

Enhanced Recovery Pathway for Bariatric Surgery: Roux-en-Y Gastric Bypass and Sleeve Gastrectomy

Northwestern Medicine is committed to providing excellent care. Your safety and comfort are our primary concern. We want your stay to be a positive and healing experience. This brochure will give you and your family an overview of what will happen and what you need to do before, during and after your surgery. Please keep this brochure with you and use it as a guide. If you have any questions or concerns, talk to your surgeon or nurse.

If you have any questions, please ask your physician or nurse.

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Enhanced Recovery Pathway

Your care team will follow treatment practices of the Enhanced Recovery Pathway (ERP). This program has been studied and proven to help patients have a safer and faster recovery. This plan helps you and your care team work together to:

- Promote healing
- Manage your pain with fewer narcotic medications
- Let you eat and drink as soon as it is safe
- Help you get out of bed and walk
- Decrease the chances of problems after surgery
- Improve circulation
- Improve bowel function

You are the most important member of this team. As we work together in this program, we will teach you about the things you can do to:

- Prepare your body for surgery
- Recover safely
- Return home as soon as possible

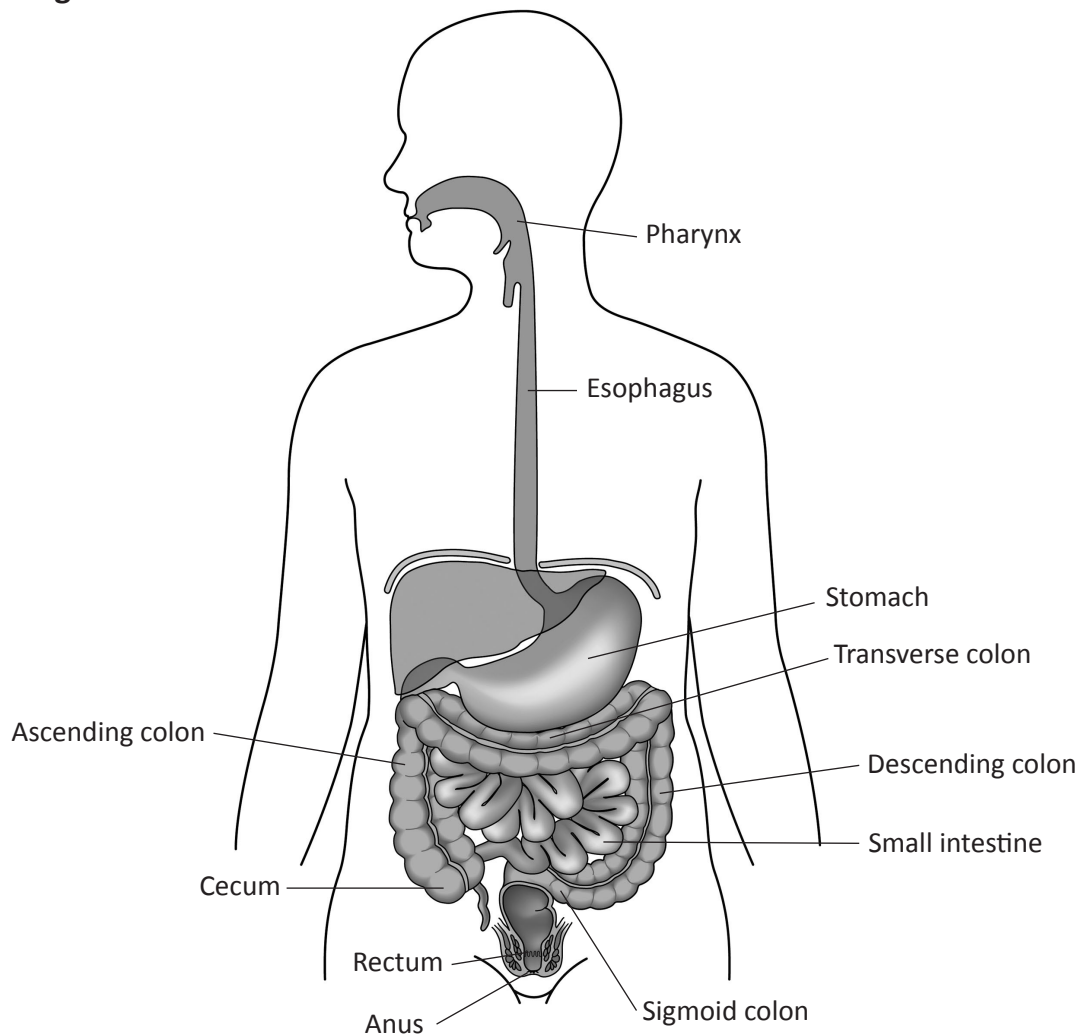
Be sure to follow your surgeon's pre-surgery instructions. They include specific details for you.

To understand bariatric surgery, it is helpful to know how the digestive system works.

Digestive system

When you eat, food travels from the mouth to the stomach. It then moves to the small intestine, where digestion finishes. There your body will absorb and use the nutrients from food. The unused parts of the food then pass into the colon, which absorbs water from the remaining material. By the time this waste reaches the rectum, it is in a solid form (stool) (Figure 1).

