

# Welcome to the Bariatric Surgery Pre-Op Class

A little insight into your weight loss surgery journey

# Bariatric Surgery

- ▶ Pre & Post op care
- ▶ Expectations in the Hospital
- ▶ Discharge plan



# Bariatric Team Members

- ▶ **Christen King, L.D.**

- ▶ Bariatric Dietitian

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- ▶ **Joy Vaughn, BSN, RN, CBN**

- ▶ Bariatric Program Coordinator

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# Prior to coming in for surgery on your scheduled day, you should:

- ▶ Have already had ALL your pre-op assessment appointments.
- ▶ Have someone to bring you to surgery and stay to obtain report after your surgery is complete or provide a contact number of the person you want to be updated about your progress.
- ▶ Go grocery shopping for necessary food/drink items for your home. Shakes, Popsicles, liquids, medications

# Have on hand

- ▶ • **Miralax**– Trust me on this one!
- ▶ • **Liquid Tylenol** (Can be children's' and any flavor will work)
- ▶ • **Gas Ex** (Does not have to be this brand and any type i.e. pill, liquid, capsule will be fine)
- ▶ **Magnesium Citrate**– Just in case medication

# 2 Week PreOp Diet

- ▶ If you cheat on your Pre Op diet you will have issues.
- ▶ This is a mental and physical test of your readiness and to help shrink your liver.
- ▶ If you have any questions regarding the preOp diet please reach out to the Bariatric Department. All programs are ran differently Just because your Aunt Karen had this done 2 years ago in Texas, does not mean the same rules apply

# NPO---Nothing by mouth

- ▶ You will be instructed not to eat or drink after midnight the night prior to your procedure.
- ▶ If you need meds in the morning, only have a sip of plain water to take it with. ***Make sure you know which meds to take.***
- ▶ **DO NOT DRINK OR EAT ANYTHING THE DAY OF SURGERY OR IT WILL BE CANCELLED.**

# The day before surgery

- ▶ Do not drink anything red or purple
  - ▶ Call 512-1330 after 2 pm the day before your surgery. If you are having surgery on a Monday or after a holiday you will need to call on Friday or the day before the holiday.
  - ▶ Drink a lot, it will be easier to get an IV.
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# Paperwork you must bring

- ▶ Drivers License or I.D. Card
- ▶ Insurance Card (unless cash pay)
- ▶ Medication List
- ▶ Any documents requested by your surgeon (you will be told these and have plenty of time to obtain if necessary)

# Home Medications/equip

- ⦿ Bring a current list of all your home Medications with you the day of surgery. This includes Vitamins, supplements and OTC.
- ⦿ If you use inhalers bring them.
- ⦿ Please inform your nurse of any meds you may have had the night before and morning of your surgery day.
- ⦿ Inform staff of any metal in your body.
- ⦿ If you use CPAP/BiPAP @ HOME Bring it with you to the hospital

# What to Pack

- ▶ Make sure you bring loose comfy clothes and rubber bottom shoes. Preferably ones you can easily slip on to walk in.
- ▶ You will be given a hospital gown however once your surgery is complete you can change into whatever shirt or gown you prefer. As long as staff can access your foley and incisions on your belly.
- ▶ CPAP/ BiPap Machine
- ▶ Phone/IPad/tablet and charger. ***It is not AnMed's Responsibility if they are lost or stolen.***
- ▶ Pillow or blanket. Whatever makes you or your guest comfortable please bring. (electric blankets are not allowed)

*Please leave all valuables at home. Please do not bring anything of value ie. wallets, jewelry etc.*

# Surgery Day!

- ▶ Check in, Go to Admitting. Get your paperwork and then go to OPS on the 3<sup>rd</sup> floor of AnMed Health Medical Center.
- ▶ The nurses will have you change into a patient gown, all bras, panties, underwear, earrings, piercings etc. must be removed.
- ▶ They will then start your IV, draw a tube of blood for labs, give you something for nausea and heartburn and will give you a shot of blood thinner in your lovehandle. Any females who are premenopausal will be asked for a urine specimen for pregnancy test.
- ▶ Let the nurse know of any changes in your health status or Medications, or issues that have come up within the last few days.
- ▶ Only One-Two family members allowed
- ▶ Leave all valuables at home!

