

PATIENT EDUCATION BOOKLET SURGERY FOR SEVERE OBESITY

HOW SURGERY HELPS YOU LOSE WEIGHT
STARTING LIQUID AND FOOD
RECOVERY AT HOME
DO'S AND DON'TS
TIPS FOR CHANGING YOUR
ADDING EXERCISE
GASTRIC BYPASS ROUX-EN-Y

BEFORE SURGERY
SIDE EFFECTS
AFTER SURGERY
LOSING WEIGHT AFTER SURGERY
PREGNANCY
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South Miami Hospital

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LOSING WEIGHT AFTER SURGERY
PREGNANCY PLANNING
YOUR DECISION



Choosing bariatric surgery to reduce your weight is a major decision. For success, both your mental and physical effort will be needed. This booklet gives you information about the bariatric surgery, tips for before and after surgery care, your recovery at home, and changing your eating habits to healthfully lose weight after surgery.

Gastric bypass surgery for severe obesity creates a new small stomach that limits the amount of food you can comfortably eat and absorb. The surgery can be performed one of two ways:

- ❑ Through an incision down the middle of the abdomen.
- ❑ Using a telescope (laparoscope) and specialized instruments through a set of smaller incisions.

Your surgeon will discuss the type of surgery that is best for you.

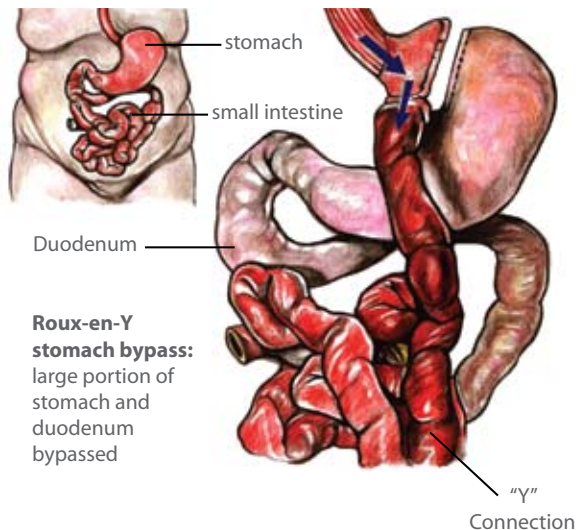
Roux-en-Y Gastric Bypass Surgery (Figure 1) combines gastric reduction with a small intestine bypass. The stomach is divided and a new small stomach “pouch” is created with sutures or staples. The new stomach pouch holds up to 1 oz. Since a section of the small bowel is attached to the pouch, the shorten bowel absorbs less food than before. As a result, you eat less food. This method helps weight loss but still requires changing your eating lifestyle.



HOW SURGERY HELPS YOU LOSE WEIGHT

A gastric bypass procedure will not make you lose weight. It can only help you reduce calories successfully. The surgery limits the amount of food you can comfortably eat at any one time and causes malabsorption of some of the foods you eat. It is not an easy way out. If you overeat with your small stomach, you will fail to lose weight or regain the pounds you initially lost.

By eating only at mealtimes and only until you feel satisfied, your daily food intake will be small enough to lose the weight. However, it will be



up to you to choose the healthiest foods for successful weight loss. Be sure you are willing to change your eating habits. If not, you will be wasting your time and money by having bariatric surgery. You will be most successful if you also make changes in your work, exercise and use of leisure time.

You should consider gastric bypass surgery a permanent procedure. If your stomach returns to normal size, you will most likely gain back any lost weight.

Remember, there are no guarantees for any weight loss method, including surgery. Success is possible only with maximum cooperation and commitment to behavioral change and medical follow-up. This cooperation and commitment must be carried out for the rest of your life.



SIDE EFFECTS

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Gastric bypass surgery makes it hard to eat large meals, to eat quickly and to tolerate certain foods, especially those high in sugar. It also makes it hard for your body to absorb vitamins and minerals, such as iron, calcium and vitamin B12.

To be healthy, you will need to have regular blood tests to find out if you have vitamin/mineral deficiencies. You will need to take supplements of these nutrients for the rest of your life, as stated in your nutritional guidelines booklet. Not taking vitamins/minerals may lead to osteoporosis (fragile bones), anemia and/or nerve injury.