Figure 1. Digestive Tract

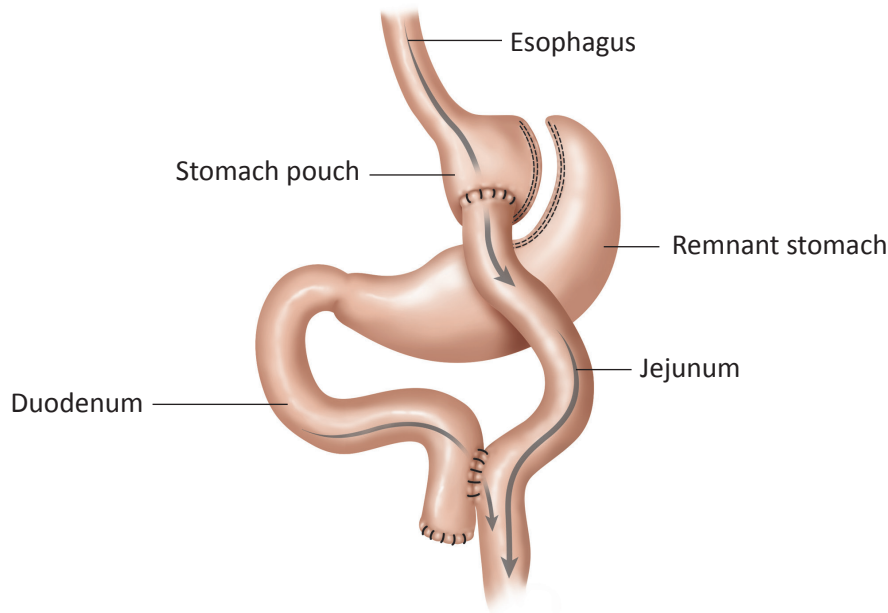


Roux-en-y gastric bypass and sleeve gastrectomy

In a Roux-en-y gastric bypass (Figure 2):

- The surgeon closes off the lower half of the stomach.
- Then, they connect the smaller, upper portion of the stomach directly to the middle part of the small intestine (jejunum).
- This creates a bypass around the lower section of the stomach and the first part of the small intestine (duodenum).

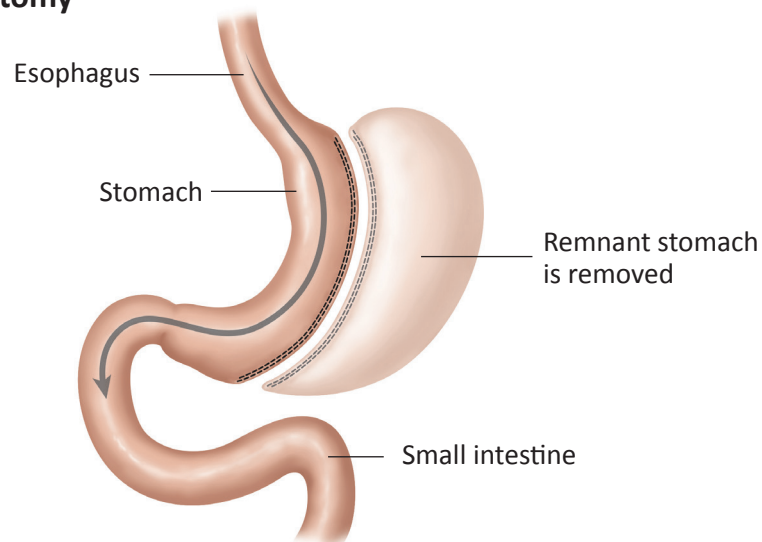
Figure 2. Roux-en-y Gastric Bypass



In a sleeve gastrectomy (Figure 3):

- The surgeon reduces the size of the stomach by removing a portion of it.
- Then, they staple the open ends together, forming a sleeve or tube.

Figure 3. Sleeve Gastrectomy



As a result:

- The new, smaller stomach (pouch) limits food intake.
- Your body absorbs fewer calories, fats and nutrients.
- You lose weight.

Your surgery _____ Your surgery date _____

Preparing for surgery: 1 to 4 weeks before surgery

Canceling surgery

Please call your surgeon's office at 312.695.7070 (TTY: 711) as soon as possible if you get sick, including:

- A cold
- The flu
- An upper respiratory infection
- A fever 2 to 3 days before your scheduled surgery

Please tell your surgeon if you become pregnant.

If you cannot reach your surgeon, call the Northwestern Memorial Hospital Pre-operative Clinic (Pre-op Clinic) at 312.926.4343 (TTY: 711) to discuss the issue.

Pre-operative assessment clinic visit

Before surgery, you will need an evaluation at the Pre-op Clinic. **You cannot have your surgery if you do not go to the Pre-op Clinic for an evaluation.**

We will help you make the appointment before you leave your surgeon's office. It will be 7 to 21 days before your surgery. Your surgeon's office will give you instructions about your visit. Please call your surgeon's office if you do not get this information.

Pre-op Clinic hours:

Monday through Thursday, 8 am to 5 pm
Friday, 8:00 am to 3:30 pm

Pre-op Clinic location:

Northwestern Memorial Hospital
Lavin Family Pavilion
17th Floor
259 East Erie Street
Chicago

Plan to arrive 15 minutes before your scheduled time. When you come to the clinic for your appointment, please bring:

- All current medications and herbal supplements, either in the original bottles or on a written list with dosages and timing

- A list of your physicians with phone numbers
- Your completed patient history form
- This brochure and written questions you may have
- Recent test or physical exam reports if not done at Northwestern Medicine
- A family member or friend who will help in your care after surgery

The physician or advanced practice provider will talk with you about your health history and the type of anesthesia that is right for you. Your visit will take about 1 to 2 hours depending on the testing required. This may include:

- Blood testing
- ECG (electrocardiogram)
- X-rays

Sometimes, the physician or advanced practice provider will order extra tests based on your past medical history. You do not need to stop eating at a certain time before this appointment.

The care team member in this clinic will review your medication list. You will get written instructions for taking or stopping medications before surgery. You must follow those instructions.

