Metabolic & Bariatric
Weight Loss Surgery
Patient Manual

Saint Alphonsus
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(208) 302-2300
# BARIATRIC PATIENT GUIDE

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Dear Patient,

We developed this Weight Loss Surgery Owner’s Manual to help guide you through the entire process of our metabolic and bariatric surgery program. The Saint Alphonsus Metabolic and Bariatric Surgery Program is a multi-disciplinary and comprehensive program that is focused on helping you achieve your weight loss and health goals. Dr. Reising performs both gastric bypass and sleeve gastrectomy weight loss surgeries. I perform procedures using either a robotic or laparoscopic, minimally invasive approach, through very small incisions.

This Owner’s Manual covers your pre-operative and post-operative care, along with important dietary and lifestyle change recommendations, both before and after surgery. Please review this manual at home and bring it with you to the Bariatric Center, hospital and for follow-up visits.

We are excited to be a part of your weight loss journey and we look forward to working with you in partnership for your long-term success.

Sincerely,

Chris Reising MD, FACS
Saint Alphonsus
Metabolic and Bariatric Surgery Program Overview

Losing weight is not just about a smaller number on the scale. It is about changing your life and your health for the better and becoming the person you want to be. If you have tried endless diets without success and still need to lose a significant amount of weight, bariatric surgery can be an effective treatment to help you make a change for health and for life. Our multidisciplinary team is expert at helping you achieve your weight loss and health goals.

MEET OUR TEAM

Dr. Chris Reising graduated from Indiana University Medical School and completed surgery training at Iowa Methodist Medical Center. He is board-certified by the American Board of Surgery and a fellow of the American College of Surgeons. He specializes in minimally invasive and robotic foregut surgery and endoscopy with an emphasis on metabolic and bariatric surgery. He has over two decades of bariatric surgery experience and has been a member of the American Society for Metabolic and Bariatric Surgery since 2005. Dr. Reising has five adult children and one pup named Ginger. He is passionate about taking care of surgical patients. When he is not working he loves to cook, kite surf, ski, mountain bike, paint, read books and watch movies.

Troy DeMasters, PA-C, is a physician assistant certified by the NCCPA and is passionate about caring for surgical patients. He has been practicing as a surgical PA for nearly two decades and specializes in minimally invasive surgery and robotic surgery.

Troy enjoys spending time with his family and participating in his children’s sporting activities. In addition, he enjoys outdoor activities, including boating, skiing and backpacking.

Cheyenne Holsclaw, RN, is the lead RN for the bariatrics and general surgery. She is responsible for oversight of the department as well as direct patient care.

When she is not working Cheyenne enjoys camping, hunting and fishing with her husband and children.
Christy Rosenthal, MA, is a medical assistant with our metabolic and bariatric program. She enjoys caring for bariatric patients. In her free time, Christi enjoys spending time with her family and being outdoors.

Kyle Kamp RDN, LD, received his undergraduate degree in dietetics from the University of Southern Indiana and completed his post graduate training in nutrition at Idaho State University. He has extensive experience in caring for a bariatric patient’s nutritional needs. He enjoys hiking, skiing and bow hunting with his wife, friends and family in the mountains of Idaho.

Emily Clay RDN, LD was born and raised in Columbus, Ohio. She received her undergraduate and post-graduate training in nutrition at Ohio State University. She has extensive experience in bariatric nutrition counseling and immensely enjoys working with bariatric patients. When she is not working, she enjoys camping, hiking and skiing with her husband and two children.
THE PROCESS

The Saint Alphonsus Metabolic and Bariatric Surgery Program is a process that takes six months to complete in most cases. Our program and insurance carriers require you to have six (6) monthly medically supervised weight loss visits. During this time there may be the need for additional heart and lung testing in order to make sure you are fit enough to undergo a bariatric surgery and are not at risk for heart and lung complications.

Additionally, we review your insurance plan to make sure bariatric surgery is a covered benefit. You will meet Dr. Reising for an initial consultation to start the process and during the course of this 6 month period you will need to be evaluated by the physical therapist, dietitian and psychiatrist. Additional dietitian, PT and psychology appointments may be necessary depending on your needs. Our goal is to support you through the entire process and help you develop the skills and discipline to ensure your long-term success.

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Key contacts for scheduling your appointments:

- General and Scheduling questions; seminars and appointments
  Laurel Duncan .............................................. 208-302-2300

- Pre-Op Surgery Scheduling Coordinator.
  Cheyenne Holsclaw ......................................... 208-302-2300

- Dietitians
  Kyle Kamp and Emily Clay .................................... 208-367-7162
WHO IS A CANDIDATE for Weight Loss Surgery?

Candidates for weight loss surgery should meet the following criteria:

- At least 100 pounds overweight or 100 percent above ideal weight
- Body Mass Index (BMI) of at least 40, or 35 with severe weight related health problems
- Severe weight-related health problems such as diabetes, high blood pressure, high cholesterol, heart disease, osteoarthritis, GERD and sleep apnea
- Non-smokers
- At least 19 years old
- A history of obesity and documented attempts of non-surgical weight-loss treatments that have failed.
- No history of substance abuse
- No history of uncontrolled or untreated psychiatric or eating disorders

A careful review of your medical history and fitness for surgery is important for safety. Not everyone is a candidate for bariatric surgery.

Potential patients will need to complete nutritional, fitness and psychological screenings and the review consultation with Dr. Reising before undergoing bariatric surgery. Saint Alphonsus Metabolic and Bariatric Surgery Program offers two types of weight loss surgery:

1. Sleeve Gastrectomy
2. Gastric bypass

These procedures help provide a safe, effective, and sustainable way to lose your excess body weight and improve your health.

When you commit to taking the first step to a new life, you will also have a multidisciplinary support team to back you along the way.

If you think you would benefit from weight-loss surgery, talk to us. Find out if you’re a candidate, learn about risks, benefits, and what to expect by contacting:

To schedule your consult today call:
Saint Alphonsus Metabolic and Bariatric Surgery Program
208-302-2300
BENEFITS OF WEIGHT LOSS SURGERY

The impact the weight loss will bring to your overall health should be foremost in your decision to undergo surgery. All weight loss surgeries are considered major surgery and should not be undertaken for cosmetic purposes.

After surgery, most gastric bypass and sleeve gastrectomy patients lose weight rapidly until 12 to 18 months. Patients might lose 30-to-50 percent of their excess weight in the first six months and up to 70 percent of their excess weight as early as one year after surgery. Diet and activity level after surgery have an effect on how much weight is lost and the long-term success of the weight loss.

Significant weight loss can improve many obesity related health problems:

- Type 2 Diabetes: 82 – 98% resolved
- Hypertension: 69% resolved
- Depression: 47% reduced
- Obstructive Sleep Apnea: 74 – 98% resolved
- GERD (reflux): 72% resolved
- Quality of Life: 95% improved

Emotional and social changes are often associated with extreme weight loss. Many patients report that their mood, self-confidence and quality of life improve significantly after surgery.