# Preventative measures

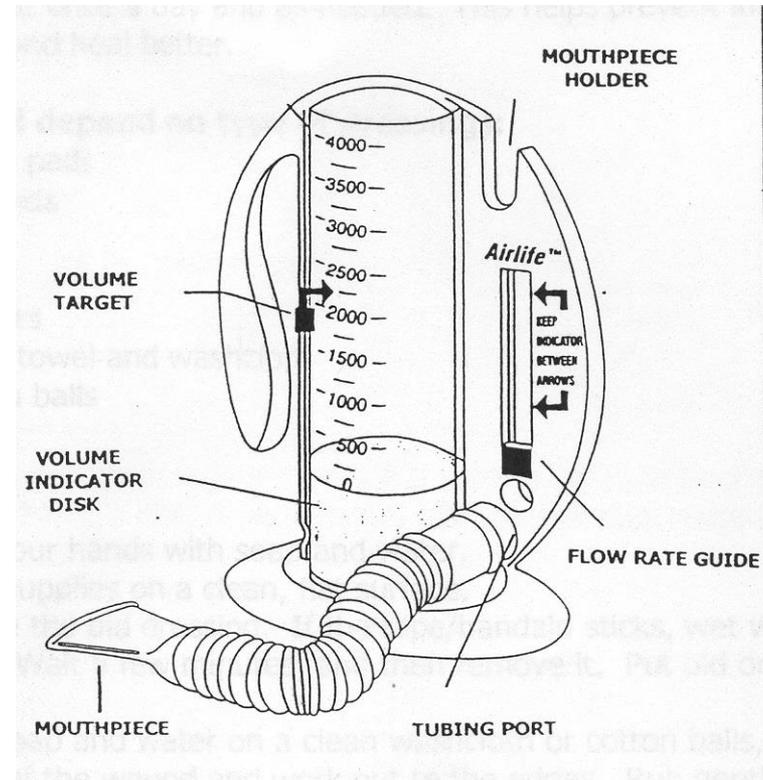
Precautions are taken to prevent any complications from immobility and surgery

- Blood clots- Lovenox Shot
- Pneumonia- Incentive spirometer
- Infection- Antibiotic via IV
- GI problems- nausea and heartburn

# Incentive Spirometer

- An Incentive Spirometer should be used every one to two hours x 10 to encourage full expansion of the lungs. This is very important, because its use prevents and/or minimizes breathing complications. For example; pneumonia.

*Practice deep breathing at home before surgery!*



# Peri- Operative Health Measures

- ⦿ The nurse will instruct you on using the Incentive spirometer.
- ⦿ You will need to Deep breath & cough each hour 10 times.
- ⦿ You will receive a Lovenox Injection every day you are in the hospital
- ⦿ You will need to walk three times or more each day in the hospital.
- ⦿ You will wear sequential compression devices on your legs when in bed (SCDs).
- ⦿ Some may have ted hose ordered as well (Compression Hose).

# SCD Hose and Machine



## TED Hose



- These compression devices will be applied prior to going to surgery and must be worn throughout the hospital stay. While in bed foot pumping is also beneficial.
- The purpose is to prevent complications such as blood clots related to immobility.

# Foley Catheter

- ▶ A Foley Catheter is placed while you are asleep in surgery. The purpose is to drain the bladder during and after surgery. It will be removed as soon as possible after surgery.
- ▶ You will be able to walk with catheter in place. It is not painful and connects to a drainage bag that you can carry when walking.

