

Bariatric Surgery Patient Pre-Surgery Education Class

Bariatric and Metabolic Institute
Cleveland Clinic Foundation



Overview

- Understand importance of staying connected to your program
- Review pre and post surgery nutrition plan
- Become familiar with expectations of the hospital stay
- Learn practical tips for how to speed up your recovery
- Review schedule for follow-up visits



Two week Pre-Surgery Diet

- Protein shakes, Slim Fast, Carnation Instant Breakfast, Atkins or Glucose Controlled Boost Daily
- Other clear liquids: Water, clear broth, sugar-free gelatin, decaffeinated black tea or coffee (no cream or sugar)
- Sugar free popsicles, Propel, Crystal Light or other zero calorie beverages

Fluids Night Before Surgery

- Protein drink until 6 p.m. the night before surgery
- 28-32 oz of regular Gatorade or Powerade night before
- Second 12-20 oz of Gatorade morning of, 2 hours prior to arrival, unless instructed otherwise

*Diabetic patients may be told to use a sugar free option instead of the standard Gatorade.

Medications to Stop

- Anti-inflammatories
 - aspirin, Advil, Aleve, Celebrex, Motrin, Naprosyn
- Herbal Remedies
- Blood Thinning Drugs
 - Coumadin, Heparin, Plavix
- Other Dietary Supplements
 - Vitamins, Fish Oils, Omegas, Melatonin, St. John's Wort and Ginko Biloba





Medications to Stop

continued



- The use of non-steroidal anti-inflammatory drugs (NSAIDS) & smoking are both associated with a high risk of developing stomach ulcers after weight loss surgery.
- The following drugs are NSAIDS or include NSAIDS in their form and should not be taken after weight loss surgery.



Medications to Stop

continued



- **Advil***
- Aleve
- Amigesic
- Anacin
- Anaprox
- Anaprox DS
- Ansaid
- Arthrotec
- Ascriptin
- **Aspirin***
- Azolid
- Bextra
- Bufferin
- Butazolidin
- Cataflam
- **Celebrex***
- Clinoril
- Combunox
- Darvon
- Daypro
- Disalcid
- Dolobid
- EC Naprosyn
- Ecedrin
- **Ecotrin***
- Equagesic
- Excedrin IB
- Feldene
- Ibuprin
- **Ibuprofen***
- Indocin
- Indocin SR
- Indo-Lemmon
- Indomethagan
- Lodine
- Lodine XL
- Meclomen
- Micrainin
- Midol IB
- Mobic
- **Motrin***
- Motrin IB
- Nalfon
- Nalfon 200
- Naprapac
- Naprelan
- Naprosyn
- Nupin
- Orudis
- Oruvail
- Pamparin IB
- Percodan
- Ponstel
- Relafen
- Rexolate
- Tab-Profen
- Tandearil
- Tolectin
- Tolectin 600
- Tolectin DS
- **Toradol***
- Uracel
- Vicoprofen
- **Voltaren***

Preparation for Surgery

- Day before surgery (or on Friday for Monday Surgery):
 - Scheduler will call you in the afternoon with confirmed surgery time
- Night before:
 - Shower and wash chest and abdomen with ½ bottle of Hibiclens or Dial Soap



Preparation for Surgery

continued

- Morning of surgery
 - Repeat shower as mentioned previously with other half of bottle or soap
- Do not wear jewelry, piercings, make-up, nail polish/artificial nails, deodorant, lotion, perfume or contact lenses
- Must bring your C-PAP machine, mask and tubing to the hospital, if you have it



Patient Family Tips

- Time of surgery does not include pre-op preparation and post-op monitoring
- Surgeon will check in with family during/after surgery
- Do not bring food into room when visiting



Patient Family Tips

continued

- May need help with grocery shopping or activities requiring any type of lifting over 10-20 pounds for the first 4 weeks
- Provide emotional support, as it is challenging to eat and drink the first few weeks



Practical Tips

- Bring sturdy, non skid walking shoes
- Leave valuables with family or significant other
- Ask for an abdominal binder in the hospital if you need additional support after surgery
- FMLA Paperwork should be given to surgeon office



Post-Surgery Review - Discharge Day

Discharge from hospital – **Day After Surgery**

- Have your ride home ready
- Move legs frequently on car ride
- Stop and walk every 45 minutes on way home



Post-Surgery Eating Behaviors

- Pouch is size of a small egg– sip slowly
- Excessive Burping is normal and temporary
- Stay on liquids to allow pouch to heal
- Physical feeling of fullness is normally pressure near breast bone



Post-Surgery Eating Behaviors

continued

- Please remember advancing diet too soon may damage the pouch
- Temporary food aversion can occur with foods you previously tolerated
 - Throughout diet advancement, try the food again to see if food aversion has subsided



Post-Surgery Review - Incision Care

- Wash abdomen with mild soap and water. Dab dry.
- Surgical glue on incision will peel off on own
- Do not submerge into tub bath, pool or hot tub until incisions completely healed
- Showers are acceptable



Post-Surgery Review - Incision Care

continued

- Keep an eye on incisions for redness or drainage
- For more information and tips on incision care, click [here](#).