If you have a history of bleeding problems or blood clots, tell your care team right away. Your care team may tell you to stop taking blood-thinner medications for several days before surgery. Tell your care team if you take a blood-thinner medication, including any of the following:

- | | |
|-----------------------------------|--------------------------|
| ▪ Apixaban (Eliquis®) | ▪ Prasugrel (Effient®) |
| ▪ Aspirin | ▪ Rivaroxaban (Xarelto®) |
| ▪ Clopidogrel (Plavix®) | ▪ Ticagrelor (Brilinta®) |
| ▪ Dabigatran etexilate (Pradaxa®) | ▪ Warfarin (Coumadin®) |
| ▪ Heparin | |

Stop taking estrogen-containing medications, such as birth control medications, 30 days before surgery. Not all birth control medications contain estrogen. Please check with your surgeon's office for instructions. Use another form of birth control as needed.

If you take any biologics, chemotherapy, immunosuppressants or rheumatologic medications, please talk with your surgeon.

You will get special instructions if you have diabetes or are taking diabetes medications for weight loss.

If you have any questions, you may call the clinic directly at 312.926.4343 (TTY: 711).

Notify your primary care physician

Tell your primary care physician or advanced practice provider (APP) your surgery date. Schedule a post-operative appointment with them. This appointment should be within 1 month of your return home after surgery.

Plan ahead

Before your surgery, arrange help from family and friends for when you return home. Each person recovers from surgery differently. It is hard to predict how much help you will need.

Plan to keep a light schedule for 1 month after surgery. When you go home, you should be able to do light-duty tasks like walking up stairs, bathing and eating. Do not lift anything more than 10 pounds after surgery. Keep this in mind if you have small children or pets that you lift.

To better prepare, make a plan with your loved ones so you will have the help you need with:

- Stocking your kitchen with protein shakes, broth, and Crystal Light® and other calorie-free drinks
- Stocking your medicine cabinet with over-the-counter medications such as acetaminophen, and laxatives such as milk of magnesia or MiraLAX®
- Driving you to appointments
- Bathing and personal care as needed
- Household chores such as cleaning and laundry
- Child or pet care

Start to gather your resources for those who can help you during your recovery. If you have any concerns about care at home, let your care team know.

Insurance, disability and Family Medical Leave Act forms

Your employer may ask your surgeon's office to complete insurance, short-term disability and Family Medical Leave Act (FMLA) paperwork. Allow 10 business days for your surgeon's office to complete the paperwork. Please forward any forms to your surgeon's office before your surgery so they may be completed in a timely manner.

Arrange transportation

Remember to arrange for a ride home from the hospital. After your surgery, you may not be able to drive until your surgeon tells you that you can. Plan to have a ride "on call" for around 2 pm on the day of discharge. We prefer that a responsible family member or friend accompany you home. You should not take a taxi or rideshare (Uber or Lyft) home alone. You cannot drive while you are taking narcotic medication. Let your nurse know if you have any concerns about going home.

Complications after surgery are rare, but they can happen. For that reason, we advise against international and other long-distance travel (3 hours or more) for the first 4 weeks after surgery. If you are traveling far to the hospital for your surgery, talk to your surgeon about travel arrangements for after surgery.

ERP keys to success before surgery

Stay fit

It is very important that you are in good physical shape before having surgery. Exercising and eating a healthy diet can help you stay fit. If this is already a part of your lifestyle, keep it up! If not, it is never too late to start adding activity into your daily schedule. Exercise does not have to be hard. Try going on a 15-minute walk 3 times a week. Then slowly increase activity up until the date of your surgery.

Stop smoking

Quitting nicotine use is an important step you can take to improve your health. Your surgical wound will heal faster and be less likely to get infected if you quit at least 4 weeks before surgery. Your surgeon may order a test to confirm that you have quit using nicotine products before your surgery. If you have not stopped using nicotine products, we will cancel your surgery.

Every day that you do not use nicotine products through smoking, vaping and chewing tobacco improves your chances for health recovery.

Talk with your physician to learn more about quitting. Many medical and counseling services are available to help you quit.

Avoid marijuana

Stop using all inhaled forms of marijuana (cannabis) at least 4 weeks before surgery to improve your chances of a better recovery.

Avoid alcohol

As part of the pre-operative diet plan, do not drink alcohol for at least 2 weeks before surgery. Alcohol can cause a bad reaction with the medication you will get in the hospital. Please tell us if you need help decreasing your alcohol use before surgery, or if you have ever gotten shaky or had a seizure because you did not drink alcohol.

Illegal drug use

We are dedicated to supporting your health and wellness. Illegal drug use can lead to dangerous problems around the time of surgery. We need to know all the medications and drugs you use so that we can give you proper care.

If you use illegal drugs, please speak privately with your surgeon or physician in the Pre-op Clinic. Any conversation about illegal drug use is confidential and will remain private.

Preparing for surgery: 14 days before surgery

Diet

For 14 days before surgery, follow a low-carbohydrate, high-protein diet. Refer to the Bariatric Nutrition Guidelines booklet for the detailed pre-operative diet plan.

Medications, vitamins and herbal supplements

Stop taking the following until after surgery unless your physician tells you otherwise:

- Supplements such as fish oil, garlic, ginkgo biloba and ginseng
- Non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Motrin®) and naproxen (Aleve®)
- Over-the-counter cold medications
- Herbal supplements and teas

You will get instructions from the Pre-op Clinic and your surgeon about stopping any blood-thinner medication before surgery (see page 5 for more information).

