Bariatric surgery guide

GASTRIC BYPASS & SLEEVE GASTRECTOMY PATIENT MANUAL

BAYLOR SCOTT & WHITE MEDICAL CENTER - PFLUGERVILLE
2600 E PFLUGERVILLE PARKWAY | PFLUGERVILLE, TX 78660

BARIATRIC SURGERY CONTACT: 512.650.6560

NAME

DATE OF BIRTH

OPERATION

SURGERY DATE

Please bring this manual to every appointment.

Baylor Scott & White
MEDICAL CENTER
PFLUGERVILLE

BSWHealth.com/WeightLoss

Bariatric surgery guide

Are you thinking about Bariatric (weight loss) surgery?

Bariatric surgery can help you lose a significant amount of weight. A typical patient in our program will lose 60 - 80 percent of their excess body weight in 12 to 18 months following surgery. These results are simply astounding. The lost weight may improve or eliminate other diseases that often accompany severe obesity such as diabetes, hypertension, arthritis, sleep apnea and heart disease.

Bariatric surgery, sleeve gastrectomy or gastric bypass, is just one tool to assist you on the journey to a healthier life. Diet changes and a combined commitment from you and our specialists are also needed to help ensure renewed health and ongoing success for the rest of life.

Let's get started!

What do you need to know?

Who is bariatric surgery for?

Bariatric surgery involves operations designed to help patients who are obese help reduce their weight, and in effect, reduce the medical problems associated with obesity that affect their health.

Obesity is a medical condition related to excess body fat caused by eating habits, activity level, genetic predisposition and medical and psychologic factors that contribute to weight gain. The measure of obesity is referred to as Body Mass Index (BMI). This is a ratio of your height and weight. It is calculated by your weight in kilograms divided by your height (in meters) squared. It can be calculated using a BMI Calculator found online if you do not already know yours.

BMI 19-25 Healthy Weight
BMI 25-30 Overweight
BMI 30-35 Obese, Class I
BMI 35-40 Obese, Class II
BMI >40 Morbidly Obese

Patients who have a BMI over 35 with at least one obesity related medical problem or any patient with a BMI over 40 (even without any obesity related medical problems) medically qualify for weight loss surgery.

Bariatric surgery guide

What are obesity-related co-morbidities (medical problems)?

They are medical diagnoses that are often caused or worsened by obesity.

They include:
Type 2 Diabetes Mellitus
Hypertension (high blood pressure)
Obstructive Sleep Apnea
Fatty liver
Elevated cholesterol, lipids, or triglycerides
Congestive heart failure or other heart disease
Reflux esophagitis (GERD)
Osteoarthritis

Patients who have these diagnoses and a BMI over 35 are candidates for weight loss surgery.

Patients with a BMI over 60 are considered high risk for surgery and medical weight loss should be undertaken to make weight loss surgery a safer option. These patients may be seen at the Baylor Scott & White Bariatric Surgery program in Temple.

We also require all bariatric surgery candidates to be nicotine free due to increased risk of complications and other health risks associated with smoking, chewing tobacco and vaping. If you otherwise meet criteria for weight loss surgery, visit with your primary care physician to help you quit smoking so you can move forward with your consultation.

For patients who are between the ages of 65-68 and in otherwise good health, their family physicians may submit a referral for consideration for bariatric surgery. Patients over the age of 68 are at increased risk and may not be candidates for bariatric surgery. They can be referred to the bariatric surgery program at Baylor Scott & White in Temple to be evaluated.

Bariatric surgery guide

Why should I consider bariatric surgery?

Weight loss is difficult, especially when you have 75 - 100 or more pounds to lose to move into a healthy BMI classification. Equally, if not more challenging, is keeping the weight off. If you have tried diets in the past and have been unable to lose and keep the weight off, you are not alone. Significant and sustained weight loss through non-surgical options is only successful in 2-5 percent of patients.

Weight loss surgery is over 50 percent successful long term in losing and maintaining weight loss. It is the most powerful and effective tool we currently have to battle obesity and obesity-related co-morbidities. More importantly, weight loss and healthy weight maintenance by any means results in improvement or resolution of obesity-related medical problems. Patients can develop normal blood sugar, cholesterol, blood pressure, and eliminate symptoms of reflux and sleep apnea. At the direction of your family doctor, you may then stop medications for diabetes, high blood pressure, cholesterol, reflux esophagitis, sleep apnea and heart disease. Furthermore, we may be able to delay or prevent acquiring these medical problems in patients who have not yet developed them.

