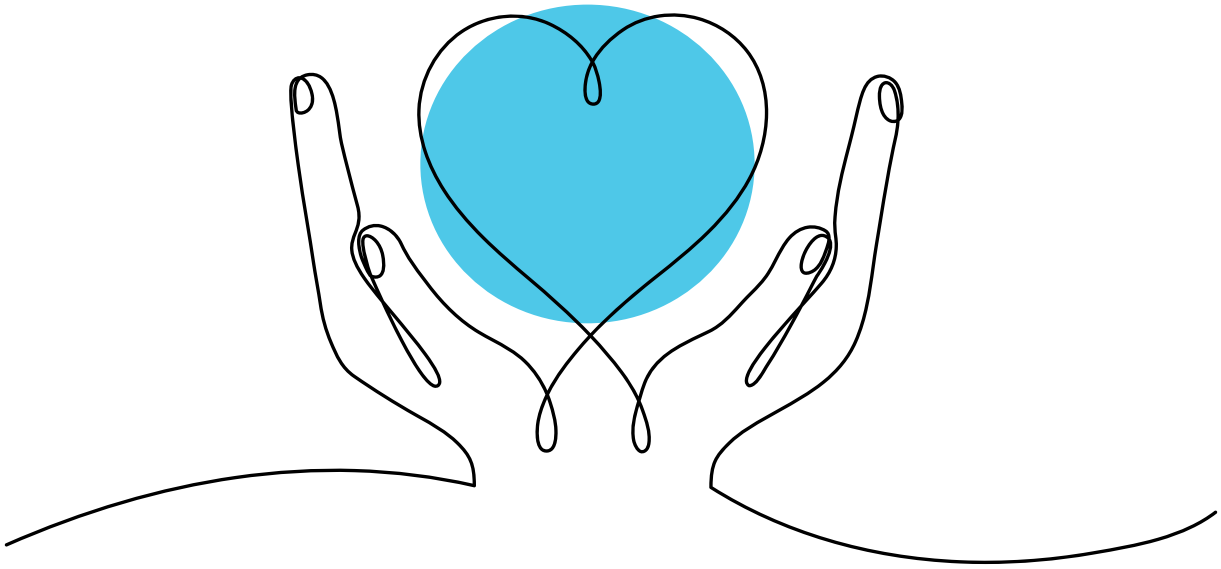
BARIATRIC SURGERY
Pre-Op Guide



Sleeve Gastrectomy
Duodenal Switch (DS)
Roux-en-Y Gastric Bypass (RYGB)
Single Anastomosis Duodeno-Ileal Bypass With Sleeve (SADI-S)

CENTER FOR WEIGHT MANAGEMENT
HORIZON HEALTH

Table of Contents
PRE-OP GUIDE

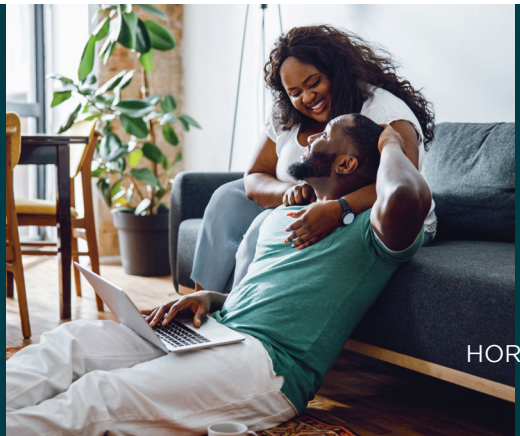
Goals and Experiences After Surgery

Weight loss surgery is an exciting step in your life. Your weight loss journey will bring many exciting new experiences every day, but the journey isn't always an easy one. Take a few moments and write down the goals and experiences you would like to achieve from weight loss surgery. **Use this list as a motivation to keep going on the difficult days and to congratulate yourself on your achievements.**

The bariatric team at the Horizon Health Center for Weight Management would love to hear about your successes. You can post your accomplishments to our Center for Weight Management Private Facebook Group.

After my weight loss surgery, I want to...

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

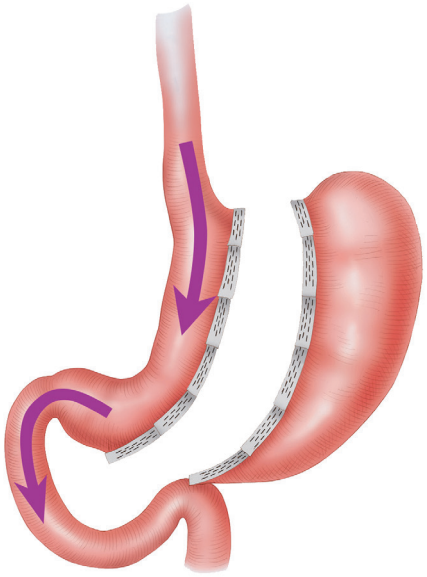


YOUR SURGICAL PROCEDURE

Sleeve Gastrectomy

The sleeve gastrectomy is a restrictive operation. This means we will surgically restrict the amount of food you can ingest, but we will not reroute the intestine.