What to bring for your hospital stay

Bring the following items to the hospital:

- This brochure
- Photo ID
- Medical insurance information and card
- Medicare card (if you have Medicare)
- List of your allergies
- List of all of your current medications (prescription, over-the-counter and herbal supplements)
- Copies of advance directives, such as living will or healthcare power of attorney

Bring the following items to have after surgery:

- Your Bariatric Nutrition Guidelines booklet
- All of your clean CPAP equipment (mask and machine), if you use this for sleeping
- Glasses, contact lenses, hearing aids, dentures and their storage containers, labeled with your name
- Cane, crutches or walker as needed, labeled with your name
- Bathrobe and slippers or walking shoes
- Loose, comfortable clothing for in the hospital and to wear home, such as supportive, soft pants
- Lip balm
- 1 or 2 protein shakes or protein water drinks
- Crystal Light or other sugar-free water flavoring
- Magazines, books or other reading materials, if you like
- Your own toiletries, if you like

Get supplies prescribed by your surgeon

Make sure you pick up the pre-operative chlorhexidine soap, ibuprofen and acetaminophen prescribed by the surgeon's office. You can buy these "over the counter" if your insurance does not cover them.

1 business day before surgery

A nurse from your surgeon's office will call you between 8 and 11 am. The nurse will review your pre-operative medications instructions and answer any questions you have about getting ready for surgery.

A scheduling nurse from the Same-Day Surgery Unit will call you between 2 and 5 pm to tell you:

- When and where you should arrive at the hospital
- Time of your surgery
- Diet and medication instructions before your surgery*

*If the nurse gives you different instructions than what your surgeon or Pre-op Clinic team gave you, please check with your surgeon's office.

If you do not get a call by 5 pm, or if you want to talk with the pre-op nurse, please call the Same-Day Surgery Unit at 312.926.5450 (TTY: 711) before 7 pm.

Please be aware that surgery times may change due to unforeseen events. We will let you know about any changes.

1 day before surgery

Pre-op washing

You must follow the instructions for washing at home before surgery to help prevent infection. You will take 2 showers with the chlorhexidine soap prescribed by your surgeon. Use 1 whole bottle of chlorhexidine soap for each shower.

- Take a bedtime shower using 1 whole bottle of chlorhexidine soap as follows:
 - Step 1: Wash your face and hair with regular soap and shampoo. Rinse fully.
 - Step 2: Use chlorhexidine soap to scrub your body from the neck down, including your belly button.
 - Step 3: Let the chlorhexidine soap suds soak on your skin. Wait 1 minute. Rinse.
- Do not use the chlorhexidine soap on your head.
- Do not shave the area that will be affected by surgery.
- Do not apply body lotions or hair conditioners after you shower.
- Take off fake fingernails and nail polish. If you wear nail polish into surgery, the care team might take it off.
- Wear clean clothes to bed.
- Sleep on clean sheets.

Preparing at home

Follow the instructions about what to eat and drink before your surgery. This will give you the energy and nutrients you need to help you recover.

Diet

Drink plenty of water throughout the day so you are not dehydrated. Continue eating a low-carbohydrate, high-protein diet until midnight the night before surgery.

Continue to take your medication as directed by your surgeon.

Day of surgery

The morning of surgery

- Shower using 1 whole bottle of chlorhexidine soap. Follow the same instructions as before.
- Do not wear lotion, perfume, makeup, nail polish, jewelry or piercings.
- Do not shave the area that will be affected by surgery.
- Put on clean clothes.

Eating and drinking on the morning of surgery

You may drink a clear liquid diet up to 2 hours before your scheduled surgery start time.

Clear liquids include:

- Water
- Tea or coffee without milk or non-dairy creamer
- Low-sodium chicken or beef bouillon/broth
- Sugar-free Jell-O®
- Sugar-free popsicles
- Do not eat any solid food, milk or dairy products.
- Do not drink any carbonated beverages.

2 hours before your scheduled surgery time:

- Take the medications your surgeon told you to take, with a sip of water:
 - 1,000 mg acetaminophen
 - 600 mg ibuprofen
- Do not eat, drink or put anything in your mouth after this time.
- Do not chew gum or take cough drops.

Bring only the items you need. Leave all valuables (jewelry, credit cards, money) at home.

Do not wear or bring body-piercing jewelry and tongue studs. You may not wear any jewelry during surgery.

Arrival

Please arrive 2 hours before the time of your surgery (unless told otherwise).

Parking

Several parking options are available for patients and guests.

- **Parking Lot A at 222 East Huron Street** (across from Galter and Feinberg pavilions) or at 223 East Superior Street (across from Northwestern Medicine Prentice Women's Hospital). This lot is recommended for patients having surgery at Olson Pavilion, Prentice Women's Hospital or Same-Day Surgery in Galter Pavilion, as well as all patients who have a planned hospital admission after their surgery.

Other parking options:

- **Parking Lot B located within the Lavin Family Pavilion at 259 East Erie Street.** You can get to the valet or self-parking through the driveways on both Erie and Ontario streets.
- **Parking Lots C and D – Erie/Ontario at 321 East Ontario Street between Erie and Ontario streets.** A bridge on the 2nd floor connects it to Lavin Family Pavilion.
- **We offer valet parking** at Lavin Family Pavilion (259 East Erie Street) and Prentice Women's Hospital (250 East Superior Street).

Current valet parking costs (subject to change):

- \$25 for less than 7 hours
- \$35 for 7 to 24 hours

For a discounted self-parking rate, please bring your parking ticket with you. You can validate your ticket at the Customer Services Desks on the 1st and 2nd floor of Feinberg and Galter pavilions, and the 1st floor of Prentice Women's Hospital.