In addition, obesity is linked to some cancers, and by reducing your weight, you may reduce your risk for breast, colon, pancreatic and other cancers.

How do I get started?

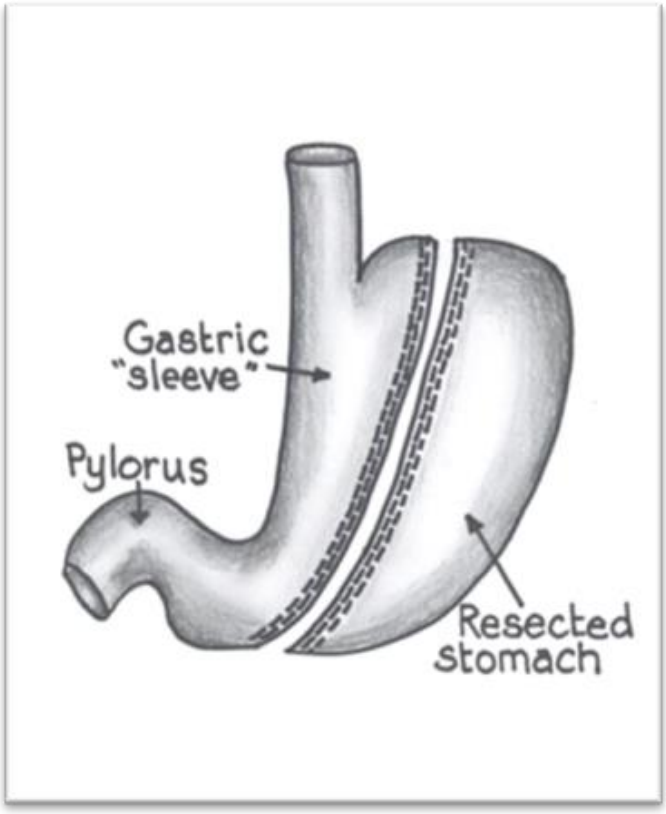
Getting more information is the first step in the journey to bariatric surgery. Call our office to determine if you are a candidate, have insurance benefits and to schedule an appointment. Our program coordinator can be reached at 512, 654.6581.

Bariatric surgery guide

Laparoscopic Sleeve Gastrectomy (The Sleeve)

This surgery is performed through small incisions over the upper abdomen. The stomach is divided removing the reservoir portion of the stomach leaving only 20-25% of the stomach in place. The path that food travels is the same as before - after being swallowed, it moves through the esophagus, into the now smaller stomach and then into the small intestine for further digestion. The volume of the stomach is greatly reduced, allowing a patient to feel full very quickly and eat very small portions of food leading to weight loss. There are also hormonal and other effects through the removal of part of the stomach that help patients feel less hungry.

Expected weight loss results after sleeve gastrectomy is about 60-70% of excess weight. That means if you are 100 pounds over your ideal body weight (i.e.: 5'4" -245 pounds, with a BMI of 42) We would expect that you would lose 60-70 pounds after a sleeve gastrectomy.



Bariatric surgery guide

What are the risks of sleeve gastrectomy?

When you think about how the operation is performed, you can better understand the risks of the procedure. A long staple line is made through the stomach to create the sleeve gastrectomy. One risk of surgery is bleeding along the staple line. We give blood thinners to patients around the time of surgery due to the known risks of blood clots. The risk of bleeding is typically 1-3 percent and almost all will occur soon after surgery. For most patients who experience bleeding, we stop the blood thinner and monitor their condition and blood counts. For a few patients we will need to give a blood transfusion, and for very few patients who have bleeding after surgery, we would need to do a procedure or return to surgery to stop the bleeding.

Another serious risk of sleeve gastrectomy is leak. If the long staple line on the stomach does not heal perfectly or is disrupted, the stomach contents and what you eat and drink could escape the stomach and cause peritonitis. This could be life-threatening but is usually identified before it worsens to this point. The risk of leak is 0.15-3 percent but there are factors that increase the risk of leak:

- Being male
- Over age 50
- Having a higher BMI (>50)
- Preoperative cardiovascular and pulmonary disease and other significant co-morbidities
- Smoking
- Previous stomach surgery

Another risk of bariatric surgery, more common with gastric bypass but can occur with sleeve gastrectomy, is nutritional deficiencies. All bariatric surgery patients are required to take vitamin and mineral supplements after surgery, most important during the rapid weight loss phase immediately after surgery, but long term as well.