TYPES OF SURGERY

GASTRIC BYPASS

The Roux-en-Y Gastric Bypass – often called gastric bypass – is considered the “gold standard” of weight loss surgery. There are two components to the procedure. First, a small stomach pouch, approximately one ounce or 30 milliliters in volume, is created by dividing the top of the stomach from the rest of the stomach. Next, the first portion of the small intestine is divided, and the bottom end of the divided small intestine is brought up and connected to the newly created small stomach pouch. The procedure is completed by connecting the top portion of the divided small intestine to the small intestine further down so that the stomach acids and digestive enzymes from the bypassed stomach and first portion of small intestine will eventually mix with the food.

Gastric bypass works by several mechanisms. First, similar to most bariatric procedures, the newly created stomach pouch is considerably smaller and facilitates significantly smaller meals, which translates into less calories consumed. Additionally, because there is less digestion of food by the smaller stomach pouch, and there is a segment of small intestine that would normally absorb calories as well as nutrients that
GASTRIC BYPASS (continued)

no longer has food going through it, there is probably to some degree less absorption of calories and nutrients. Most importantly, the rerouting of the food stream produces changes in gut hormones that promote satiety, suppress hunger, and reverse one of the primary mechanisms by which obesity induces type 2 diabetes.

Advantages

1. Produces significant long-term weight loss (60 to 80 percent excess weight loss)
2. Restricts the amount of food that can be consumed
3. Produces favorable changes in gut hormones that reduce appetite and enhance satiety
4. Typical maintenance of >50% excess weight loss

Disadvantages

1. It is technically a more complex operation than the gastric sleeve may have slightly higher complication rates.
2. Can lead to long-term vitamin/mineral deficiencies particularly deficits in vitamin B12, iron, calcium, and folate.
3. Generally, has a slightly longer recovery than the Sleeve Gastrectomy
4. Requires adherence to dietary recommendations, life-long vitamin/mineral supplementation and follow-up compliance.

SLEEVE GASTRECTOMY

The Laparoscopic Sleeve Gastrectomy - often called the sleeve - is performed by removing approximately 80 percent of the stomach. The remaining stomach is a tubular pouch that resembles a banana.

This procedure works by several mechanisms. First, the new stomach pouch holds a considerably smaller volume than the normal stomach and helps to significantly reduce the amount of food (and thus calories) that can be consumed. The greater impact, however, seems to be the effect the surgery has on gut hormones that impact a number of factors including hunger, satiety, and blood sugar control.

Short term studies show that the sleeve is as effective as the roux-en-Y gastric bypass in terms of weight loss and improvement or remission of diabetes.
SLEEVE GASTRECTOMY (continued)

There is also evidence that suggest the sleeve, similar to the gastric bypass, is effective in improving type 2 diabetes independent of the weight loss. The complication rates of the sleeve fall between those of the adjustable gastric band and the roux-en-y gastric bypass.

Advantages

1. Restricts the amount of food the stomach can hold
2. Induces rapid and significant weight loss that comparative studies find similar to that of the Roux-en-Y gastric bypass.
3. Weight loss of >50% for 3-5 year data, and weight loss comparable to that of the bypass with maintenance of >50%.
4. Does not require re-routing of the food stream like RYGB.
5. Involves a relatively short hospital stay of approximately 2 days.
6. Causes favorable changes in gut hormones that suppress hunger, reduce appetite and improve satiety.

Disadvantages

1. Is a non-reversible procedure.
2. Slightly less weight loss and impact on diabetes than gastric bypass.
3. Has the potential for long-term vitamin deficiencies particularly Vitamin B12.
FINANCIAL AND INSURANCE CONSIDERATIONS

We will assist you in meeting insurance company requirements, but first, call your insurance company to find out if bariatric surgery is a covered benefit. If yes, we will next provide them with documentation that your surgery is medically necessary due to health issues related to obesity. You may also be asked to provide evidence of your attempts at non-surgical weight loss.

Here are some steps to obtaining insurance coverage:

- Read the “certificate of coverage” that your insurance company is required to give you.

- You might be required to obtain a referral from your primary care physician.

- Bring your organized medical records, including your history of dieting attempts, to the first visit with Dr. Reising.

- Document all visits to a health care professional for obesity related issues, and visits you make to supervised weight loss programs, diet centers and fitness clubs. Keep good records, including receipts.

- If your surgeon recommends weight loss surgery, we will contact your insurance company for pre-authorization.

If you have an insurance policy that specifically says it excludes payment for bariatric surgery, there are other options. Many patients choose to pay for the operation themselves. We can help you explore payment options.
GET READY:

STOP SMOKING!!

The following is our No Smoking policy for the Bariatric Surgery Program:

All our patients are required to be tobacco free for a minimum of 6 months prior to surgery. It is completely contradictory to pursue weight loss surgery for health benefits and continue to smoke which is an even larger health risk for heart attack, stroke and cancer than is obesity. Additionally, smoking increases the risk of early and long-term complications related to bariatric surgery. Early complications that are increased by smoking include wound infections, pneumonia, and leaks from the staple lines and connections made at the time of surgery. Late complications related to smoking include marginal ulcers which can bleed or perforate.

If you commit to quitting smoking you will need to communicate the date that you quit to your primary care doctor, the program coordinator and Dr. Reising. We will need to perform nicotine tests monthly for 6 months to ensure you have succeeded. The byproducts of nicotine remain in your system for 30 days. If you fail the nicotine testing you will not be allowed to participate in the metabolic and bariatric surgery program until you have successfully quit.

BECOME A MINDFUL EATER • START FOOD JOURNALING

It is critical to your weight loss success that you learn to become a “mindful eater”. This means several things:

1. Taking time to prepare healthy meals.
2. Making good food choices, avoiding empty calories and processed foods.
3. Eating in a non-distracted environment (not in front of the television).
4. Listening to your body’s response to food (stopping when you are no longer hungry but not full).
5. Food Journaling means writing down everything you put in your mouth and documenting the calories and protein grams in the foods you eat.
6. Reviewing your food journal and daily calories and protein gram each night and each week.

As you learn more about a healthy diet and your bodies metabolic needs from applying these very basic skills you will start to feel better about yourself and how you are taking care of your body. These skills will become good habits to replace old bad habits.

It is important to know that much of the success of maintaining your weight loss in the years following a successful weight loss surgery are attributable to the 6 skills described above.
LEARN THE FRAMEWORK:
Basic Bariatric Food Pyramid

After weight loss surgery, your ideal food pyramid, and the order of foods you eat, should change. The majority of your nutrition, or at least 1/2 of each meal, should now come from high protein foods, and **protein should always be eaten first.** This will maximize nutritional quality for volume; as well as maximize and extend fullness on limited volume. That translates to less sense of deprivation and fewer cravings/triggers for unhealthy food choices. There are many resources to learn more about protein, carbohydrates, and fats; you will see more references and information throughout this Manual.