The operation begins with the surgeon using a surgical stapler to divide the stomach into two parts, the “sleeve” and the “remaining stomach.” The sleeve is your new stomach and is about the size of a small banana. This new and smaller stomach will restrict the amount of food that can be eaten. The remaining stomach is about 75–80% of your stomach. This part will be removed and discarded during the surgery.

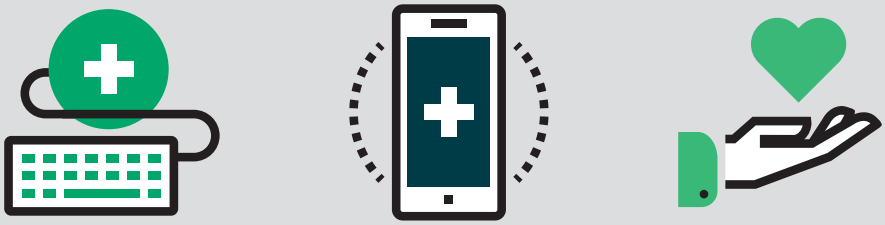


Food will travel from the mouth into the small pouch. Since the new sleeve is small, you should feel full sooner than you had in the past. The food will then continue into the intestine, and digestion will occur as it always has.

After your sleeve gastrectomy, you can expect to stay 1–2 nights in the hospital. You will also need to follow a special diet to allow for healing and to avoid complications. In about two months, most patients return to a regular healthy eating plan. Because a large portion of the stomach has been removed and certain vitamins and minerals can no longer be absorbed like they once were, vitamin and mineral supplements will be needed for the rest of your life.

If you have any questions or

about your upcoming surgery, please inform someone on our team, and we will be happy to help you.



Duodenal Switch (DS)

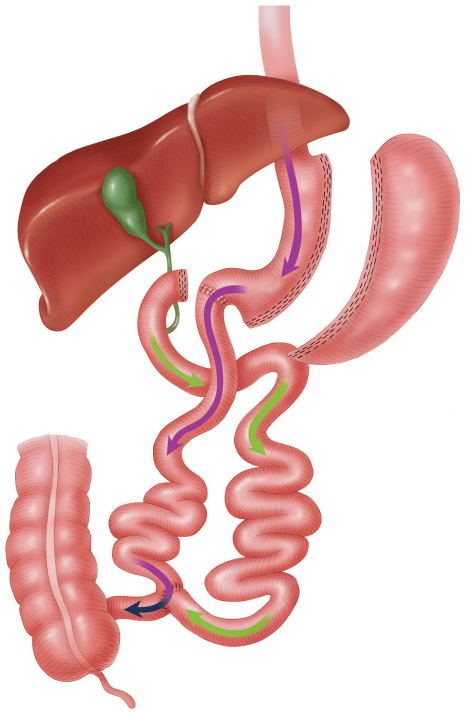
The duodenal switch is a restrictive and malabsorptive operation typically reserved for patients with severe obesity or obesity-related illnesses. This means we will surgically restrict the amount of food you can ingest. We will significantly bypass the intestine so fewer calories are absorbed. This will result in significant weight loss, but also an increased risk of nutritional deficiencies.

The operation begins with the restrictive portion of the procedure. Using a surgical stapler, the surgeon divides the stomach into two parts, the “sleeve” and the “remaining stomach.” The sleeve is your new stomach and is about the size of a banana. This new and smaller stomach will restrict the amount of food that can be eaten. The remaining stomach will be removed and discarded during the surgery.

Next, the surgeon will perform the malabsorptive portion of the procedure. The surgeon will cut the upper portion of the small intestine into two parts. The bottom part will be pulled up and attached to the sleeve. The remaining intestine will be reattached to the lower portion of the small intestine. The duodenal switch bypasses a significant portion of the small intestine, creating significant malabsorption.

Food will travel from the mouth into the sleeve. Since the new sleeve is small, you should feel full sooner than you had in the past. The food will then continue into the intestine, and digestion will occur.

After duodenal switch, you can expect to stay 2–3 nights in the hospital.
You will also need to follow a special diet to allow for healing and to avoid complications. In about two months, most patients return to a regular healthy eating plan. Because the new pouch is so small and a significant portion of the intestine has been bypassed, certain vitamins and minerals can no longer be absorbed like they once were. Therefore, vitamin and mineral supplements are essential for the rest of your life.

