

Bariatric Pre-Operation Instructions





IMPORTANT NUMBERS:

2B General Surgery:	217-788-3610
2G Nursing Unit:	217-788-3295
2G Nurse Manager:	217-788-3617
1E Admitting and Outpatient Unit:	217-788-3909

Prehospitalization Instructions

This will provide you with information on what you need to do in the month prior to your scheduled surgery. Please read carefully and review frequently.

ONE MONTH BEFORE SURGERY

- Review your manuals on a regular basis!
- Complete the Knowledge Assessment Test prior to your preoperative appointment with Springfield Memorial Hospital and the surgeon's office.
- Read and review the informed consent agreement thoroughly. You will sign the informed consent agreement at your preoperative visit with the surgeon.
- **STOP taking any hormone replacement medications like estrogen/birth control pill, patch or ring.**
- Maintain or lose weight.
- **STOP taking all non-steroidal anti-inflammatory drugs (NSAIDS), such as ibuprofen, Motrin, Advil, Aleve, naproxen, maloxicam, toradol, nabumentone and Pepto-Bismol two weeks prior to surgery. Ask your physician when to safely stop any aspirin or any blood-thinning medication such as Coumadin, Eliquis, Pradaxa and Xarelto prior to surgery.** You will be given a medication plan for these medications prior to surgery from your physician.
- Complete Bariatric 400 class. This is the final review with the dietitian and behavioral health specialist prior to surgery.
- Gather necessary items to start your two-week presurgical diet.

TWO WEEKS BEFORE SURGERY

- Remain as active as you possibly can. Avoid any higher-intensity activities such as the elliptical trainer or jogging while on your two-week presurgical diet. Continue including activities such as brisk walking and biking. ANY EXERCISE—including fast walking—will improve your cardiovascular system and reduce some surgical risks.
- Begin your two-week presurgical diet as directed by the program dietitian.
- **Diabetic patients:** Contact your prescribing physician to discuss diabetes medication management during your presurgical diet (1,000 calories, 125 gm carbohydrates, 115 gm protein per day).
- Continue taking your OTC (over-the-counter) multivitamin and calcium supplement as directed by the program dietitian.
- STOP any and all herbal medication.
- **Disability forms** should be obtained from your employer or from the disability office in your area. You must complete your portion of the form and submit to the surgeon's office.
 - **Please DO NOT give the form to the hospital staff or to the surgeon while you are in the hospital (this will delay benefits).**
 - Benefit information should be obtained from your local disability office.
 - Office and hospital staff cannot predict how long it will take for your disability claim to be processed. For your benefit, please do not delay getting this process started.
 - Please purchase omeprazole 20 mg tablet prior to your hospital stay. You will be instructed to take omeprazole 20 mg tablet once daily for three months after surgery. This medication is over-the-counter and does not require a prescription.
- Purchase Tylenol 500 mg, tablets, at least 30 tablets.
- Ensure you have access to a well-fitting blood pressure cuff, if treated for hypertension.
- Ensure you have a glucometer and needed supplies to check blood glucose, if treated for diabetes.

ONE-TWO WEEKS BEFORE SURGERY

- Preoperative visit with your bariatric surgeon:
 - You must complete the knowledge assessment test PRIOR to this visit.
 - You MUST bring a witness to sign your informed consent document. DO NOT bring children to this visit.
 - Discuss surgery overview, risks, benefits and alternative treatments with the bariatric surgeon.
 - Sign informed consent at your preoperative clinic visit. A family member will witness and sign your informed consent.
- Practice with your incentive spirometer 10 times every four hours while awake. Try to reach a level of 2000 to 2500 with each breath.

TWO DAYS BEFORE SURGERY

- **STOP taking metformin. All patients taking metformin must stop 48 hours prior to surgery.**
- Drink 80 ounces of water a day.
- Practice with your incentive spirometer.
- Continue on your presurgical diet.

ONE DAY BEFORE SURGERY

- Have breakfast (one protein shake and one food choice from your food list).
- Only consume acceptable clear liquids the rest of the day. Refer to acceptable clear liquids on your presurgical diet.
- Drink 10 glasses of liquid (no carbonation or caffeine).
- Take Citrate of Magnesia 10-ounce bottle at 4 p.m. as directed (except sleeve gastrectomy patients).
- Don't eat or drink eight hours prior to arrival.
- Shower with Hibiclens (soap will be provided at your pre-op visit).

DAY OF SURGERY

- Shower with Hibiclens (soap will be provided at your pre-op visit).
- RN will instruct you on exactly what time to arrive to hospital. **Report to Admission & Testing on 1E where you will check in.**
- Bring your program manual with you to the hospital.
- Leave jewelry and valuables at home. You only need your insurance card and ID.
- If you use a CPAP/BiPAP machine, bring it with you.
- Your 1E nurse will review your past medical history, medications and allergy list.
- You will change into a hospital gown and store your personal belongings.
- You will meet with the anesthesiologist and/or the nurse anesthetist.
- When ready, you will be taken to the operating room.
- As part of the patient safety initiative at SMH, you may be repeatedly asked about your planned procedure.
- After surgery, you will recover in the PACU (post-anesthesia care unit) until you are awake and alert enough to be transferred to the bariatric unit.

Patient Discharge Instructions

Procedure: Weight-loss Surgery

Discharge date:

Discharge to:

DIET/NUTRITION:

- Continue diet as directed by your dietitian. Do not advance until directed to do so by your surgeon or dietitian.
- Begin vitamin/mineral supplements the first day home from the hospital. Follow regimen given to you by the dietitian.
- Drink at least 80 ounces of fluid per day.
- If you are tolerating 40 ounces of clear fluid or less per day, please call your surgeon's office. You may need set up for IV fluids.