All patients will take at a minimum a multivitamin and a calcium supplement with Vitamin D. Gastric bypass patients will also need to take a vitamin B 12 supplement. Additional supplements may be required based on labs or other symptoms. Bariatric surgery patients run the risk of developing severe and dangerous vitamin and mineral deficiencies if they do not take their supplements. Some can cause serious symptoms including permanent irreversible brain injury. These risks can be avoided by taking your supplements as recommended, reporting all abnormal symptoms to your physician, and having labs done at the advice of your bariatric surgeon.

There are also side effects or other issues that are not major complications after sleeve gastrectomy. These include increased or new heartburn or reflux and nausea. These symptoms often present after surgery and resolve on their own and are controlled with medical management until they resolve.

Bariatric surgery guide

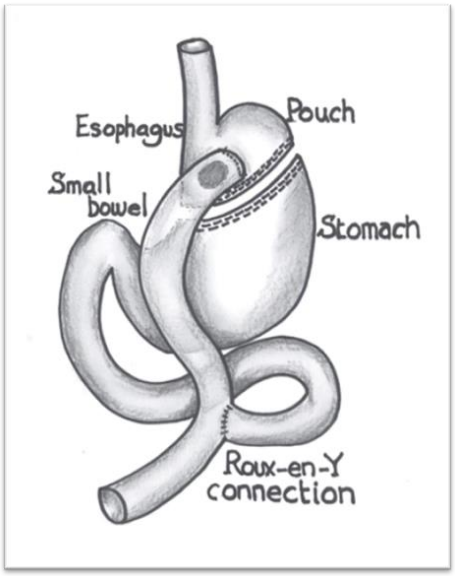
Roux-en-Y Gastric Bypass

This operation has been performed since the 1960's in an open approach and is now done laparoscopically/robotically. This operation involves dividing the stomach into two sections, a smaller upper stomach pouch and the larger residual bypassed stomach.

The upper stomach pouch is about 1 ounce in size and is connected to the mid-portion of the small intestine. The new path that food follows is from the esophagus, into the new smaller stomach pouch and then directly into the mid small intestine. The rest of the stomach and the first part of the small intestine are left in place to allow insulin, gastric acid, bile, and pancreatic juices to meet up with food further on downstream.

This operation works in two ways-- it is restrictive, meaning patients eat much smaller portions due to the small size of the new stomach pouch, and it is malabsorptive, meaning there is less area for food to be absorbed.

This operation has a more immediate effect on blood sugar and higher rates of resolution of diabetes (70 percent compared to 50-60 percent after sleeve gastrectomy). It is thought to be from hormonal changes due to the bypass. Many diabetic patients leave the hospital off all diabetic medications and do not need to take them again.



Baylor Scott & White MEDICAL CENTER PFLUGERVILLE

BSWHealth.com/WeightLoss

Bariatric surgery guide

What are the risks of gastric bypass?

Risks of bleeding and leak with gastric bypass are the same as sleeve gastrectomy, as there are two new connections and a staple line along the bypassed stomach.

Other side effects unique to gastric bypass include dumping syndrome, a stress reaction caused by simple carbohydrates (and sugars) being introduced to the small intestine which is used to seeing them in a more broken-down form.

Patients who have dumping syndrome may experience nausea, cramping, sweating, pain, or diarrhea after eating high carb or high sugar foods. These symptoms usually develop shortly after eating the trigger foods and pass within 30-60 minutes. Dumping syndrome occurs to some extent in up to 70 percent of patients after gastric bypass and may go away in some patients with 50 percent of patients reporting dumping symptoms after two years.

Other risks which are more common with gastric bypass compared to sleeve gastrectomy include ulcer formation. Ulcers develop on the small intestine side of the connection between the stomach pouch and the small intestine from acid exposure to the small intestine.

