

# Bariatric Patient Discharge Instructions

## FOLLOW-UP CARE / MEDICATION MANAGEMENT

Your initial 7-10 day and 1 month post-op appointments have been scheduled and you will receive a text message with this information.

**Make an appointment with your primary care provider within the first two weeks after surgery if you have:**

- Type I or II diabetes mellitus
- Hypertension
- Depression/mood disorders (DO NOT STOP psychiatric medications unless under direct supervision of your primary care provider or provider who prescribes that medication to you.)
- If you are on blood thinners (warfarin) preoperatively.

**Make an appointment with your primary care provider within the first month after surgery if you do not have any chronic medical conditions.**

**Refer to the Medication sheet given to you by the Pharmacy for when to start your medications after surgery:**

- If you are unclear, contact our office for clarification. (208) 782-3993
- Medications you are given from EM-POW-ER team DO NOT need to be crushed. It is okay to swallow whole. (EXCEPT BYPASS patients who will need to crush or be on liquid medications until diet progresses to regular diet or "solid" foods.)
- Medications given from outside EM-POW-ER team (e.g., primary care provider, psych provider, etc.) may need to be crushed or split if the tablet/capsule is larger than an M&M.
- **Note:** some medications cannot be crushed or split.

**Please DO NOT weigh yourself until your first follow up appointment (7 to 10 days after surgery).**



## PAIN CONTROL

**ALL pain medications can be taken whole; no need to crush (EXCEPT BYPASS patients who will need to crush or be on liquid medications until diet progresses to regular diet or "solid" foods.)**

**Pain medication prescriptions will be sent to the Plaza Pharmacy Meds to Beds program and will be delivered to your hospital bedside on the day you are discharged.**

- Gabapentin 300mg orally three times per day as needed for pain.
- Celebrex 100mg orally twice per day as needed for pain.
- Tylenol 325mg every 4 hours as needed for pain.
- If you are currently on pain medication we will have you continue to use it.

**Wear abdominal binder as needed for comfort. This will be placed on you after surgery in the hospital.**

**If narcotic medication is given, DO NOT take additional Tylenol for pain (most narcotic pain medications contain Tylenol).**

**Sleeve patients: it is normal to have pain at specimen removal site.**

- Incision located on the right side of the belly button (okay to use binder, ice packs, heat).

**DO NOT TAKE NSAIDS! (Non-steroidal anti-inflammatory drugs)**

- NSAIDS can cause stomach bleeding and ulcers and should be avoided for the rest of your life.
- **Avoid:** Ibuprofen, Motrin, Advil, Naproxen, Aleve, Mobic, Meloxicam, etc.
- **Avoid:** Aspirin (unless you have cardiac stents, then you need to follow cardiology recommendations)



## DIET / HYDRATION MANAGEMENT

### HYDRATION

**Day Of Surgery: Nothing by mouth.**

**Once home, Post Op Days 1 and 2, Stage 1: Clear liquids (post-op day 1 is the first full day after your surgery day).**

**Post Op Days 3 to 14, Stage 2: Full fluid diet for 2 weeks (liquids must be pourable).**

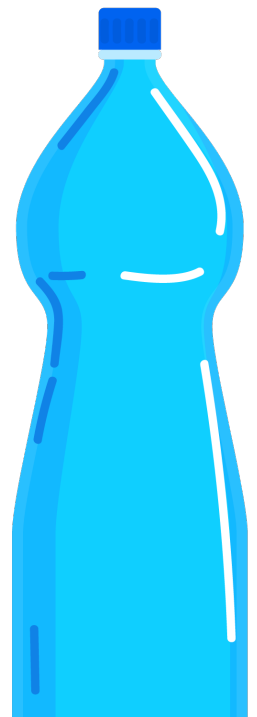
- Fluid Goal: 64oz. daily (includes ALL liquids throughout day; liquid “meals,” protein shakes, soups, etc.)
- 60g protein daily (equal to 2 Premier protein shakes)
- Chronic kidney disease patients 30g protein daily
- 2 to 4 tablespoons of liquid at each meal
- NO STRAWS
- Sip liquids very slowly to help prevent nausea, vomiting, pain, and inhaling air

**Post Op days 14 to 21, Stage 3: Pureed foods (baby food consistency).**

**Post Op Days 22 to 28, Stage 4: Soft foods (mashed potato consistency).**

**Post Op Day 29, Stage 5: Regular diet begins start of month 2 post surgery**

**Refer to your Sleeve / Bypass diet guidelines packet for examples.**



If you begin a new stage of diet and do not tolerate it well, (nausea, vomiting, pain) revert back to the previous stage and then retry the next stage in a few days.



## AVOID BLOOD CLOTS

Wear compression stockings for as many hours as tolerated during WAKING hours for 4 weeks after surgery.

Walk every hour during the day.

- Gradually increase distance as strength returns.
- Work up to a minimum of 30 minutes of exercise daily.

Medication will be given to you to aid in blood clot prevention.

- Lovenox 40 mg subcutaneous once per day for one week for BMI less than 50.
- Lovenox 40 mg subcutaneous once per day for two weeks for BMI greater than 50, mobility issues, or prior history of thromboembolic disease.

You will receive education on how to administer this medication from the nursing and pharmacy staff while you are in the hospital.

Avoid dehydration



## AVOID RESPIRATORY PROBLEMS

Use CPAP/BiPAP anytime you are sleeping (if on CPAP/BiPAP).

Use incentive spirometer and AeroBiKa (flutter valve) for the first 2 weeks after surgery.