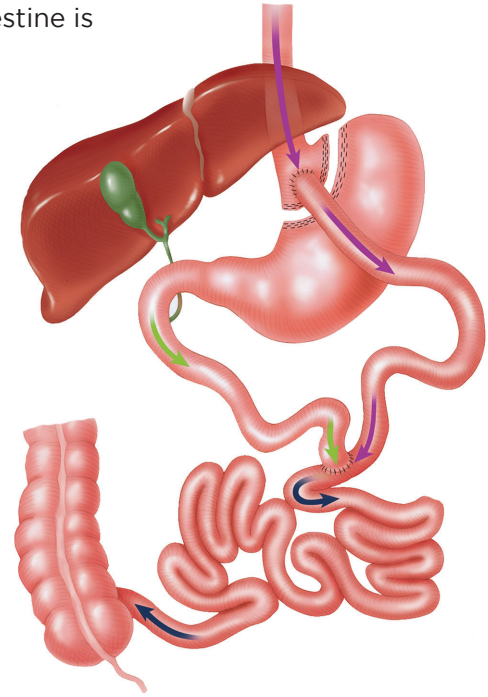


Roux-en-Y Gastric Bypass

The Roux-en-Y gastric bypass is a restrictive and malabsorptive operation. This means we will surgically restrict the amount of food you can ingest, and we will reroute the intestine so fewer calories are absorbed.

The operation begins with the restrictive portion of the procedure. Using a surgical stapler, the surgeon divides the stomach into two parts, the “new stomach” and the “remnant stomach.” The new stomach is about the size of a golf ball. This new and smaller stomach will restrict the amount of food that can be eaten at one time. The remnant stomach is the remaining stomach and will continue to make digestive juices and assist in digestion.

Next, the surgeon will perform the malabsorptive portion of the procedure. The surgeon will cut the upper portion of the small intestine into two parts. The bottom part will be pulled up and attached to the pouch. The remaining intestine (the top part) will be reattached to the small intestine, creating a Y shape. The top part of the intestine is the bypassed portion of the intestine.



Food will travel from the mouth into the pouch. Since the new stomach is small, you should feel full sooner than you had in the past. The brain will signal the remnant stomach to make digestive juices. The food from the stomach and the digestive juices from the remnant stomach will combine in the intestine, and digestion will occur.

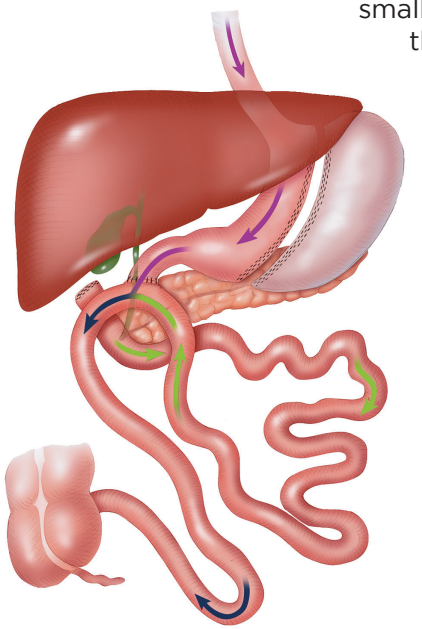
After gastric bypass, you can expect to stay 2–3 nights in the hospital. You will also need to follow a special diet to allow for healing and to avoid complications. In about two months, most patients return to a regular healthy eating plan. Because the new stomach is so small and a portion of the intestine has been bypassed, certain vitamins and minerals can no longer be absorbed like they once were. Therefore, vitamin and mineral supplements will be needed for the rest of your life.

Single Anastomosis Duodeno-Ileal Bypass with Sleeve (SADI-S)

The SADI-S is a restrictive and malabsorptive operation typically reserved for patients with severe obesity or obesity-related illnesses. This means we will surgically restrict the amount of food you can ingest. We will significantly bypass the small intestine so fewer calories are absorbed. This results in significant weight loss, but also an increased risk of nutritional deficiencies.

The operation begins with the restrictive portion of the procedure. Using a surgical stapler, the surgeon divides the stomach into two parts, the “sleeve” and the “remaining stomach.” The sleeve is your new stomach and is about the size of a banana. The new and smaller stomach will restrict the amount of food that can be eaten. The remaining stomach will be removed and discarded during the surgery.

Next, the surgeon will perform the malabsorptive portion of the procedure. The surgeon will divide the first part of the small intestine just below the stomach. Then the surgeon will measure a few feet from the end of the small intestine and connect this part of the small intestine to the stomach. The SADI-S bypasses a sizable portion of the small intestine, creating considerable malabsorption.



Food will travel from the mouth into the sleeve. Since the new sleeve is small, you should feel full sooner than you had in the past. The food will then continue into the intestine, and digestion will occur.

After a SADI-S, you can expect to stay 2–3 nights in the hospital. You will also need to follow a special diet to allow for healing and to avoid complications. In about two months, most patients return to a regular healthy eating plan. Because the new sleeve is so small and a sizable portion of the intestine has been bypassed, certain vitamins and minerals can no longer be absorbed like they once were. Therefore, vitamin and mineral supplements are essential for the rest of your life.

Medication and Surgery

Before Your Operation

American College of Surgeons
Inspiring Quality:
Highest Standards, Better Outcomes
100+years

Your medications may have to be adjusted before your surgery. **It is important to fully inform your surgical team about all of the medications you are taking before your surgery, including prescriptions, vitamins, minerals, herbs, drugs, or any other supplements.** Even though you are not eating, you may be able to take your routine morning medications with a small sip of water.