Vegetables and fruits should be eaten after protein; making up about 1/3 of each meal. Carbohydrates should be eaten last; about 1/6 of your total meal. Choose fruit and complex carbohydrates high in fiber.

Avoid simple carbs food such as sweets, cakes, cookies, chips, crackers and other non-nutritious snack foods. Also remember that bread, pasta and rice swell and expand in your new stomach. Sugars should also be limited; try sugar free products, artificial sweeteners, and sugar-free water flavorings such as Crystal Light.

Healthy fats are fine but are more dense in calories. When cooking, substitute healthy heart fats such as these oils: olive, sunflower, and canola instead of regular butter. Experiment with alternative cooking methods such as grilling, steaming, broiling, roasting, and baking rather than frying, to further decrease fat. Take the skin off chicken before cooking.

Although fluid intake is not in this pyramid, we recommend 64 fluid oz per day; preferably water-based, sugar free and non-carbonated. We strongly recommend that you limit caffeine and carbonation for the rest of your life. Caffeine can stimulate appetite or cravings/triggers for simple carbohydrates; caffeine is also a non-selective stimulant, meaning it increases your appetite. It is also a diuretic, which increases urination.

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GET HELP: SUPPORT & RESOURCES
Available For You Before And After Surgery

Dietitian Services

Our Dietitians see our patients both pre- and post-operatively, and are also available outside of regularly scheduled visits, and accessible by email and telephone. They also participate in our support groups.

Support Group

We offer regular, live Bariatric support groups, available to both pre- and post-op weight loss surgery patients. Each meeting lasts about an hour and meetings are held at various locations throughout the region. We announce each meeting via our e-announcement, and post regular group meeting dates/times on the Website Event Calendar and at the Bariatric Center reception desk.

Group meetings are led by various program staff, and focus on those behaviors proven to best impact successful weight loss and long-term weight loss maintenance. We include hot topics, cooking demonstrations, and periodic walking outings for fun and learning. We will have frequent guest speakers on topics of interest to our patients, and we welcome your input.

**Why should you attend?** It can be challenging to lose and maintain without the support of others in your shoes. We know that Support Group attendance is tied closely to greater weight loss success and long-term maintenance. And there is NO CHARGE—this is a free lifetime benefit to our Saint Alphonsus patients!
Behavioral Psychology

Our behavioral psychologists are a great resource for you to utilize to help you achieve your weight loss goals. They can evaluate your current lifestyle and patterns of behavior as it relates to eating and exercise and help you develop alternative strategies to use in your day to day life that will help you change bad habits into good habits.

GET MOVING:
How To Become More Physically Active

You can find good ideas on becoming more physically active on websites like:

- www.fitness.gov/fitness.htm
- http://www.sparkpeople.com

There is good information on the Internet, but start with reputable sources, and check out information and advice with your primary care doctor or Dr. Reising before you follow it.

The DO’s and DON’TS
of Starting a Physical Activity Program

- **Do** – see your doctor before starting an exercise program to get his/her medical approval, and any activity/target heart rate restrictions.
- **Do** – drink plenty of water. You will need to increase your fluid intake as you exercise.
- **Do** – find a good place for exercise. For example, malls are a great choice for walking in all seasons, as they have an even surface and the temperature is consistent. Also, many malls open before the stores do just so people can walk and exercise.
- **Don’t** – Don’t exercise immediately before or after a meal.
- **Don’t** – Avoid engaging in outdoor activity during severe weather or ice, or if poor light or unsafe/unfamiliar surroundings.
What if Walking Hurts too Much?

Consider these options:

1. Water aerobics/fitness classes; water is gentle on the joints, but provides resistance (and thus increases muscle strength and toning), and is cardiovascular.

2. Recumbent or exercise bike; just be sure the angle of the knee bend is less than 90 degrees at maximum.

3. Low-impact or elliptical equipment, either purchased or at a facility. Before purchasing, learn proper use and function of the equipment, both for safety and to see if you like it. To get motivated to use a piece of exercise equipment, consider exercising with a buddy or a group/class.

4. Consider your view. You might want to set up equipment in front of a TV, or listen to music.

Setting Your Goals/Creating an Environment for Success

1. First, determine your starting point: have you exercised previously, and if so, to what extent? If you are starting from relative inactivity, set reasonable, doable goals, and increase time and/or level of intensity gradually.

2. Consider carefully your choice(s) for physical activity, and any joint/mobility or health limitations.

3. Consider equipment options and available facilities in your area, and any special accommodations needed. If you are not familiar with these options, ask your chosen facility to help familiarize you with what they have to offer, and demonstrate proper use of equipment.

4. Think also about equipment needed in different environments; for example, tennis shoes kept at work for quick walks when opportunities present, towels, water bottles, deodorant, etc.

5. Ensure you have the proper equipment to suit your exercise goals. For example, make sure that you have good, sturdy walking shoes that fit properly.

6. You may want to consider temporarily using the services of a personal trainer, until your routine is well-established; they not only can help you get started on a program but can show you some simple things to do that will prevent injury. The best way to prevent injury is to by stretching properly – especially after you exercise.

7. Consider also what time of day works best to ensure consistency; many people find that morning works best, so they are not so tired or struggle with competing obligations later in the day.

8. Most patients will need to consider several options, with backup plans; try to work with your family to accommodate everyone’s needs with reasonable compromise, mindful of the important role physical activity plays in your long-term success.

Before You Start

As above, talk to your surgeon, as well as your primary care doctor or your cardiologist. Learn how to take your own pulse so that you can monitor your heart rate. Your doctor may give some target goals for you. Check your pulse often during exercise to ensure you stay within the target heart range; as you become more conditioned (fitter and healthier!), you will note that your pulse rate will decrease during strenuous activity.
Your Target Heart Rate

Generally, your maximum heart rate should not exceed 220 minus your age in years. If you are 40 years old, your maximum heart rate should be 180 beats per minutes. At peak effort, your heart rate should ideally reach about 60 – 80 percent of the maximum, but you will likely need to gradually build to this intensity level. (For example, if you are 40 years old, then your peak heart rate would be 110 to 140 beats per minute.) You should review this with your doctor because some people will have different goals, and some medications affect the heart rate (such as beta blockers like metoprolol); you can also review with a personal trainer.

Check Your Pulse And Target Heart Rate:

At least half way through your activity or walk, check your pulse. If you have not reached your target, you can increase intensity or pick up the pace. Check your pulse again when you have completed the activity (you might want to check it more often; again, consult with your doctor). Within ten minutes after you have finished, your heart rate should have decreased and you should be able to catch your breath.