You may experience “dumping syndrome,” which could happen if you eat or drink foods high in sugar. You may feel sweaty, nauseous, faint or have diarrhea.

Transient hair loss can occur when the body is experiencing a drastic reduction in calories and subsequent weight loss. This will resolve itself when nutrition and weight stabilizes.

Some people develop an intolerance to milk products.

Muscle loss can occur after weight-loss surgery. Loss of muscle mass is preventable with exercise and a high-protein diet, which is discussed in the nutritional guidelines booklet.

You may experience a change in consistency and frequency in bowel movements, because you will be eating less food.



BEFORE SURGERY

If you smoke, it is strongly recommended that you stop before surgery. Smoking can be more dangerous to your health than obesity. Smoking paralyzes the lining of your air passages. It hinders proper function of your lungs and heart, and can contribute to delayed healing.

Do not have a bariatric surgery while you have any other acute medical problems. If you are getting a cold or have a sore throat, ear infection, kidney or bladder infection, or open wound or sore, call your doctor. It may be safer to reschedule your surgery. If you have diabetes, it is best to have controlled blood sugars prior to surgery.

If you are taking any medications, ask your surgeon which ones are safe to continue taking. Also be sure to tell your surgeon and nurses of any herbs, herbal teas, vitamins and other over-the-counter medications you are taking.

Begin taking two showers a day a few days before you enter the hospital. Wash very well from your chest to below your waist. Make sure to clean between any folds of skin. A special antiseptic rinse (Triseptin) will be given to you prior to your surgery. The exact instructions of use will be given to you by a nurse.



DAY OF SURGERY

An IV will be placed in a vein on the back of your hand, your arm or under your collar bone. This will provide you with fluids before and during surgery. The IV will be taken out after surgery when you can begin drinking sufficient fluids for your body requirements.

An anesthesiologist will talk with you about the anesthesia you will be given to put you to sleep during surgery. He or she will put an endotracheal tube in your windpipe (trachea) through your mouth or nose. Your throat will be numbed with a spray.

The anesthesiologist moves air in and out of your lungs through this tube while you are asleep during surgery.

A urinary catheter will be inserted prior to surgery and will stay in for the first 24-48 hours after surgery. It will be removed once you have adequate urinary output. This will enable the nurses to make sure that your kidneys are functioning properly.

A nasogastric tube will be inserted into your stomach during surgery. This tube is necessary to drain any blood or mucous from your stomach after your surgery. In general, the tube will be removed the morning after surgery when an X-ray confirms that the surgical site is not leaking.

A drain or drains, called Jackson-Pratt, will also be placed on one side of the abdomen. These drains are used to collect any excess fluid and blood from your abdomen. You will go home with them and the surgeon will remove them in the office. There will be **NO** bathing until they are removed, as the insertion area needs to be kept dry to prevent infection. You will be taught how to care and drain them before you are sent home from the hospital. You will be responsible to record the output every 8 hours while at home.

You will be connected to a heart monitor for about 24 hours after surgery. It will monitor your heart for any abnormally fast or slow rhythms. Your doctor will write an order to discontinue it when you are stable.

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AFTER SURGERY

The length of the procedure depends on various factors, which will be discussed with you by your surgeon. After that, you will spend time in the recovery room. You may feel confused when you begin to wake up. Many people may be working around you and you will see a lot of equipment. This is normal and is no cause for alarm. You will be taken to your room when your doctor gives an order to do so.

You may still have the endotracheal tube when you wake up from surgery. Your breathing may be aided with a machine. Breathe normally and try to relax, letting the machine do the breathing for you.

Your doctor will adjust the machine for more or less air, according to the amount of oxygen and carbon dioxide in your blood. You will not be able to talk if you have an endotracheal tube. You can signal to the nurse if you feel that you need more air. The tube will be taken out as soon as you are breathing deeply and no longer need help from the machine.

After surgery, be sure to follow all the instructions given by your doctors and nurses. Tell them right away if you experience pain or about any concerns you may have.

