

POSTOPERATIVE INSTRUCTIONS AFTER OBESITY SURGERY

These instructions are meant to be a general guide to assist you in the first few weeks of recovery after weight loss surgery after you are discharged from the hospital. If you have any questions or problems, please do not hesitate to contact our office for assistance!

Medications:

- You will be given a prescription for pain medication before you leave the hospital.
- Pain pills should be crushed and taken with a spoonful of applesauce or Jell-O.
- Start taking a **chewable multivitamin** (e.g. Flintstones) twice a day.
- Start taking a **chewable calcium** tablet (e.g. TUMS 500 or Viactiv) twice a day.
- Your doctor will speak with you about restarting the medications you were taking before surgery. In general, you should resume all medications you were taking prior to surgery. Please **DO NOT RESUME** the medications listed below:
- Avoid the following medications, as they may irritate your stomach pouch and cause ulcers: aspirin, ibuprofen, Advil, Motrin, Naprosyn, Aleve, Daypro, Bextra, Celebrex, Vioxx, or other NSAIDs (non-steroidal anti-inflammatory drugs).
- Gas pains are common after surgery. You can take Gas-X or any anti-gas medication containing simethicone.

Activities:

- It is OK to shower. It is NOT OK to take a bath or go into a pool for at least 3 weeks after surgery. Do not scrub your incisions for at least 3 weeks.
- You should take your incentive spirometer (breathing exercise device) home with you. Use it at least 4 times a day for 10 days after discharge.
- It is important to walk at least several times per day to lower your risk of blood clots! It is OK to climb stairs, but go slowly and hold the handrail
- Do not drive, operate machinery, or make any major decisions while you are taking pain medications. These medications contain narcotics that can cloud your mind and interfere with judgment.
- You should wait about 2 weeks before driving. You must be off all pain medications first! Start with some slow, easy driving - don't get right on the expressway!

Notes:

When to Call Your Doctor:

- Check your temperature twice per day for the first week after surgery. Some variation in the reading is completely normal. Please call us if the thermometer reads 101.0° F or more.
- Mild nausea or diarrhea is common after surgery. Call us if you have vomiting or diarrhea lasting more than 24 hours, or if you are unable to keep anything down.
- Everyone has abdominal pain after surgery, but this should get a little bit better every day. Call us if your pain is getting worse, not better.
- Look at your incisions in the mirror every day. It is common to have a few drops of bloody or clear yellow fluid from the incisions. Call us if there are more than a few drops, or if the drainage is foul-smelling, thick, or white. Call us if there is redness in the skin extending more than half an inch from the incision.
- If you have a JP (bulb) drain pay attention to the color and smell of what is coming out. If it changes from a clear bloody fluid or if you drink something that comes into the drain please call the doctor immediately

Sexual Activity:

- It is alright to resume sexual activity 3 weeks after surgery.
- **IMPORTANT: Female patients MUST AVOID PREGNANCY FOR 18 MONTHS AFTER SURGERY or until your weight has COMPLETELY STABILIZED. Becoming pregnant before this may result in injury to your unborn child!**

Follow Up:

Your doctor will tell you when to arrange your first follow-up visit. It is usually from 1 week to 1 month after your operation. Please call our office at 516-616-5500 to arrange the appointment. Dr. Garber usually sees patients on Thursday.

- Your follow up appointment is not made automatically! You need to call to arrange it. For appointments, please call between 9:00 a.m. and 5:00 p.m. Monday through Friday.
- Let the appointment desk know that you have already had your surgery, so that they will arrange the appropriate type of visit.
- If you have a question or problem that cannot wait until your follow up visit, please call us (see below)

How to Reach Your Doctor:

The office phone number is 516-616-5500. The office fax number is 516-616-5533.

If you have an urgent problem or question, please contact us at the number above! If it is after hours, our service will ask you for a callback number and Dr. Garber will get back to you as soon as possible. If your problem is extremely acute (for

example, crushing chest pain and shortness of breath) please call 911!

Notes:

DIETARY GUIDELINES AFTER WEIGHT LOSS SURGERY

If you met with our nutritionist, Sharon, prior to surgery, you were given a full package of materials regarding postop diet. Please follow these instructions to the best of your ability. It is strongly suggested that all post-op patients make at least 3 appointments with Sharon, usually at 3, 6 and 9 months after surgery. These appointments allow you to review any food problems you may be having, make sure you are getting enough protein, and get answers to any diet-related questions.

Here are some important points to remember:

- After gastric bypass or the Lap-Band, your stomach is only about as big as your thumb.
- Do not eat to the point of being stuffed - eat or drink until you are comfortably satisfied!
- Go slowly. Make time to eat and drink. You are not in a hurry. Chew your food well!
- Protein is your friend! Fatty foods and sugary foods should be avoided!

The postoperative diet is divided into 3 stages to allow gradual adjustment to your new stomach after surgery:

STAGE I: Bariatric liquid diet -- First 1 to 2 days after surgery.

This is the first diet you will have after surgery. It includes low-sugar, non-carbonated liquids. Most gastric bypass patients are on this diet for the first 1 or 2 days after surgery.

- You will be brought a tray with water, tea, broth and/or Gatorade.
- It is OK to have any low-sugar, non-carbonated drink such as Crystal Lite, Diet Snapple, PowerAde, or NutraSweet Kool-Aid.
- Sugar-free Jell-O is also OK.
- Use a cup to drink. Avoid sipping from the bottle or using straws - this can make you swallow too much air and cause gas.

