

Miami H.O.P.E. Center for Bariatric Surgery



Juan-Carlos Verdeja, MD
Jorge R. Rabaza, MD
Anthony M. Gonzalez, MD

Information Manual For Patients *(Instructions and information for before and after weight loss surgery)*

**7800 SW 87 Ave
Suite B-210
Miami, FL 33173
305-271-9777
Fax: 305-595-9590**

Miami H.O.P.E. Center
Juan-Carlos Verdeja, MD
Jorge R Rabaza, MD
Anthony M. Gonzalez, MD

Our Office Program Team

Juan-Carlos Verdeja, MD
Jorge R Rabaza, MD
Anthony M Gonzalez, MD
Ketty Diaz, ARNP
Jennifer Escobar, Bariatric Coordinator

Our Hospital Program Team

Director of Bariatric Operations – Carmen Rodriguez, RN, MSHSA
Medical Director of Bariatric Surgery – Anthony M Gonzalez, MD
Bariatric Nurse Coordinator- Cyndi Iduate, RN, BSN, CBN
Liaison to the Operating Room– Strawdy Ballinger, RN
Clinical Dietitian – Norma Pozo, RD, LD/N
Physical Therapist – Myra Kalb (R) PT
Social Worker – Alicia Lam, MSW
Psychologist – Grace Jimenez, LMFP

Our Office

7800 SW 87 Ave
Suite B-210
Miami, FL 33173
305-271-9777

The Hospital

South Miami Hospital
6200 SW 73rd St
South Miami, FL 33143

Support Group

<http://www.baptisthealth.net>



Miami H.O.P.E. Center for Bariatric Surgery

Juan-Carlos Verdeja, MD

Jorge R Rabaza, MD

Anthony M Gonzalez, MD

Bariatric surgery is not the easy way out. We have the privilege of working with patients who have struggled with their weight for their entire life. It is impossible to explain deeply or passionately enough the work and effort our patients go through both pre-operatively and post-operatively and we are convinced that this is the most difficult work any individual will ever encounter. We hope this journey will be the beginning of a new, healthy life for you all.

Purpose. This patient handbook is provided for you to assist you in this journey. It is difficult to remember every phase of this process and we want to ensure that you follow all of the recommended guidelines set by our surgeons and nurses. Our multidisciplinary team of surgeons, nurses, counselors, physical therapists, and internists provide you with a comprehensive program of the highest standards. Our belief is that education, preparation and understanding of all of aspects of aftercare will serve as the foundation for your success. You are expected to follow up with this program on an on-going basis for the remainder of your life.

Please read this manual thoroughly.

- ❖ Use it as a reference.
- ❖ Read it before surgery.
- ❖ Read it again first week after surgery.



SURGERY 101

Steps From Pre-op Testing Through Aftercare

- ❖ One-two weeks before surgery
 - Pre-op testing at hospital
 - Make appointment for primary care physician follow-up within two weeks following surgery for medication management
 - Prescriptions filled
 - Multivitamins/supplements purchased
 - Walking program implemented 3-4 times per week (if mobility allows)
 - Complete understanding of dietary guidelines
 - Consult with program dietitian, if needed
 - Join the South Miami Hospital Support Group

- ❖ The First Two Weeks After Surgery
 - Walk daily
 - Shower daily
 - Intake of water, ALL supplements/medications and protein. Follow program guidelines
 - *If not, evaluate the reasons*
 - Attend the support group
 - Active participation with on-line journaling, monitoring goals, nutrition intake, exercise
 - Primary Care Physician visit
 - Post operative visit with your surgeon, may drive at this time

- ❖ Two Weeks to Two Months After Surgery
 - Exercise program established and implemented
 - Post operative visit with your surgeon at 1 month, release of physical limitations
 - Schedule 4 month appointment with surgeon
 - Active participation with monitoring goals, nutrition intake, exercise
 - Consult with program dietitian, if needed

- ❖ Two Months to Six Months After Surgery
 - Committed to exercise program
 - Continue follow-up with you Primary Care Physician
 - Active participation with monitoring goals, nutrition intake, exercise

- ❖ Six Months to One Year
 - Labs drawn at 8 months
 - Continue follow-up with you Primary Care Physician

- ❖ One Year
 - Labs drawn, refer to lab sheet in back of manual (by PCP or Surgeon)
 - Appointment with surgeon, office visit or telephone interview

❖ One Year and beyond

- Labs drawn every 6 months
- Continue follow-up with you Primary Care Physician
- Active participation with monitoring goals, nutrition intake, exercise

***** It is of vital importance that you follow-up with your surgeon or nurse on all scheduled visits from the one week visit throughout your lifetime.**

Weight loss surgery patients need lab evaluation and nutritional follow-up for a lifetime to ensure health maintenance!