# Possibilities

- ▶ It is possible to have a drain placed post surgery to catch and remove fluid that collects near the surgery site.
- ▶ The drain is called a Jackson Pratt or JP
- ▶ It will be emptied two or more times a day. The fluid is red, then will lighten up and become less and less.
- ▶ You will also have several band aid sites on your abdomen
- ▶ *You will be educated on all of these items before you leave the hospital. In most cases drains are removed before you go home.*

# JP Drains & Band-aids



# Possibilities continued ...

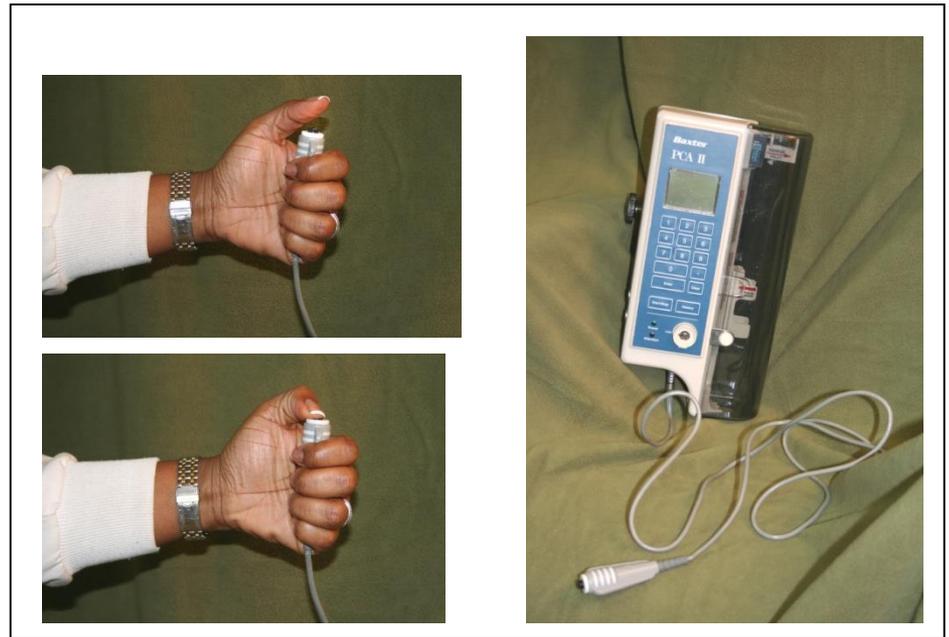
- ▶ It is also possible that you could have a complication in the operating room to cause your surgeon to do the procedure open. This is highly unusual and the **OR** staff will notify your family about any problems. If this occurs, your stay may last longer than three days.

# Post op



- ▶ After surgery you will go to the PACU. This stands for Post Anesthesia Care Unit (Recovery room).
- ▶ You will be there for 1 to 2 hours.
- ▶ The nurses will be with you while you wake up & treat your pain.
- ▶ Nausea common tell them if you are sick!
- ▶ The pain scale ranges 0-10  
0=no pain to 10= the worst pain ever. **BE HONEST WITH THEM**

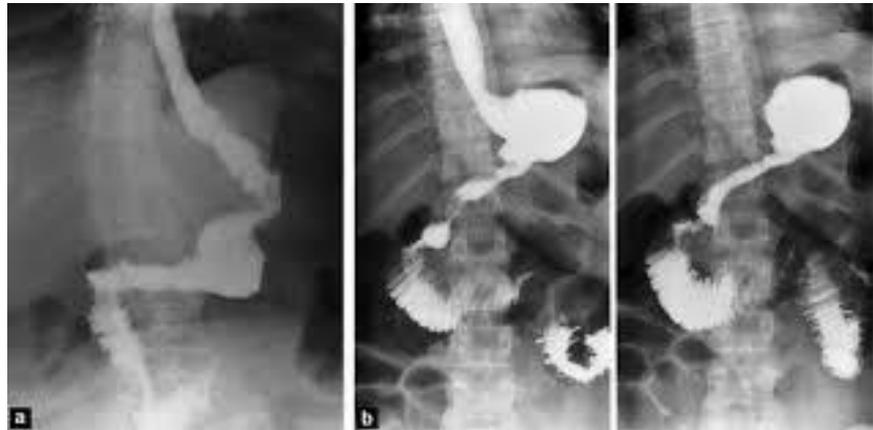
# PCA Pump



- ▶ **The Physician may order a PCA Pump. It is a device that will allow you to control your own pain relief by pressing a button to administer pain medication, whenever you need it.**
- ▶ **This puts you in control of your own pain medication, making it quickly and readily available without having to wait.**
- ▶ **Morphine is usually given so please notify us if that is not good for you**