Post-Surgery Review - Pain Control

- Pain is normal- pulling, aching, cramping, or gas
 - Splint with pillow when coughing
- Extra Strength Tylenol (*acetaminophen*) given for pain
- Pain medication available, but often not needed



Post-Surgery Review - Medications

- Be sure to review all medications with your nurse at discharge
- Schedule a visit with your Primary Care Physician in the first month after surgery
- Do not take anti-inflammatory medications without checking with your surgeon



Post-Surgery Review - Activity

- Continue all daily activities as tolerated
- Walk for 5-10 minutes every 1-2 hours while awake
- Do not lift anything that weighs more than 10-20 pounds for the first month
- Bring your incentive spirometer home and continue to take 10 deep breaths every waking hour for the first week home



Post-Surgery Review - Activity

continued

- Resume driving when you are feeling well and off pain medication for 48 hours
- Increase activity slowly after your first follow-up visit



Post-Surgery Review - Diet

- Full liquid diet for two weeks, unless instructed otherwise
- Follow instructions in the Guide book
- Daily fluid goal from all sources is 64 ounces



Post-Surgery Review - Diet

continued

- Nausea initially after surgery is common, you may need to take anti-nausea medication.
- The number one cause for nausea after surgery is dehydration. Drink slowly, taking breaks between sips.
- If you feel fullness or nausea, stop and try to resume in 5-10 minutes



SMS Reminders

- After discharge from hospital, you will receive a QR code to receive text-message reminders
- Texts will have daily reminders to drink fluids and words of encouragement



Post-Surgery Review - Bowel Habits

- It is common to have constipation or loose stool
 - If diarrhea becomes more frequent or excessive, let your team know
- Drink fluids to prevent constipation
- No BM for 3-5 days after you get home is normal
 - You may take Phillip's Milk of Magnesia or Miralax as needed
- Walking will also help constipation

Post-Surgery Review - Other

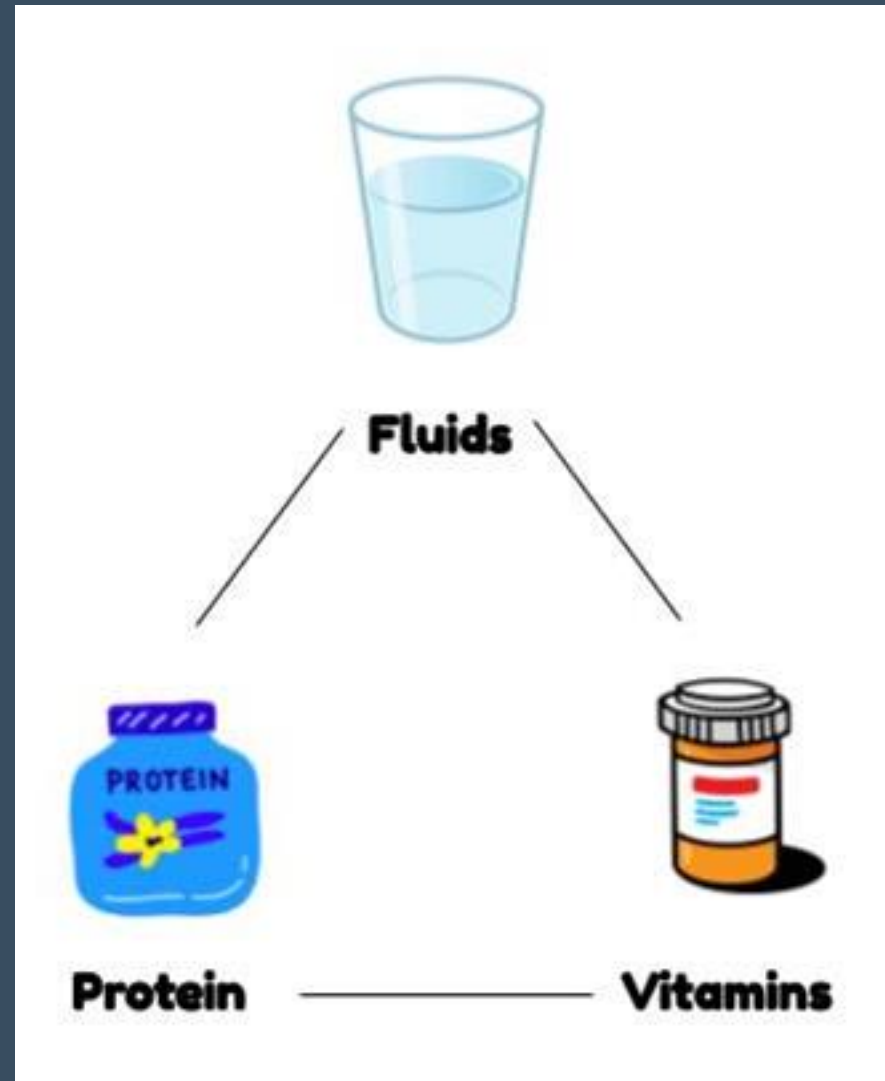
- Plan to start vitamins 2-3 weeks after surgery when you can tolerate the phase three diet
 - Your nutritionist will advise you when to start during your follow-up appointments
- Keep up with your first follow-up visits including 7-10 days, then 1 month, 3 months, 6 months, 1 year and annually thereafter.