Please...if you cannot get back to Miami for your visits, make sure your primary care physician is performing your correct lab work and that lab work is faxed to the office. We can perform your evaluation via telephone if your health is good and your weight loss is maintained.



Bariatric Surgery

Bariatric surgery is not a cure for obesity. Bariatric surgery is a tool to assist patients in losing weight. **Your food choices and behavior will directly result in the amount of weight loss that occurs.**

Pre-Op/Preparing for Surgery

Support Groups. Prior to surgery, we recommend that you attend a support group. South Miami Hospital holds their support group meetings every 4th Thursday of every month at 7pm at the hospital's Education Center. Support groups are a valuable resource to obtain information about surgery. You will have the opportunity to speak with patients that have already experienced surgery, as well as patients that are currently waiting for surgery. Studies show educated patients have better outcomes both short and long term.

Primary Care Physician. Take this opportunity to become acquainted with your primary care physician. After surgery, your medical conditions (co-morbidities) will improve significantly. Your medication requirements will change and lab values will need to be monitored, therefore; your primary care physician will play an integral role in your progress.

South Miami Hospital. Surgery is performed at South Miami Hospital. The address for South Miami Hospital is 6200 SW 73 St, Miami, FL 33143. For directions to the hospital you may access an on-line map at www.baptisthealth.net. Click on map/directions for more information.

We have a bariatric management team that assists our surgeons to ensure that you will receive the highest quality care. This team includes a board certified anesthesiologist, pulmonologist, endocrinologist and psychiatrist just to mention a few. All rooms on the surgical floor are private, therefore; a family member may stay with you during the hospital stay. However, if you are transferred to the intensive care unit the night of surgery, no family members are allowed to stay with you.

Preoperative Testing. Approximately two weeks before surgery, you will be required to have preadmission testing. Our office will arrange the testing and will send written instructions for the testing. For our patients with more complex medical problems, our surgeons may require additional testing.

After testing is complete, you will attend a multi-disciplinary class, sign your consent for surgery, and, pay deposit if required. We will also go over your records to ensure that all tests and clearances have been received.

Personal Care. Start taking a high potency multivitamin once a day to improve your overall health. If possible, begin walking everyday to increase your lung capacity and increase circulation. **Focus on high protein foods and begin to educate yourself on healthy food choices.** Start taking two showers per day three days before admission to the hospital. You should shower with an antibacterial soap that will be given to you at the hospital. Pay close attention to skin folds and areas that are difficult to reach. Proper hygiene is necessary and may help in preventing skin irritation.

We also suggest that you purchase the necessary items that you will need upon discharge from the hospital. We recommend the following:

- gauze pads
- paper tape
- thermometer
- Tylenol®
- over the counter anti-gas agent such as Gaviscon®, Phazyme®, or Gas-X®

Medications. If you are taking aspirin products, St. John's Wort, Gingko Biloba, Ginseng or any prescription blood thinners, do not take them 10 days prior to surgery. You may take Tylenol® for aches and pains.

For Gastric Bypass patients only, time release medications are not well absorbed after surgery. If you are taking time-release medications, please see your primary care physician for medication management.

Bowel Preparation Before Surgery. On the day before surgery we will ask you to have clear liquids only. Clear liquids include water, apple juice, grape juice, cranberry juice, Jell-O®, broth, bouillon, and Popsicles. Increase your water intake.

Do not have anything to eat or drink after midnight before surgery! Your stomach must be empty at the time of surgery to avoid aspiration.

Surgical Risks. The 2-hour seminar that you attended prior to consultation, informed you of the risks of surgery so that you could make an informed decision about weight loss surgery. Complications are not frequent; however, if they should arise you may be required to remain in the hospital for an extended time period.

