



**Cleveland Clinic**

# **Bariatric and Metabolic Institute Preparing for Surgery**

Congratulations on taking the next step towards a healthier and happier life! Getting ready for surgery can feel overwhelming, but our team will be with you every step of the way. This booklet will provide you with important information on how to prepare. Your upcoming surgery along with changes to your diet, exercise routine, and overall lifestyle will ensure the success of your weight loss journey.

# Liquid Diet

You will begin a liquid diet of only protein shakes and clear liquids unless otherwise instructed by your provider's nurse or our dietitian before your surgery date. Make sure you drink at least **64 ounces** of fluid on top of your protein shake intake per day to keep hydrated.

**Please Note:** \*\*If you have diabetes or kidney disease, you must discuss this diet with your primary care provider\*\*

## **Below are 4 options that are recommended for the 800-calorie protein liquid diet**

If you would like to use other products, discuss this with your dietitian or refer to the nutrition chapter in "Your Guide to Surgery" book.

### **Recommended daily options:**

- 4 ½ cans of "High Protein" Slim Fast daily
- 5 ½ packets of "No Sugar Added" Carnation Instant Breakfast Drink mixed with fat free or 1% milk
- 5 individual cartons of Atkins Advantage daily
- 4 ½ bottles of "Glucose Controlled" Boost daily

### **Clear liquids include:**

- Water
- Clear broth or bouillon
- Sugar-free Popsicles
- Plain gelatin (NO sugar added, NO fruit or topping)
- Decaffeinated Coffee or Tea (NO milk/creamer/ sugar)
- Propel or Crystal Light beverages (NO sugar added)
- **NO** pulp-juice (apple, cranberry, lemonade, white grape)

## **Night Before Surgery**

1. Last Protein shake should be before 6pm.
2. Drink a 28–32-ounce bottle of a regular (not sugar free) sport drink (Gatorade, Powerade, etc.) before surgery.

**Please note:** \*\*If you have diabetes, drink sugar free sports drinks.

## **Morning of Surgery**

1. Drink 12-20 ounces of a regular sport drink (or juice as above) and stop liquids 2 hours before scheduled arrival time.

# Preparation for Surgery

## The Day Before Surgery

1. To find out your arrival time for surgery, your scheduler will call you in the afternoon the day before your surgery. If your surgery is scheduled for Monday, you will receive a call on Friday.
2. Do not wear jewelry, body piercings, make-up, nail polish/artificial nails, deodorant, lotion, perfume, hair pins, or contact lenses on the day of surgery. Please shower the night before and the day of surgery using your preoperative body wash as instructed below:
  - a. The evening before your surgery, take a shower using your preoperative body wash or Dial® soap as instructed. Do not apply to the face and head.
  - b. Do not shave the surgical area. You may shave your face, underarm, and legs.
  - c. Using a clean fresh towel, dry your body.
  - d. After washing, do not apply any lotions, powders, creams, or hair products.
3. Nothing to eat after midnight the day before surgery. However, you may have clear liquids up to 2 hours before arrival time.
4. If you have Sleep Apnea and have been prescribed a C-PAP machine, please bring your C-PAP machine, mask, and tubing with you to the hospital.

## The Day of Surgery

1. Repeat the shower as you did the night before (repeat steps A-D). If you are unable to take two showers, a minimum of one is highly recommended, preferably on the morning of your surgery.
2. Medication - Please follow your doctor's advice. They may have advised you to take certain medications with sips of water on the morning of surgery.
3. After you have checked in, you will be prepped for surgery in the pre-op holding area. You will change into a hospital gown and an IV will be started. You will be transported to the surgery suite and your friends/family will be asked to wait in the waiting area. Your surgeon will call or visit the waiting area after the surgery is over to give an update to your waiting family/friends.

## If you have any problems or questions, please call:

- Monday - Friday, 9:00 am - 5:00 pm: **216.445.2224**
  - You will speak with the nurse triage.

# Complications

**Possible risks for Bariatric Surgery can include:**

	Complication	Description
1	Allergic Reactions	Can range from minor symptoms such as a rash to overwhelming reactions that can lead to life threatening symptoms.
2	Anesthesia related complications	Anesthesia is used to put you to sleep during surgery but can cause multiple complications including death.
3	Bleeding	Bleeding is rare after surgery but can occur requiring transfusion.
4	Blood Clots	Also known as Deep Vein Thrombosis (in the legs) and Pulmonary Embolism (in the lungs).
5	Infection	Can be related to surgical incision, wound, bladder, pneumonia, skin, and deep abdominal infections.
6	Leak	One of the staple lines in the stomach from a gastric bypass or sleeve surgery can rarely leak stomach acid, bacteria, and digestive enzymes which can cause a severe abscess and infection. This can require surgery, intensive care, and even lead to death.
7	Narrowing (Stricture)	A narrowing or ulceration on the connection between the stomach and small bowel can occur after surgery. This may require medical treatment and rarely surgery.
8	Dumping Syndrome	Symptoms include weakness, sweating, diarrhea, and dizziness. This can occur in patients after Gastric Bypass from eating too much sugar, carbohydrates, or fats.
9	Bowel Obstruction	Any abdominal surgery can leave scar tissue that can later block the bowels.
10	Minimally Invasive Surgery Risks	This surgery technique uses small incisions to enter the abdomen, which in rare cases can lead to injury.