Triangle of Success

- Meet your daily fluid goals - 64oz of fluids from all sources!
- Meet your daily protein goals - 60g unless your dietitian says otherwise
- Vitamins
 - You will be told which vitamins to take during specific phases of your recovery

Triangle of Success



Physical Activity

- Check out these resources:

- [Paul Eugene](#) - watch his workouts for sitting, standing, and more
- [Workout video](#) of fast walking from the Walk At Home channel on Youtube
- [Fiton](#) app - access unlimited workout videos that can be done from home
- [SparkAmerica](#) - platform for fun health challenges and fitness games
- [Ace Fitness](#) - database library for exercises for different body parts with and without equipment
- [Baritastic](#) app - track your daily nutrition and set reminders for drinking water, taking vitamins, protein shakes, and more

Psychological Adjustment

- Common emotional reactions in the early post-op period:
 - Initial regrets having surgery, while coping with physical discomfort
 - Grieving the loss of food and the role it played in your life
 - Mild mood changes including increased sadness, worry or irritability



Psychological Adjustment

continued

- Fears of advancing the diet, trying foods that previously triggered nausea, not losing “enough” weight, or doing something “wrong”
- Identify triggers, recognize your emotions
- STOP technique for stress
 - Stop, Take a breath, Observe the environment and emotions, Proceed with a single focus



Psychology Recommendations

- Continue to take psychiatric medications as prescribed
- Carefully monitor yourself for any severe mood or eating disorder symptoms, and reach out to your outside mental health providers and your BMI psychologist for support
- Abstain from smoking and exercise caution with alcohol ingestion