Tobacco. As stated in seminar, you must stop smoking 2 months before surgery. Smoking increases your risk of complications.

Hospital Necessities. Please leave all valuables at home. You will need a small bag with these items: toothbrush, toothpaste, comb, shampoo, lip balm, lotion, a pillow for the ride home, slippers, and a robe. The hospital will provide a gown that will fit you comfortably. You do not need to bring your medications.

If you use a CPAP or BiPAP machine, bring the machine and mask and the settings with you to the hospital.

Illness/Sickness

If you become sick, develop a cold or flu or experience any changes in your health anytime before your surgery, please notify the office.

Before Surgery

Hotel Information

There are many hotels in the area. The list directly below offer medical rates.

Hotel Indigo

Miami-Dadeland

7600 N. Kendall Drive
Miami, FL 33156
Phone# 305-595-6000

Best Miami Hotel

5959 SW 71 Street
Miami, FL 33143
Phone# 305-667-6664 or 800-935-8452

Hampton Inn Dadeland

8200 SW 70 Avenue
Miami, FL 33143
Phone# 305-269-0072

Crowne Plaza Kendall

9100 N. Kendall Drive
Miami FL 33176
Phone# 866-539-0036

Marriott Miami Dadeland

9090 S. Dadeland Blvd
Miami FL 33156
Phone# 866-539-0036

Florist Information

Flowers may be purchased in the gift shop located on the main floor of the hospital.

Cafeteria

The cafeteria is located on the main floor of the hospital. In addition, you will find all types of vending machines that are accessible 24 hours a day in the cafeteria.

Chapel

The chapel is located on the main floor of the hospital. Chaplains are on staff and are available to patients.

Patient Floors

All patients will stay on the bariatric surgical floor – 3 East Tower, phone number 786-662-8113. You will be staying in a private room, therefore, you can have one guest stay with you throughout your stay at the hospital.



Morning of Surgery

Be sure to shower and brush your teeth. Remove all jewelry and do not wear nail polish. If you have long hair, please tie it in an elastic band. Contacts may not be worn. If you wear dentures, you will be asked to remove them before surgery.

Post-Op Guidelines for Returning to Daily Activities

Primary Care Physician Follow-Up. Please make a follow-up appointment with your primary care physician so that he/she can monitor your medications (blood pressure, diabetes, etc.).

Activity. Walking can be done as soon as you return home. We ask you to walk as much as you can tolerate. Do not stand or sit in the same position for long periods of time. Change positions frequently to avoid the risk of blood clots. Climbing stairs is p

Returning to Work. Most patients return to work three to seven days after surgery, depending on the surgery they have undergone and the type of work that they do. This may vary between patients.

Medications/Supplements. Your surgeon will direct you on the medications to be taken after surgery, as most patients do not go home on the same medications they were taking before surgery.

Alcohol. The liver is sensitive to alcohol after surgery. It is very important you refrain from alcohol consumption after surgery.

Sexual Activity. You may resume sexual activity when you feel physically able.

Birth Control. If you are of a child-bearing age, you will need to be on a reliable form of birth control until your weight stabilizes (usually 18-24 months). The nutritional requirements of pregnancy cannot be maintained safely during weight loss. For Gastric Bypass patients *only*, the pill will not be absorbed properly, therefore, you will need to get have a different form of contraception. Please contact your OB-GYN.

Pregnancy. If you were to become pregnant during the first 24 months after bariatric surgery, there are a few procedures that need to be followed:

1. Notify office immediately & make appt to see ARNP/ Surgeon
2. Have labs done
3. Contact the dietitian at South Miami Hospital (786-662-4148)
4. Have your surgeon speak to your Obstetrician to determine if you need to be followed by a High-Risk Obstetrician

Wound Care

Your incision will vary according to the surgical approach. Incisions are covered with surgical glue. Do not remove it. Just shower daily and pat dry. **Please do not use Neosporin® on the incisions.**

G-tube. The g-tube is placed *for Revisional procedures only* and is placed in the downstream part of your “old” stomach. It prevents your stomach from becoming very bloated following surgery. The stomach is stressed by the surgery and can take a few days to begin working properly again. The g-tube remains in the stomach for two weeks and is removed in the office with your staples. In most cases, when you are discharged from the hospital, the nurse will remove the bag that is attached to the tube and replace it with a plug. Should you begin to feel full and bloated that area, you may walk to the sink, unplug the tube and drain it over the sink. **Do this only if you experience this feeling of fullness.** If you do not experience this, leave the tube plugged. **Some drainage is expected from around the G-tube site.** Expected drainage will appear thick and greenish in color. If the drainage becomes purulent, increased redness or increased temp occurs, please call the office.