ACTIVITY/SHOWER/BATHING/INCISION CARE:

- Shower daily and as needed. Ensure your incisions are patted dry.
- Leave steristrips alone. They will fall off or surgeon will remove.
- There are no sutures or staples to be removed for laparoscopic surgery patients.
- You may place ice packs on incisions as needed to help with pain relief during the first week following surgery. No heat to incisions.
- No driving if taking pain medication.
- You must walk at least once every two hours (during waking hours) for the next four weeks.
- For longer car rides, in addition to ankle pumping, get out of the car and walk for five minutes every two hours.
- Expect to be off work 2–4 weeks. If you need a return-to-work note, it can be provided at the one week follow-up visit with your surgeon.
- Your stamina following surgery is often less than prior to surgery. The loss of stamina depends upon your age, general health and the complexity of the operation. It takes time to recover from surgery.

PAIN MANAGEMENT:

- **You will be given a prescription for oral pain medication.** If more is needed, please call your surgeon's office. DO NOT drive or perform activities which require close attention while taking oral pain medication.
- You may transition from the oral pain medications to acetaminophen (Tylenol) as your pain decreases. This should be around 3–4 days after returning home. Transitioning off narcotics will help decrease constipation. You may take one or two 500 mg acetaminophen tablets every six hours as needed for pain relief. Do not exceed more than eight tablets within 24 hours. Do not take oral pain medication and acetaminophen together. The oral pain medication already contains acetaminophen.
- Constipation: Milk of Magnesia or Miralax—follow instructions on bottle.

TREATMENTS:

- Use incentive spirometry device (10 breaths four times per day) for one week after surgery.
- If diabetic, monitor your blood sugar fasting in the morning and at bedtime or as directed if more frequent monitoring is needed.
 - Call your surgeon if it is greater than 250 or less than 70.
- If you have high blood pressure, monitor your blood pressure at least twice daily. Record in your diary and bring to your surgeon's visit.
 - Call your surgeon if greater than 150/90 or less than 90/50.

MEDICATION RESOLUTION:

- Take medications ordered by your surgeon (refer to list at discharge).
- DO NOT TAKE anti-inflammatory drugs (NSAIDS), such as ibuprofen, Motrin, Advil, Aleve, naproxen, meloxicam, toradol, nabumentone and Pepto-Bismol.
 - You will be given a plan by your physician about when aspirin or Coumadin can be safely restarted. Aspirin must be enteric-coated.

CT SCAN/NASOGASTRIC TUBE PRECAUTIONS:

- IV contrast should be given if possible with every CT scan related to your bariatric surgery. If oral contrast needs given, it should be limited to 30 ml per test.
- Nasogastric tube placement only by fluoroscopy.

Reasons to Call Your Surgeon:

- Any questions regarding your recent bariatric surgery
- Severe nausea, vomiting or dry heaves for longer than two hours
- If you vomit blood or have bloody diarrhea
- Severe pain (abdomen, chest, back, shoulder, leg or arm)
- Trouble breathing (if severe, call 911)
- Any abnormal feeling or concern
- Wound infection: signs and symptoms such as temperature greater than 101°F, reddened or warm-to-the-touch incision, any drainage other than clear, swelling or odor or pain at the site
- Trouble drinking adequate fluid intake (minimum of 40 ounces per day)
- Chest pain or rapid heartbeat (more than 100 beats per minute)
- Leg pain or swelling
- Any pain that is not relieved by pain medication
- Urine output less than four times in 24 hours
- Any emergency room visit
 - Should it be necessary to go to the emergency room in the first year after surgery, make sure the ER staff notifies your bariatric surgeon upon your arrival. Locally, please go to Springfield Memorial Hospital Emergency Department.

FOLLOW-UP VISITS:

Prior to leaving the hospital, you will be given appointment information for your one month follow-up with your surgeon, 500 class, two-week follow-up visit with your primary care provider and a one-month follow-up visit with the dietitian, behavioral health and physical therapist

Upper GI Exam Protocol for Postoperative Surgery Patients

The following procedures should be applied to patients who have a history of bariatric surgery:

- 1 Contrast**—Gastrograffin or Gastroview not to exceed 1 ounce (30 ml) undiluted. Contrast is to be taken orally from a medicine cup. The patient is NOT advised to use a straw, as the air taken in may stretch the pouch.
- 2 Imaging**—Standard imaging: AP 14 X 17 transverse should include distal esophagus, stomach and jejuna anastomosis and additional views as directed by the supervising radiologist.
- 3 Fluoroscopic Table Use**—It is preferred that the patient be positioned in the upright position with the fluoroscopic table footboard REMOVED. DO NOT let a patient over 350 lbs. stand on the footboard of the table. The weight limit for the fluorotable is 350 lbs. when tilting the table. The tables can hold more weight if the table remains flat.

IMPORTANT TELEPHONE NUMBERS:

Memorial Bariatric Services:	217-788-3948 866-205-7915 (toll-free)
SIU School of Medicine:	217-545-8000
Springfield Clinic surgeon's office:	217-528-7541 ext. 24200 800-444-7541 (toll-free)
Lincoln Memorial Hospital:	217-732-2161
Decatur Memorial Hospital:	217-876-4249
Jacksonville Memorial Hospital:	217-245-9541

EMERGENCY CONTACT:

Springfield Clinic TeleNurse:	217-528-7541 800-444-7541 (toll-free)
Springfield Memorial Hospital:	217-788-3000
SIU:	217-545-8000

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