

# *Bariatric Pre Op Class*



# Your Jefferson Team

- Surgeons
- Bariatric Coordinator
- Nurses (navy)
- Nursing Techs(gray)
- Dietitians
- Respiratory Therapists
- Physical Therapists



# Pre-op Diet

Start 2 weeks prior to surgery

Continue to take your regular multivitamin until the day before surgery. STOP any fish oil and or herbal supplements.

**Goal: get 64oz of hydration liquids in.....**

- 3 protein drinks a day- get your product approved by RD or RN
- One modest meal a day
  - 4 oz. lean protein
  - ½ cup starch
  - 1 cup veggies



**Day before surgery: Drink plenty of Clear and Full liquids : This will help with IV start in the morning**

**No solid food and nothing to eat or drink after midnight**

# Pre-op Medications



- Please discuss all of your medications with **your physician**
- **Surgery can affect the action of certain medications: diuretics, blood pressure and diabetic meds**
  - **You may need a sliding scale (an adjusting schedule)**
- **Some patients *will take medications with a sip of water the day of your surgery***

Ready, Set, Go!!!

# Preparation for your Stay at Jefferson

# What to Expect Day of Surgery?

- Admissions (1st floor) to check in two hours before your scheduled surgery time - call the hospital (SDS) day before your surgery to get your arrival time... 856-346-7908
- Go to Same Day Surgery Department (2<sup>nd</sup> floor)
  - This is a semi private holding area for the OR, your room on the 4<sup>th</sup> floor will be private
  - You will change into hospital gown
  - Complete paperwork, check your vitals (BP, Pulse and Resp.)
  - RN or anesthesia team will insert an IV
  - Heparin injection to protect against a blood clot
  - No dark nail polish! Save the Mani-Pedi for post op!

# What to Expect Day of Surgery?

When the staff and OR and Anesthesia have prepared everything, you will go to the operating room.

Approximate time in operating room times:

Band\*\*\* one hour

Sleeve\*\*\* one and one half hours

Roux-en-y\*\*\* two to three hours

Time in recovery room varies patient to patient

# What to Expect Day of Surgery?

After surgery, you will awaken from anesthesia in PACU-post anesthesia care unit.

- Your mouth and throat may feel dry and tight, it's normal
- You may have sensation of pressure at your lower chest
- You may feel nausea. Vomiting in this early period is very rare, but we will start meds to help keep you comfortable as you come out of anesthesia
- Your vital signs, temp, respirations, heart rate and blood pressure will be checked frequently



# What to Expect Day of Surgery?

- Recovery room - PACU-you will be there until you are stable enough to be admitted to the medical/surgical unit 4 East.
- **\*\***after this class, we will tour the 4 East Unit
- If your surgeon feels you require closer monitoring of your vital signs and oxygenation, you **MAY** be admitted to the Intensive Care Unit overnight. In this unit, we can monitor you continuously.

# Regarding Family Members

- During your surgery, they can wait in the surgical waiting room, where the surgeon will talk to them after your surgery...snacks are available and the cafeteria is on the ground floor
- While in your room on 4 East- After surgery it is typical to have some discomfort and nausea. **We ask that family *do not bring food into the patient rooms.*** Eating can be done in the cafeteria or the 4th floor family room near the elevators

# What to Bring Day of Surgery?

- Many patients have diagnosed Sleep Apnea.
- Your own CPAP machine **is a must! Bring it with you.**
- Personal Hygiene items
- iPod/headphones/cell phones
- Pillow
- Footwear to be comfortable walking the hallways

**\*\*PLEASE DO NOT Bring Valuables**  
You are responsible for your valuables



# Obstructive Sleep Apnea

- Syndrome  
snoring, daytime sleepiness, hypertension,  
night time low oxygen levels, stop  
breathing during sleep

Sleep apnea needs to be treated before  
surgery!

If you have a CPAP machine you must bring  
it with you to the hospital.

Know your settings!

It's helpful if your support person knows how  
to set it up. **We have sterile water  
on 4East**



# What to Bring Day of Surgery?

- Pajamas/Robe for your shoulders or comfortable clothing. Nurses will help you change into pajama pants shorts/shirt.
- You do not need to stay in the hospital gown
  - For walking laps around the nurse's station
  - Supportive footwear: slip on shoes or slippers to walk in halls

# Laps Walked

REMEMBER TO KEEP WALKING WHEN YOU GET HOME

Early complications can be avoided by walking  
and sipping liquids

Overall: Healthy eating and exercise will work for you and improve your results!



