COASTAL HEALTHCARE

Instructions From Your Surgeon After Bariatric Surgery

If you prefer video instructions, rewatch or call the surgery clinic for the Bariatric Patient Education Booklet Parts I & II (English or Spanish)

FOR EMERGENCIES: CALL 911

Call 911 or go to your nearest emergency room for trouble breathing, chest pain, a rapid heart rate greater than 120 beats per minute, or severe abdominal pain.

Bariatric Support Team contact numbers (Monday–Friday, 8 am–5 pm)

- Bariatric Surgeons and Administrative Coordinator: (831) 768-6266
- Back Up Number: Call the main hospital line (831) 724-4741 and ask for the "Coastal Rounder on Call"

Call the Bariatric Team for any of the following:

- Signs and symptoms of infection, such as:
  - Redness that extends **more than 1 inch or 2.5 cm** from the incision line
  - Incision swelling, or thick/tan/white drainage from your wounds
  - Fever over 101 degrees Fahrenheit, or shaking chills
- Persistent diarrhea or vomiting, or the inability to keep food or fluids down over a 24-hour period
- Signs or symptoms of a blood clot: leg swelling, redness, or pain, or shortness of breath
- Problems with urination or constipation, or worsening abdominal pain not controlled with pain medication
- Any other concerns you may have after your surgery

Follow-Up Appointments

- You have a surgical follow-up appointment with the Bariatric Surgery Team approximately 2 weeks after surgery at the Coastal Healthcare General Surgery Outpatient Clinic.
  - **Call (831) 768-6266** if you do not have an appointment scheduled or if you have questions about an existing appointment.
- **You MUST also have an appointment with your PCP within 2 weeks** to adjust any diabetes, blood pressure, or other chronic medications that may have to be changed after surgery.

Bathing and Wound Care

- You may shower immediately after surgery.
  - Wash your incisions with an unscented, mild soap.
  - Rinse, pat dry, and leave the incisions open to air.
- Do not soak your wounds (no baths, no swimming) for 4 weeks after surgery.

Activity, Lifting, and Driving

- Avoid heavy lifting more than 20 lbs for 4 weeks after surgery
- Avoid strong abdominal wall crunch exercises for 4 weeks after surgery (ok to tense your abs when going from lying to sitting, sitting to standing, etc)
- Do not drive while taking narcotic (opioid) pain medication. Once you are no longer taking narcotic pain medication, when you can safely turn to check your blind spot, and when getting in and out of the vehicle no longer causes significant pain, you may drive when comfortable.

Diet

- **Stage 1 — Clear Liquid | DAYS 0-3**
  This will be your first stage after surgery. Hydration is very important. This stage consists of clear, sugar-free, and caffeine-free fluids.

  During this stage, sip fluids constantly, aiming for 1-2 ounces every 15 minutes (4-8 ounces per hour).
  Total daily goal: at least 64 ounces of non-caffeinated fluid per day.

  A clear liquid protein, such as Isopure, will be used in this stage. Aim to drink **60-75 grams of protein in a day.**

- **Stage 2 — Full Liquid | DAYS 4-14**
  The full liquid phase will use a higher protein meal plan. During this stage, you can transition from clear liquid protein to protein shakes from New Directions, EAS, Premier, etc.

  Continue to take your protein supplements throughout the day to make sure your body meets its **protein needs (60-75 grams per day)**.

- **Stage 3 — Blended/Pureed Foods Stage | WEEK 3-4**
  During this stage, you can start adding pureed foods into your diet. The foods you eat should be the consistency of baby food (no chunks). The goal is to make sure your stomach can start tolerating things besides liquids. Examples of foods from this stage include cream of wheat, applesauce, and pudding.

- **Stage 4 — Soft Foods stage | WEEK 5-6**
  During this stage, you can start adding soft foods into your diet. The goal is to slowly advance your diet, so you can gradually start eating solid foods. Stage 3 alone will still not supply you with the protein your body needs; you will continue to drink your protein supplements.

- **Stage 5 — Gradually Advancing to Solid Foods | WEEK 7 AND BEYOND**
  This stage includes all of the foods in Stages 1, 2, 3, and 4, plus a wider variety of food options.
  Keep a log of your intake. Your daily goals are: **64 ounces of fluids and 60 grams of protein**.

