

GULF COAST BARIATRICS

LIFESTYLE CLASS #3
"STAY THE COURSE"

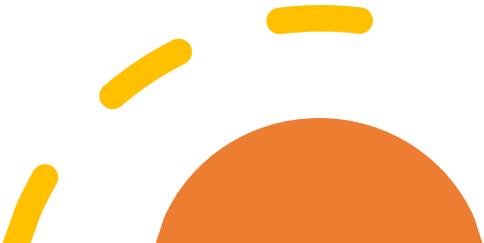


Preoperative and Postoperative Review

Instructor: Sharon W., RNC



Goals for class today:

- Review of preoperative preparation - 14 days to 7 days out preop
 - Review of preoperative instructions - day before, day of surgery and hospitalization
 - Review of discharge instructions
 - Review of postoperative nutrition
 - Review of vitamin and supplement guidelines
 - Tips for success
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The materials we will review in this class are the following:

- The "Before and After Surgery" guidebook
- Power point presentation "Stay the Course"
- The materials are attached to this webinar for you to view, download and print
- Education materials are also located at: Gulfcoastbariatrics.com ---> click on patient forms---> scroll down to Bariatric Education Materials



Before and After Surgery

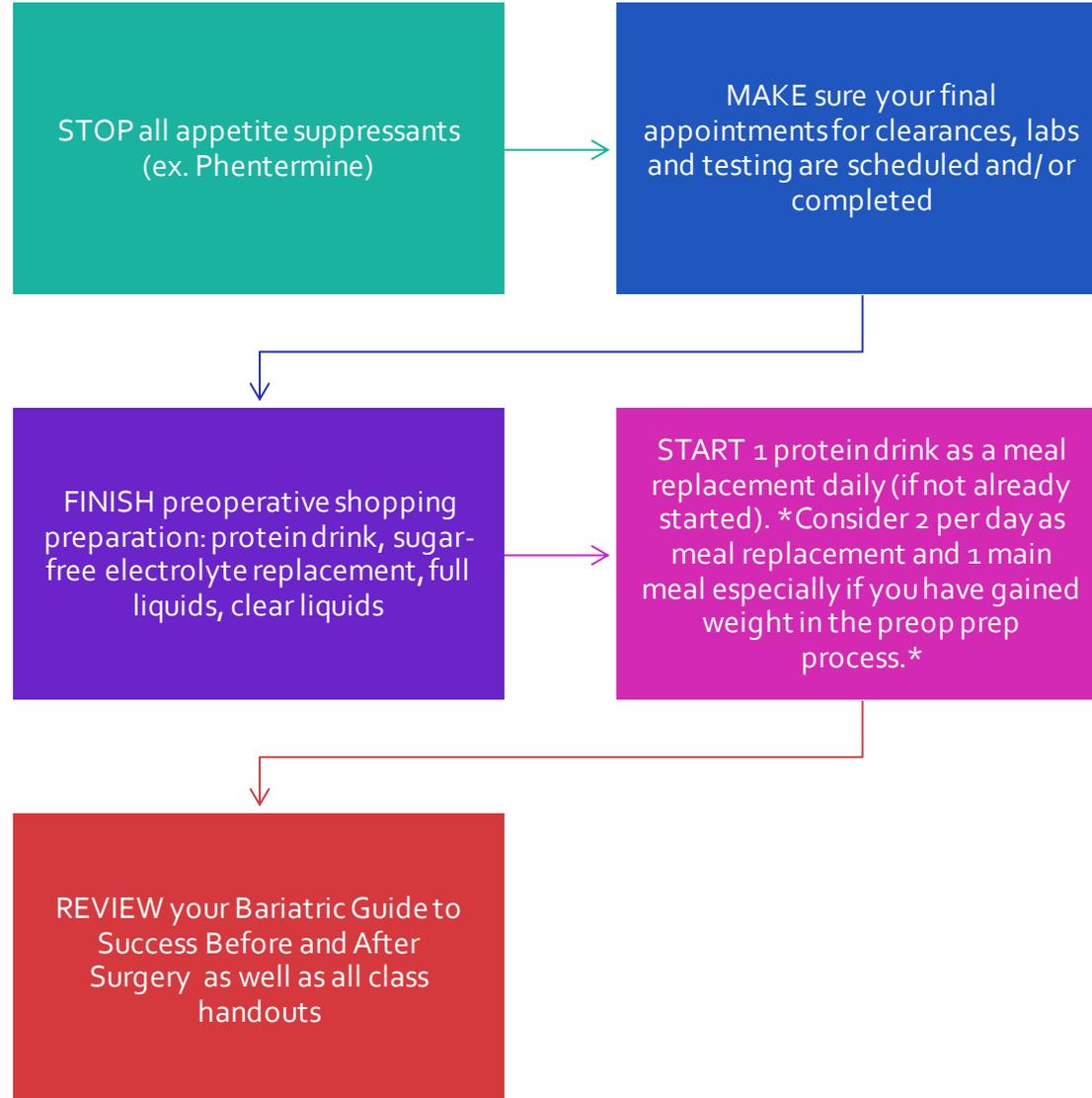
A guide to your success





**PREOPERATIVE
PREPARATION
&
INSTRUCTIONS**

14
DAYS PRIOR
TO SURGERY



10
DAYS PRIOR
TO SURGERY

MEDICATION

STOP all Aspirin products, NSAIDS, and oral contraceptives. Check with Dr. Bass on stopping other blood thinners as well as Metformin (usually 2-days prior)

CALL

CALL the office and hospital to pay any fees due prior to surgery

ELIMINATE

ELIMINATE caffeine, starch and soda from your diet if this has not been done already

PROTEIN

TRANSITION to 2 protein drinks as a meal replacement and 1 main meal of protein and a vegetable per day