There are specific things that promote ulcer formation and they include:

- SMOKING
- Nonsteroid Anti-inflammatory Drugs (NSAIDs) including aspirin, ibuprofen (Motrin), naproxen (Aleve), and steroids (such as prednisone)

This is why we insist all patients stop smoking prior to and after bariatric surgery. If patients require regular use of NSAIDs or steroids, they may elect to have a sleeve gastrectomy rather than gastric bypass as the risk of ulcer formation is less. In patients who develop ulcers, treatments may include endoscopic procedures (upper scope or Esophagogastroduodenoscopy {EGD}), medical management or even revisional surgery.

A word about gastric banding ...

The lap band became FDA approved in 2001 and was initially very popular as a completely reversible form of surgical weight loss. Since then, it is has fallen out of favor for a number of reasons. The lap band makes up less than 1 percent of bariatric surgeries performed in the United States today. Furthermore, up to 50 percent of patients have their lap bands removed, either due to complications or inadequate weight loss. We do not recommend or place lap bands, however, we can remove lap band and revise appropriate patients to other weight loss procedures.

Bariatric surgery guide

What do I do to move forward with bariatric surgery?

First, schedule an appointment with your primary care provider to have a complete exam, make sure you are up to date on all your preventive health exams and tests, and that your medical co-morbidities are medically optimized. Have your family physician refer you to the bariatric surgeons at Baylor Scott & White Clinic - Pflugerville Medical Center.

We will check your insurance benefits to determine if you have coverage for bariatric surgery. If you do not have insurance benefits for surgery, even if you have met medical criteria, it will not be covered. We can also provide information about proceeding as a cash pay if you do not currently have coverage for weight loss surgery. Insurance benefits can change and having benefits is unfortunately not a guarantee the procedure will be covered.

Schedule a consultation with a bariatric surgeon at Baylor Scott & White Clinic - Pflugerville Medical Center. This visit will be focused on selecting the procedure that will work best for you. We will discuss preoperative studies and testing that will be necessary to prepare you for surgery. Your insurance may require additional preoperative workup, including a possible diet and exercise program with your family physician prior to being approved for surgery.

Regardless, ALL patients will have:
- Routine blood work
- A nutrition evaluation. This visit is to counsel you on the preoperative and postoperative diet. You will learn about the tips for successful eating after bariatric surgery.
- An EKG or cardiac consultation if you are over age 50
- A psychologic evaluation. If you are already seeing a mental health professional, we will accept written clearance from them supporting your decision to pursue bariatric surgery. If you have not seen a provider in the past, we will help you schedule a consultation. The purpose of this visit is to ensure there are no barriers to success after bariatric surgery such as untreated psychiatric illnesses or eating disorders and to make sure you have realistic expectations about surgery and adequate support in place for the lifestyle changes you are about to make.
- Some patients may need additional testing such as a sleep study to diagnose and treat sleep apnea, pulmonary or cardiac clearance, an upper GI X-ray test, upper endoscopy or other testing indicated by your medical co-morbidities or insurance requirements.

Bariatric surgery guide

Once all your preoperative requirements are complete, we will review them. If you are found to be an acceptable candidate for surgery and have been approved by your insurance, we will schedule your preoperative visit. This is the visit where we will review the surgical procedure and expectations before and immediately after surgery. We will also answer any last-minute questions and select your surgery date.

Things you can do to prepare for surgery

Increase your activity as much as you are able. Begin a walking program and try to increase the number of steps you take in a day. The better shape you are in before surgery the better your recovery.

We will ask that you participate in a preoperative diet. It is a low-calorie, low-carb diet to be used during the final 14 days prior to your surgery date. The goal is a few pounds of weight loss. The first place you lose weight is your liver, which makes surgery easier and safer for us to perform. Many patients begin lifestyle changes well before the crash diet before surgery and can lose many more pounds prior to their surgery.

After Surgery

When you are released from the hospital you should have a clear understanding of what you should eat, what activities you may participate in and which medications you should take. All patients will be on a bariatric clear liquid diet, both in the hospital after surgery, and for at least two weeks after their procedure. This stage of your recovery is about maintaining hydration and limiting symptoms of nausea and vomiting. The goal is to drink 64 ounces of liquid per day. Acceptable liquids include: water, crystal light, other flavored non-carbonated waters, sugar free drinks, sugar free popsicles, sugar free gelatin (Jell-O), and broth of any flavor. Clear protein shakes or addition of protein powder or supplements to approved clear liquids is allowed. These drinks should be zero or low calorie. No fruit juice, no soda, and no milk are allowed. Artificial sweeteners in small amounts are acceptable. Limit caffeine to no more than two cups of coffee or strong tea per day. Once you are meeting your daily fluid intake you may add in 1-3 protein shakes daily.

