

Gastric Bypass / Sleeve Gastrectomy Information Sheet

1 month before surgery:

- ☐ Stop taking oral contraceptives/birth control pills (if applicable)

2 weeks before surgery:

- ☐ Begin very low calorie, very low-fat pre-surgery meal plan (guidelines will be provided by dietician)
- ☐ Practice using Baritastic APP to track fluids

Before Surgery:

- ☐ Pre-Surgery Virtual Class (bring pre-surgery folder)
 - Topics include
 - How to take care of yourself after surgery
 - Post-operative medication review
 - Pain management
 - When to seek medical care after surgery
 - FMLA and other various forms
- ☐ Pre-Surgery visit with surgeon and dietitian (bring pre-surgery folder)
 - Review pre-surgery class information
 - Sign surgery consent
 - Discuss in detail 2-week pre-surgery meal plan
 - Ask follow up questions prior to surgery
- ☐ Pre-Surgery history and physical with your Primary Care Physician
 - Must be completed within 30 days of surgery
 - Take history and physical form to visit if a NON TriHealth physician
 - Discuss and review all of your medications at this visit, especially
 - NSAIDS
 - Long acting (XL, XR, ER)
- ☐ 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**

Night before Surgery

- ☐ Follow the instructions of the Enhanced Recovery Protocol
- ☐ 8 hours prior to arrival time drink 32 ounces (4 cups) Gatorade 2 or Gatorade Zero
- ☐ 2 hours prior to arrival time drink 8 ounces (1 cup) Gatorade 2 or Gatorade Zero

Morning of Surgery

- ☐ Bring CPAP/BiPAP machine and mask if applicable
- ☐ Bring Patient Education binder
- ☐ Arrive to Good Samaritan Hospital's Registration (1st floor Dixmyth Lobby)
 - 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
 - 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 8th 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 and use abdominal binder

Day after Surgery 8th floor

- Continue to walk the halls at least **5 times/day**
- Continue deep breaths, cough, and use of incentive spirometer
- 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 **two 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
- Continue use of abdominal binder

Transition to Home

- You should be able to go home 24 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
- Your prescriptions should be at home already filled if applicable. Otherwise prescriptions will be given on discharge
- The nurse practitioner will call you a day or two after you go home to check up on you.

Signs and Symptoms to be aware of

- Call the office (513-862-4957) or On-Call (513-246-7023) for any of the following:
 - You feel feverish or having shaking chills and/or temperature is greater than 101.5 degrees Fahrenheit
 - You have uncontrolled pain that does not improve with medication and or other alternatives
 - You develop uncontrolled nausea and vomiting not relieved by medication
 - Your heart rate is greater than 120 or you feel your heart racing
 - You develop short ness of breath or difficulty breathing
 - You experience chest pressure or pain
 - You have pain, swelling, or warmth in the lower extremities
 - You have pain and discomfort with swallowing
 - Excessive bleeding, redness, drainage, swelling or any other problems at the surgical site. Dark red, dried blood may appear under the coverings – this is normal
 - You develop itching, rash, or hives
 - You have bloody bowel movements
 - You are unable to urinate for more than 6 hours

- You are dizzy or faint while standing
- You develop, or feel you are developing, any reaction or side effects to medications

If you need to go to the emergency room, it is preferred that you return to Good Samaritan Hospital (513-862-2356). If it is life-threatening emergency, call 911.

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.
- Follow your pain management plan
- Take medication before activity
- Take medication before pain is severe
- Wear abdominal binder
- Splint the area with a pillow when you are coughing or breathing deeply to decrease motion near you incision.
- Use ice or warm compresses to the area of pain.
- Use a distraction such as listening to music, watch TV, read a book, and/or mindful meditation.