REVIEW

REVIEW your Bariatric Guide to Success Before and After Surgery AND ALL OF YOUR CLASS MATERIALS

7
DAYS PRIOR
TO SURGERY

**FULL
LIQUIDS**

START your full liquid diet (page 13-14 of your bariatric guidebook)

**STOP
VITAMINS**

STOP all vitamin and herbal supplements

REVIEW

Review discharge instructions received at your preop visit as well as your guidebook **AND ALL OF YOUR CLASS MATERIALS**

1
**DAY PRIOR
TO SURGERY**

DO NOT	DO NOT eat or drink after midnight
CLEAR LIQUIDS	Clear liquids only: nothing with red or blue dye (page 14 of your bariatric guidebook)
MEDICATIONS	Take medications as instructed by Dr. Bass and/or the preadmitting nurse
REVIEW	Review discharge instructions and all education materials. Make sure you have the main office number plugged into your phone: 239-494-8777
REPORT TIME	The hospital will call you between 3-5pm to give you your report time for the morning of surgery. If surgery is on a Monday, you will receive a call on Friday.



QUESTIONS?



**PREOPERATIVE
INSTRUCTIONS
&
HOSPITALIZATION**

SURGERY DAY

DO NOT eat or drink

Take medications with only a sip of water, as instructed

If you are on CPAP, take only your mask/ appliance with you

Remember your photo ID and insurance cards and arrive to the facility on time

Leave valuables at home

HOSPITAL STAY

Typically, surgery for VSG and RYGB is a 1-night stay.

Get up and walk as much as possible to prevent blood clots, pneumonia and to get the GI tract moving and excess gas out.