Conditions/Concerns. We do not expect any complications, however, if you experience any of the following: shortness of breath, pain or swelling in your legs, chest or shoulder pain, fever >100, odorous/drainage from the wound, vomiting, or any other unusual problems, call the office or seek medical attention immediately.



FOR ADJUSTABLE GASTRIC BAND PATIENTS ONLY

Band Adjustment/Inflation/Deflation/Weight Loss

The first adjustment will occur four weeks after surgery. On the day of adjustment liquids are all that are permitted – no solid foods. Your pouch should be empty while performing the adjustment. A protein shake for breakfast, lunch and dinner is an excellent choice.

Fluid placement in the band is delayed until four weeks after surgery to allow the band to get settled and for the patient to adjust to the band. In most cases, adjustments are performed in the office. If the port is too deep for the surgeon to feel, patients will be adjusted in the x-ray department.

Band adjustments occur by having the patient lie down on an exam table. You will be asked to “perform a sit up”. This enables the surgeon to feel the port under the skin and fat of the abdomen. Local anesthetic (at the port site) is NOT normally used. A fine needle is passed through the skin into the port reservoir. This procedure only takes a few seconds and most patients report this procedure to be nearly painless.

After adjustments are made, you will be asked to drink liquids for 1 day; soft foods on the second day; solid foods thereafter. No pork, steak or bread for ten days.

Deflation

Band deflation involves the same process as inflation, except that fluid is withdrawn to make the band less restrictive. This is occasionally required if the band is too tight to allow appropriate eating of healthy foods.

Band Removal

Band removal is possible. This may be necessary for several reasons:

- Band erosion with infection – The band wears a hole through the stomach, exposing the band and port to stomach germs that cause an infection that can only be controlled by removing the band.
- Band slippage – The band twists around the stomach causing a blockage of the stomach, usually causing pain and vomiting. Although this usually only requires an operation to reposition the band, occasionally removal is necessary.
- Gastric prolapse – The stomach squeezes through the band causing a blockage similar to band slippage. Although this usually only requires an operation to pull the stomach back to its proper place, band removal is sometimes necessary.
- Intolerance of the band- Some patients are very sensitive to having a band wrapped around their stomach, even with the band deflated.

Weight Loss

The average patient loses one pound a week. Typically, the first year after surgery patients need an average of 6 to 8 adjustments. The second year most patients will need 4 to 6 adjustments and possibly small adjustments over time.

Common Occurrences After Surgery

Understanding the normal process of recovery can decrease many problems and concerns. The following are common symptoms of recovery and how to deal with these occurrences.

Nausea. Nausea is common in the first few weeks after surgery. **The usual causes are increased sensitivity to odors, going to fast with foods, increased acid in the stomach, low protein intake and inadequate water intake.** We recommend that you take your acid blocker as prescribed. Patients may wait until they are really thirsty or hungry which will cause them take to large of a bite or go too fast. If you become nauseated, think about what you did. Ask yourself: Did I eat too much? Did I chew my food thoroughly? Did I eat too big of a bite?

Sinus drainage (mucus) can also cause nausea. If you find that you have sinus drainage, go to the local pharmacy and purchase Claritin® or the Primary MD office so that we can prescribe medication to alleviate the drainage.

Odors after surgery can be a bit overwhelming at times. After surgery you can become highly sensitive to odors. This is temporary and will improve over time. We recommend purchasing spearmint or peppermint oil, place a few drops in a handkerchief and carry it with you.