11	Need for and Side Effects of Drugs	All medications have risks and can sometimes cause a variety of side effects.
12	Heart Events	This includes stroke, heart attack, and other problems related to surgery and anesthesia.
13	Risk from Transfusion	Reactions to blood products are rare but can occur.
14	Hernia	Cuts in the abdominal wall can cause hernias after surgery. An Internal hernia (twisting of the bowel) can occur after Gastric Bypass.
15	Hair Loss	Many patients develop temporary hair loss after surgery, due to low protein levels and rapid weight loss.
16	Vitamin and Mineral Deficiencies	Malabsorption of minerals and vitamins from bariatric surgery requires patients to take lifelong mineral and vitamin supplements to prevent deficiencies.
17	Complications of Pregnancy	Vitamin and mineral deficiencies can cause risks to the newborn and pregnant mother. Wait 18-24 months after surgery to become pregnant and make sure to take necessary vitamins during pregnancy.
18	Ulcers	Gastric Bypass surgery has the risk of ulcers developing in the pouch, parts of the intestines, or bottom of the stomach. This can require medical treatment or surgery. Smoking and NSAID use can cause further complications such as chronic pain, bleeding, or even perforation.
19	Other	Major abdominal surgery has a variety of other unforeseen risks and complications that can occur both immediately or long after surgery.
20	Depression	Depression is a common medical illness that is common in the first few weeks after surgery.

# Discharge Instructions for Bariatric Surgery

## Incision care

- You may wash your stomach with mild soap and water in the shower. However, do not soak your incision in water until they are fully healed.
- Remove and gently clean around incision sites. After you shower, dry the area well. You will have surgical glue covering the incision. It will peel off on its own.

## Activity

- Continue activities of daily living as tolerated. Walk for 5-10 minutes every 1-2 hours while awake immediately after surgery and for the first week after surgery.
- Do not lift, push, or pull greater than 10-20 lbs. for the first month.
- Do not drive a motor vehicle, operate power tools or machinery while taking a narcotic pain reliever. You may resume driving when you are feeling well and off pain medication for 48 hours.
- Increase activity slowly after your first follow-up appointment. Walk every day as a scheduled exercise in addition to your activities of daily living. 15–30-minute walks, even in divided increments, are very effective.
- When sitting or riding in a car or plane for longer than one hour, walk around 5-10 minutes then resume. Do this for the first six months after surgery to prevent blood clots.
- Use your incentive spirometer for the first 2-3 weeks after surgery to remove secretions from your lungs. Drinking fluids help liquefy the secretions.

## Post-Surgery Discomfort

- It is not uncommon to have post-surgery discomfort at the incisions after the operation.
- A prescription for pain medicine will be given to you at your pre-operative office visit.
- If the pain is mild, you may substitute with Tylenol, Gas-X, or Extra Strength Tylenol tablets.
- If you feel that you need pain medicine at night, only take Extra Strength Tylenol at night.
- Talk to your surgeon if you have further questions or concerns regarding post-surgery discomfort.

## Medicines

- Resume all meds as instructed in the Discharge Summary Instructions.
- Make sure you understand your discharge medicines. Some medicines might be added or subtracted from your regular list.
- **It is very important to have a follow up with your primary care doctor within 2-4 weeks to manage your medications. Please set this up prior to surgery.**

- **Do Not** take anti-inflammatory medications (NSAIDs) if you have gastric bypass. Sleeve patients can resume anti-inflammatory meds a few weeks after surgery if needed.

## Diet

- Upon discharge, you are to begin Phase II Full-Liquid diet for the next 2 weeks unless your surgeon tells you otherwise.
- Follow the dietary instructions in your "Bariatric and Metabolic Institute, Your Guide to Surgery," discussed by a dietitian.
- Take your vitamin and mineral supplements as directed by your surgeon. Refer to the "Bariatric and Metabolic Institute, Your Guide to Surgery" for complete listings.
- The daily goal for fluid intake from all sources is 64 ounces.
- Your minimum daily the protein goal is 60 grams.
- Remember to drink and eat in small portions.
- **The number one cause of nausea and vomiting early after surgery is dehydration.** Drinking or eating too quickly or too much at one given time and constipation may also contribute to nausea.
- Signs and symptoms of dehydration include dry mouth, decreased urinary output or dark yellow urine, and nausea. **If you are thirsty, you are already getting behind on your fluids.** If you are unable to drink at least 4 cups in 24 hours, seek medical advice.