Notes:

STAGE II: Bariatric pureed diet with soft solids. First month after surgery.

If you tolerate the Stage I diet well, your surgeon will advance you to the Stage II diet while you are still in the hospital. LapBand patients start on this diet. This is the bariatric pureed diet. Like the Stage I diet, it is low in sugar and fat. You will stay on the diet for approximately one month.

Remember that your stomach is very small! Even if your hospital tray includes large portions, you will only eat a few tablespoons of food at a time! Listen to what your new stomach is telling you - it is up to you to limit how much you eat. When you feel full, STOP!

During Stage II you should have **3 meals per day with 3 protein shakes or supplements between meals**. Some examples of Stage II foods include:

- Unsweetened applesauce, mashed ripe bananas, pureed peaches (not in syrup)
- Skim milk, low fat cottage cheese, yogurt, sugar free puddings
- Oatmeal, cream of wheat, grits
- Chicken broth (without noodles or chunks)
- Blenderized (pureed) meat and poultry, soft poached eggs
- Blenderized or fork-mashed potatoes or soft vegetables
- Sugar-free popsicles or fudgsicles

Be sure to avoid:

- Carbonated drinks - these will stretch your stomach and give you gas pains!
- Creamy soups - these are high in fat and calories!

While you are in the hospital you will be brought 3 protein shakes per day. You should continue this at home after you are discharged. Our office suggests Proti-Max shakes and Proti-15 drinks. These are low in sugar and contain 15 grams of protein per serving. They can be purchased at our office before surgery or at your first postoperative visit.

When you get home from the hospital, start taking your vitamins and calcium:

- **Multivitamin:** Take 1 chewable vitamin (e.g. Flintstones Complete of

Centrum Jr.) in the morning and 1 at night. These are best taken with food.

- **Calcium:** Take TUMS 500 or Viactiv chews, 1 with breakfast and 1 with dinner.
- Iron: It is not necessary to take an iron supplement at this time. Depending on your individual needs, your surgeon may recommend starting iron at your 1 month visit.

Notes:

Stage III: Bariatric regular diet. Start when Stage II has been tolerated for 1 month.

If you have done well with the Stage II diet, you will gradually advance to the Stage III soft regular diet. Stage III emphasizes foods high in protein, fruits and vegetables, and whole grains. You should still avoid foods high in fat or sugar.

Some important points:

- Everyone is different. It is normal to have problems with certain foods. Take your time learning which foods are OK for you!
- Slow down your eating! Pace yourself! Chew thoroughly! Avoid overeating!
- If a certain food is not tolerated, it is OK to try it again a week later.
- Protein is important - try and get plenty!
- Fat and sugar should be avoided.
- Wait 30 minutes after eating for your pouch to empty before drinking.

Some food examples:

- Lean ground meat or turkey; chicken legs without skin
- Soft flaky fish, canned tuna, tofu, eggs
- Cottage cheese, soft cheese, hard cheese (low fat)
- Soft pasta (smaller shapes are best)
- Cooked or canned fruits and vegetables (avoid starchy ones like peas or corn)
- Crackers, toast, low-sugar cold cereal.

You should aim for 3 meals per day with 1 or more protein supplements per day as needed to reach your protein goal of 60 grams per day. Our office offers Proti-max and Proti-15 protein drinks, as well as Proti-15 soups and oatmeal. These each give

you 15 grams of protein per serving with minimal carbohydrates.

Once you are 1 month or more out from surgery, you should change your supplements:

- **Multivitamin:** You may continue with your chewables or switch to a the Barivits (pills you swallow) which are sold in the office. Take 1 pill 2 times per day. Vitamins should be taken with food. Avoid time-release capsules.
- **Calcium:** Calcium citrate is the best-absorbed type of calcium. Some have extra vitamin D, which is good. Example: Citrical-D – 4 pills/day.
- **Iron:** If your doctor feels it is necessary, you may be started on iron supplements. This should be taken on an empty stomach. Iron should not be taken with calcium pills or with milk, coffee, tea or antacids as it will not be properly absorbed!
- **Vitamin B12:** Like with iron, the need for this will be determined on an individual basis. Sublingual B12 500 micrograms is taken once per week and is dissolved under the tongue, not swallowed. A liquid vitamin B12 is available in the office. Some patients may require Nascobal (nasal spray) which is taken weekly or Vitamin B12 injections in the office.

Notes:

General Diet Hints and Problem Solving

Remember, weight loss surgery is a very powerful tool to help you lose weight. But it is not a "silver bullet." You can only expect good weight loss results after surgery if you follow the recommended postoperative diet and exercise 3 times per week or more!

- It is important to follow the three stage diet plan to allow gradual adjustment.
- Eat only at set meal times
- Go slow! Allow at least 30 minutes for meals. Don't eat on the run!
- Chew your food well. When you think you're done chewing, chew it another 20 times!
- Don't drink with meals.
- Get to know your new stomach. It will fill up more quickly than your old stomach. The feeling of fullness will be different. ***When you feel full, stop!!!***

Remember, liquids, junk food and sweets do not relieve hunger! Only solid food,

which fills the pouch and empties slowly, will relieve hunger.

New York Bariatric Group

3003 New Hyde Park Road, Suite 307 New Hyde Park, NY 11042
Phone 516-616-5500 | Fax 516-616-5533