Psychology Recommendations

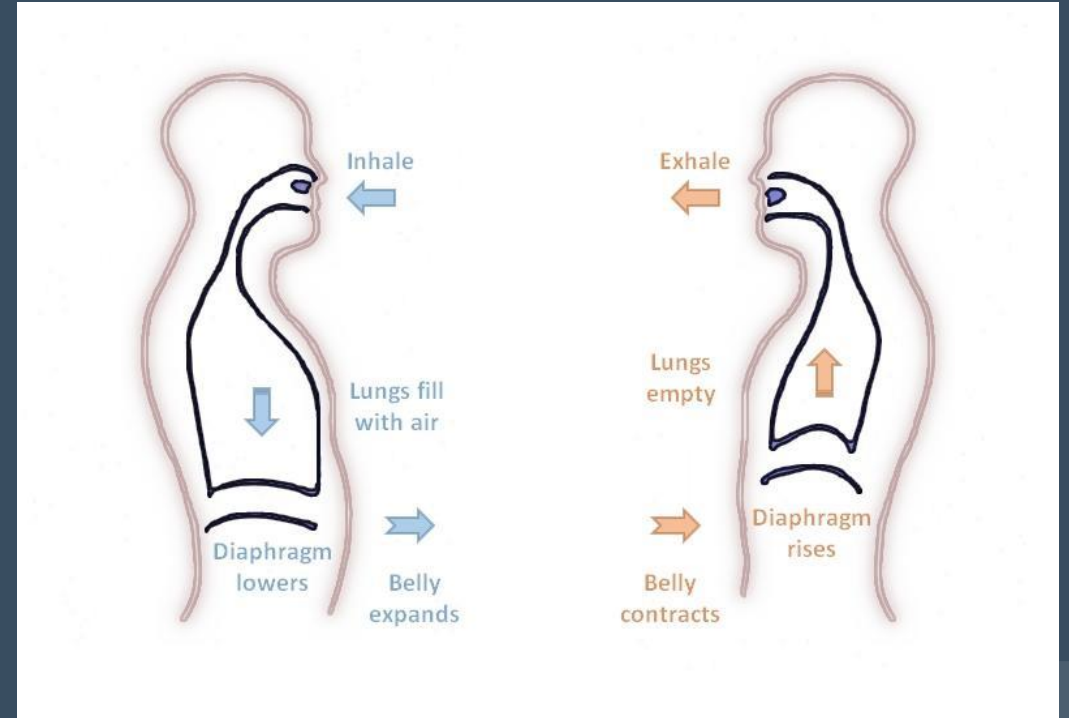
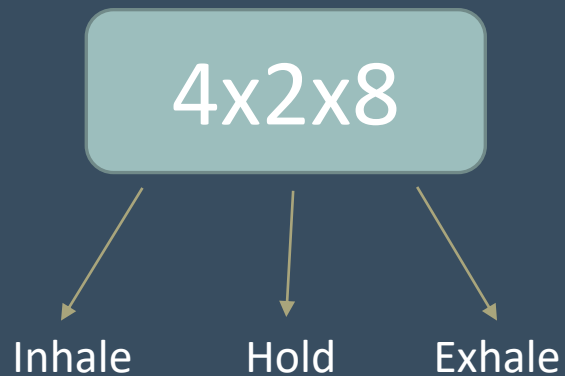
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- **All patients** are recommended to follow up with BMI psychology group appointments regular intervals after surgery (1, 3, 6 and 12 months) and schedule individual visits if needed



Psychological Coping

- Diaphragmatic breathing can reduce stress and anxiety, and promote relaxation



Virtual Support Groups

- Reminders and links to Webex meetings will be sent out via e-mail
- 1st Wednesday of the month (5:30pm-6:30pm)
 - "Food for Thought" and open discussion with Bariatric & Metabolic Institute Nutrition and Psychology
- 3rd Monday of the month (5:30pm-6:30pm)
 - Topic with Q&A
- Click [here](#) for more information on Support Groups!

Does it Matter if You Stay Connected to Your Program?

- Improved long-term success
- Prevention of complications
- Early diagnosis and treatment if problems do occur




Your Nurse Coordinator

- Provides education and support throughout your surgical journey
- They are a resource for questions or concerns through messages in MyChart



Help Card

- Important contact numbers for urgent concerns


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9500 Euclid Avenue M-61
Cleveland, Ohio 44195

Bariatric Surgery HELP Card

*Use this Card if you have: Any Problems, Questions or Concerns
We want to know about it!*

- Worsening Abdominal Pain
- Dehydration
- Persistent Nausea & Vomiting
- Continuous Fast Heart Rate
- Sudden Shortness of Breath
- Sustained Lower Leg Pain
- Fever over 101° F

Contact Information on Reverse Side 

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9500 Euclid Avenue M-61
Cleveland, Ohio 44195


Contact Numbers

EMERGENCIES: Call 911

Routine Questions:
All Locations (9:00am - 5:00pm): (216) 445-2224

After Hours Urgent Questions:
Main Campus & Lutheran Hospital: (216) 444-2200
*Ask to speak with the bariatric fellow on call
Fairview Hospital: (216) 476-7000
*Ask to speak with the bariatric surgeon on call
Hillcrest Hospital: (440) 449-1101
*Answering service will page your surgeon

For Helpful Daily Text Message Tips- Scan Code on your day of discharge from the hospital. 



Closing Statement

You're taking control of your health and well-being. You're making a commitment to a better future for yourself. Remember, progress is a process, not an overnight success. Be patient with yourself as you adjust to your new lifestyle. And lastly, remember why you started this journey and let that motivation guide you.



Visitor and Parking

- For travelling information, click on your hospital:
 - [Main Campus](#)
 - [Hillcrest Campus](#)
 - [Lutheran Campus](#)
 - [Fairview Campus](#)



Digestive Disease & Surgery Institute Outcomes

To learn more about our bariatric surgery outcomes, click [here](#).





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Every life deserves world class care.