Vomiting. Vomiting is usually caused by eating too quickly or by over-eating. You will feel full quickly for about three months after surgery. Take your time, take small bites and chew your food well. In the beginning, **a few bites will be all that you will be able to tolerate at one time.** Please call the office if you vomit for more than one day. Vomiting can lead to dehydration. This can be a serious issue and will need to be resolved. ***For band patients only:*** Vomiting can cause band slippage. Please be very attentive to your stomach when eating. You will feel full quickly after adjustable gastric banding. Take your time, take small bites and chew your food well. If you vomit once, go back to liquids for 2 days to allow swelling to subside. Please call the office if you vomit for more than one day or if you experience **vomiting with pain. Vomiting can lead to dehydration and band slippage.** This can be a serious issue and will need to be resolved.

Hair Loss. Hair loss is common with rapid weight loss. The hair loss is temporary and reversible. It usually begins about the three- month mark after surgery and lasts until about the nine- month mark. Be certain that you are taking in 60-80 grams of protein a day. Some patients will take hair, skin and nails supplements that you may purchase over the counter. Most patients that experience hair loss find that cutting the hair shorter makes the hair loss less noticeable. We do not recommend perms or coloring in this time period as it can further create stress to the hair. Use a gentle shampoo such as Johnson's Baby Shampoo®.

Bowel Activity. It will take time for the bowel to adapt to all of the changes that surgery creates. Constipation can occur due to decrease in intake. Drink your water. If you experience loose stools, they are usually caused by high fatty foods and lactose intolerance. Notice your dietary habits and make the necessary changes. **You may reduce gas by watching your diet.**

Hydration. Keeping your system hydrated after weight loss surgery may be difficult at first. Make sure that you drink at least 1-2 liters of fluid a day. Take water with you everywhere you go. You should sip water all day long. This will prevent dehydration. Monitor your urine. If it is dark, increase your water intake

Lactose Intolerance. Many patients who tolerated milk products before surgery find that after bariatric surgery that milk products cause abdominal cramping, nausea and diarrhea. This occurs because of the stress to the bowel created by surgery itself. Lactose is a sugar found in milk products and requires a particular enzyme found in the intestine. The intolerance of lactose can be treated with Lactaid, an over the counter tablet that patients may take prior to eating milk products.

Dumping Syndrome. *For Gastric Bypass patients only:* Your “new” pathway for food intake involves the emptying of the foods into the small intestine. This pathway is created to decrease the body’s ability to tolerate foods high in concentrated sugars whereby decreasing the calorie intake. Sweating, weakness, heart racing, and cramping abdominal pain characterize dumping syndrome. Rapid emptying from the stomach into the small intestine is the cause. Most patients state that it feels terrible and will simply have to lie down until the feeling passes.

Numbness. Nerves to the skin are sometimes cut with surgery. It is normal to experience numbness at the incision site. Sensation at those areas will gradually return with time.

Numbness in Legs. Some patients will occasionally experience upper, lateral thigh numbness/tingling within the first 2 months after surgery. This sensation is called neuralgia parasthetica. It occurs due to the extensive pressure that has been placed on the nerve endings from the excess weight and the belt from the operating table. The sensation will correct itself over time.

Decreased Energy. It is normal to feel tired after surgery. You must keep in mind that you have just undergone major surgery. This decreased energy can last for 2 months. You must work at re-building your stamina. Be sure to stay hydrated. If you are on blood pressure medication or diabetic medication, make a follow up appointment with your physician, as you will more than likely need an adjustment on those medications.

Bruising/Swelling. Moderate bruising and swelling are expected after surgery. If the condition becomes severe, please call the office.

Your Scar. It is normal for the scar to be red or dark pink. Scars are red due to the fact that blood vessels are still working in the healing process. It takes the scar about one year to heal completely; therefore, we ask that you keep the scar covered while tanning. You may also rub the scar (once healed from scabs) with vitamin E or an over the counter cream that reduces the appearance of the scar such as Mederma®.

Hernia. Hernias can occur with any abdominal surgery. If you notice a bulge under your skin at or close to the incision site, please call the office to schedule an appointment.

Excess Skin. As weight is lost, patients may notice excess skin folds and wrinkles. This can be noticed on the abdomen, neck, arms, thighs and face. The skin may be removed by a plastic surgeon when the weight has stabilized (about 18-24 months).

Kidney Stones. Some patients develop calcium containing kidney stones (calcium-oxalate stones) following weight loss surgery. Although your primary care physician may advise you to discontinue calcium supplements, you should not. You need to not only continue taking your calcium citrate, you need to add additional calcium in the form of calcium carbonate (Tums®).