## Bowel habits

- It is not uncommon to have different bowel habits after surgery, such as constipation or diarrhea.
- We recommend that you take a minimum of 64 ounces of fluid for constipation.
- Warm fluids, massaging your lower stomach, and walking for 10-15 minutes stimulate bowel motility.
- If you do not have a bowel movement, Phillip's Milk of Magnesia as needed is recommended.
- If you do not have a bowel movement within two to three days after discharge, you may also try a Dulcolax suppository or a Fleet's enema.
- A fiber product is also recommended. These fiber products may include Metamucil, Citrucel, or Benefiber. Do not use these products if your fluid intake is poor.

## Follow-up visits

- Regular follow-up with the Bariatric Team is essential to your recovery.
- You will need a follow-up office visit 7 to 10 days after your discharge. In most cases, this appointment is scheduled before surgery. If you do not have an appointment, please call your site's scheduler located under "Routine Follow-Up Appointments After Surgery"

## Post Bariatric Surgery Text Message Enrollment

Please scan the QR Code below to receive daily reminders and tips during your recovery period!



Directions: To begin post-surgery text messages, please scan the code with your cell phone on the **day of discharge** or **when you get home**. You will be prompted to enter your date of discharge from the hospital. Text messages should begin on the day after your discharge date. If you have difficulty, please call 216-445-2224 for assistance.



# Nutrition Tips w/ Weight Loss Surgery

## **1. Protein as the #1 food**

Always eat your lean protein food first to meet your 60g of lean protein intake for the day. Lean protein can be 1 oz of meat (chicken, turkey, fish, beef, or pork), 1 oz of low-fat cheese, 2 tablespoons peanut butter, 1 egg, and 1/4 cup of low-fat cottage cheese.

## **2. No skipping meals**

Eat at least three meals per day. Having 1-2 small high-protein snacks may be beneficial if you are going more than 4 hours between your meals. Small, frequent meals will help to prevent you from filling your pouch up too fast and will keep your metabolism burning. Getting adequate nutrition and fluids is very important even if you are not hungry or thirsty.

## **3. Eat at the table**

Use a plate or dish and sit down. Take 30 minutes to eat your meals. Avoid eating at the counter or cupboards, in front of the refrigerator, in other areas of your home, or in front of the TV or your computer.

## **4. Portion control**

You might experience a feeling of fullness in your throat or near your breastbone if you are eating too fast. Serve smaller portions. Cut up your protein into smaller pieces. Use a salad plate as your dinner plate or baby spoons to prevent overeating. Slow down with eating, chew foods thoroughly, and stop when you feel full. Keep serving dishes off the table.

## **5. Liquids 101**

Drinking 64 ounces (8 cups) of caffeine-free, calorie-free, and non-carbonated beverages is a must. You don't want to drink with your meals; stop drinking 30 minutes before your meal, eat, and then wait 30 minutes after your meal to drink again. This will prevent nausea and vomiting. Sip on fluids in between your meals. Room temperature liquid may be better tolerated.

## **6. Take your vitamin/mineral supplements daily**

When your doctor gives you permission, take your multivitamin and calcium supplements daily. Additional vitamin B12, vitamin C, and iron may be required.

## **7. Your new "Way of Life"**

Try not to think of this weight loss surgery as a diet, but as a new way of life, not only for you but also for your family and friends. These healthy habits are a lifestyle change for now and forever.

## Follow Up Appointments

	1 Week	2 Week	1 Month	3 Months	6 Months	12 Months	18 Months	Annually Years 2 and Beyond
<b>Surgery Team</b>	YES		YES		If Needed	YES		As Needed
<b>Shared Nutrition or Individual Nutrition</b>		YES	YES	YES	YES	YES	YES	YES
<b>Shared Psychology or Individual Psychology</b>			YES	YES	YES	YES	As Needed	As Needed
<b>Shared Medicine or Individual Medicine</b>				YES	Or Surgeon as needed		YES	YES
<b>Labs</b> *ordered at time of visit				YES	YES	YES	As Needed	YES

**Shared Nutrition (SNA)** Led by Registered Dietitian-allows you to discuss issues in a group setting to share ideas, successes and issues.

**Shared Psychology (SPA)** Led by our psychologists-allows you to discuss issues in a group setting to share struggles and solutions.

**Shared Medical (SMA)** Led by Dietitian and Medical Provider-allows you to see medicine and nutrition in the same visit with a group saving you time and trips back to the office.

**Please Note** –The scheduling of all above appointments is the patient's responsibility. If you are unable to make a scheduled appointment and need to reschedule, please call:

- Main Campus – (216) 445-3136
- Hillcrest – (440) 449-1101
- Twinsburg – (330) 888-4000
- Avon – (440) 695-4000 (ask for scheduling for bariatrics)

# STOP!

The use of NSAID medications (non-steroidal anti-inflammatory drugs) is a high risk for developing stomach ulcers after weight loss surgery for life. The list below contains common NSAIDs, but are not limited to:

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

\* = common brands

**Note:** This is especially for gastric bypass patients. For those undergoing other procedures (i.e. sleeve gastrectomy, duodenal switch) you may be able to begin anti-inflammatory medications a few weeks after surgery with your surgeon's permission.

## 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



## 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.



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# Notes