Medications to discuss with your doctor:

- Blood thinning medications
- Diabetes (blood sugar) medications
- Pain, anxiety, and depression medications
- Nicotine, alcohol, marijuana, or other cannabidiol (CBD) products

Anticlotting (Blood Thinning) Medications

- **Antiplatelet medications:** Help to prevent blood cells called platelets from clumping together to form a clot. **Examples:** aspirin (ASA), enteric-coated aspirin (Ecotrin®), clopidogrel (Plavix®)
- **Anticoagulant medications:** Thin your blood to slow down the process of clotting. **Examples:** warfarin (Coumadin®), heparin, apixaban (Eliquis®), rivaroxaban (Xarelto®)
- **Non-steroidal anti-inflammatory drugs (NSAIDS):** Reduce inflammation,pain,andfever. **Examples:** aspirin (ASA); celecoxib (Celebrex®); diclofenac (Voltaren-XR®), ibuprofen (Advil®, Motrin®), naproxen (Aleve®)
- **Herbs:** Plants used for medicinal purposes. **Examples:** Natural ginkgo biloba, vitamin E, feverfew, garlic, ginger, ginseng, omega-3 fatty acids, fi sh oil, St. John's wort, turmeric

Ask Your Doctor

- **What is my risk of a blood clot, and does my medication have to be stopped or changed before surgery?** Your risk for a clot is higher if you have surgery within 3 months of a recent clot and if you are having a long or complex surgery.
- **What is my risk of bleeding?** Dental, skin, and low-risk procedures likely will not require you to stop taking your medications.
- **Do I have to stop taking my herbal medication?** Some supplements can affect blood clotting, increase your risks for internal bleeding, or interact with other drugs you are taking.

Other Medications

Medications	Examples	Notes
Diabetes (blood sugar)	Insulin, metformin, dulaglutide (Trulicity®), empagliflozin (Jardiance®), pioglitazone (Actos®), insulin glargine (Lantus®)	Since you will not be eating before surgery, most diabetic medication is usually adjusted—pioglitazone may not be stopped before surgery, and Lantus will be reduced by 50%.
Pain, anxiety, depression, or sleep	Hydrocodone (Vicodin®), tramadol (Ultram®), oxycodone with acetaminophen (Percocet®), pregabalin (Lyrica®), diazepam (Valium®)	These can affect your pain control plan and side effects from opioid use. Go to *facs.org/safepaincontrol* for more information.
Nicotine, alcohol, marijuana, or cannabidiol (CBD) products (used for medicinal or recreational use)	Smoking, vaping, patch, oral	Use of any of these products may affect your heart rate, blood pressure, and pain control during and after your procedure.

Medication List

SURGICAL PATIENT EDUCATION PROGRAM
Prepare for the Best Recovery

Name

Surgeon Name

Primary Doctor Name

PATIENT — PLEASE COMPLETE

Allergy	Reaction

☐ I have no allergies.

Drug or Supplement	Dose	Route	Need to STOP ____ Days *B*efore Surgery	Continue Taking *A*fter Surgery? Yes or No	New Dose (if changed)

☐ I take no medications, vitamins, or herbal supplements.

HEALTH CARE PROVIDERS — PLEASE COMPLETE

AFTER YOUR OPERATION: At discharge, you will be given a list or instructions about restarting your previous medications. You will be given prescriptions for any new medication.

Doctor Notes

PREPARING FOR SURGERY

What to Buy Before Surgery

It's important to be prepared for your weight loss surgery before going to the hospital. Patients who prepare in advance of surgery typically have a smoother and more comfortable recovery. Below are some helpful items to have at home after weight loss surgery. Most items can be purchased at your local drug store or general merchandise retailer.

- ☐ Acetaminophen (Tylenol®) caplets, capsules, dissolve packs, or sugar-free liquid. Liquid preparations often contain sugar. Ask the pharmacist for a sugar-free acetaminophen option.
- ☐ Oral syringe or measuring cup for medication administration (your pharmacy may provide you with this when you pick up your prescription).
- ☐ Sugar-free powdered fiber supplement or stool softener. Pain medications can cause constiptation.
- ☐ High-protein, sugar-free, low-carbohydrate protein drinks (only buy a few; your taste may change after surgery).

- ☐ Pill crusher
- ☐ Pill cutter
- ☐ Heating pad
- ☐ Vitamin and mineral supplements
- ☐ Sugar-free, calorie-free, caffeine-free beverages or flavorings
- ☐ Water bottle (no straw)
- ☐ Measuring cups
- ☐ Measuring spoons
- ☐ Ice cube tray
- ☐ Appetizer or infant utensils
- ☐ Blender or food processor
- ☐ Strainer
- ☐ Food scale
- ☐ Small plates and bowls
- ☐ Notebook or food journal

Advance Directives

An advance directive is important for every patient to have on file with the hospital. This document will outline each patient's individual treatment preferences in the event they are unable to make decisions on their own due to an unexpected situation.

The state of Illinois has advance directive forms that you can download and complete without the need for an attorney. To access these forms, scan the QR code and select "Living Will Declaration Form."