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How Bad Is My Pain?	What Should I Take for Pain?	Pain Rating Out of 10
Minor Pain		
<p>I hardly notice my <u>pain</u></p> <p>OR</p> <p>I notice my pain and it bothers me, but I can still do activities (such as walking, sitting up, and standing)</p>	<p><input checked="" type="checkbox"/> Non-Medication therapies</p> <p><input checked="" type="checkbox"/> <u>Non-Opioids</u>, as needed</p> <p><input type="checkbox"/> Non-Opioids, on a schedule</p> <p><input type="checkbox"/> Opioids</p>	<p>For me, this type of pain is: 1 - 3 / <u>10</u></p> 
Moderate Pain		
<p>My pain is hard to <u>ignore</u></p> <p>OR</p> <p>My pain interferes with my usual activities</p>	<p><input checked="" type="checkbox"/> Non-Medication therapies</p> <p><input checked="" type="checkbox"/> <u>Non-Opioids</u>, as needed</p> <p><input checked="" type="checkbox"/> Non-Opioids, on a schedule</p> <p><input type="checkbox"/> Opioids</p>	<p>For me, this type of pain is: 4 - 7 / <u>10</u></p> 
Severe Pain*		
<p>I am focused on my pain and am not able to do my usual <u>activities</u></p> <p>OR</p> <p>I am groaning in pain, and I cannot <u>sleep</u></p> <p>OR</p> <p>My pain is as bad as it could be and nothing else matters</p>	<p><input checked="" type="checkbox"/> Non-Medication therapies</p> <p><input checked="" type="checkbox"/> <u>Non-Opioids</u>, as needed</p> <p><input checked="" type="checkbox"/> Non-Opioids, on a schedule</p> <p><input checked="" type="checkbox"/> Opioids</p> <p>*Notify the surgical team</p>	<p>For me, this type of pain is: 8 - 10 / <u>10</u></p> 

Numeric Pain Scale



Minor pain does not interfere with daily tasks.

Moderate pain is hard to ignore.

Severe pain makes it hard to take deep breaths and to

Constipation Management

- After surgery, there may be a difference in your bowel movements. If you typically had a BM once (or more) a day, do not be surprised if this does not happen any longer. Because you are eating differently (clear liquids/fluids only) your bowels will be different. Be sure you are drinking 64 ounces of fluid each day and taking your probiotic. If you are not experiencing any pain, and you are passing gas, it is okay to wait up to three days before intervening. If, at day 3 postoperatively, you still have not had a bowel movement, follow the tips for a healthy gut: Constipation Prevention tip sheet. If you begin having an increase in pain or stop passing gas, it is time to call the doctor.
- Day 3 after surgery, there is no bowel movement, add Colace 100 mg 1 to 2 times daily.
- Day 4 after surgery, there is no bowel movement, continue with Colace as above and add Miralax 17 gm daily or Milk of Magnesia (1-3 teaspoon).
- Day 5 after surgery, there is no bowel movement, call your physician office.

Medication Management

- For diarrhea
 - Imodium AD for diarrhea
- For gas
 - GasX (chewable) for gas, Mylanta, or Mylicon
- For discomfort, headache, or fever
 - You can take Tylenol caplets, liquid, sprinkles
 - Do not take aspirin, ibuprofen, Advil, Aleve, Motrin, or Naproxen
- For cold, flu, cough, or allergy symptoms
 - Do not take any products that contain aspirin, ibuprofen, Advil, Aleve, Motrin, or Naproxen

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**
- Occasionally large size pills are not tolerated
 - Determine if these pills can be crushed or broken in half.
 - Some pills such as extended release (XR) and long acting (LA) **cannot** be crushed.
 - Discuss medications with your primary care physician, surgeon and/or pharmacist
- **Sexually active women** should use more than one method of contraception to prevent pregnancy for at least 18 months after surgery. Birth control pills become less effective after surgery. If you plan or become pregnant continue follow up with bariatric surgeon and OB/GYN to ensure best outcomes
- **VITAMIN AND MINERALS** will be started after first post op visit.