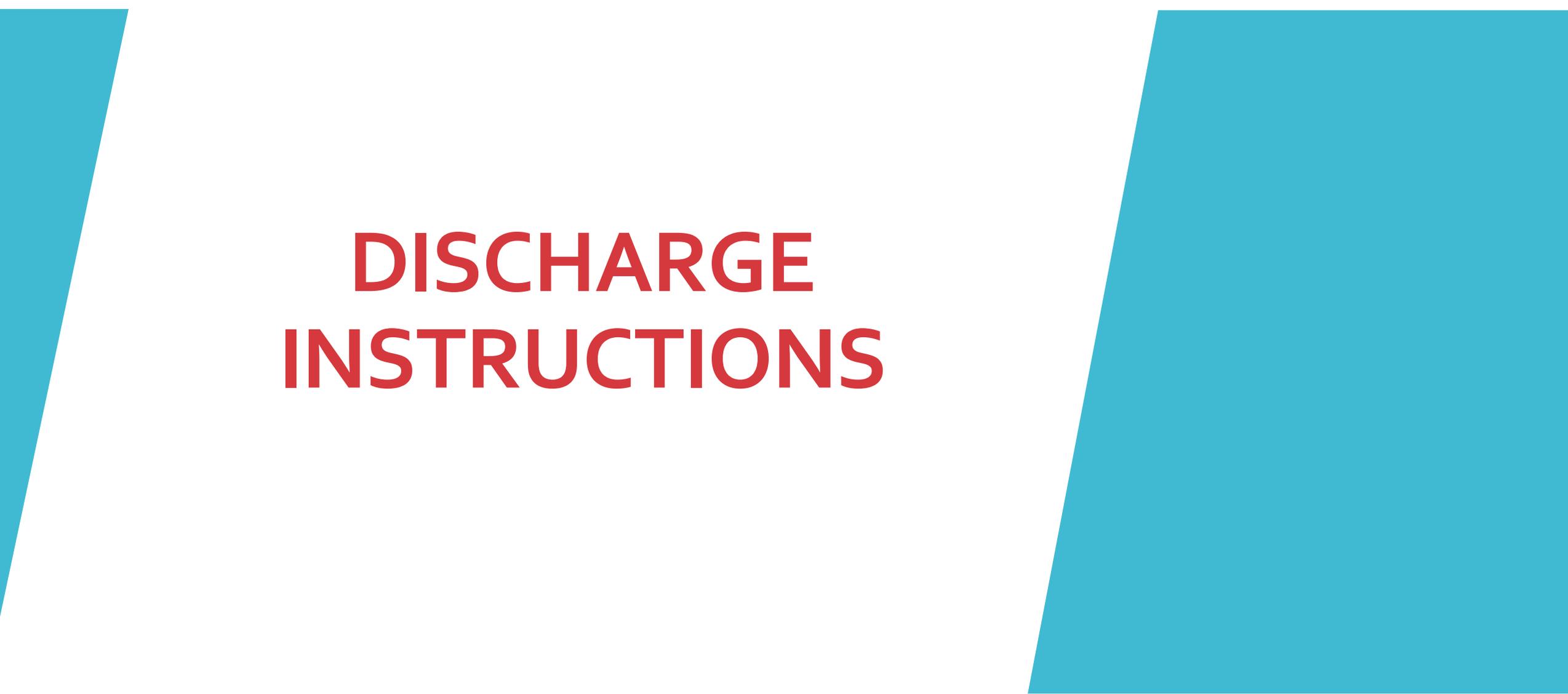
Most patients have an UGI the day after surgery to look for a leak and make sure liquid passes through into your new stomach.

Clear liquids will be started the day after surgery and before going home.

Questions or concerns while you are in the hospital are to be directed to the nurse caring for you in the hospital (not Dr. Bass's office) and your nurse is responsible for contacting Dr. Bass.



QUESTIONS?



DISCHARGE INSTRUCTIONS

CALL IMMEDIATELY:

OFFICE # 239-494-8777 (24/7- answering service after hours)

Dr. Bass will return your call on a blocked number

- Heart Racing
- Chest pain or difficulty breathing
- Fever 101F or greater
- Drainage, redness, bleeding, increased pain or swelling at incisions sites
- Pain, redness or swelling in your legs
- Liquids not going down
- Persistent nausea or vomiting unrelieved by medication
- Pain unrelieved by medication

PAIN & NAUSEA

Pain is most common in your left shoulder (especially if there was a hiatal hernia repair with surgery) and between your breasts.

It is helpful to move around, do arm exercises, utilize light heat and gently massage the left shoulder for relief of the discomfort.

Utilize your pain medication as directed. Pain medication can cause nausea, if so, CONTACT THE OFFICE

Utilize your medication for nausea if prescribed on discharge. If the nausea is new and medication was not prescribed on discharge, CONTACT THE OFFICE.

Drinking too fast, too big of sips or too cold can cause pain and nausea.