Packing for the Hospital

You can plan to stay in the hospital for approximately 1–3 days. During this time, the hospital will provide you with almost everything you need for a safe and relaxing stay. Bringing a few items from home can make your stay more comfortable.

- ☐ **Walking aids,** such as a cane, crutches, or a walker. You will be up walking often after your surgery.
- ☐ **Comfortable, loose-fitting clothes** like pajama pants or sweatpants. You will have multiple abdominal incisions and want to avoid tight-fitting clothes for going home.
- ☐ **Eyeglasses, denture case, and hearing aids.** Please be sure to label these items with your name.
- ☐ **Special toiletries or cosmetics.** The hospital will provide basic toiletries, but if you prefer a special hand cream, lip balm, makeup, toothbrush, hairbrush, etc., please bring them with you.
- ☐ **Dietary booklet.** You will meet with the dietitian to review the diet after surgery.
- ☐ If you have been diagnosed with obstructive sleep apnea and **need to wear a CPAP, please know the settings** and inform your healthcare team. You do not need to bring your CPAP from home but will have to wear a CPAP while sleeping in the hospital.

Special Notes:

- Remove all body piercings and rings and leave them at home.
- Remove nail polish or artificial nails.
- Do not bring jewelry, large sums of money, or other valuables to the hospital. If you bring a computer or tablet, have your support person bring it to your room after surgery.

Day Before Surgery

The 1–2 business days before your surgery, you will receive a call from our pre-op department before 4 pm to let you know what time to arrive for surgery. **We try to call as early in the day as possible. If you have not heard from our pre-op team before 2 pm on the day before your surgery, please call 217-466-4724.**

- **Dietary:** You will be on a pre-op diet 2–4 weeks prior to surgery and a full liquid diet the week prior to surgery as discussed by your surgeon and dietitian.
- **You must not eat or drink after midnight the night prior to surgery.** You may have a few sips of water to take your medications. The pre-op team will provide instructions during the pre-op call for taking medications prior to and on the day of surgery.
- **Birth control should be taken as instructed except for the morning of surgery.** Final instructions for taking this medication will be provided during the pre-op call the day prior to surgery.
- **Your support person may accompany you to the waiting and outpatient area on the day of surgery.** This may change depending on CDC guidelines and hospital visiting policy during peak flu/COVID season.

DAY OF SURGERY AND HOSPITAL STAY

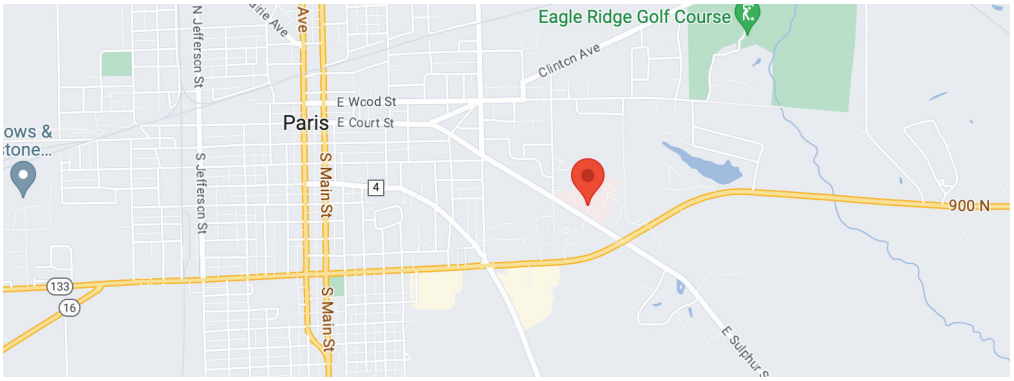
At Home

- If you are not feeling well, please contact your surgeon's office immediately.
- Take only the medication you have been instructed to take.
- You may shower the morning of surgery. Avoid using any body lotion, powder, or oils after your shower.

Getting to the Hospital

Your surgery will be performed at:

Horizon Health
721 East Court Street
Paris, IL 61944



Hospital Check-In

Please arrive at Horizon Health at your assigned time on the day of surgery.

Park in the east parking lot (emergency room side) in our patient parking areas, which are designated with yellow lines.

Patient transport service is available to assist you from your vehicle Monday — Friday, 7 am to 5 pm, by calling 217-712-9495.

Check in for your surgery at the hospital registration desk located inside the main hospital front entrance.

BEFORE SURGERY

You will be greeted by the nursing team, who will prepare you for surgery. **You can expect your nurse**

- Take you to the preoperative holding area.
- Take your weight, blood pressure, and temperature.
- Provide you with a gown to wear during surgery.
- Place an IV so you can begin to receive fluids.
- Help you put on compression socks to prevent blood clots.
- Once ordered by the physician or anesthesia provider, place a patch behind your ear to prevent nausea after surgery.

You will meet with your surgeon in the preoperative area. You will have the opportunity to ask questions and discuss any concerns you may have.