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You may be prescribed the following medications after surgery

- **ONDANSETRON (ZOFRAN)**
WHAT: ANTI-NAUSEA MEDICINE
HOW: 4 MG BY MOUTH EVERY 8 HOURS AS NEEDED FOR NAUSEA
WHY: NAUSEA -FEELING OF “SICK TO STOMACH – GAGGING WITH TAKING FOOD -URGE TO VOMIT
- **PANTOPRAZOLE (PROTONIX)**
WHAT: ANTACID
HOW: START TAKING IMMEDIATELY AFTER SURGERY
20 MG BY MOUTH ONCE A DAY CONTINUE AT HOME FOR 3 MONTHS
WHY: TO PREVENT GASTRIC ULCERS (sore that can form at the staple line)
- **UROSODIOL (ACTIGALL)**
WHAT: PREVENTS GALLSTONES FROM FORMING AFTER RAPID WEIGHT LOSS (ONLY IF YOU HAVE GALLBLADDER)
HOW: START TAKING AFTER YOUR FIRST POST OP VISIT
300 MG CAPSULES BY MOUTH TWICE DAILY FOR 6 MONTHS
IF DIFFICULTY SWALLOWING MAY SPLIT OPEN AND SPRINKLE ON FOOD IF NEEDED
WHY: PREVENT GALLSTONES
- **ACETAMINOPHEN (TYLENOL)**
WHAT: PAIN RELIEVER
HOW: **1000 MG BY MOUTH EVERY 8 HOURS FOR 3 DAYS AFTER SURGEY AT HOME**
AND THEN AS NEEDED FOR PAIN – MAY USE LIQUID OR PILL FORM
WHY: MUSCLE SPASMS
- **GABAPENTIN (NEURONTIN)**
WHAT: NERVE PAIN MEDICATION
HOW: 300 MG BY MOUTH EVERY 8 HOURS AS NEEDED FOR PAIN
WHY: BURNING NERVE PAIN
- **METHOCARBAMOL (ROBAXIN)**
WHAT: PAIN RELIEVER – MUSCLE RELAXER
HOW: 500 MG BY MOUTH EVERY 8 HOURS AS NEEDED FOR PAIN
WHY: MUSCLE SPASMS
- **PROBIOTICS (*SEE BELOW)**
WHAT: HEALTHY INTESTINAL MEDICINE
HOW: TWO WEEKS PRIOR TO SURGERY & IMMEDIATELY AFTER SURGERY FOR 3 MONTHS ONCE DAILY
WHY: “GOOD” BACTERIA THAT KEEPS YOUR GUT HEALTHY AND BOWELS REGULAR
*EXAMPLES OF OTHER THE COUNTER PROBIOTICS: CULTURELLE, ALIGN, ACIDOPHILUS
GENERIC/STORE BRANDS ARE OKAY TOO
- **APIXABAN (ELIQUIS)**
WHAT: BY MOUTH BLOOD THINNER THAT HELPS PREVENT THE FORMATION OF BLOOD CLOTS
HOW: YOUR SURGEON WILL COMPLETE A RISK CALCULATION TO DETERMINE DOSAGE AND LENGTH OF TIME NEEDED TO BE ON

Nutritional Guidelines

- ☐ Do not advance your diet without clearance from bariatric surgeon or dietitian
- ☐ Diet will be advanced in 5 different stages
 - Stage 1 clear liquids
 - Stage 2 full liquids
 - Stage 3 blended
 - Stage 4 soft-chopped
 - Stage 5 regular

Post-Operative Appointments

- ☐ You will have your after-surgery dietitian and surgeon/nurse practitioner appointments at
 - 1-week after surgery
 - 3 weeks after surgery
 - 6 weeks after surgery
 - 3 months after surgery
 - 6 months after surgery (labs to be done)
 - 1-year after surgery (Labs to be done)
 - Then continued annually
 - A follow up appointment with your medical doctor approximately 2-4 weeks after surgery date to discuss the need to adjust your medications (blood pressure, diabetes, etc). Some medication dosages may need to be changed following surgery and weight loss.

Follow up appointments are important elements of long-term weight loss success for improved health and early detection of nutritional deficiencies.