Heartburn, excess stomach acid, postnasal drip or excess mucous secretions, can cause nausea. CONTACT THE OFFICE

Food aversion, smell aversion, taste aversion and heightened sense of sweet taste is not uncommon and may cause nausea.

CONTACT THE OFFICE if pain or nausea is unrelieved by your prescribed medication.

FLUIDS

The #1 goal is to stay hydrated.

Start with clear liquids when you are discharged from the hospital.

Continuously sip WATER all day, 1-2 ounces at a time. You may feel swollen and tight in your chest and fill up quickly on small sips.

Supplement with a sugar free electrolyte replacement drink i.e., Powerade Zero, Vitamin Water Zero, plain coconut water, Electrolyte Powder.

Smell aversion, taste aversion and increased sweet taste is not uncommon. Dilute down premixed drinks and use powders to make it your own.

Room temperature and warmer liquids are usually better tolerated.

Your fluid goal per day is 64 ounces but it may take a few days to a couple weeks to reach that goal.

Review page 15-16 of your Bariatric Guide to Success Before and After Surgery.

ANY trouble keeping liquids down CONTACT THE OFFICE.

MEDICATIONS

Resume your medications as instructed upon discharge from the hospital. Any questions, CONTACT THE OFFICE OR YOUR PRESCRIBING DOCTOR.

Small pills should go down fine however large pills may need to be crushed or divided. Spread out multiple pills over 15-30 minutes. Do not take more than 1 pill at a time.

Good hydration helps pills to go down easier and helps to avoid constipation.

Monitor your blood pressure and blood sugars frequently if you take medication for those conditions.

Schedule a follow-up appointment with your medical doctors for medication adjustments.

Start a stool softener when you get home. You may take any stool softener and/or laxative for constipation.

CONTACT THE OFFICE with medication questions.

BEHAVIORS

REMEMBER: drink slowly and avoid gulping.

Drinking too fast may cause discomfort between your breasts and straws may cause gas.

Follow the slow diet progression as outlined in your book or you may hurt yourself. THIS IS NOT A RACE.

Portion sizes, bite sizes and sip sizes (pea size) should be very small or it may hurt when you drink or eat or cause vomiting.

Attend support groups and nutrition classes.

Review page 19-20 of your Bariatric Guide to Success Before and After Surgery.

Visit www.gulfcoastbariatrics.com for support group and educational information.

ACTIVITY

Start walking immediately as tolerated and using your incentive spirometer throughout the day. (Walking prevents blood clots, helps with passing gas and opens your lungs to prevent pneumonia)

Build on your activity level every day as tolerated.

Shower and wash your incisions gently with soap and water. NO BATHS, NO POOLS, NO SPAS until seen by Dr. Bass for your first postop appointment.

Driving may be resumed after you are off all pain medication.

Begin a structured exercise program when you are pain free. Slowly build a routine of cardio and strength training to 6 days per week for 60 minutes.

Review page 18 of your Bariatric Guide to Success Before and After Surgery.