It is unusual that the surgeon would need to cancel your surgery. However, if your surgeon discovers any of the following situations, your surgery may be canceled:

- Illegal drug use
- Smoking/vaping
- Positive pregnancy test
- You did not follow the preoperative diet
- You ate or drank after midnight

You will also meet the anesthesia team before you go to the operating room. Your bariatric surgery will be performed under general anesthesia. This means you will be fully asleep during the surgery and will not remember it. The anesthesia professional stays with you throughout the entire surgery.

When it is time to go to the operating room, your support person(s) will be directed to the waiting area. The surgery team will update them on your status when your surgery is completed.

Once the surgery is completed, you will go to the Post-Anesthesia Care Unit (PACU)/Recovery Area. You will stay in the PACU until you are stable enough to be transferred to your room.

YOUR HOSPITAL STAY: DAY OF SURGERY

Your support person will be informed where you will be staying after your surgery. Guests are welcome 8 am to 8 pm, but hours may vary during peak flu/COVID season.

Sequential Compression Devices (SCDs) to help prevent blood clots will remain on your legs to help with blood circulation throughout your stay until your surgeon discontinues them.

When you arrive at your room, the nurse will ask you a few questions, take your vital signs, and may place you on some monitors.

Your nurse will educate you about pain control and the pain management scale. This will help ensure you are as comfortable as possible. Horizon Health uses a scale of 0–10 to assess pain.

Consider using a pillow or rolled towel as a splint.

The respiratory therapist will give you a device called an incentive spirometer and instruct you on its use. It is important to use this device to reduce the risk of respiratory infection. Your goal is to use the incentive spirometer 10 times each hour while you are awake.

Daily activity is important after surgery. Your nurse will get you out of bed and up for your first walk late the evening of your surgery or the next day.

Please reference your nutrition booklet for your day-of-surgery diet.

continued on page 14

continued from page 13

You will have a call button to call the nurse. Be sure to call the nurse if:

- You are concerned that something isn't right.
- Your pain is getting worse.
- You feel chest pain, shortness of breath, or dizziness/lightheadedness.
- You are bleeding or leaking from incisions.
- You are retching/dry heaving.
- You have pain in your lower legs.
- You have any questions about your treatment.

YOUR HOSPITAL STAY: DAYS ONE AND TWO AFTER SURGERY

- **Patients receive an esophagram** the morning after surgery to ensure liquid is passing through your new stomach correctly.
- **Your surgeon will visit you today to check on your progress**. You will have your incisions checked and begin preparations for going home.
- **Diet:** You will continue a clear liquid diet. Sip slowly, 4 oz per hour. You will be on a clear liquid diet until your one-week follow-up appointment with your surgeon.
- **Activity:** You will be asked to walk at least four times per day and move as much as possible.
- **Pain:** It is normal to experience a small amount of pain, but it is important to keep your pain under control. You will receive medication in your IV to help with any pain. Your nurse will ask you often about the level of pain you are experiencing.
- **Breathing:** You will continue to use your incentive spirometer 10 times each hour to help prevent lung infections.
- The medications you take for conditions, such as diabetes, blood pressure, and other medical conditions, may need to be adjusted after bariatric surgery.