You should begin taking your chewable multivitamin and chewable calcium as soon after surgery as you are able. It is okay to wait a few days if you are struggling to drink enough or are having issues with nausea.

Bariatric surgery guide

At your two week follow up appointment you will likely be advanced to a diet that is made up of mainly soft proteins.

Foods include: soft-cooked scrambled or hard-boiled eggs, cottage cheese or other cheeses, refried or soft cooked beans, Greek yogurt (low-carb only -- watch fruit-flavored yogurts as they often have a lot of added sugar), soft-cooked meats such as chicken, turkey, or fish, seafood such as crabmeat or shrimp, and low-sodium deli meats.

You should avoid tough cuts of meat such as pork or steak. You should not eat breaded or fried meats. This is when you begin to implement the rules of eating. You may drink right up until you start eating. Then allow yourself 30 minutes to eat your meal. Do not drink while eating or for one hour after you finish eating. Chew your food thoroughly. Stop eating as soon as you feel full, even if it has not been the full 30 minutes.

You may find initially, especially with the denser meats, that you can only eat a few bites of food. This is normal and as you get further from your surgical procedure you will be able to eat slightly larger portions. Do not eat more than three times per day and do not snack. These eating strategies will help maximize weight loss. Eat only when you are hungry. It is okay to slowly ramp up to two to three meals per day. You can supplement low carb protein shakes if you are not eating three meals per day to maintain the goal of 60 grams of protein daily.

This stage of the diet helps teach you what your hunger signals are. A growling stomach is not actually hunger, it's housekeeping. The gut moves secretions and food along every 90 minutes, and it may result in a growling stomach. Hunger symptoms are often a mild headache, or an empty feeling not relieved by drinking liquids.

Always drink liquids first if you feel hungry - mild dehydration can mimic hunger. Beware of "head hunger." This is thinking you are hungry because you: smell food, know it's lunchtime, are bored or depressed, are tired of drinking the same liquids over and over, or are craving a specific food. Be mindful of your hunger cues and eat a healthful, appropriate meal when you have them. Recognize head hunger and if you have recently eaten, drink liquids or distract yourself by becoming engaged in another activity or taking a walk.

Bariatric surgery guide

Most patients are cleared to begin an exercise program at their two week follow up appointment. Patients can swim, lift weights, ride a bicycle, use a treadmill or elliptical trainer, walk or run, or participate in an exercise class unless advised otherwise by their surgeon.

Patients at this first follow up visit at 2 weeks will have lost up to ½-1 pound per day since their surgery. This rapid weight loss slows once food is introduced.

At the second follow up appointment at 6 weeks the diet will be expanded to include cooked vegetables. These are to be added to the proteins already making up the diet. They include: cooked vegetables of any kind but limiting starchy vegetables such as white and sweet potatoes and corn. If you are tolerating cooked vegetables, you may slowly introduce raw vegetables such as salads as long as the vegetables are soft like tomatoes, cucumbers, and lettuce. Harder vegetables like carrots, asparagus, cauliflower, broccoli, and celery should be peeled and chopped into small pieces or avoided.

At the six week follow up many patients have lost an additional 8-12 pounds.

The next follow up appointment at three months patients may be able to eat all the above foods and can incorporate pork and steak. Patients may also enjoy fruit sparingly, taking care with skins and peels. Fresh or frozen fruit is best, canned or dried fruit should be limited and fruit juice is still to be avoided.

Foods to be avoided during this weight loss phase are simple carbohydrates. Patients should avoid bread, rice, pasta, cereal and concentrated sweets such as cookies, cake and candies. Patients should avoid fast food and processed food such as chips, crackers, popcorn, and pretzels.