It is important that you cough and breathe deeply. Mucus develops in your lungs from the anesthetic. Coughing and deep breathing help to clear it. You must cough and take deep breaths every two hours starting after surgery until you go home. This can be quite painful after gastric surgery, but it is very important to prevent pneumonia, or atelectasis, which are both infections of the lungs.

The nurses and respiratory therapists will help you. The nurses will give you pain medicine when needed. You will be instructed how to use the incentive spirometer. This device will help you to take deep breaths to prevent pneumonia.

You will also need to move and walk the evening of your surgery. Walking helps expand your lungs. It also increases blood circulation in your legs to help prevent blood clots. You will need to help move yourself. A physical therapist will be assigned to help you walk and get out of bed, but you will need to walk as often as possible. Again, pain medication will be available should you need it. Managing any pain you may have will be an important part of your care.

You will be given anticoagulant injections while you are in the hospital. This medication thins the blood and helps prevent blood clots. Another measure used to prevent clots is a sequential compression device. It includes sleeves that wrap around your legs and are attached to a machine. The machine, used to promote the circulation of your legs, will inflate the sleeves, and you will feel a slight squeezing sensation around your legs. This device should be turned on whenever you are sitting or lying in bed.



STARTING LIQUID AND FOOD

The day after surgery, after the nasogastric tube is removed, you can begin to drink liquids, if you have no complications.

Your schedule of drinking and eating is likely to be:

- From midnight before your surgery until after your surgery, until the nasogastric tube is removed—nothing by mouth. An IV will provide your fluids.
- Immediately after your operation, IV fluids will be given to ensure adequate hydration.
- Once you begin to take things by mouth, you will start with sugar-free clear liquids,

such as juice, broth, Crystal Light or Jell-O. Take it slowly. You do not have to drink all you are given. Remember, your new stomach is the size of a slim banana and holds about 1-5 ounces at one time.

- On the second day of eating, the dietitian will meet with you to review your diet and answer any questions you or your family may have. It is important for you to learn to drink about two ounces of sugar-free fluids every hour to maintain hydration.
- Your diet will be advanced based on the recommendation of your surgeon.



RECOVERY AT HOME

Do:

- Slowly increase your activity. Following the tips listed below will help speed up your recovery.
- Walk as much as you can without getting overly tired.
- Slowly increase the distance you walk.
- Follow your physician's recommendations about activities, such as driving and resuming sexual relations.
- Follow your prescribed diet including drinking adequate amount of fluids.
- Take your vitamins and protein supplements.
- Walk and move about when you are up. This will help your circulation.

Do not:

- Drive a car or use machinery while you are still taking pain medications.
- Drive a car until your doctor gives you permission.
- Climb more stairs than what is needed to get to your bedroom, the bathroom, or outside.
- Lift anything heavier than 10 to 15 pounds for at least six weeks.
- Go back to work until your doctor says it is okay.
- Stand or sit for more than a short time.

You may experience feelings of sadness and loss after your surgery. These feelings are common and should pass as you became more active and adapt to the lifestyle changes. Joining a support group will help you cope with these feelings. However, if these feelings are overwhelming, you should seek professional help.

It is common to feel weak and tired after leaving the hospital. Your body is recovering from the stress of a major operation. Because weight loss is occurring during this time, the feelings of weakness may be prolonged. Following your prescribed diet, drinking adequate amounts of fluid and taking your vitamins may help.

When to call your doctor:

You will need to make an appointment to see your surgeon within 5-7 days after surgery. You should call your doctor's office if you have any questions or problems.

You must call your doctor immediately if you notice any of the following symptoms:

- Persistent nausea and vomiting.
- Fever greater than 101 degrees Fahrenheit.
- Increased abdominal pain.
- Pus or increased redness around the incisions.
- Severe shoulder pain.
- Chest pain or shortness of breath.
- Pain, swelling or redness in one or both of your legs.



LOSING WEIGHT AFTER SURGERY

Many things affect weight loss, such as age and sex, as well as your physical condition and weight at the time of surgery. If you are very overweight, you have more to lose and probably will lose more quickly. Most patients can lose up to 30 percent of their excess weight in six months, and 60 to 80 percent of excess weight as early as one year after surgery. This is an average – some people lose more and some less. Age, exercise and how well you follow your nutritional guidelines play a great role in how much you may lose.