You Should Be Concerned if You Notice:

- Chest pain after or during exercise. This might indicate a heart or lung problem, and should not be ignored.
- Light-headedness
- Heart rate which decreases during exercise
- Severe joint pain

Now that you’ve decided on a type of exercise, here’s what to expect:

- Your heart rate should increase during the exercise and then return to normal within 10 minutes
- You should feel some fatigue and soreness in your muscles, which will improve over the next day or two.
- You should feel a sense of accomplishment that improves as the weeks go by

Write it Down

Record not only the activity, but the duration and intensity if possible. If walking, record the distance in miles, and the steps you take. You will also want to record your heart rate half way through the walk and ten minutes after. Contact your doctor if you have any of the warnings listed above.

Use that pedometer! Use your pedometer to count the number of steps you take per day, which will also tend to help you increase your functional movement during your normal routines. This can be a great incentive and reminder to add small bits of movement throughout your day.
The goal for weight loss is 10,000 steps per day. See how your short bouts add up quickly. Enjoy Your “Me” Time. The time you are walking or engaging in planned physical activity provides you free time to think, allows your weight loss to proceed much faster, helps your bowels move better and will give you an overall feeling of good health.

Initially, you won’t always feel so great. In fact, often the worst part of exercising is thinking about it. Once you do it, you will actually feel better. The goal is to increase the frequency, duration, and intensity of your chosen activity(s), to achieve greater calorie burn, build cardiovascular fitness, increased muscle tone and stamina, and improve and protect overall health. Most patients should strive for planned physical activity four or more days per week.

Rewarding Yourself

Exercise is often a reward in itself. Many patients find that once they start exercising, they enjoy doing it and they enjoy the results. You will find that your clothes fit better, and you will have more stamina to do things that you enjoy. Don’t wait until you see the numbers on the scale going down before you reward yourself.

Make your exercise program a priority in your life. Consider ways to make it more fun and rewarding. Consider new activities not previously tried (water fitness, elliptical equipment, dance classes, etc). If walking, bike riding or jogging; try listening to music or a book-on-tape (be mindful of traffic!). Exercise with a buddy or your mate to encourage accountability to each other, greater consistency, and more fun!

BUILDING UP:
A SAMPLE PROGRESSIVE WALKING PROGRAM

Warm up and cool down before and after you exercise, you need to stretch. A physical therapist or trainer can teach you some simple stretching and breathing exercises, or try this website: http:/orthoinfo.aaos.org/topic.cfm?topic=A00310

PREPARING FOR THE EMOTIONAL AND SOCIAL CHANGES OF WEIGHT LOSS SURGERY

Points to Remember

- Focus on your positives including your accomplishments, abilities and good qualities. We are not just our bodies.

- Take time out for yourself, and your body. Listen to your favorite music, start a garden, choose a hobby meaningful to you; all will enhance your quality of life.

- Keep a journal of your thoughts, feelings, and dreams, which will assist you in recognizing your accomplishments, and defining your goals. It feels good when dreams and goals are met.
Preparing for Emotional & Social Changes (continued):

- Journaling your weight loss experience may help you appreciate it on down the road, when you have been at your goal weight for a while.
- Exercise is a great stress reducer. It not only helps with toning and cardiovascular fitness, it will also improve how you feel about yourself.
- Support groups are a great way to share common experiences, meet new friends and problem solve together.

Talk, Talk, Talk About It

Whenever you undergo a drastic life change (new eating style, physical activity habits and much smaller body), your relationships are affected. From a weight loss success standpoint, making and maintaining those changes takes vigilance on your part. It may help to share your experience with your significant other and develop common goals and plans regarding these lifestyle changes (activity, follow-up appointments, vitamin supplements, etc.) with them.

Support groups help tremendously with these situations. Spouses are welcome and can gain insight into the difficulty and work required to successfully maintain these new habits.

However, your spouse may not feel obligated to make these lifestyle changes to the extent you do, and this can create conflict. Using open, assertive and supportive communication can minimize conflicts and build healthier, happier relationships. Be open when something bothers you by communicating it to those around you.

Plan Ahead for Challenging Situations

Overeating at parties or social events is easy to do. Mindless snacking or grazing can sabotage your success, so make — party eating one of your planned meals for the day. Never munch directly from the bowl or buffet; instead, place your food directly on your napkin, or small plate, and take only the food you plan to eat.

Remember, you can’t eat more than a small child’s portion now. Look for the high protein foods first, and supplement with the other choices after you’ve eaten the protein.

Slow down your eating so you will enjoy your food and you won’t feel deprived as you finish your small portion. A party is not a good place to try a new food for the first time. You don’t want to end up sick or sleepy and have to go home ahead of schedule.

Take time at get-togethers to socialize more and enjoy the people present. Consider strategies for success ahead of time and learn from others how to minimize relying on willpower to succeed. The greater number of events, places, and situations that you associate with primarily with food, the more often you will feel compelled to eat, or perhaps feel deprived that you can no longer eat like you once did. Learn to focus on other things besides the food. Use this opportunity to find new focuses and enjoyments at the events in your life.
PREOPERATIVE DIET INSTRUCTION OVERVIEW

Three Week Pre-operative Diet

The aim of this diet is to reduce the glycogen stores (sugar) in the body especially those in the liver. This results in the liver shrinking in size. The liver can shrink on the right diet within 14 to 21 days. During robotic and laparoscopic surgery, the liver has to be lifted out of the way to access the stomach lying beneath it. If the liver is heavy, fatty and immobile, it may be harder for the surgeon to see and gain access to the stomach underneath. It can also lead to liver injury during your surgery resulting in bleeding and increasing your risk of needing a transfusion, getting an abscess (infection), or developing a blood clot from having to stop your blood thinner. Clearly, this is very important!

To reduce the glycogen stores in the liver, it is necessary to follow a diet that is low in carbohydrate, and high in protein and fats. This is NOT the diet you will follow after surgery, just the 3 weeks before your surgery.

Foods allowed on the diet:
- Eggs
- Cheese
- Nuts
- Meats (no breading)
- Salads with oil and vinegar dressing. No dressings (or anything else!) with sugar or high fructose corn syrup
- Vegetables-green and leafy, squash, zucchini, broccoli, brussel sprouts, etc.
- Recommended protein bars (low carb)
- Protein shakes made with water or almond milk

Foods to avoid at all costs:
- Sugars, high fructose corn syrup (please read food labels)
- Carbohydrates:
  - Potatoes or potato chips
  - Bread
  - Rice
  - Pasta
  - Cookies and crackers
  - Candy bars
- Ice cream
- Fried foods
- High calorie drinks:
  - Sweet tea
  - Milkshakes
  - Fruit juice
  - Soda
  - Milk
  - Alcohol
Three Week Pre-operative Diet (continued):

Remember:

1. This diet is for the three weeks before your surgery, not forever. With all our procedures, eventually the goal is to have you on a balanced regular diet with all food groups.

2. More is better! The easiest way to stay on the diet is filling up on what you can have.

3. Even a little cheating is enough to ruin the whole process. If you can’t stick to the diet, consider rescheduling or canceling your surgery.