Current parking costs (subject to change):

- \$13 for less than 7 hours
- \$28 for 7 to 24 hours

For current parking information, go to nm.org/patients-and-visitors/parking-options.

Admitting area

Check in at your assigned registration desk at the time you were given unless instructed otherwise:

Galter Pavilion
201 East Huron Street
5th Floor Registration
Same-Day Surgery Unit

The admitting clerk will ask you to sign an admission form. You can choose someone to get text message updates about your surgery. You can give us this phone number during registration.

Pre-operative area

- A member of our team will take you to the pre-operative area and complete a final checklist with you.
- We will ask you to change into a hospital gown.
- You will get an injection of a blood thinner to prevent blood clots.
- The nurse will put an IV (into the vein) line in your hand or arm so that you can get fluid and medication during the surgery.
- You will meet your anesthesia clinician and other members of your surgical team. They will answer any questions and ask you to sign consent forms.

The anesthesiologist may give you an injection of medication to numb the nerves of your abdominal wall. This will help decrease your pain after surgery. It will last about 24 to 36 hours.

You will be in the pre-operative area for about 2 hours. Your nurse will let you know about any delays.

You may have 2 adult visitors at a time with you. Other visitors can wait in the family waiting room. We will help you take off glasses, contact lenses, hearing aids, dentures and hairpieces before you go to the operating room. Visitors may not go with you when you move to the operating room.

During your surgery

In the operating room:

- The care team will give you medications to help you relax and feel sleepy.
- They will connect you to a heart monitor.
- You will breathe through an oxygen mask.
- The anesthesiologist will give you medication through your IV.
- You will breathe anesthetic gases mixed with oxygen that will put you to sleep.

You will be asleep during your surgery. The care team will monitor you. You will not be aware of the surgery or your surroundings. The anesthesiologist will put a tube in your windpipe to help you breathe during surgery. This is why some patients have a slight sore throat after surgery. Your care team may put in another IV line, if needed.

Once you are asleep, surgery will begin in 1 of 2 ways:

- **Laparoscopic procedure.** The surgeon inserts a tube with a tiny camera into an incision near the navel. Then, they make another 4 or 5 incisions to do the surgery. They close the small incisions with sutures (stitches) that dissolve on their own and are covered with skin glue.
- **Open procedure.** The surgeon makes a 6- to 10-inch vertical incision down the center of your abdomen. After surgery, the surgery team will close your skin with sutures that dissolve on their own or with metal staples (clips). They will cover the incision with small tapes (Steri-Strips™) and a gauze bandage if they used sutures.

The surgical procedure will last about 1 1/2 to 2 1/2 hours, plus time for preparation and recovery. In total, surgery will last 3 1/2 to 5 hours.

Family and friends

It is helpful to choose a family spokesperson who can update family members and friends about your condition after surgery. We cannot share any medical information about you by phone to outside callers.

Family or friends may wait for you in the Surgery Waiting Area on the 5th floor of Feinberg Pavilion. For the comfort of everyone in the waiting area, visitors should silence all electronic devices.

A video screen in the waiting area will track the progress of your surgery. Volunteers at the desk also will be able to give them updates. Please make sure to tell your family/friends to check in and out with the volunteer. After your surgery, the surgeon will talk with your visitors in the waiting area in person or by phone and answer any questions they may have.

Those under the age of 16 should not be alone in the waiting room. A responsible adult must supervise them.

Visitor policies can change. For current visitor policies, go to **nm.org/visitors**.

Other resources

Food is available on the 1st and 2nd floors of Feinberg, Galter and Lavin Family pavilions and Prentice Women's Hospital.

Bank machines are available on the 2nd floor of Galter and Feinberg pavilions.

After your surgery

After surgery, you will wake up in the Post-Anesthesia Care Unit (PACU). Your nurse will check your blood pressure, pulse and incision often. Your nurse will ask you about your pain and help make you comfortable. You will stay here for a few hours until you are fully awake. Visitors are not allowed in the PACU.

You may have:

- An oxygen mask over your face or tubing by your nose
- 1 or more IVs giving you fluids and medication
- A drain from your abdomen to remove blood or fluid collections
- A urinary catheter (tube) draining urine out of your bladder

Your surgeon will speak with you after surgery, but you may not remember the conversation if you are still recovering from anesthesia.

When you are ready, a member of your care team will take you to your inpatient room.

Visiting hours are 8 am to 8 pm (subject to change). Visitors cannot eat or drink in your room. For safety and privacy reasons, children under the age of 18 may not visit the surgical patient areas.

Visitor policies can change. For current unit visitor policies, go to **nm.org/visitors**.

Recovering in the hospital after your surgery

You are the most important member of your care team. Walking, deep breathing and coughing are some of the things you can do to help yourself recover from surgery.

The ERP can help:

- Speed your recovery
- Improve your circulation
- Promote healing
- Improve bowel function
- Prevent complications

Your care team will include:

- Your surgeon (or “attending” surgeon)
- Residents (surgeons in training)
- Advanced practice providers such as a physician assistant (PA) or nurse practitioner (NP)
- Nurses
- Patient care technicians (PCTs)
- Medical students
- Other specialists as needed, such as social workers, dietitians, respiratory therapists, and physical and occupational therapists