Add: 500 mg of calcium carbonate twice a day. Your calcium citrate and calcium carbonate should not be taken together. Wait at least one hour between doses.



Diet After Surgery

Understand that you have an active role in your healing process. You have undergone a major change in your life both physically and emotionally. **We expect you to take personal responsibility for controlling the types of foods taken in during the first eight weeks as well as throughout your life.** You must learn to work with the surgery instead of viewing it as a “magic” procedure that will create weight loss without your involvement. Your surgeon can only do his part; we need for you to do yours.

The purpose of dietary phases is to provide the appropriate time for the proper healing of your gastric pouch. To allow proper healing please remember that the following must be strictly adhered to in order to prevent possible complications. While the tissues of your surgically altered stomach are healing, you must minimize the stress on those tissues.

*****Please Refer to the Nutritional Manual
provided to you
at
South Miami Hospital*****



Medications and Supplements

Before surgery you must make a lifetime commitment of taking a multivitamin. You will be taking in less food after surgery and may not get the minimum requirement of vitamins and minerals.

The health promoting, disease preventing benefits of vitamins and minerals is well established. Many researchers have claimed that numerous diseases could be prevented if patients took a multivitamin daily.

It is important that you take supplements after surgery. Bariatric multivitamins are recommended. These can be purchased on line at www.miamihope.com. Refer to the Bariatric Advantage link on the Left of the page. Any other bariatric multivitamins including calcium and B₁₂ are acceptable.

Taking medications

Most patients can tolerate taking medium sized pills and capsules after the first eight weeks of surgery. Large pills and capsules are not tolerated because of the difficulty passing through the small pouch. Check with your primary care physician or pharmacist for liquid substitutions or to inquire if pills can be crushed before taking.

Anti-inflammatory drugs may irritate the stomach and should be used avoided, if possible.

Weight loss

Gallstone production may occur (in less than 20% of patients) after weight loss. This weight loss may make it necessary to have your gallbladder removed sometime after Band placement.





Psychological and Emotional Issues

All of the changes that occur after weight loss surgery can be very mentally challenging. Some of the changes can even be disturbing. Most morbidly obese patients spend their lives hidden from life. Their obesity is a buffer from the world and it is used as an insulator from the world. In some cases it provides protection from commitments, attention, sexual relationships and people in general. After surgery, that buffer slowly disappears and can create a vulnerability that most patients have not ever experienced. We recommend that you read the following keeping in mind that some, all or none of the issues will affect your lives. The main issue is to realize that changes do occur emotionally and you must be prepared to deal with the changes as they unfold. Even though most of the changes that are occurring are positive for you, you can experience negative issues as well. Some patients will undergo counseling for a time after surgery and is even encouraged with some patients. Individual counseling, group counseling, and support groups are recommended for patients that are experiencing difficulty with the changes. The following are issues that we have seen in some patients that have undergone weight loss surgery.

Depression

Patients have wanted to be thin most of their lives. Now that the weight is coming off, **being thin does not solve problems**. The patient is still the same person on the inside. Family members have not changed; a patient's job has not changed; being thin does not make your life perfect – it does however, change your health problems.

Depression is sometimes seen after weight loss surgery for many reasons. Just the fact that a patient has undergone major surgery is enough to create depression. However, there are definite reasons that can cause depression after surgery. I will discuss a few of those reasons. **Hormonal changes:** Hormonal changes occur from the fat that is burned as an energy source releasing estrogen into the bloodstream. This can create a hormonal surge in the body. **Emotional eaters:** If the patient was an emotional eater before surgery, the surgery takes away that outlet. The diet after surgery significantly changes and the patient can no longer use that avenue as an outlet for emotions. **Television:** The television is a huge source of depression after weight loss surgery. It seems that every commercial is centered on food!! Try not to spend a lot of time watching the television. Get active in projects and new hobbies instead.

New Attention

As patients begin to lose weight, they will discover they will receive attention that most are not accustomed to receiving. In our society, there is a lot of importance placed on physical appearance. Most advertising is based on sexual images. Again, as I mentioned earlier, fat can be insulation, in this case...from attention. As weight is lost, patients become more vulnerable to others and cannot hide behind the “shield” that they once held on to...this can be frightening. Members of the opposite sex begin to flirt with patients. If patients have been obese for all of their lives, this can be greatly misunderstood.