A CERTIFICATE WILL BE IN YOUR DISCHARGE BAG TO RECOGNIZE YOUR  
ACHIEVEMENT IN WALKING

# Managing Pain

- Post op pain is typically from incisions and CO2 insufflation

Pain control options:

Some of the surgeons have started to use TAP blocks- a local anesthetic is placed lateral to the port site incisions blocking pain

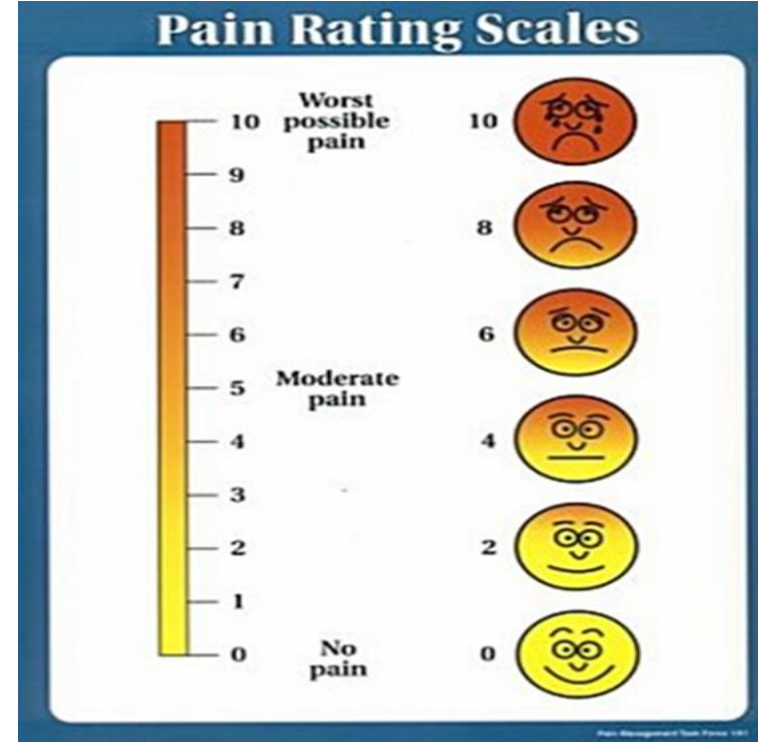
- PCA (Patient Controlled Analgesia)- seldom used since January 2019

OR

IV meds every 4 hours

Injected into your IV line

- You may have shoulder pain (gas) Referred Co2 dissipates through back, shoulders.  
You will notice it when you try to roll over...  
Movement and getting up to walk will help make this better.
- You will not be pain free, but the pain will be more of a strong ache than a stabbing pain.  
Help us manage your pain by using this scale



# Post-operative Complications

- The Jefferson staff will be monitoring you for any signs of complications, Bleeding or Leaks. These are rare but treatable when they happen.
- There are complications YOU can help prevent:
  - Dehydration
  - Blood Clots
  - Pneumonia
  - Infection



The following slides will teach you how to prevent post operative complications in the hospital and at home



# YOU Prevent Dehydration

- The number ONE reason for readmission back to the hospital is Dehydration.
- Once the IV is discontinued, you will need to pay close attention to fluid intake and it will be challenging!
- Your throat may be sore and you may have sense of tightness when you swallow, even small amounts, so getting enough liquid is critical.
- Your skin may feel dry and because you have had little to no carbohydrates, so you may be urinating quite a lot

# Signs and symptoms of Dehydration

- Progressive weakness and profound fatigue
- Muscle cramps
- Dizziness upon standing
- Nausea/Vomiting or dry retching
- Low urine output and very dark in color
- Headaches

**What Your Urine Can Tell You about Your Health**

Maybe you usually give it just a passing glance, but take another look: the color of your urine can be an important indicator of your health. It's especially helpful in determining how "dry" (dehydrated) you are. Check out the chart below to determine what your urine is trying to tell you.

	<b>Pale Straw color:</b> You're normal and well-hydrated.		<b>Amber or Honey colored:</b> Your body isn't getting enough water. Drink some now.
	<b>Transparent Yellow:</b> You're normal.		<b>Syrup or Brown Ale colored:</b> This is not a normal color. You are dehydrated or could be suffering from another medical problem. Drink water immediately and see your doctor if the problem persists.
	<b>Dark Yellow:</b> You're normal, but you do risk for becoming dehydrated. Drink some water soon.	<b>Information courtesy of the Center for Surgical Weight Loss</b> This is a bathroom-teaching tool.	



# YOU Prevent Blood Clots

- Wear your compression boots while in the hospital. Keep on **at all times** while in the bed or chair.