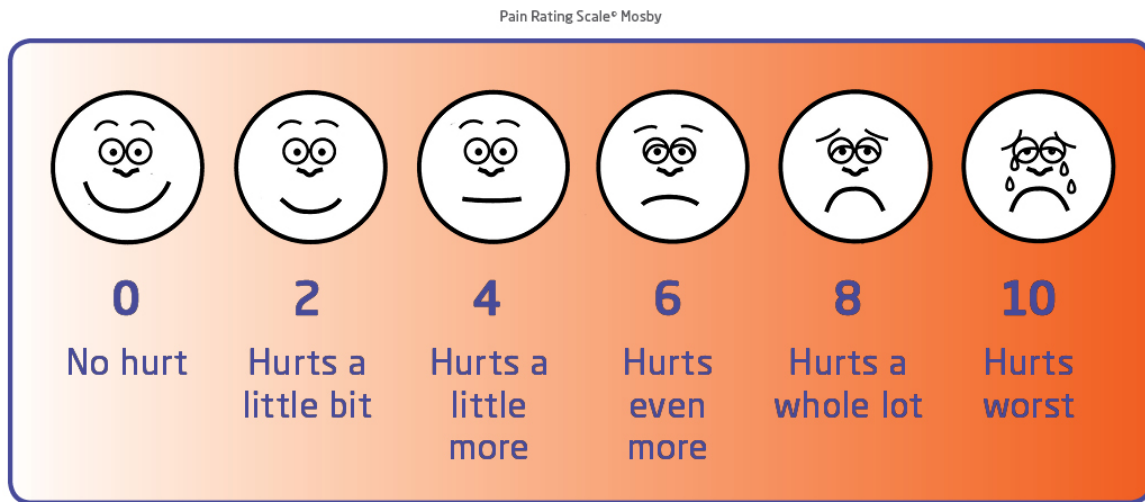
The residents, PAs, NPs and students work very closely with the attending surgeon as team members. They are an important set of eyes and ears on your care team. To check your progress, your surgical team will see you 2 times each day. If you have any questions or concerns, ask your nurse to page the care team.

Pain management

We will work with you to help manage your discomfort after surgery. When your pain is managed, you will be better able to recover by:

- Taking deep breaths to help prevent lung problems
- Getting out of bed
- Sleeping well
- Doing things that are important to you

While no medication completely removes all pain, our goal is to manage your pain and keep you comfortable as you recover. Your nurse will ask you to describe your pain using a number between 0 and 10. On this scale, 0 means no pain and 10 is the worst pain you can imagine. We want to keep your pain below 4 (out of 10).



Your care team may give you medication through your IV or by mouth to help manage your discomfort. Pain medication taken by mouth takes about 20 minutes to start working and about 60 minutes to be in full effect.

Please tell us if you do not have pain relief, and we will help you. It is important to take your pain medication as needed to manage your pain. Do not wait until you feel severe pain. It is much better to prevent the build-up of pain than to try to stop it once it is there.

Deep breathing and coughing

The nurse will ask you to begin deep breathing and coughing exercises. To be sure you are taking deep breaths, you will need to use your incentive spirometer (blue breather). Take 10 deep breaths on the spirometer every hour while you are awake. Your nurse will show you how to do this. This, along with changing your position by sitting, standing or walking, helps to:

- Prevent mucus and fluid build-up in your lungs
- Avoid problems such as pneumonia and blood clots

Activity

The care team will urge you to get out of bed on the day of surgery. Always ask your nurse or PCT for help walking to the bathroom or in the hallways.

- We recommend sitting in the chair for at least 1 hour and walking 1 lap around the unit on the day of surgery.
- The day after surgery, you should sit in the chair most of the day, and take at least 4 laps around the unit (can be spread throughout the day).
- Each time you walk, increase your time and distance as you can. This will help you become stronger as you prepare to go home.

Your care team will give you small injections of a blood thinner every day you are in the hospital to prevent blood clots. We also will ask you to move your feet up and down at the ankle (foot pump exercises) to help prevent blood clots from forming.

Diet

You will eat a sugar-free, bariatric clear liquid diet. You may bring Crystal Light or sugar-free flavorings to add to water if you want.

At first, measure the amounts you drink every hour and follow your dietitian and care team guidelines. Drink slowly to let your new pouch get used to taking in fluids. Watch for signs of overfilling the stomach pouch, such as nausea. If you are nauseous, take smaller sips and more time between each sip. If you drink slowly, you will be more aware of body cues and signs of overfilling.

Goals for the day of surgery

- Manage your pain
 - Use the pain scale to monitor your pain level.
 - Tell your nurse if your pain reaches 4 out of 10 on the pain scale, or if it is getting worse.
- Activity
 - Sit in a chair for at least 1 hour and walk at least 1 lap around the unit.
 - When you drink something, sit upright in a chair with your feet on the ground (not reclined or in bed).
 - Wear SCDs (compression boots) while in bed or sitting in a chair.
- Bariatric clear liquid diet
 - Your surgeon will decide when you can start to drink water or other clear liquids after surgery. At first, do not drink more than 2 ounces (2 medicine cups) every hour as you are able. **Drink slowly.**
- Breathing exercises
 - Cough
 - Take deep breaths
 - Use your incentive spirometer 10 times every hour while awake

Goals for day 1 until discharge

- Manage your pain
 - Tell your nurse if your pain reaches 4 out of 10 on the pain scale.
- Increase activity
 - Be out of bed most of the day.
 - Sit in a chair most of the day.
 - Take walks of at least 4 laps total around the unit each day with staff help.
 - Sit upright in a chair when drinking.
 - Wear SCDs (compression boots) while in bed or sitting in chair.

- Follow a bariatric clear liquid diet.
- Continue coughing and deep breathing exercises.
- Keep your surgical bandage on.
- Your care team will take out your IV just before you leave the hospital.

Goals for the day you go home

You will be ready to go home when you have reached the following goals:

- Your vital signs are normal (for you).
- You can take in a clear liquid diet.
- You can keep drinking 4 ounces per hour.
- You are ready to start a high-protein liquid diet at home.
- You can manage your pain with oral medication.
- You can walk or move around safely.
- You can use the bathroom on your own.
- Any other medical conditions are managed.
- You have no other problems that keep you from going home.