4. The day before your surgery, you should have only sugar-free clear liquids (anything you can see through). Then nothing after midnight except any medications the morning of your surgery that your surgeon recommended you take with a sip of water only. If there is any question, bring your pills with you to surgery.

5. Do not take any laxatives before your surgery – it will just lead to an increased risk of dehydration.

You may purchase liquid or powder protein at a nutrition or grocery story. Please make sure, each serving has 20 grams or less of carbohydrates. If you choose to use powder protein, please mix it with water and not fruit juice or milk. *If you have diabetes please consult with your primary care physician before beginning this diet as some of your medications may need to be adjusted. Dr. Reising may also discuss the following in detail during your preoperative surgery consultation visit.
Medications to Stop One Month before Surgery:

1. No Depo-Provera shots for three (3) months before surgery due to increased risk of blood clot formation; may resume one (1) month after surgery (and approval by surgeon).

2. Discontinue injectable or oral steroids one (1) month prior to surgery, as they increase the risk of ulcer formation and impair the healing process. Injectable steroids (including IV, into joints or back) and oral steroids can be resumed 6 weeks after surgery.

3. Stop birth control pills, Estrogen (Hormone) Replacement Therapy and herbal supplements one (1) month prior to surgery. May resume one month after surgery.

4. These medications are OK to continue taking: Thyroid medications, Testosterone, Flonase and steroidal creams.

One or Two Weeks Before Surgery:

1. **Stop** weight loss medications (prescribed, i.e. Phentermine, Adipex; or OTC) two (2) weeks prior to surgery.

2. **Stop** aspirin, ibuprofen or other arthritis (anti-inflammatory or NSAID’s) medications one (1) week prior to surgery (unless otherwise directed by your surgeon.) You may resume aspirin and anti-inflammatory medications 6 weeks after surgery.

Psychiatric Medications

Please continue your psychiatric medications as prescribed BEFORE AND AFTER SURGERY. Any changes to medications you take for depression, anxiety, bipolar disorder or other mental health problem should ONLY be made after careful review with the prescribing provider. Plans to change these medications should also be discussed with your bariatric surgeon and team. Recent studies suggest that most individuals who are on psychiatric medications before surgery will need to continue them after surgery.

The dosage may (or may not) need to change. Follow up with the provider who prescribed your psychiatric medication is recommended within the first month postoperatively-unless you are experiencing a mood change or increase in symptoms. In the case of difficulty, you should report any psychiatric concerns to your medication prescriber and/or your usual mental health professional. Although rare, suicidal thoughts should be taken seriously. If you are experiencing suicidal thoughts or other severe mental health symptoms, you should call 911 or report to your nearest hospital emergency room.
COUNTDOWN TO SURGERY:

SHOPPING LIST Items You Will Need Prior to Surgery and Afterward

Prior to Surgery – (Plan to bring with you to the Hospital!)
1. Maltodextran pre-op drink to be consumed 3 hours before surgery on the morning of surgery
2. Listerine or other antibacterial Mouthwash
3. Hibiclens Soap – large bottle (Ask pharmacist to help you locate)

After Surgery – At home
1. Liquid, sugar free Adult formula Tylenol if you cannot tolerate pills or caplets
2. Gas-X, liquid Mylicon, Phazyme, Mylanta, Maalox or Gaviscon (in case of gas pain)
3. Imodium (in case of excessive liquid stools)

PRE-SURGICAL INSTRUCTIONS
(DAY BEFORE AND DAY OF SURGERY)

Note: Failure to follow these instructions as written may result in your surgery being postponed.

- DAY BEFORE SURGERY

CLEAR LIQUID DIET PLUS PROTEIN DRINKS

1. Water, flavored water, decaffeinated coffee or tea. Protein drinks x 4. Have at least 64 ounces of fluids

2. Hibiclens anti-bacterial soap shower. Wash from chin to toes, paying close attention to abdominal skin folds and pelvic area.
   Note: If your nasal swab culture is positive for MRSA, which can increase your risk of post-operative skin infection, you may receive a prescription for antibiotics and begin using the Hibiclens daily starting one week before your surgical procedure.

3. NO CHEWING TOBACCO. NO SMOKING.

4. Remove all fingernail polish. Acrylic nails are ok as long as they are clear. (Toenail polish is ok)

5. Listerine – swish and gargle for 60 seconds morning / evening.

6. Any further required lab work must be drawn by 12 noon at Georgetown Community Hospital (does not require you to fast). Note that Gastric Band patients may not require this lab work.
7. No insulin or diabetic medications after 12:00 midnight (unless instructed otherwise by physician).

8. **NOTHING BY MOUTH AFTER MIDNIGHT** except your maltodextran drink in the morning 3 hours before your surgery with your morning meds.

### MORNING OF SURGERY

1. Hibiclens anti-bacterial soap shower chin to toes, paying close attention to skin folds and pelvic area.

2. You may brush your teeth and gargle but do not swallow anything.

3. Listerine – Swish and gargle for 60 seconds.

4. Drink your **maltodextran drink 3 hours before surgery** but nothing else. You will be told which medications you may take before your surgery by either the surgeon or physician.

5. You must take all scheduled heart, seizure and blood pressure medications as ordered by your physician on the morning of surgery with small sips of water only, or surgery may be canceled.

6. No make-up, body lotion, deodorant, body powder, body sprays or perfumes may be used due to the high risk of infection but you may bring them to the hospital and apply after surgery.

7. Remove all jewelry and body jewelry (piercing jewelry needs to be removed) and leave at home.

8. Bring denture cup and eye-glasses case to protect these items if you cannot leave them at home; have a companion carry the items until you are assigned a room post-operatively.

9. Bring breathing devices (CPAP machine) and this Weight Loss Surgery Patient’s Manual to hospital.

10. No smoking or use of smokeless tobacco products.
COMING TO SAINT ALPHONSUS REGIONAL MEDICAL CENTER BOISE

The staff at Saint Alphonsus Regional Medical Center strive hard to ensure your safety and comfort. To that end, we have weight-appropriate equipment and seating.

What to Bring to the Hospital:

1. All medications and an accurate list containing your medication name(s), dose, frequency, and route of administration (ie, by mouth).

2. You MUST bring your CPAP machine and mask if you have sleep apnea.


4. Protective cases for breakable items (dentures, partials, hearing devices, contacts, glasses, prosthetics, etc.; these will be removed for surgery. Have a companion carry them for you until a room is assigned.