CONSTIPATION

Water, water, water

Move as much as tolerated

Discontinue pain medication as soon as possible

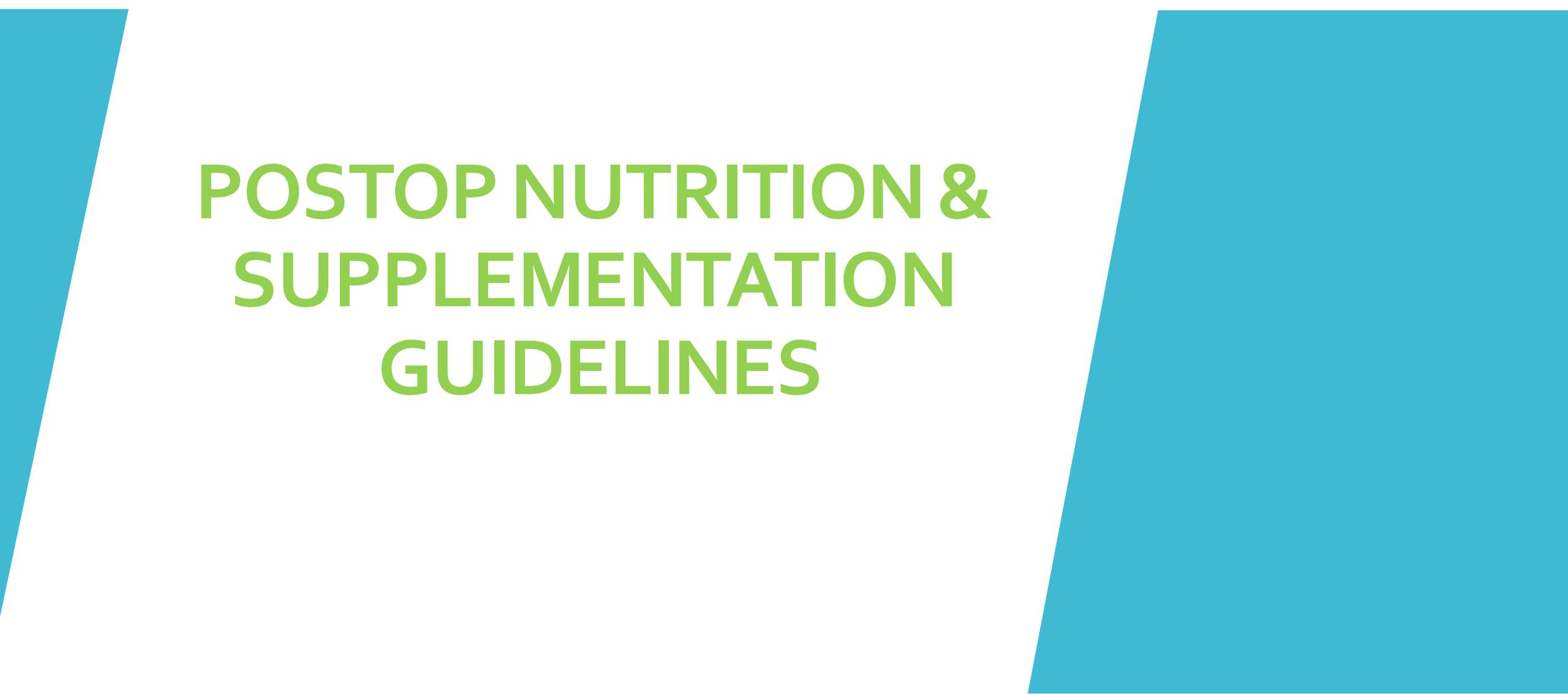
Daily stool softener when you get home (anything over the counter is fine)

Laxative (anything over the counter is fine) if you feel you need to go and can't OR it has been 3-4 days without moving your bowels

Add a fiber supplement to your daily routine once you are able to get approx. 50 ounces of water in daily.



QUESTIONS?



POSTOP NUTRITION & SUPPLEMENTATION GUIDELINES

POSTOP DIET PROGRESSION

NUTRITION

PHASE 1 - CLEAR LIQUIDS (Day 1 & 2 – starts the day after surgery upon discharge)

- Water, broth, sugar-free electrolyte replacement drinks, ice pops
- #1 focus is hydration

PHASE 2 – FULL LIQUIDS (Day 3-13)

- Blended soups, yogurt, pudding, cottage cheese
- Continue to focus on water and sugar-free electrolyte replacement drinks
- Protein drink – 1 daily and work up to 2 daily

PHASE 3 – PUREE / MUSHY FOODS (Day 14-20)

- Finely chopped or spreadable foods
- Cottage cheese, fish salad, chicken salad, egg salad, refried beans, tofu, mashed vegetables, fish (moist and mushy)
- Continue protein drink – at least 1 daily and working on 2 daily
- Start a bariatric specific vitamin

PHASE 4 - SOFT REGULAR FOODS (Day 21-29)

- Dark chicken, fish, eggs, ground meat, soft cooked vegetables
- Continue 1 protein drink daily , 2 if possible

PHASE 5 – REGULAR FOODS

- Solid protein as tolerated (chicken, beef, seafood, pork, etc.) as tolerated
- Vegetables and fruit as tolerated
- Continue 1 protein drink daily and utilize a second protein drink if not meeting 80 grams of protein daily
- Go slow with introduction and start with less since it is denser protein sources

VITAMINS

Taking the right vitamin post-surgery can be challenging so keep it simple and go with a bariatric specific multivitamin to get the vitamin levels you require as a post-surgery patient.