Discharge instructions

Before you leave the hospital, your surgeon and nurse will review your discharge instructions with you. The discharge instructions will include information about:

- Activity
- Wound care
- Diet
- Medications
- When to call your physician
- Follow-up visits:
 - Surgeon: About 1 week after you leave the hospital
 - Dietitian: About 2 weeks after you leave the hospital

You will get prescriptions for the medications that you will need to take at home. If you wish, you can fill your prescriptions at the Walgreens on the 1st floor of Galter Pavilion.

Some patients may need to continue taking blood-thinner shots at home. If you need to continue the blood-thinner shots, a member of the care team will teach you how to do this before discharge.

If you have any questions or concerns about your home care, please ask. Remember that you must have a responsible adult help you get home.

Recovering at home after your surgery

Follow your discharge instructions to help you recover. Most patients get better each day after surgery. It may take 1 to 3 months to fully recover from your surgery, but most patients make quick progress during the 1st several days. You will slowly feel stronger and become more active.

Special instructions

For 1 week after your surgery:

- Use your incentive spirometer several times a day.
- Take your temperature if you feel chilled or feverish.

It is important to keep your follow-up appointments with your surgeon, even if you are feeling well. If you have any questions or concerns, please ask your surgeon or nurse.

Medications

Carefully follow all your medication prescription directions. If your pills are hard to swallow whole or make you feel too full, ask your physician or pharmacist if your medications can be crushed or broken, or ask for them in liquid form. You cannot crush or break sustained or extended-release medications. If you take many medications, you may need to stagger them throughout the day.

Begin taking 2 chewable multivitamins and 1 under-the-tongue Vitamin B12 pill every day. Your weight management team will add other vitamin and mineral supplements.

Pain

It is common to have discomfort after surgery. You may have muscle aches and discomfort from the incision. Getting up and moving around can ease some of the discomfort. Brace your incision with a pillow if you cough or sneeze.

Your surgeon will prescribe pain medication. Take your pain medication as ordered. Some medication may upset your empty stomach. To prevent nausea, you should take the medication with food.

For mild discomfort, you may take acetaminophen (plain Tylenol®). Acetaminophen can cause liver damage if you take too much.

- Be sure to read labels carefully and check with your pharmacist about your medication.
- If you are taking Tylenol for pain, follow dose directions and do not take more than 4,000 mg in 24 hours. Check with your surgeon about the 24-hour limits that are right for you.
- Norco® and Tylenol 3® also contain acetaminophen.

Do not take ibuprofen or any ibuprofen-containing products or non-steroidal anti-inflammatory drugs (NSAIDs).

If you are taking narcotic pain medication or sleeping medication, do not drink any alcohol or drive vehicles of any kind.

Sometimes patients need a refill prescription for their narcotic pain medications. If you feel you will need refills, please call your surgeon's office several days before you expect to run out so that you can refill your medication in a timely manner.

Constipation

Narcotic pain medication, such as tramadol and oxycodone, may cause constipation. To help your bowels stay regular:

- Drink your fluids.
- Stay active.
- Add fiber to your diet as directed by the dietitian.
- If needed, take a mild laxative such as milk of magnesia or MiraLAX. Follow the dosing directions on the bottle.
- Take a stool softener such as docusate if your surgeon tells you to use it.

Caring for your incision

It is important to keep your incision clean and dry to prevent infection. This will help your incision heal. Wash your hands before and after touching your incision.

To clean your incision each day:

- Wash the wound gently with clean water and mild soap.
- Do not soak the area.
- Gently pat dry. Do not rub.

Do not use lotions, creams or ointments on the wound unless your surgeon has ordered them. You should wear comfortable clothing. Do not wear soiled or tight clothing over the wound.

- You may have skin glue over your incisions. You do not need to do anything with it. You can shower and pat your incision dry. The skin glue will get gummy in about 10 days, and then you can peel it off.
- If you have skin staples in place, your surgeon will remove them within 14 days.
- If you have Steri-Strips on the skin over your incision, leave them on until they fall off. These give you extra support as your incision heals.
- Your body absorbs the stitches. We do not need to take them out. You do not need a bandage over the incision.

Check the site daily. You may see some bruising or redness. Itching or a small amount of drainage is also normal.

If you see these signs of infection, call your surgeon:

- Increased redness, swelling or pain at the site
- Thick drainage or pus from the incision

Showering

- You may shower 48 hours after surgery. Do not soak the incision site. Do not take a tub bath for 2 weeks.
- Let warm water run over the incision and carefully pat it dry. Do not scrub.
- Do not swim in a pool or lake, or use a hot tub until your surgeon says it's OK.

Diet

Begin the bariatric full liquid diet according to your Bariatric Surgery Nutrition Guidelines booklet. Continue your diet until your 1st after-surgery visit to the office. This will be about 7 days after surgery.

Try to drink a total of 64 ounces (2 quarts) every day. This includes 2 to 3 protein shakes or powders daily that add up to 80 to 120 grams of protein, as well as broth, water, and Crystal Light or other calorie-free drinks. Avoid carbonated beverages and caffeine drinks such as coffee, tea or energy drinks until your dietitian tells you it is OK to add them back.

Start your day with a protein shake as soon as you get up. Then try and drink 4 or more ounces every hour until you reach your 64-ounce goal. Take small sips often.