# Upper GI

- ▶ Prior to any oral intake, you will have to have an X-ray called an Upper GI study. This is to be sure the internal incisions &/or anastomosis are healing and there is not any Obstruction or Leak.
- ▶ This will be done the morning after your surgery



# 6 South

- ▶ You will be required to walk as much as you can. This will ease gas pain.
- ▶ Sugar Free Clear liquids may be started after your Upper GI x-ray is confirmed as clear or no leaks.
- ▶ Use Medicine cups (sip sip sip).
- ▶ Do Not use a straw
- ▶ NO carbonated drinks (you will be miserable).
- ▶ NO gum

# Liquid Tray – Phase 1 – Clears

**Sugar FREE Caffeine FREE and  
Carbonation FREE**

- \*Patients will start Phase 2 Diet while in the hospital and when going home**
- \*Please try everything on your tray. We would rather monitor you in a controlled environment than you get sick at home.**

# Diet changes

- ▶ The size of your stomach is significantly smaller (about the size of an easter egg). Small sips are all that should be taken. Medicine cups can be provided to avoid taking too much at once.
- ▶ Take nausea medication 20-30 minutes before you eat
- ▶ Remember to stop before you feel full.

# Going Home!

- ▶ On your 2<sup>nd</sup> or 3<sup>rd</sup> day you will be ready for discharge to go home.  
If you have any JP drains or dressings to go home with, you will be taught how to care for them.
- ▶ If you are still unsure please ask your nurse for more education or call me and I will help you out!

# Discharge Instructions

- ❖ Keep in mind that recovery takes several weeks. It is normal to feel tired. Rest as needed.
- ❖ **Do Not Weigh for one week.** We send you home with a lot of extra fluid so you can recover easier. You will weight a lot more when you leave the hospital. I would advise you not to weigh until you meet back up with Jill or the office. All scales are different!
- ❖ Walk as often as you feel able. Increase your activity slowly.
- ❖ Do not lift anything heavier than 10 pounds this includes children. Avoid any stomach muscle straining for at least 2 weeks
- ❖ Climb stairs slowly and pause after every few steps. Your body is still adjusting.
- ❖ It is completely normal for your abdomen to be sore and you to have excess gas. You can take some Gas-Ex chewable or a liquid anti-gas medication.

# Discharge Instructions

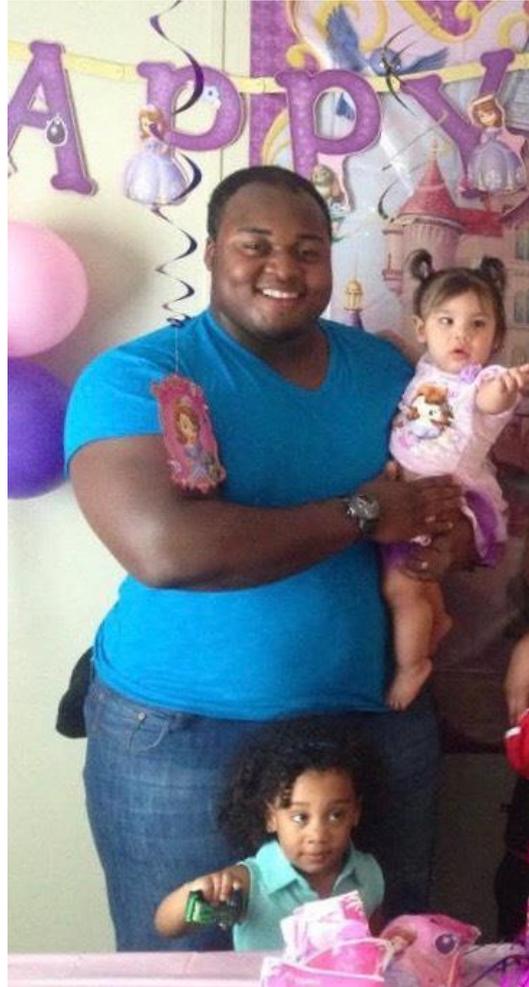
- ▶ Continue the coughing and deep breathing exercises you learned in the hospital. Use the incentive Spirometer from the hospital multiple times a day.
- ▶ Shower as needed. Avoid (DO NOT) baths, swimming pools, and hot tubs for a couple weeks. This helps prevent infection of the incision site.
- ▶ Keep the incision clean and dry. Wash the incision gently with mild soap and warm water. Then gently pat the incision dry with a towel. Do not put any creams, ointments, lotions, or gels on the incisions.
- ▶ The dressing covering your incisions (the gauze and clear tape) will stay on a few days. Try not to peel this off. There will also be purplish-blue glue or steri- strips covering your incisions. DO NOT PICK AT THIS. This special glue is to avoid added scarring on the incision and to help decrease infection in the incision site.
- ▶ You can take your medications whole or crushed or liquid form after surgery. Do as instructed by the surgeon. Some medications cannot be crushed just follow his orders. Extended release medications will not work properly on a weight loss surgery patient; make sure you tell your healthcare provider you have had weight loss surgery from now on.

