is preferred that you return to Good Samaritan Hospital (unless it is a life threatening emergency, then call **911**)

Seek Medical Care if:

- You feel feverish or have shaking chills, take your temperature. If your temperature is 101.5° F or above. The fever may mean there is an infection.
- Check your incisions and surrounding area daily for any redness, swelling, discoloration, drainage or bleeding. (Dark red, dried blood may appear under these coverings - this is normal).
- There is a breaking open of the wound (edges not staying together) after stitches have been removed.
- You notice increasing pain in the shoulders (shoulder strap areas).
- You develop dizzy episodes or faint while standing.
- You develop shortness of breath.
- You develop persistent nausea or vomiting.
- You have pain and discomfort with swallowing.
- You have pain, swelling, or warmth in the lower extremities.
- You develop a rash.
- You have difficulty breathing.
- You develop, or feel you are developing, any reaction or side effects to medications.

Other:

- ***If you are diabetic it is important for you to manage your blood sugars carefully and accurately to support wound healing and reduce the risk of infection.**
- Small pills can be swallowed. Larger pills will need to be crushed for the first month after surgery.
 - Some pills such as extended release (XR) and long acting (LA) **cannot** be crushed.
 - Please discuss medications with your primary care physician, surgeon and/or pharmacist.
- IF** you still have your gallbladder, be certain you receive your prescription for **ursodiol**. You will need to begin taking it **one week after surgery** and will continue taking it for 6 months after your surgery. This medication helps prevent the development of gallbladder stones. The capsule must be opened and mixed with drink/food for the **TWO weeks. Two weeks after surgery it can be swallowed** because it is a soft capsule and will dissolve quickly once it is in your pouch (new stomach).
- You should also schedule a follow up appointment with your medical doctor approximately 2 – 4 weeks from your surgery date to discuss the need to adjust your medications.
 - Be sure to **contact your primary care physician** regarding any necessary **dosage adjustments of your medications** (blood pressure, diabetes, etc.), as some medication dosages may need to be changed following surgery and weight loss.

Other items to Expect

- Nausea – nausea can last for approximately 6 weeks as your body adjusts to the new small (stomach) pouch. You will be given a prescription medication for nausea relief.
- Gas and Bloating – if you experience gas and/or bloating you can use an over-the-counter chewable gas relief product such as GasX, Mylanta, Mylicon, etc.
- Diarrhea – your first several bowel movements will be watery, dark, and will have a very strong odor (this is a result of blood in your intestinal tract following surgery, as well as the liquid diet). If you experience diarrhea you can use Imodium and follow the directions on the container.
- Constipation – if you experience constipation, be sure you are getting sufficient fluids in daily (48-64 ounces). You can take Milk of Magnesia or an over-the-counter stool softener for constipation.
- Incisional drainage – you may experience incisional drainage (**very common**). The drainage should be clear, yellowish/tan, possible blood-tinged in color/appearance. **If** incision is red, hot, painful, and/or the drainage is pus-like with foul odor, call your surgeon's office.
- Pain – you will experience more pain on the right side of your abdomen. You will want to continue taking Tylenol (acetaminophen) 1000 mg every 6 hours while your pain persists and use pain medication only if not relieved with Tylenol. **(NO Ibuprofen or NSAIDS)**.