Be sure to take in the full amounts of fluids and protein shakes to avoid problems. You will need more fluids if you have these signs of dehydration:

- Dizziness or lightheadedness
- Very dark urine
- Much less urine than usual

Your surgeon will let you know when you may start your puréed diet (see the Bariatric Surgery Nutrition Guidelines booklet for more detail). Then, eat 2 small, puréed meals or snacks per day in addition to liquid protein shakes and other liquids for hydration. You may eat about 1 to 3 fluid ounces of food over 30 minutes at one time. Do not eat anything thicker than applesauce.

- Continue to aim for 80 to 120 grams of protein per day (puréed meat, puréed fish, protein shakes). Include protein foods at each meal, and drink protein supplements or shakes and other liquids between meals.
- Do not drink liquids 30 minutes before puréed meals, with puréed meals, or at least 30 minutes after puréed meals.

Refer to the diet guidelines you got in class from the dietitian.

Call your surgeon if you:

- Cannot drink fluids or keep them down.
- Have not had a bowel movement after 5 days.

Activity

As a rule, let pain be your guide as you increase physical activity after surgery.

- Continue to walk several times each day. Slowly increase your activity until you are walking 30 minutes a day. In addition, walk around every hour while you are awake.
- You may get tired easily for several weeks after surgery. Rest if you get tired.
- To reduce your risk of blood clots, do not sit for long periods of time. When sitting, lift your feet.
- It is OK to climb stairs. Do not overexert yourself.
- Try to get a good night's sleep. Taking pain medication at bedtime may be helpful if you have trouble getting in a comfortable sleeping position.
- Do not lift anything heavier than 10 pounds (about the weight of a gallon of milk) for 4 weeks after your surgery. Remember that this includes children and pets. Heavy lifting puts a strain on your incision.
- Avoid hard physical activity (weight training, stair-stepping machines, elliptical machines, yoga, Pilates and treadmills) for 4 to 6 weeks after surgery.

Driving

You may go back to driving in 3 to 4 days, or when you no longer have pain in your incision. Do not drive while taking narcotic pain medication or sleeping pills.

Sexual activity

Many people have questions about having sexual activity after surgery. After 10 days, if you feel good and are well rested, it is OK to have sexual activity. Avoid positions that strain the incision sites.

For the first year after gastric bypass and sleeve gastrectomy surgery, it is important for women to use effective birth control to avoid pregnancy.

Work

We recommend that you try to take 4 to 6 weeks off from work after surgery. Please talk with your surgeon about returning to work.

It is hard to predict energy levels after surgery. Patients with non-physical jobs may return to work when they feel well enough to do so. Patients whose jobs involve heavy physical work may be off work for a longer time.

Emotional health

Follow up with your health psychologist or therapist after surgery. Medications prescribed for mood may not work as well after surgery because of the changes to your digestive tract. Stay in close contact with your prescriber for medication adjustments, if needed.

You may feel upset, anxious or depressed after surgery. This is normal. Most of these feelings go away after a few weeks. If they do not go away, tell a member of the care team. If you have increasing depression or thoughts of hurting yourself, please talk with your physician. If you cannot contact your physician, go to the nearest emergency department.

When to call your surgeon

If your incision site separates, apply clean gauze or a bandage held firmly in place with tape. Contact your surgeon right away.

Call your surgeon if you have any of these symptoms:

- Racing or fast heartbeat (more than 100 beats per minute)
- Feeling weak, dizzy, lightheaded or faint
- Headache
- Rash
- Drowsiness
- Shortness of breath
- Temperature more than 101 degrees F
- Thick drainage or pus at the incision site or around the drain sites
- Increased tenderness or soreness at the wound site
- Wound edges that are no longer together
- Redness or swelling at the wound site
- Increased pain or pain that is not relieved with your pain medication
- 5 or more bowel movements in a 24-hour period
- Constipation lasting 5 days
- Swallowing that becomes more difficult, or being unable to swallow or keep down food
- Inability to drink fluids or keep fluids down
- Uncontrolled vomiting or nausea not related to eating too much, too fast, too much sugar or too much air
- Nausea or vomiting with low or no urine output and dry mouth
- Feeling worse instead of better as you recover

Contact information

After you are discharged, do not call the hospital nursing station where you were an inpatient. You may contact your surgical care team 24 hours a day, 7 days a week, at 312.695.7070 (TTY: 711).

- During business hours (8 am to 5 pm, Monday through Friday), please ask for your surgeon's nursing team.
- For urgent issues during non-business hours, an answering service will take your call and contact a member of your care team on your behalf.
- **For all emergencies, call 911.**
- Send non-emergency messages, such as paperwork requests, through the MyNM patient portal. We may take 2 business days to respond to MyNM messages. **Use MyNM for non-urgent issues only.**

If you cannot reach your surgeon, go to the nearest emergency department.

Follow-up appointments

Call to confirm your follow-up appointments. You will see your surgeon and dietitian within 1 to 2 weeks after surgery. For any questions or concerns, please contact the Surgery Clinic at 312.695.7070 (TTY: 711).

See your primary care physician within the 1st month after surgery for follow up of any non-surgical conditions.

Post-operative appointment schedule

- 1 week after surgery – surgeon
- 2 weeks after surgery – dietitian
- 1 month after surgery - primary care physician or APP
- 2 months after surgery – surgical team
- 3 months after surgery – dietitian
- 6 months after surgery – surgical or medical weight loss team, and dietitian
- 6 to 9 months after surgery – health psychologist
- 9 months after surgery – dietitian
- 1 year after surgery – surgical or medical weight loss team, and dietitian
- 18 months after surgery – dietitian and health psychologist
- 2 years after surgery and annually thereafter – surgical or medical weight loss team, and dietitian

If you work with a therapist or counselor, keep regular appointments for at least the 1st year after surgery.