After surgery, your small stomach and its small outlet reduce your hunger and the amount you can eat. It is up to you to choose the best and healthiest foods for successful weight loss. The following tips, along with the nutritional booklet, will help you make smart changes in your eating habits. Seeing a registered dietitian after surgery may help you adjust to your new way of eating. These changes are yours to make. The pride you feel and improved health also will be yours.



TIPS FOR CHANGING YOUR EATING HABITS

Your diet will consist of high-protein, low-fat and low-sugar foods. Your diet will be advanced on the recommendation of your surgeon to a full liquid diet, then to puréed, and later to a soft/regular diet, as tolerated.

For the first few weeks after surgery, you will feel very full with one-third to one-half cup of liquid. Slowly you will be able to have a bit more at one time.

Then, follow the tips below along with your nutritional guidelines booklet:

- Eat only three small meals and two high-protein snacks per day.
- Drink fluids only between meals. You need to stop drinking fluids 30-60 minutes before and after meals.
- Drink at least 64-100 oz. of fluid each day to prevent dehydration and constipation.
- Eat slowly. Gulping your food or drinks will make you feel uncomfortable and may make you vomit. When you begin eating solid food, chew until the food is a liquid consistency.
- Do not have high-calorie, low-nutrient drinks, milkshakes, beer and other alcoholic drinks. These drinks give you many calories and will impair your weight loss. Carbonated drinks such as soda or sparkling water may also stretch your new stomach.
- Do not graze. Constant nibbling defeats the purpose of your surgery, and you will not lose weight.
- Do not eat sweet foods since they may give you unpleasant symptoms such as sweating, faintness and/or flushing (dumping syndrome).
- Eat a variety of foods. Always choose protein first, then vegetables, fruits and whole grains.
- Stop eating as soon as you feel satisfied. You will not be able to eat all the food you want.
- Taking a few extra bites and frequent overeating can stretch the stomach pouch and limit your weight loss.



ADDING EXERCISE

Exercise is important to include in your daily routine for good health and weight loss. Choose exercise that you enjoy. Swimming, bicycling, tennis, jogging and brisk walking use up the most calories. Exercises, such as sit-ups, leg lifts, weight-lifting, pilates and yoga help to tone muscles. However, we cannot guarantee that these exercises prevent loose, saggy skin if you lose a lot of weight. Check with your doctor before starting active and/or toning exercises.



PREGNANCY PLANNING

Pregnancy is not recommended for at least 18-24 months following bariatric surgery to ensure adequate nutrition. Becoming pregnant before that time may endanger both your health and that of the growing baby. It is absolutely necessary that you use an effective birth control method, with the exception of the pill, which will be less effective.



YOUR DECISION

This booklet has given you information about gastric bypass surgery, your hospital stay, recovery, weight loss and new eating habits. Because you are making a big decision about major surgery, be sure to gather all the information you feel you need. Be sure to speak to your doctor, who knows you and your medical history. You will need to be under a doctor's care for the rest of your life. Being overweight and possibly having medical conditions as a result of this weight creates extra risks for you as a patient. Be sure that a dependable medical expert helps you weigh the decision for surgery very carefully. Bariatric surgery is the first step to help you lose weight. However, you will need to stay focused to make it work. Ultimately, feeling healthy and successfully losing weight will be well worth it.



RESOURCES

Support Group

Meetings held every fourth Thursday of each month at **7 p.m.** in the Victor E. Clarke Education Center at South Miami Hospital. For more information, call Cyndi Iduate, R.N., BSN, CBN at **786-662-8745**.

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1-877-946-4627

www.niddk.nih.gov/health/nutrit/nutrit.htm

American Society for Bariatric Surgery

140 NW 75 Drive, Suite C
Gainesville, FL 32607
352-331-4900
www.asbs.org

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RECOVERY AT HOME AFTER SURGERY SIDE EFFECTS

DO'S AND DON'TS LOSING WEIGHT AFTER SURGERY

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