In months 3-12 patients typically continue to lose 6-10 pounds per month depending upon their starting weight, their adherence to the bariatric postoperative diet and their activity level. Fortunately or unfortunately, the weight loss doesn't go on forever. Our weight goal for most patients is the weight that corresponds to a BMI of 25. This is the upper limit of the healthy category. Because patients have some excess skin and subcutaneous fat after significant weight loss, it is not necessary to reduce the BMI any further to achieve maximum health results. The last few pounds are always a challenge to lose! Most patients find continuing their bariatric diet keeps them relatively close to their goal weight.

Over time (years), patients typically regain 10-20 percent of the weight they lose. At least every year, you should follow up with your bariatric surgeon for a weight check, nutrition/vitamin assessment, (checking levels as needed), and to discuss any other issues related to weight loss.

Bariatric surgery guide

Complaints, Problems & Solutions

BURPING/HICCUPS
Likely cause:
Swallowing too much air
Solution:
-Avoid using straws
-Chew with your mouth closed
-Avoid carbonated drinks
-Avoid chewing gum
-GasX can help as well

NAUSEA/VOMITING
Likely cause:
-Food intolerability
-Eating large portions of food
-(Unrelieved nausea/vomiting can be a sign of a more serious problem. Please consult your surgeon if you are vomiting more than once a week or if you are not able to tolerate anything including liquids.)
Solution:
-Avoid concentrated sugars, fried and high fat foods
-Avoid spicy, greasy foods
-Avoid dairy
-Eat slowly and chew thoroughly
-Limit portion sizes
-Drink liquids between meals, not with meals

DIZZINESS/HEADACHE
Likely cause:
-Dehydration
Solution:
-Consume at least 64 ounces of fluid a day
-Avoid caffeinated beverages
-If you are taking blood pressure medication, contact your medical provider immediately to determine if you need to decrease or stop.

Bariatric surgery guide

Complaints, Problems & Solutions

STUCK FOOD

Likely cause:

Eating too much food or eating too quickly

Solution:

-Eat smaller portions/bites
-Stop eating before you feel full
-Measure your food
-Eat slower/chew more (30-40 min per meal)
-Avoid DRY or TOUGH food

DIARRHEA

Likely cause:

-Possible "dumping syndrome"
-Lactose intolerance
-Eating too quickly

Solution:

-Avoid high fat greasy foods
-Eat slower
-Avoid drinking with meals
-Avoid milk and dairy products
-Avoid caffeinated beverages
-Avoid concentrated sugars or sweets
-NO FRUIT JUICE
-Drink 80 ounces of fluid or more a day

CONSTIPATION

Likely cause:

-Not consuming enough fiber or dehydration

Solution:

-Choose high fiber foods. May need to add a fiber supplement.
-Drink more sugar free liquids
-Exercise regularly

Bariatric surgery guide

Complaints, Problems & Solutions

ABDOMINAL PAIN/BLOATING

Likely cause:

-Eating too quickly at one time
-Swallowing too much air

Solution:

-SLOW DOWN each meal. Meals should last 30-40 minutes.
-Chew with mouth closed
-Avoid straws
-Avoid chewing gum

CHANGES IN TASTE OR TOLERANCES

Likely cause:

Common in 50% of gastric bypass and sleeve gastrectomy patients

Solution:

-Avoid foods that cause intolerances
-Try alternative food from the same group

HAIR LOSS (typically occurs at 3-9 months)

Likely cause:

-Rapid weight loss
-Nutritional deficiency (not consuming enough protein or not taking vitamins and supplements)

Solution:

-Eat the recommended daily protein
-Take recommended vitamin/mineral supplements

DRY SKIN/DRY EYES

Likely cause:

-Dehydration
-Nutrient deficiency

Solution:

-Consume at least 64 ounces of fluid a day
-Eat recommended daily protein
-Take recommended vitamin/mineral supplements
-Consult your physician

Bariatric surgery guide

Complaints, Problems & Solutions

WEIGHT LOSS STOPS OR WEIGHT GAIN

Likely cause:

-Increased portion size
-Consumption of high calorie foods
-Nutrient deficiency

Solution:

-Evaluate your portion sizes
-Limit high calorie food and beverages
-Increase physical activity
-Consult your dietitian or physician

Bariatric surgery guide

Weight loss plateaus are common even during the rapid weight loss phase after surgery

It is a time when your body is readjusting its weight thermostat and your metabolism changes to accommodate the new lower weight. These weight plateaus may last several days to up to three weeks. The key to plateaus during the weight loss phase is to keep on!