- You will be out of bed to chair the night of surgery and **WALKING, WALKING, WALKING** - remember the record is over 150 laps

**\*DO YOUR PERSONAL BEST.**



- Do move your legs around if you are lying in bed  
\*demonstrate

# Post Op Walking!



# LOVENOX INJECTION

- Be sure to take your Lovenox shot at the same time every day for 14 days
  - This is very important so that you don't have peaks and valleys of coverage vs. non coverage of protection from blood clots
- You will be given a Heparin shot in hospital before surgery and daily in the hospital
- The medicine will change to a Lovenox shot at home
- Do not push out the air bubble
- Do not rub after injection
- Demonstration of Lovenox administration and placement and offer syringe for a closer look



# YOU Prevent Pneumonia

- Use your incentive spirometer 10 times per hour. (approx. every 6 minutes or **2 times** at each TV commercial) **demonstrate**
- **Cough and deep breath every 30 minutes with Bari Bear pillow**
- Out of bed to the chair the night of surgery and **walking, walking walking!**
- Ambulate in hallways and continue walking at home, use your Bari Bear to splint your belly and use your incentive spirometer when at home.



# YOU Prevent Infection

- Wash your hands frequently.



- Keep incisions clean and dry. You can shower, pat dry. No Tub baths or swimming until incisions heal
- Stay away from others that may be ill! A cold can delay your surgery!

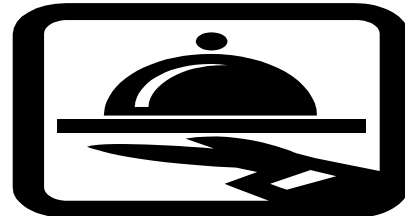
# What to Expect the Morning After Surgery?

- A visit from your surgeon
- A visit from a medical doctor, if needed
- An upper GI, taken by wheelchair (explained)\* not everyone needs this test and not all doctors order this test
- After those results reviewed, first clear meal tray comes to patient
- Bloodwork
- A visit from Physical Therapy if needed
- A visit from the hospital dietitian



# First Hospital Liquids

- **Goal: Start with 1-30cc (1 oz.) per 30 minutes and increase gradually to\*2-3 (1 oz. cups) as tolerated**
- You need sodium and potassium...just like in your IV solution
- \*This may happen when home, progress slowly
- You may like warm or cold...no harm in either
- Things to try:
  - Broth, any flavor, not low sodium
  - Sugar-free gelatin, G2™, Crystal light™, Power Aid Zero™
  - Juice (cranberry or apple diluted by half with water)
  - Decaffeinated coffee/tea (decaffeinated still contains caffeine, but typically it is 97/98% caffeine free-caffeine is a diuretic)
    - Caffeine is a cause of dehydration
- NO soda = pain from bubbles
- NO straw = fullness from air



# Stages of Diet

- Stage 1: Clear liquids
- Stage 2: Full liquids
- Stage 3: Soft diet
- Stage 4: Regular diet

Details of the Stages 3 and 4 diet are explained in depth during post op appointments with the Registered Dietitians.

# Stage 1: Clear Liquids

Patients are not usually on clear liquids for more than a week.

*Patients may advance to stage 2 on post op day 4-5 if feeling well and hydrating well.*

*64 oz. is the goal but it will be very difficult to get it all in early post op*

Please call your surgeon's office, speak with a member of your bariatric team for any questions.

# CLEAR Protein Drinks

You will need clear liquid protein drinks or powder mixed with water after surgery

It is recommended that you trial some during your two-week pre-surgery diet. There are a few choices at the GNC and Walmart.

*Your individual protein needs will be discussed with you at your post-op visit with dietitian or bariatric nurse once you are given permission to advance to the next stages.*



# Clear Liquids



- Broth
- Crystal light
- Sugar free popsicles, Gelatin
- Any sugar free, calorie-free, caffeine free beverage
- Fruit juice
- No caffeine
- Sugar substitutes: Splenda, Equal
- Clear protein drinks
- Powder protein drinks



# Stage 2: Full Liquids - 1 Week

## Sleeve

- Meals should be a TOTAL of ¼ cup 3-4 times per day

## Bypass

- Meals should be a TOTAL of ¼ cup 3-4 times per day

- **Make protein “Wet” Dilute it with water or milk to make it thin...thick may be difficult to swallow**

- *Striving for 80 to 100 grams/day. Your Personal goal set by your dietitian*
- 64 oz. fluid a day
- Sugar free Yogurt- Greek or plain- No lumps of fruit
- Cream of wheat or plain oatmeal (not flavored oatmeal), grits,
- Strained/pureed/low fat soups (no pieces or chunks). Soups should be broth based or a low fat cream soup. Use skim milk, skim milk plus, 1% milk or unsweetened non dairy beverages,
- Unsweetened applesauce and fat free or low fat whipped cottage cheese.
- Scrambled EggBeaters® are permitted and may also be added to boiling broth for a higher protein soup