Medications

- **For 6 weeks**, large pills (bigger than an M&M) must be crushed.
  - Capsules must be opened and sprinkled onto applesauce or pudding.
- Pills smaller than the size of an M&M do not need to be crushed.
- Not all medications can be crushed. Check with your pharmacist if you are unsure.
- **Hold your bariatric vitamins for 2 weeks after surgery** (unless you have a chewable or liquid form).

Blood Clot Prevention

- Be active. **Exercise for at least 25 minutes every day, including the day of surgery**. Exercise only counts as exercise if you are mildly short of breath and your heart rate is up (slow walking does not count).
- If you meet the scoring criteria, you will be discharged on **enoxaparin injections twice daily** for 10 days after you go home to prevent blood clots. Your surgical team will let you know if this applies to you.
  - **How To Inject Lovenox Video:** youtube.com/watch?v=FBrCBlvmYYY

If You Are Treated for Obstructive Sleep Apnea

- **Important:** you must use your CPAP or BiPAP after surgery while sleeping at night and also when napping during the day, because some medications prescribed at discharge can decrease your breathing.
- Follow up with the Sleep Center if your pressure seems to be too high.

Ulcer Prevention

- **Important:** starting the day after discharge, you must take acid-suppressing medication for 3 months after surgery. This prevents ulcers at your internal surgical sites, even if you do not have heartburn.
  - **Omeprazole 20 mg twice daily** (or another reflux or heartburn medication that has been discussed with your Bariatric Team) for **3 months**.
  - Omeprazole capsules contain enteric-coated, delayed-release granules. You may swallow the capsule whole. If you prefer, you may open the capsule and sprinkle the granules onto applesauce or yogurt, or take them with apple juice, or swallow them quickly with water. Always follow with additional water to be sure you have swallowed all of the granules.
  - If your insurer does not cover omeprazole or a similar medication such as pantoprazole, you must purchase it over the counter.
- You will continue this medication after the initial 3-month course if you have heartburn or reflux.

Gallstone Prevention

- If your gallbladder has been removed, you do not need this medication.
- If you still have your gallbladder after bariatric surgery, you must take **ursodiol (Actigall) 300 mg twice a day** to prevent gallstones. You may **start this medication 2 weeks after surgery** and continue it for **6 months**. After that, you may stop unless otherwise directed.
- If this medication costs too much or your insurance will not pay for it, you may be eligible for a reduced price through GoodRx. Visit www.goodrx.com, enter the prescription and your preferred pharmacy, and you may be able to obtain the medication at a significantly reduced price.

Managing Pain After Surgery

Pain is the body's natural response after surgical procedures. While it usually can't be completely eliminated, we'll work to help you feel as comfortable as possible. In many cases, pain and discomfort can be managed effectively without narcotics.

- **Ice and Heat Therapy**
  Alternate ice packs and heat packs over sore areas every 30 minutes while awake. Always place a thin layer of clothing between your skin and the pack.
- **Tylenol (Acetaminophen)**
  Take 1,000 mg four times per day, including before bedtime. If you have liver cirrhosis, do not exceed 2,000 mg per day.
- **Gabapentin**
  Add 300 mg three times per day for two weeks, then stop. This helps manage nerve-related discomfort.
- **Oxycodone (If Needed)**
  You may receive a prescription for 5 mg every 6 hours for severe pain that doesn't respond to preferred methods. Use sparingly— opioids can cause constipation, increased pain sensitivity, addiction, and overdose.
- Remember use a liquid form of the drug or crush pills larger than an M&M if possible for the first 6 weeks.
- Call our office at (831) 768-6266 if your pain is severe, worsening, or not improving—increasing pain can signal a complication requiring evaluation.
- Dispose of unused oxycodone. Call your pharmacy to ask about drop-off. Never keep unused opioids in your home.
- **Do NOT use NSAIDs (ibuprofen, Motrin, Aleve, Toradol, aspirin, etc.) for pain control. You must NOT drive while taking narcotic pain medication.** Opioids can slow reaction time, cause drowsiness, and cloud judgment.
- Taking more than the prescribed amount of narcotic, or combining it with alcohol or other drugs, can cause you to stop breathing, leading to coma, brain damage, or death.

- Using this medication may cause addiction. While addiction is more common in people with a personal or family history of addiction, it can occur in anyone.
- Opioids are at risk of being diverted by anyone with access to your home. Store them in a safe and secure place, such as a locked cabinet or safe.
- Opioid pain medication can cause significant constipation. Use a stool softener such as Miralax to address this.