Relationship Problems/Divorce

There is a strong possibility that the significant other will have a difficult time coping with all of the changes that patients undergo. As patients lose weight and become healthier, their self-esteem and self-worth will improve. The patient becomes someone that the significant other has never seen before. The patient gains a new independence. You may try new activities, gain new hobbies and will be ever changing. It is natural the significant other may have feelings of insecurity. That person may react negatively and may become overly possessive or may push you away.

How Long Will It Take To Be Thin?

Most patients struggle with this question. They have weight loss surgery and expect the miracle that accompanies it overnight! The patient is still obese the day after surgery. Despite the fact that weight loss surgery is only a tool, the idea of having to watch what a patient eats can be very discouraging. Some patients believe that they have no active part in the changes and will do little to improve their overall health. Patients must understand that becoming obese did not occur overnight and that they must play an active role in overcoming old patterns and becoming healthy again.

Shopping For New Clothes/Body Image

Shopping for clothes can be very frustrating. Before surgery you know where to shop and what size you wear. As the weight and inches are lost, patients can become frustrated just finding a place to shop. The body is undergoing a rapid change. It takes time to get accustomed to these changes. We recommended that patients buy a few articles of clothing per season the first year after surgery due to the rapid size changes that the body undergoes. The clothes you buy this season most likely will be too large the following season. Often the supports groups will have clothing swaps. This is a great place to take your clothing that has outgrown you and it will provide a chance to obtain new clothing for yourself without the cost!



Your Spirituality and Emotional Health

At this point in your journey, you must realize that “weight loss surgery” is not going to solve all of your problems in your life. It will take care of your diseases; it will assist in increasing your self-esteem; it may even reduce your depression. It will not however, fix your life.

Incorporating fitness into your life is not enough. It is only one part of the equation for shaping a healthy life. Nurturing your emotions and your spirituality can have a profound affect your health.

Once the weight begins to “come off”, you will begin to understand that the emotional reasons you ate before surgery are not gone. They still reside in you and you will be driven by them. Connecting the stomach to your emotions is the single most difficult struggle that patients deal with after surgery. You cannot escape “who” you are. You must learn to join the two worlds – the obese and the thin. You must learn about the footsteps that have led you to the place you are right now and how to develop an alternative “map” to lead to a complete healthy life. This task is not easy and requires an incredible amount of work on your part so that you can finally be free and so that you do not run the risk of re-gaining weight. You must discover why you eat when you are not hungry. Why you eat from your emotions and not your stomach.

In order to know how to proceed, you must first take some time to see where you are...you cannot fix what it broken until you know what it is. You want to make sure this time that you do not fall back into the patterns that caused failure in the past. Your surgical procedure will do much of the weight loss in the first six months; however, there will come a time when the scales will tip and you will be in charge of yourself again. It is at this point you want to ensure you will know how to achieve success and not fail.

Too many patients believe that the surgery will take care of everything. They do not stop to think about what it will take to lose and maintain the weight. Most of you have lost hundreds of pounds over your lifetime. That part you have down...the part that is the most difficult is keeping it off. This is because you did not make a plan for when the weight came off...you did not deal with the reasons why you eat through emotions. Happiness comes from within, not from a number on a scale or the size of clothing. That is why you must go inside of yourself and deal with what causes you to cope and solve those issues.

There are many ways in which to deal with these emotions. You can ask for the assistance of a behavioral therapist and attend support groups.

Spiritual health, as mentioned before, can affect physical health and is an important aspect of your ability to care for yourself. By learning to love yourself, appreciate your life, feel grateful, and trust yourself, you will become a better person, friend, partner, parent, and member of the community.

Whether you practice your spirituality in a church or cathedral or on a mountaintop, you must take time to nurture your spirit. Get involved. Most religious organizations welcome visitors and newcomers; consider sampling other belief systems and find one

that is right for you or if you already have your religious organization, get involved and active within that community.

Turn off the television, enjoy the silence. Do not automatically turn on the television or radio as soon as you walk in the door. Without distractions, you can tune into yourself. Revel in the silence and enjoy that moment. Take care of yourself and remember to take one day at a time.