Scrutinize your diet and make sure that you haven't started snacking or introducing high calorie or carbohydrate foods into your diet (cakes, cookies, breads, pastries, candy, rice, ice cream, fried or breaded foods, fast food or heavily processed meat like bacon and hot dogs).

Make sure you haven't started bending the rules such as drinking high-calorie liquids (milk, juice, soda, smoothies, milkshakes, alcohol) or drinking with your meals or immediately afterward. Make sure you haven't started grazing (eating small amounts all day long) or spreading your meals out over more than 40 minutes. Make sure your portions haven't enlarged or that you have started mindlessly eating - eating when you are not hungry or finishing off what is on your plate or in your hand just because it's there.

If you are still following the bariatric diet and find you are on a plateau, one change you can make is in your physical activity. If you have a regular exercise routine, change it up -- instead of your regular gym workout or walk, go for a bike ride or a swim. Walk outside or change the program on your treadmill or elliptical to work new muscle groups. Add in exercise or begin a strength training program with weights to help get off the plateaus. Together these changes can help your body get back quicker to the weight loss phase.

The same goes for weight regain but this is typically much later after surgery and is usually linked to dietary changes.

If you struggle, schedule an appointment with your surgeon or check in with the dietician for tips on how to get back on track.

Bariatric surgery guide

Dumping Syndrome

Dumping syndrome occurs after gastric bypass because of:

• The body's inability to absorb and process certain food types.
• Food moving too quickly through the digestive track. The introduction of food causes fluids to shift from other tissues into the intestine via osmosis. The increased fluid volume causes rhythmic contraction that pushes food through the intestine (peristalsis), and consequently causes diarrhea. The loss of fluid from the capillaries can cause deceased blood pressure (hypotension), which may result in weakness, dizziness, and a rapid heartbeat.

Constipation

Constipation after surgery is common. Immediately after surgery it is often related to pain medication used during and after surgery, decreased fluid intake and a decreased activity level.

Weeks or months after surgery it is usually related to dehydration, medications like iron supplements, and not having enough fiber in your diet. Remember constipation means hard stools or difficulty having a bowel movement. Your bowel movements will likely change after weight loss surgery, The sudden change in your diet results in less waste and typically fewer and/or smaller bowel movements.

If you do feel constipated, make sure you are drinking enough fluid. If you are on the solid food stage of the diet. choose high fiber foods if possible, such as whole grains, and fresh fruits and vegetables.

Get regular exercise.

If these efforts are not enough, you can take a fiber supplement such as Benefiber. If the constipation is severe, you may need to add Miralax or take a stool softener or laxative, but these should only be used as needed if all the above remedies do not work.

Bariatric surgery guide

About Medications

You will be instructed which of your regular medications you should take when being discharged from the hospital after weight loss surgery. Please review the list and make sure all your questions are answered. Some medications may be stopped once you are discharged. Medications that can, should be crushed and small pills may be taken with lots of water. Larger tablets or caplet shaped pills can be split in half and swallowed.

Immediately after surgery you will likely need to space out your medication. You may feel nauseated if you take several pills at one time. If that is the case, spread them out and make sure to drink plenty of water with your meds.

Gastric Bypass patients need to be especially aware of medications they should avoid.

NSAIDs: (non-steroidal anti-inflammatory drugs) increase the risk of ulcer formation in gastric bypass patients. These are common medications and include over the counter: Ibuprofen (Motrin), Naproxen (Aleve) and aspirin.

Prescription steroids: (prednisone, hydrocortisone, dexamethasone) are also medications that increase the risk of ulcer formation. Only oral steroids increase the risk of ulcer. Topical steroids and steroid injections at the advice of your physician should not increase the risk.

If another physician suggests you take these medications, remind them you have had a gastric bypass to see if another medication can be used. Also, check with your bariatric surgeon to determine if additional medications need to be prescribed to protect your gastric bypass and reduce the risk of ulcers.

Current Guidelines on Supplements

Begin taking your supplements as soon as you are able when you get home. All bariatric patients should take a bariatric multivitamin including the following supplements, preferably in a chewable form, in the immediate post-op phase. When you can swallow pills easily (for most people a month or so after surgery) you may transition to pill form vitamins and supplements.