5. Plan to leave all valuables at home; including rings.

*You do not need money for the phone or television, as these are part of your room accommodations. The hospital will provide the basic toiletry items such as toothbrush, paste, deodorant, soap and comb.*

In addition, you may wish to bring the following:

1. Your own pillow

2. Shampoo (you will be able to shower on the 2nd day after surgery)

3. Chap stick

4. Robe and slippers for walking (spacious hospital gowns are provided)

5. Underwear for after surgery

6. Change of clothes for discharge day (select clothing that fits loosely, as you may experience some generalized and/or abdominal swelling after surgery)

MORNING OF SURGERY AND PRE-OPERATIVE

Once you arrive at the hospital and find parking, you will need to check in at the registration desk inside the main entrance of the hospital. A clerk will check you in at the desk and verify insurance information. All valuable items should be given to family members at this time. Please do not wear any jewelry into the OR – this includes your wedding band. Next you will be taken to the pre surgical area where you will meet your nurse. After changing into your gown, you will have an intravenous catheter (IV) inserted. You will be given antibiotics (to help prevent infection) and a blood thinning medication (to help prevent blood clots). Your nurse will review your history and medications and answer any questions you might have. The Anesthesiologist and Surgeon will visit you and any remaining questions will be answered. One or two family members may stay with you until you leave for the surgical area about 15 minutes prior to the operation. When you go to the operating room, your family will be taken to the waiting room located outside surgery.
INTRA-OPERATIVE (DURING SURGERY)

General anesthesia will be used. Your surgical time will vary by procedure and surgical findings, but in general: Gastric Sleeve procedures takes about 60 minutes and a gastric bypass takes 120-160 minutes in the operating room. Immediately after your operation, Dr. Reising will go to the waiting room to talk with your family or significant others. During the surgery, a nurse will keep your family informed of progress.

Once you are brought to the operating room, anesthesia will put you to sleep, and then intubate you (place a breathing tube in your airway). You will be prepped with an antimicrobial solution and steriley draped. Sequential compression devices will be placed on your lower legs (to help prevent blood clots).

AFTER SURGERY

Operative Day

After your surgery, you will be taken to the Post Anesthesia Care Unit (PACU) located in the surgical area. A nurse will monitor your heart rate, blood pressure and oxygen. While in the PACU, your nurse will give you pain and nausea medication if needed.

Every effort will be made to make you as comfortable as possible. You will have oxygen either by mask or nasal cannula. The compression devices on your legs will inflate and deflate at alternate times to help prevent blood clots.

From the PACU, you will likely be taken to your room. Please note that bariatric surgery patients are placed in one of several units in our facility where staffs are specially trained and experienced in the care of bariatric surgery patients. Depending on the overall census of the hospital, you may be in the Intensive Care Unit to ensure more individualized attention.

Your nurse will orient you to the room and ask you to begin your deep breathing/coughing exercises using the incentive spirometer device every hour while awake, 10-15 breaths each time. You will be walking and assisted into a chair within a few hours after surgery. If diabetic, the nurse may perform finger sticks every six hours to check your glucose (sugar) levels.

Remember: It is important to continue deep breathing/coughing exercises and use your incentive spirometer device about every hour while you are awake: 10-15 repetitions each time. It is important to use the incentive spirometers correctly; your goal is to get to 2000. This will decrease your risk of respiratory complications. You should walk as much as possible, at least 4 times per day minimum, but every 1-2 hours is even better. This will help prevent blood clot formation.

Your Hospital Stay

Your hospital length of stay may vary from patient to patient depending on your individual needs and the complexity of your medical problems. Remember speed doesn’t matter. Safety Matters!

Gastric Sleeve: Outpatient or 23 hour observation (may vary)

Gastric Bypass: 23 hour observation up to a 2 night hospital stay
In order to be able to go home you must meet the following criteria:

1. Tolerate clear liquids and demonstrate the ability to stay hydrated (approximately 64 oz of fluid intake).
2. Not be a fall risk: able to get up and down and ambulate without assistance
3. Tolerate oral pain medications: not need intravenous narcotic pain medication
4. Normal vitals, labs and general appearance: means no complications

GOING HOME
(DISCHARGE INSTRUCTIONS)

Bathing and Incision Care
No tub baths, swimming or hot tub use for two weeks or until you are cleared by your Surgeon. You may shower immediately after your surgery, using any antibacterial soap (such as Hibiclens, if you have any left). No vigorous scrubbing, just lightly wash over incisions. Your incisions may get wet, but otherwise keep them dry. Do not use peroxide or antibiotic type ointments on incision sites. Your incisions will be sealed with Dermabond (superglue) which will wear off after 7 – 14 days.

You may have some drainage from incisions. This is normal. The drainage should be clear to pink, but not pus-like or foul smelling. You may cover any leaking incisions with a 2 x 2 gauze or Band-Aid to protect your clothing. Change this as needed. Follow any other special care instructions given by your surgeon. Please do not apply lotions, ointments, or salves (such as Vitamin E or Neosporin) on incisions until they have healed.

Do not use tanning bed use for eight (8) weeks. Your incisions will be tender and can burn easily with tanning. Tanning bed use is generally not recommended due to the increased risk of skin cancer.

Activity
No lifting, pushing, pulling or tugging anything over 10 pounds for 3 weeks after surgery, unless otherwise directed by your surgeon. In general, moderate activity is recommended; follow Dr. Reising’s guidelines. You may resume usual self-care. It is very important to walk. Moderate walking is recommended every 1-2 hours as you will be at risk for blood clot development for the next several weeks. You may climb stairs one at a time. When traveling, it is important to walk every 45 minutes. If traveling by car, pull over; if traveling by plane, be sure to get up and walk around for a few minutes.

C-PAP and Bi-PAP Machine Users
Do not stop use of your machine without approval from your prescribing physician. Notify your prescribing physician if you notice a change in the way your mask/appliance fits or you start becoming uncomfortable while using the device.

Please note: Early use of CPAP/BiPAP in Obstructive Sleep Apnea patients decreases the rate of pulmonary complications and DOES NOT increase the risk of leaks. If you use a CPAP/BiPAP at home, you should use it while in the hospital, too.
Incentive spirometer
Use the incentive spirometer at least 4 times a day, 10-15 repetitions (for 1-2 weeks). Continue deep breath/cough exercises for 2 weeks. Your goal is to get to 2000.

Driving
No driving or operating machinery or return to work, while you are taking prescription (narcotic) pain medication. You may drive when you are off your prescription pain medications for at least eight hours.

Pregnancy and Birth Control after Bariatric Surgery
Women of childbearing age should plan to be on a reliable method of birth control after surgery. We DO NOT recommend pregnancy until at least 12 months after surgery, and weight has stabilized! Pregnancies after this time frame have been normal in course. If you become pregnant, please call your surgeon and OB/GYN’s office to set up an appointment. They will check your vitamin levels and schedule you with the dietician as well. For more information, ask for a copy of a recent medical journal article on pregnancy after bariatric surgery.