Additional vitamins may be necessary, but this will get you started.

It is important to start your bariatric specific vitamin when you start phase 3 (puree) if you have not done so already.

Bariatric Multivitamin Options (there are many more):

- Bariatric Fusion (bariatricfusion.com)
 - Complete Chewable
 - Multivitamin capsule one per day (must also take calcium 1500mg)
- Bariatric Advantage (bariatricadvantage.com)
 - Chewable Multi Advanced
 - Ultrasolo Capsule
- Celebrate (celebratevitamins.com)
 - Essential Multi 2 in 1 chewable
 - Celebrate One capsule
- Bari Melts (barimelts.com)
 - Multivitamin fast-melting tablet
- BariatricPal (bariatricpal.com)
 - Multivitamin ONE capsule (must also take calcium 1500mg)
 - Multivitamin ONE chewable (must also take calcium 1500mg)

Gummies and patches are not recommended

VITAMINS & SUPPLEMENTS

If you are not using a bariatric specific multivitamin:

Non-bariatric multivitamin

- There is not one that will meet the bariatric requirements
- Needs to meet daily 100% of needs (check with RD)
- Might need to add Calcium Citrate with D₃ (1200-1500mg / day)
- Might need to add B₁₂ (500mcg / day) AND B₁ or B complex
- Other optional but highly recommended supplements may not be included such as: Biotin, Zinc, Vitamin C

OPTIONAL SUPPLEMENTS

- Probiotic
- Iron
- Omega 3

TIPS

- Take the multivitamin 2 hours before the calcium
- Always choose calcium citrate with D₃
- Take iron 2 hours before calcium
- Take vitamin C with iron



QUESTIONS?

TIPS FOR SUCCESS



Water & sugar-free electrolyte replacement come first when you are discharged from the hospital.



Protein is second as it is essential to your healing, muscle maintenance and energy. Resume protein drinks on day 2 of discharge from the hospital after your surgery.



Review page 13-16 of your Bariatric Guide to Success Before and After Surgery.



Portion sizes, bite sizes and sip sizes (pea size) should be very small. How much you tolerate at a time is different for everyone so go VERY SLOW.



Start a bariatric specific vitamin when you start a pureed diet especially if nauseated.



•Call the office with any questions- 239-494-8777.



Attend the online post-op education class and support groups. Gulfcoastbariatrics.com

Frequently asked questions



Everything tastes sweeter, is this normal? Yes, therefore it is important to try a variety of different protein drink options ,including premixed and powders you mix yourself, prior to surgery.



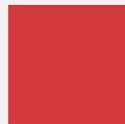
Will my hair fallout? You may experience hair thinning with rapid weight loss. Protein intake and bariatric vitamins are super important to help with hair loss and regrowth.



Will I have excess skin? It is possible but the amount is not affected by the rate of weight loss. It is related to skin elasticity, genetics and time overweight.



Do you have support groups? Yes, 2 per month and a postop education class. Register on the website: gulfcoastbariatrics.com.



When can I start to exercise? Walking begins immediately and anything more strenuous or in water usually after seeing Dr. Bass at the 3-week postop visit.

Frequently asked questions

When is my postop appointment? 3 weeks post-surgery and you received the postop appointment date at your preop appt with Dr. Bass.

Should I schedule an appointment with my PCP? Yes, schedule an appointment for postop in case of medication changes especially if you take medication for diabetes and blood pressure.

When should I start my vitamins? 3 weeks postop or at the start of the pureed phase if not started sooner.

Can I have alcohol? No, this an important conversation to have with Dr. Bass.

Can I take Advil and Aspirin? No, this is a conversation for you and Dr. Bass. NSAIDS can cause gastric ulcers especially in gastric bypass patients.

What do I take for allergies or cold and flu symptoms? Anything Tylenol based.

I have a medical marijuana card; can I go back to using marijuana? No, you must speak to Dr. Bass and smoking of any kind is not recommended and can cause gastric ulcers especially in gastric bypass patients.



LIFESTYLE