Bariatric surgery guide

Current guidelines on supplements

Gastric bypass patients must take a Vitamin B12 supplement either by mouth (sold over the counter) or request a prescription for a monthly injection to give yourself to supplement your B 12 levels. You should begin B12 supplements within four weeks after surgery. Additional supplements may be recommended postoperatively if lab values indicate your levels are low.

Recommended Amounts

- *Iron*: All patients 18 mg per day (Women of childbearing age or patients with history of iron deficiency: 45-60 mg per day)
- *Vitamin B12*: 500-1000 mcg per day
- *Folate*: all patients 400-1000 mcg per day (Women of childbearing age 800-1000 mcg per day)
- *Thiamine*: 12-100 mcg per day
- *Calcium*: 1500-1800 mg per day (preferably calcium citrate over carbonate and should include Vitamin D)
- *Vitamin D*: 3000 IU Cholecalciferol (D3) per day total (may be in multivitamin and calcium supplement) May need to supplement to keep blood level of Vitamin D >30 ng/ml.
- *Vitamin A*: 5,000-10,000 IU per day
- *Vitamin E*: 15 mg per day
- *Vitamin K:* 90-300 mcg per day
- *Zinc*: 8-22 mg per day
- *Copper*: 1-2 mg per day
- *Selenium and Magnesium*: should be included at 100-200% of daily value in a multivitamin

Bariatric surgery guide

Frequently Asked Questions

When can I drink alcohol again?
Bariatric surgery patients should abstain from alcohol for at least one year or until they have reached their goal weight. Alcohol metabolism can change after weight loss surgery and often causes alcohol to be absorbed more quickly so you feel intoxicated faster. Also, alcohol is liquid calories and should not be used during the weight loss phase after surgery.

What about getting pregnant after weight loss surgery?
We recommend that you use birth control for at least one year and preferably until you reach your goal weight. Some women who had struggled with infertility will become pregnant easily after losing weight. We prefer you delay and plan to conceive after your weight becomes stable as you will have fewer pregnancy related complications (gestational diabetes, pre-eclampsia and pre-term labor) if you are a healthy weight during your pregnancy. Certainly, if you do become pregnant in the post-op period, we can work with your obstetrician to follow you through your pregnancy.

How much time will I need to take off work after surgery?
Everyone's situation and job differ, so in general, most patients take about 2-3 weeks off from work after surgery. You should not work at all until you are off your prescription narcotic pain medication. After that point, when you feel well enough to resume your job duties, we will release you to return to work. Returning on a part time, shortened day, or starting in the middle or end of the week is recommended. Many start back by working from home. We can complete any Family Medical Leave Act (FMLA) paperwork, work releases or short-term disability paperwork through our office. Please provide us these forms as soon as they are available to you as they take several days to complete and return.

Will I have to crush all my pills after surgery?
Initially after surgery it may help to crush prescription medications that are in tablet form in order to swallow them. That is why we recommend chewable vitamins in the immediate post-operative period. However, small tablets, caplet shaped pills which can be cut in half and capsule shaped pills can usually be swallowed with plenty of water even within a few days of surgery. Make sure to separate your medications so you are not taking multiple pills at the same time until they are easier to swallow. At that point you can transition to pill multivitamins and supplements as well.

Bariatric surgery guide

Will I have a lot of excess skin?
Excess skin can happen after massive weight loss. How much excess skin depends on many factors such as your age, genetics, how long you have been heavy, your level of exercise while you lose weight, whether you were a smoker and where the excess fat in your body was located. If the excess skin after weight loss is bothersome, we can refer you to a plastic surgeon to discuss removal. Skin removal surgery is considered cosmetic, however and is rarely covered by insurance.

When to call the office AFTER SURGERY
Monday - Friday: 8:00AM - 5:00PM
For surgery or prescription-related questions/concerns
Contact the Surgery Triage Nurse 512.509.0184

If you experience:
- Dizziness or lightheadedness, passing out or fainting.
- Excessive, uncontrolled vomiting or prolonged severe nausea.
- Inability to tolerate solid food for more than 36 hours.
- Fever greater than 101 ° F.
- Urine is dark, or urine output is low.

After hours contact the Surgery Triage Nurse at 800. 724.2037

Bariatric surgery guide

Baylor Scott & White
MEDICAL CENTER
PFLUGERVILLE

BSWHealth.com/WeightLoss