# Vitamins



Your surgeon's office will recommend when you should start taking your chewable vitamins - usually after post op dietitian visit  
You will have brochures from vitamin companies in your discharge folder...Call them and ask for free samples

# Nausea/Vomiting

- Possible causes and what to do.....
- Remember, the area under the diaphragm is tight and swollen for 2-3 weeks after surgery
- Eating too fast
- Start drinking slowly: one ounce per 30 minutes and progress to 3 ounces per 30 min as tolerated
- Not chewing well
- Eating too much...eyes bigger than your new stomach
- Drinking with meals
- Advancing diet too quickly



# Medications to Avoid After Surgery

- For Sleeve patients there are not as many restrictions regarding NSAIDS...Check with your doctor
- BUT for RNY Gastric Bypass, NSAIDS should be avoided
- NSAIDS- Non Steroidal Anti-Inflammatories- this category of drug is known to cause GI upset and to some extent the cause of ulcers
- Celebrex (celecoxib)
- Motrin, Advil (ibuprofen)
- Aspirin containing products
  - Pepto-Bismol, Excedrin, Alka-Seltzer
- Aleve (naproxen)



# Tylenol

- Tylenol (acetaminophen) is safest
  - Headache
  - Fever
  - Pain



WHEN IN DOUBT → ASK YOUR DOCTOR OR A PHARMACIST!

# What to Expect Upon Discharge?

- You will go home with a script for pain and nausea meds
- **OR the office will call in to your pharmacy**
- You will continue to walk and sip, with rest episodes in between.
- Slow down, sip and advance the food and the amount carefully. The post op period is about healing inside the new stomach
- Listen to your body...it is ok if it takes 15 minutes in between bites.
- Call Dr Balsama's office for Chris 856-589-0600
- [Christine@drbalsama.com](mailto:Christine@drbalsama.com)
- Call Dr.Neff, Fakulujo, Goldstein for Joann 856-665- 2017
- [Joanne.buccilli@Jefferson.edu](mailto:Joanne.buccilli@Jefferson.edu)
- **FILL OUT YOUR POST OP SURVEY....Send us your comments! We use this feedback for improvement!!**

# At Home: Notify Your Surgeon

IF:



- If you have a temp  $>101.0$
- You will be given a digital thermometer in your discharge bag.
- Heart rate  $>100-120$  beats per minute- Listen to teaching on finding a Radial Pulse...elevated for more than 30 minutes.
- Increased stomach pain/shoulder pain
- Increased nausea
- Persistent vomiting
- Increased redness and drainage at incision sites
- **If you think you are having a complication...**
- **Call your surgeon and Come to STRATFORD!!**



# CALL 911

- ⌘ Sudden shortness of breath
- ⌘ Sudden chest pain (Call 911)



# Thoughts on Long Term Follow up...

## Why is it important?

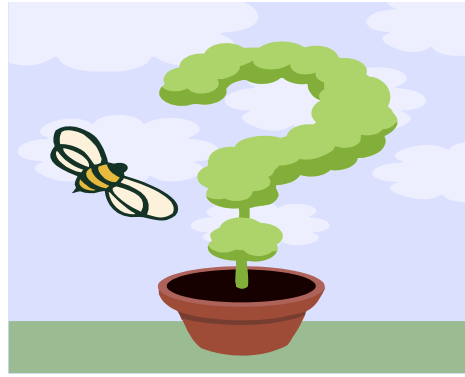
- Annual lab studies critical to keeping you well.
- A correlation to f/u for losing the weight and LT for keeping it off.
- As time goes by, metabolism changes, diets need to change
- LT issues, pouch stretch, Ulcer, Twists, Reflux
- We collect data and compare ourselves nationally to determine “best practices
- We want to be sure YOU STAY WELL!

# Fitness: Come check it out!!



Class schedule and Support group meetings info  
in your discharge folder...In the **Blue** bag.

# THANK YOU FOR COMING TO THIS LEARNING EXPERIENCE



Let's Test and then go to see 4 East



# Appendix

- What questions do you have?

# What to Expect Day of Surgery?

- If you are having a Roux-en-Y surgery.....
- There is a rare possibility that you will wake up with a drain in place. It is usually removed in your surgeon's office during your first post-op visit





HOME OF SIDNEY KIMMEL MEDICAL COLLEGE