Other Means for Pain Relief (Other Than Medication)

- Learn deep breathing exercises or meditation to help you relax.
- Reduce stress.
- Your body produces natural endorphins from exercise, which can help reduce pain. Even walking counts as exercise. Talk with your surgical team about which exercises are appropriate for you.
- You may use a heating pad or apply ice to the painful area, unless specifically discouraged by your surgical team.
- Find ways to distract yourself from the pain.

Medications to Avoid After Surgery

After your surgery, you will have a smaller stomach with a lining that may be subject to harm if exposed to certain medications. Avoiding these medications protects your surgical results and prevents complications.

- **NSAIDs (Non-Steroidal Anti-Inflammatory Drugs)**
  Do NOT take NSAIDs. These common pain relief medications include Advil, Aleve (Naprosyn), aspirin, Excedrin, ibuprofen, meloxicam, Mobic, and Motrin. NSAIDs can cause ulcers and bleeding in your new stomach.
- **Alcohol-Containing Medications**
  Do not take Nyquil or other cough syrups containing alcohol. Alcohol is absorbed much more rapidly after bariatric surgery and can cause serious complications. After a few months you can try small doses of these if you feel you need them for a cold.
- **Erythromycin**
  Do not take Erythromycin. This antibiotic can be particularly harsh on your new stomach. Ask your doctor for alternative antibiotics if needed.
- **Other Contraindicated Medications**
  Do not take other medications that you have been told to avoid by your pharmacist or doctor. Always inform healthcare providers that you have had bariatric surgery before they prescribe new medications.
- If possible, open capsules to increase absorption in your small stomach. Mix contents with liquid or food. Always advise physicians and pharmacists that you have a smaller, more sensitive stomach and suggest they prescribe medications that are gentler to the stomach.

Women of Childbearing Age

- Fertility may increase with weight loss. **Avoid pregnancy for 24 months after bariatric surgery.**
- Condoms alone are not an acceptable form of birth control. IUD's or Nexplanon-type devices are strongly preferred.

Management of Diabetes After Bariatric Surgery

- **Important:** check your blood sugars four times a day: fasting, 2 hours after meals, and as needed when feeling unwell.
- If you take ORAL DIABETIC MEDICATION and your **blood sugar is over 200 on 3 checks**, call your primary care physician or diabetes specialist.
- If you take INSULIN AND ORAL DIABETIC MEDICATION and your **blood sugar is over 200 on 3 checks**, call your primary care physician or diabetes specialist.
- Follow up with your primary care provider or diabetes specialist in 1 to 2 weeks to adjust your changing diabetes treatment needs.

Patients With High Blood Pressure

- Monitor your blood pressure regularly.
- If you feel dizzy and have been drinking 64 ounces of fluid, have your blood pressure checked.
- If your blood pressure is low, call your primary care provider. Keep a log to bring to your appointments.

Patients Who Take Diuretics (Water Pills)

- Check with your surgical team before discharge for instructions. In general, this medication is stopped after surgery, as you are at risk for dehydration after bariatric surgery.
- Monitor yourself for swelling of the legs or gain of water weight after the medication is stopped. Call your primary care provider if you notice this.

Patients on Antidepressant or Mental Health Medications

- Do not stop or decrease your medications unless advised to do so.
- Ongoing counseling is encouraged.

Vitamin and Mineral Supplementation (Start at 2 Weeks After Surgery)

- **Bariatric Multivitamin:** per instructions on label. Usually one pill, twice daily.
- **Calcium:** calcium citrate 600 mg with vitamin D 400 units, twice a day between meals.
- **Iron with vitamin C:** take as instructed in your handbook (only if you have anemia, iron deficiency, or regular menses).
- **Extra Vitamin B12 pill:** 500 mcg pill daily (only if recommended by your surgical team or nutritionist)
- **Do not** take your multivitamin **within one hour of calcium**. Your body cannot absorb all nutrients at once, so space them at least an hour apart for maximum benefit.

Follow-Up Care

- **It is important** to see your primary care physician within 10 to 14 days after surgery for a wound check, a vital signs check, and to discuss the specific medical management described above.
- You should follow up with your surgeon and dietitian 2 to 4 weeks after surgery.
- You will follow up with the dietitian and bariatric nurse practitioner at 4, 12, 18, and 24 months, then yearly for life.