# Discharge Instructions

- ▶ Keep in mind that some medicines will need to be adjusted as you lose weight (blood pressure, thyroid, insulin, cholesterol, anxiety). Ask your healthcare provider about what changes you should make in your medicines. Do not take yourself off medications or put yourself on them without consulting a physician.
- ▶ If you use a CPAP or BiPAP machine for sleep apnea, don't stop using it without talking to your healthcare provider. You will need to lose a significant amount of weight before you are able to safely sleep without the assistance.
- ▶ Learn to take your own pulse. Ask a nurse or Patient Care Technicians to teach you if you do not know.
- ▶ Ask your healthcare provider when you can start driving again. This will usually be at least 2 weeks after surgery. Don't drive if you are taking pain medicine. Anyone caught driving who has taken a narcotic pain medication will be charged with DUI.

# Patient Progress

**Joshua  
Wiley has  
lost  
230lbs**



# Patient Progress

**Lacey  
Loman has  
lost 124 lbs.  
to date.**



# Behavioral Modification Facts

- ▶ We are not a miracle pill, this is not a quick fix.
  - ▶ This surgery takes time, effort and stamina
  - ▶ Everyone in this room has some addiction to food
  - ▶ This is the most mentally challenging thing you will ever do.
- 

# Reasons

- ▶ Why are you doing this?
- ▶ What are your goals?
- ▶ What is something you would like to do once you loose some weight/ come off medications?

# Emotions

- ▶ **1–6 :weeks honeymoon phase**
  - Emotional Roller coaster/ brick wall
- ▶ **6–12:weeks what have I done**
  - Hungry, can't eat, still figuring out the new stomach
- ▶ **12–until: I am glad I did it.**
  - You physically see and feel the health benefits

# Reward yourself

- ▶ New Clothes
  - Not many, you will not stay in them long
- ▶ Vacation
- ▶ Massage
- ▶ Carowinds/Six Flags
- ▶ Scuba Diving
- ▶ Parasailing
- ▶ Grandbaby Sleepover
- ▶ Date night with your honey
  - Share a plate/ get a side item

# Take Pictures

- ▶ You may be the only one who will see them but that is where you will see the greatest difference. *\*use the same outfit!*
  - Before liquid diet
  - Before surgery
  - 3 months
  - 6 months
  - 9 months
  - 1 year

# Taking your mind off food

- ▶ Journaling
- ▶ Exercise
- ▶ Music
- ▶ Painting
- ▶ Doing something for someone else
- ▶ Yard work
- ▶ Clean house

# FAQs

- ▶ When can I go back to work?
  - ▶ When can I have sex?
  - ▶ Will I have loose skin?
  - ▶ Will my hair get thinner?
  - ▶ What about medicines?
- 