When to Call Your Surgeon:
- BLEEDING - from incision(s), or in vomit or stool (often black or maroon in color)
- SIGNS OF INFECTION: temperature of 100.5° or above, redness and swelling at incision site(s), pus-like or foul-smelling drainage
- Separating or opening of healed incision
- Nausea or vomiting that is not relieved by medications or that prevents fluid intake for a day
- Pain that is not relieved by medication prescribed by physician
- Calf or leg pain and swelling, warmth, redness or tenderness to your lower extremities, below the pelvic region (possible blood clot). If this occurs, do not rub or massage the area.
- If you have questions or concerns.

When to Call 911:
- New onset shortness of breath or difficulty breathing is an emergency. Call 911.
- Chest pain: Dull or sharp, front or back is an emergency. Call 911.
- Any condition you feel to be life-threatening. Call 911.

COMMON EARLY POST-SURGICAL COMPLAINTS:
PAIN AND CONSTIPATION
What is normal?
Mild pain/tenderness or general soreness throughout the abdominal area and incisions. The right side of your abdomen with the largest incision may be more tender. This occurs because the largest abdominal incision had more surgical instruments maneuvered through it during surgery and was sutured closed when Dr. Reising closed the incision, to decrease the chance of a hernia developing after you have healed. As the incision heals, there may be a pulling sensation of the muscle leading around to the mid lower back region. Pain/tenderness should resolve within 4-6 weeks after surgery.
Treatment options for pain:

- Tylenol for mild pain/discomfort.
- Narcotic/prescription pain medication for moderate to severe pain (a prescription was given to you upon discharge from the hospital).
- Ice to areas of soreness as needed.
- Heat: apply a heating pad to area of discomfort on the abdomen or back (on 30 minutes off 2 hours). To prevent burning or irritation to the skin, place a dry towel or cloth between the heating pad and your skin.
- Warm tub bath (only after all incisions have healed).
- Consider an abdominal binder or a spandex type garment/body suite to support the abdomen. (If needed, a binder can be ordered by your surgeon, and spandex/supportive undergarments can be purchased at most clothing stores).
- Walk frequently

When to notify your surgeon:

- Severe pain not controlled with your prescription/narcotic pain medication
- Severe pain lasting greater than two hours
- Pain and tenderness are typical after any surgical procedure. The amount of pain and tenderness varies for each person during the recovery phase—some have minimal to no pain, while others experience greater pain, or for a longer period, that requires additional medication.

CONSTIPATION

Constipation Symptoms:

- Infrequent bowel movements (less than three per week)
- Hard stools
- Straining while having a bowel movement

Causes of constipation:

- Surgery: anesthesia and any type of abdominal surgery causes the intestines and bowel to go to sleep
- Diets low in fiber
- Medical conditions (cause damage to the nerves of the intestine)
- Diabetes
- Under-active thyroid
- Inactivity
- Medications:
  - Pain/narcotic: prescription forms
  - Some antidepressants
  - Some anticonvulsants
  - Iron supplements
  - Certain medications for high blood pressure
  - Antacids
Treatment options:

- Stay hydrated by drinking plenty of fluids (non-caffeinated, non-carbonated, low sugar)
- Move more (increase physical activity)
- Over-the-counter remedies (brand, store, or generic will work the same)

OTC Medication Type Names/Brands FYI:

If you need a laxative on a regular basis choose fiber first, as it is safe for long-term use. For the first few months after surgery, choose a powder form fiber supplement that will mix in fluid without thickening - you will not be able to drink it fast enough before it thickens, or drink enough fluids to thin it out. (Before purchasing read the label to see how the fiber mixes (i.e., does it thicken versus dissolve.)

Fiber tablets, unless chewable, or capsules, are not recommended as you will not be able to drink enough fluid to dissolve them in the intestinal tract and can therefore worsen your issues with constipation.

If constipation is accompanied by rectal bleeding, abdominal pain, cramps, nausea, vomiting, or other chronic issues, please seek the advice of your physician. Precaution: Laxatives or rectal enemas, with the exceptions of fiber supplements and Miralax, should not be used on a routine basis as they can cause more long-term issues with the colon.

Fiber (oral bulk-forming laxatives)

Powdered forms can be added to any fluid including your protein drinks such as:

- Benefiber
- Metamucil
- Citrucel
- Fiber Choice
- Fiber Con
ADDITIONAL TROUBLESHOOTING GUIDE

What To Do If Food Gets “Stuck”

When food is not passing through the stomach you may experience any or all of the following symptoms:

- Excessive salivation (frothing)
- Heartburn
- Nausea
- Cramping

In this case, the following steps can be taken to alleviate the discomfort:

1. Relax! Stress will only increase the discomfort. Lie down if you can.
2. Don’t eat anything.
3. Drink limited small sips of water. Warm beverages seem best to help relax the stomach.
4. Stay on liquids for several hours.

Remember: if you cannot take in liquids for 24 hours you should contact your surgeon for further instructions.

Did I Chew My Food Well? Did I Take Too Big of a Bite?

If you do not chew your food well enough, the bites you swallow will be too large to pass easily from the gastric pouch into your intestine. The unchewed bites will remain in the pouch and are more likely to cause discomfort. Your food should be cut into pieces about the size of your pinky nail.

Nausea and Vomiting

It is not uncommon for postoperative patients to feel some nausea during the first few months. If this nausea causes frequent vomiting, call or visit Dr. Reising’s office for follow-up.

Early on, after bariatric surgery, a patient may be largely living off of stored fat for energy and replacing muscle with oral intake of protein food. This is one reason why the “Protein First” rule is so important. When you feel full, stop eating and put the food away. Don’t pick at it if you are still at the table.

A meal should take no longer than 15 – 20 minutes to finish. If it is taking longer, you are probably waiting too long between bites, or getting full and waiting for it to pass through to give you more room. The goal is to understand what an average bariatric portion is before eating and adhering to this.

One of the causes of nausea and vomiting is noncompliance with nutritional guidelines; therefore, following the provided guidelines is very important.

Any problems with nausea or vomiting should prompt the following questions and possible strategies to avoid further pain and discomfort:

1. How long am I taking to eat and/or drink? (Did I eat or drink too fast?)
2. Am I eating more than I should?
Nausea and Vomiting (continued)

3. Am I chewing solid foods until they resemble a pureed consistency?
4. Did I lie down too soon after my meal?
5. Did I eat hard-to-digest foods such as tough meat or dry bread?
6. Did I eat foods from the next stage of the menu plan before being cleared to do so?

Other Potential Causes Of Nausea:

- Sinus drainage/post nasal drip: You may take Sudafed, Claritin, Tylenol Sinus/Allergy, Zyrtec, or other OTC decongestants or nasal sprays to help with this discomfort. Check with your surgeon or primary care provider before taking any OTC medication.
- Acidic fruit or fruit juices (grapefruit, pineapple, orange, lemon, lime): You may need to dilute these juices with water or just avoid them.
- Low blood sugar (symptoms may include: nausea, sweating, shakiness, irritability, weakness, dizziness or tunnel vision).
- Sip on 100% no-sugar added juice that is on your current diet stage.
- If vomiting persists throughout the day, do not eat solid foods. Sip on clear liquids (Stage 1 diet) and contact Dr. Reising’s office immediately.
- Frothing / Sliming: With some patients, mucous will back up in the esophagus and cause frothy clear vomiting. Frothing is not a complication, so try drinking warm liquid 1/2 hour prior to your meal to emulsify the mucous. Your meal should then be better tolerated. If this regular or persistent, call Dr. Reising’s office.