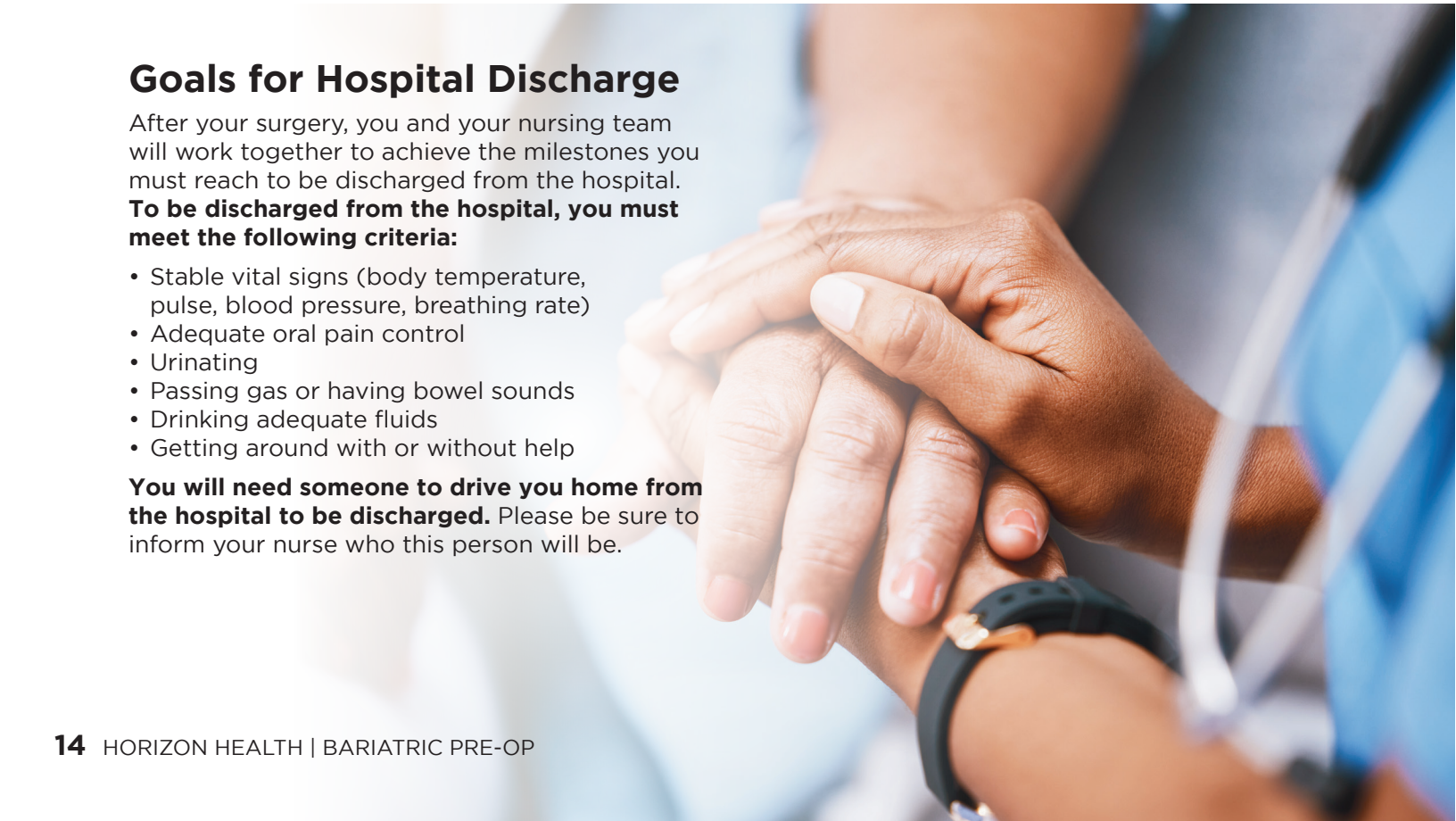
  >> *Any changes to your medications will be reviewed with you prior to your discharge.*

Goals for Hospital Discharge

After your surgery, you and your nursing team will work together to achieve the milestones you must reach to be discharged from the hospital. **To be discharged from the hospital, you must meet the following criteria:**

- Stable vital signs (body temperature, pulse, blood pressure, breathing rate)
- Adequate oral pain control
- Urinating
- Passing gas or having bowel sounds
- Drinking adequate fluids
- Getting around with or without help

You will need someone to drive you home from the hospital to be discharged. Please be sure to inform your nurse who this person will be.



RECOVERY AT HOME

Congratulations, you are now able to recover in the comfort of your own home! At home, you will need to focus on a few fundamentals to keep your recovery on track.

Medications • Pain Control • Wound Care • Diet and Fluid Intake
Activity • Vitamins and Minerals

Medications

At home, you will begin taking your medications as discussed prior to your discharge.

It is essential that you see the doctor who prescribed your daily medications within two weeks of hospital discharge. This may be your primary care doctor, your diabetes doctor, cardiologist, etc. This is the doctor(s) who will monitor your medication moving forward.

Your stomach is swollen and healing from surgery. For this reason, it is important to take your medications appropriately:

Size of the Medication

Taking a large pill after surgery can cause the medication to become lodged in your stomach.

Medications larger than the size of a pencil eraser should be crushed with a pill crusher.

>> *Do not crush pills with a spoon; you will not receive the proper dosage.*

If you take any medications in capsule form, open the capsule and sprinkle it on a small amount of unsweetened applesauce.

Extended-Release Medications

Extended-release medications cannot be crushed. **If you are taking any extended-release medications, please speak to the prescribing physician right away.**

Pain Control

When you were discharged from the hospital, you might have been given pain medication to take at home. **Be sure to take all pain medications as directed** using a medication syringe or medication cup.

Avoid taking NSAIDs (non-steroidal anti-inflammatory drugs), such as ibuprofen, Aleve®, naproxen, Motrin®, or Advil®. These medications are NOT safe to use after bariatric surgery because they put you at a higher risk of developing ulcers in your stomach.

Some patients experience headaches or mild discomfort around their incisions. Acetaminophen (Tylenol®) may help relieve this pain. Crushed Tylenol, Tylenol granules, or sugar-free liquid Tylenol are all acceptable options. Tylenol is safe to use, and it does not cause constipation or nausea like narcotic pain medications can.

Try these alternative ways to relieve pain:

A heating pad on your shoulder blades or upper abdomen may provide pain relief.

A pillow or rolled blanket can be used to **splint your belly.**

Walking is an excellent way to relieve many of the discomforts experienced after surgery.

Many narcotic pain medications cause constipation. **Try an over-the-counter stool softener,** such as Miralax®, or add a fiber supplement like Benefiber® or sugar-free Metamucil® to your fluids. If you have not had a bowel movement within four days, please call the nurse coordinator.