- 10 times per hour while awake





## HYGIENE / INCISION CARE

Incisions will have waterproof glue on them. The glue will fall off over the next 1 to 3 weeks. Once glue is starting to lift, it is okay to trim the edges.

Okay to shower daily; do not scrub incisions.

No baths, hot tubs, or swimming pools for 4 weeks post op.

If you have a drain, keep drain site dressing in place for 24 hours. It's okay to remove after that.

- Not all patients will have a drain.

### Signs and symptoms of infection:

- Infection: incision looks red, hot, swollen, tender, and/or purulent drainage:
- Please call the Empower Clinic at (208) 782-3993 with any concerns.

### Allergic Reaction

- All incisions are red, irritated, itching, hives, rash on abdomen at incisions and/or injection sites use OTC (over the counter) topical cortisone cream twice per day on affected area (may need prescription for stronger steroid cream if necessary—must make an appointment to be seen in the office. OTC (over the counter) oral medications: (Benadryl, Allegra, Zyrtec). You may combine one (Allegra or Zyrtec) daily with Benadryl.



## ACTIVITY / EXERCISE

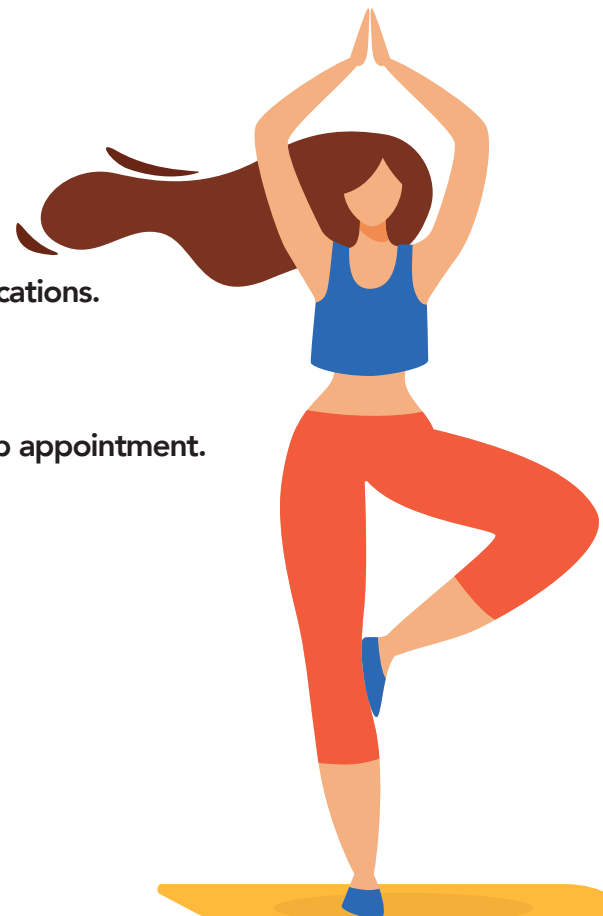
NO driving for 1 week, or longer if/while on any opiate pain medications.

NO lifting over 10 to 15 pounds for 4 weeks.

Your ability to return to work will be discussed at your first post-op appointment.

### Walking every hour and as tolerated

- Okay to gradually increase distance as tolerated





## VITAMINS / OTHER MEDICATIONS

### Vitamins

- Start vitamins after your first post-op appointment (7 to 10 days after surgery).

**Vitamins can cause nausea after surgery. If that occurs, stop the vitamins and we will restart them at your 1 month post-op appointment.**

**Taking your vitamins with food may decrease nausea.**

- Bypass Patients: Vitamins need to be chewable.
- Bariatric surgery patients have decreased absorption, so it is essential to get vitamins specifically made for the use in bariatric patients.

**If not well tolerated, it's okay to take different vitamins but be sure you take the appropriate daily recommended dose for a bariatric patient.**

- Vitamins will need to be taken for the rest of your life.

### Other medications

**Acid reduction medication** helps promote proper healing of the staple line and connection sites:

- Omeprazole (Prilosec) 40mg orally once daily for 90 days, OR
- Famotidine (Pepcid) 20mg twice a day for 90 days.

**Gallstone prevention (for patients with a gallbladder)**

- Ursodiol 300mg twice a day orally for 6 months.
- Begin medication after first post op appointment.





## BOWEL FUNCTION

**It is normal to have irregularity in the immediate post-op period.**

**Constipation treatment(s):**

- Miralax 1 to 3 doses daily
- Magnesium supplement once daily
- Fiber gummies 1 to 4 gummies twice a day
- Colace 100mg twice a day

**Diarrhea**

- Imodium as directed per package instructions.

**Gas/burping**

- Simethicone as directed per package instructions.

### CLINIC INFORMATION

Office Phone Number: (208) 782-3993

**Office Hours:**

Monday to Thursday: 8 a.m. to 5 p.m.

**For after-hours urgent (but not emergent) needs, surgical patients can call office number (208) 782-3993 and press the option for the after hours on call nurse.**

For emergent medical issues, go to the nearest emergency room if unable to reach provider. The emergency department phone number at Bingham Memorial Hospital is (208) 785-3813.

**NOTIFY CLINIC IF:**

- Temperature of 101° F, or higher
- Increased pain/swelling/redness/drainage of incision sites
- Nausea or vomiting and you need an anti-nausea medication at home to try
- Persistent nausea/vomiting with the use of medication
- Swelling in abdomen/legs
- Pain or burning on urination
- You have trouble breathing
- You have chest pain that does not go away or gets worse
- You cough up blood
- Your pain does not get better with medicine, or it gets worse
- Your bowel movements are black or bloody
- You have questions or concerns about your condition or care