We also recommend that you begin a journal to assist you through this journey. It will assist you greatly to write down the changes and feelings that you will undergo these next few weeks and years. Keep a record of photos, measurements and turning points. Only share the journal if you wish. Be honest with your feelings. The changes will be tremendous.



Aftercare

Again, we want to stress to you that the first year after bariatric is a tremendous time of change. Your body undergoes a metamorphosis and a new person emerges. It can be a time of fear, happiness, pain, pleasure, confusion, understanding and frustration. Your body is constantly changing. The range of emotions felt by most patients is normal and is to be expected.

We urge you to take advantage of the monthly support group meetings provided to our patients. Most patients find the support groups very helpful in dealing with the changes that occur after surgery. To find the when the support groups are being held you can visit our website – www.miamihope.com or pick up a support group flyer in our office.

Office Visits

Office Visits. Office visits are a very important part of your aftercare. We need to see you at these scheduled times so that we may monitor your progress. You do not want to trade the disease of obesity for a nutritional disease that is preventable. We will periodically order lab tests to ensure that you are taking enough supplements and ensure that your protein intake is adequate. Please make the commitment to your health and be sure to schedule and keep these appointments.

Office visits are as follows for Gastric Bypass and Sleeve Gastrectomy patients:

- 1 week visit
- 4 week visit
- 4 month visit –lab work performed
- 8 month visit-lab work performed
- 1 year visit – lab work performed
- Every 6 months-lab work performed

Office visits are as follows for Adjustable Gastric Band patients:

- 1 week visit
- 1 month visit and every month for the first year
- Every other month the second year
- Every 6 months thereafter

Primary Care Physician. Your primary care physician (PCP) may order your lab work for you. The lab order follows this page. It can be given to your PCP for placement in your chart.



Miami H.O.P.E. Center for Bariatric Surgery

Juan-Carlos Verdeja, MD

Jorge R Rabaza, MD

Anthony M Gonzalez, MD

Bariatric Surgery Lab Orders

Labs are to be drawn every six months for the first two years after surgery, then annually.

Patient Name: _____ Date: _____

Diagnosis Code: Malabsorption 579.9
Weight loss 783.21

Comprehensive Metabolic Panel

PTH - Intact

Ferritin

Folate

B-12

Lipid Panel

CBC with Differential

Vitamin D – 25 OH

Pre-Albumin

Please fax this sheet and the results to 305-595-9590

7800 SW 87 Ave

Suite B-210

Miami, FL 33173

305-271-9777

www.miamihope.com



In closing, we would like to stress to you the importance of adhering to the dietary, supplementation and aftercare guidelines that have been set for you. **Your surgeon created a new stomach for you that will be your tool to use for weight loss control for the rest of your life.** You must learn to use this as a tool to obtain and achieve your desired weight loss. Patients that learn to use this tool by using the proper diet, exercise, and dietary supplements will have the best long- term results.

Set your goals early. The best time to choose new habits is early after surgery. Your motivation will be at the highest level. This is a very good time to plan your long-term success. Patients will lose weight after surgery due to the mechanical changes of surgery however; **your lifestyle changes will determine your long-term success.**

We have added a few websites that I find helpful to most patients. Please use these sites to become educated in this process.

www.lap-band.com

www.realizeband.com

www.revivalsoy.com

www.bariatricadvantage.com

www.obesityhelp.com

www.fitday.com

Please take care of this book and read it as your journey continues. Become active in your care. If you have any questions, please call the office we will be glad to assist you in any way that we can 305-271-9777

Juan-Carlos Verdeja, MD

Jorge R Rabaza, MD

Anthony M Gonzalez, MD



Refrigerator Notes to Live By

- ✓ **Drink your fluids (64 ounces of water)**
- ✓ **Eat your protein (60-80 grams per day)**
- ✓ **Take your supplements**
- ✓ **Exercise at least three days a week**
- ✓ **Keep and make scheduled appointments**
- ✓ **Enjoy your new, healthy life**

Juan Carlos Verdeja, MD

Jorge Rabaza, MD

Anthony Gonzalez, MD

Ketty Diaz, ARNP

**7800 SW 87 Ave
Suite B-210
Miami, FL 33173**

**305-271-9777
Fax: 305-595-9590**