Gas Pains

Gas pains are common in the first few weeks after laparoscopic abdominal surgery. Sometimes these pains can be severe and more uncomfortable than the surgical pain. To help relieve these pains, use your Incentive Spirometer (to the 2000 mark) and try to increase your activity level to include more walking. You can also try anti-gas over-the-counter preparations such as Gas X, Liquid Mylicon, Phazyme, Mylanta, Maalox and Gaviscon.

You may try drinking warm versus cold beverages to decrease gas pain, as cold beverages can cause your muscle (stomach) to contract.

Gas pains or spasms may occur months or even years after your bariatric surgery. The cause for random episodes of gas spasms is often unknown, and this discomfort will usually relieve itself in a short time. If the discomfort from gas or spasms persists, contact your surgeon’s office for evaluation and possible treatment with medication to relax the intestine.

Urine

Use the color of your urine as a guide to determine if you are drinking enough fluid. Your urine should be clear to light yellow if your body is getting enough fluid. If your urine is dark, you need to increase your oral fluid intake (drink more). You will need extra fluids during the time you are losing weight rapidly to keep your body/system flushed.
Urine (continued)

During rapid weight loss your urine may have somewhat of a sweet odor from the excess ketones being flushed out of your body. Ketones are a result of your body breaking down your fat stores or you losing fat mass, which generally means you are losing weight.

If you experience frequency, burning or pain with urination, or blood in your urine, contact your surgeon or primary care provider as you may have developed a urinary tract infection. A urinary tract infection could require treatment of antibiotics.

Bowel Habits

It is common to have some temporary bowel changes following surgery. These changes range from constipation to diarrhea. If you do not move your bowels by the second to third day at home, you may try a mild laxative such as Milk of Magnesia. Follow the bottle instructions. You may also try slowly sipping warm apple juice.

**Maroon, blood-tinged or tarry black stools should be reported to your surgeon** if they continue more than 2 days following first post-op bowel movement, or a large amount is present.

Diarrhea

Immediately following surgery, you may experience diarrhea (liquid stools). This should be temporary. If diarrhea occurs more than 3 times in a day, you may take Imodium or any over the counter equivalent. If diarrhea persists and adequate hydration is not possible, contact your Dr. Reising’s office. You may get diarrhea from eating high-fat, greasy foods; which should be avoided. Probiotics, as listed on your vitamin supplementation sheet, can possibly help control diarrhea and get your digestive system regulated.

Sleeping

You may sleep in whatever position is comfortable when you get home. Many people find that sleeping on their stomach will be uncomfortable for many weeks due to healing abdominal discomfort. Some people find that taking their pain medication before sleep will help them relax, feel more comfortable and get to sleep. You may also try a mild crushed sleeping aid such as Tylenol PM to help you rest if the problem persists, but be aware that this may cause dry mouth, and should not be taken routinely long-term.

**Headaches**

If you were without caffeine for several days, you may have migraine type headaches as a withdrawal effect.

For those of you who have seasonal allergies, you may take (with approval from your primary care provider):

- Sudafed
- Claritin
- Allegra
- Tylenol Sinus/Allergy
- Nose spray for relief of congestion
MEDICATIONS TO AVOID FOR
AFTER ROBOTIC SLEEVE GASTRECTOMY AND GASTRIC BYPASS

NSAIDs (like Ibuprofen and Aleve) should not be taken after gastric bypass indefinitely to avoid marginal ulcers.

VITAMINS

Robotic or Laparoscopic Gastric Sleeve
1. Multi-Vitamin, 1 tablet daily. If using chewable or gummy forms, take two tablets daily.
2. Make sure your vitamin contains iron, vitamin K and zinc.
3. Calcium with Vitamins D, 500 mg three times daily.
4. Vitamin B-12 Sublingual (Must be absorbed under the tongue) 1000 mcg per day.

Robotic Gastric Bypass
1. Multi-Vitamin, 2 tablets daily. If using chewable or gummy forms, take four tablets daily. Make sure your vitamin contains iron, vitamin K and zinc.
2. Calcium with Vitamins D, 500 mg three times daily.
3. Vitamin B-12 Sublingual (Must be absorbed under the tongue) OR injections or nasal spray 1000 mcg daily.

Below is a schedule for daily vitamin supplementation:

- Breakfast, Lunch, Dinner, Bedtime, Multivitamin and Vitamin B12, Calcium, Vitamin D
- The vitamin requirements listed are subject to change based on individual lab results in follow up as determined by your Bariatric team.

GENERAL GUIDELINES FOR
RETURN TO WORK/LIFTING RESTRICTIONS

Please plan to address your anticipated return to work date pre-operatively, at your consultation visit with Dr. Reising. You should also bring any required forms for completion (ie, FMLA). If circumstances of recovery after surgery warrant a change to your planned return to work (ie, an earlier or later return), or if you have other specific concerns or requests regarding work restrictions, limitations or other parameters of your return to work; please discuss with Dr. Reising.

Activity/Lifting Restrictions:
Moderate Activity/Walking is highly recommended! No lifting, pushing, pulling or tugging anything over 10 pounds for 3 weeks after surgery, unless otherwise directed by Dr. Reising.

General Return to Work Guidelines:
One to two 2 weeks after surgery, with lifting restrictions of 10 lbs for 3 weeks from surgery
FOLLOW-UP CARE

Dr. Reising and his team will be available to you at all times for any concerns or questions. His staff will arrange your first post-op surgical follow-up; you should be given that appointment upon discharge from the hospital. Please call the office if you feel you need to be seen earlier. 208-302-3200.

Please make follow up appointments with your primary care physician and specialists (if indicated) within the first 2 weeks after discharge to monitor heart, blood pressure and diabetes medications, and any other serious health conditions, to avoid medical complications. Follow your blood pressure and blood sugars daily if indicated.

POST-OPERATIVE PATHWAY OF CARE

<table>
<thead>
<tr>
<th>Week 2 +4</th>
<th>Week 8</th>
<th>Week 12</th>
<th>6 Months</th>
<th>9 Months</th>
<th>12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgeon post-op visit</td>
<td>Surgeon post-op visit</td>
<td>Success visit</td>
<td>Success visit</td>
<td>Success visit</td>
<td>Success visit with labs</td>
</tr>
<tr>
<td>PCP visit</td>
<td>PCP visit</td>
<td>Nutrition consult</td>
<td>Nutrition consult</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Annual Success Bariatric visits.