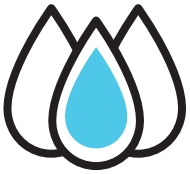
Wound Care

If you had laparoscopic surgery, you have multiple small incisions on your belly. Each of these small incisions has stitches placed under the skin that will be absorbed by your body. It is important to examine your incisions every day to look for signs of infection. Call your surgeon if you notice any of the following:

- Increased pain, pressure, redness, or swelling around the incision
- The area around the incision is warm to the touch
- Pus or a foul-smelling drainage from the incision
- Fever, chills, or overwhelming fatigue

You may shower daily with soap and water to clean your incisions. Do not rub the incisions; simply let the water run over them to rinse. Pat the area dry with a clean towel. Avoid using lotions, oils, or powders on the incisions.

Diet and Fluid Intake



When you arrive at home, you will be on a clear liquid diet. Please refer to the postoperative diet booklet, which will outline the dietary progression after surgery. It is normal to feel nauseous for up to two weeks after surgery. Contact your bariatric coordinator or dietitian if you are unable to eat due to nausea.

It is especially important that you follow the dietary progression after surgery. Your stomach needs time to heal before solid foods can be introduced to your diet. Please contact your dietitian with any specific questions relating to your diet. Your goal is to consume 64 ounces of fluids and 60–100 grams of protein daily. You will not be able to reach this goal right away, but it will get easier over time.

Working

It is recommended that you take at least two weeks off from work. You will need time to recover from surgery and learn how to eat with your new anatomy.

Activity

It is quite common to feel weak and tired after surgery. Your body is recovering from a major operation. It is important to increase your activity slowly.

Walking is an excellent exercise option after surgery. Take walks at least two to three times daily. Walking helps build endurance and reduces your risk of developing blood clots.

You should avoid any strenuous exercise, such as jogging or heavy lifting. We recommend you do not lift anything heavier than 15–20 pounds for the first 2–4 weeks after surgery.

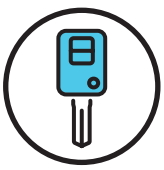
Vitamins and Minerals

Taking vitamin and mineral supplements are a lifelong commitment after bariatric surgery. After bariatric surgery, you are at significant risk for malnutrition because your intake and/or absorption of these nutrients has changed. You can protect yourself from these vitamin and mineral deficiencies by proactively taking your recommended vitamin regimen daily.

Begin taking vitamin and mineral supplements two weeks after surgery (your surgeon/dietician will advise you on this). If you are experiencing any post-op nausea, wait to take your vitamin supplements until the nausea is controlled or has resolved. Sometimes taking vitamin supplements on an empty stomach can contribute to nausea. Please refer to your postoperative diet booklet for the recommended vitamin supplementation protocol.

You will have blood drawn at your regular surgical follow-up visits. Your bariatric team will monitor the vitamin and mineral levels in your blood and inform you of any deficiencies and how to rectify them.

Driving



Before driving, make sure you meet the following:

- You must be off all narcotic pain medications.
- You are not feeling lightheaded or dizzy.
- You can turn your body in all directions to view traffic.

WHEN TO SEEK IMMEDIATE MEDICAL ATTENTION

Most patients who have bariatric surgery recover at home without issue. However, bariatric surgery is a major surgery. As with any major surgery, there can be complications. We ask that you become familiar with the signs and symptoms of the most serious complications.

IF YOU HAVE ANY OF THE FOLLOWING SYMPTOMS, GO TO THE EMERGENCY ROOM IMMEDIATELY!

Leak

A leak occurs when there is a breakdown of the staple line in your newly formed stomach. This results in your stomach's contents leaking into your abdomen. This is a serious and sometimes fatal complication that needs immediate attention, and possible surgery, to correct. **Do not delay treatment if you experience any of the following signs or symptoms:**

- A fever higher than 101 degrees Fahrenheit.
- Your heart is racing for no apparent reason. A heart rate greater than 20 beats in 10 seconds is cause for concern.
- Persistent nausea, vomiting, or dry heaving.

Blood Clot

Having surgery puts you at an increased risk for developing a blood clot. It may start in your legs and travel to your lungs. Blood clots may be fatal and require immediate attention. **Do not delay treatment if you experience any of the following signs or symptoms:**

- Shortness of breath that does not improve with rest
- Difficulty breathing at rest or with movement
- Chest or shoulder pain
- Pain or swelling in the arms or legs
- Calf pain

Other Complications

There are other abnormal signs or symptoms you may experience that can be very dangerous. **Do not delay treatment if you experience any of the following:**

- Black or bloody stool
- Nausea and vomiting
- Constipation lasting more than four days
- Vomiting blood
- Bleeding
- Cloudy, dark, and/or foul-smelling urine
- Painful, frequent urination, or inability to urinate
- Pain not relieved by medication
- Difficulty swallowing that does not improve

FOLLOW-UP AFTER BARIATRIC SURGERY

Following up with your bariatric surgical team is vital to ensure your success after bariatric surgery. Remember, your weight-loss journey is not over once you have completed your bariatric surgery. In fact, a new chapter to your weight-loss journey has just begun. It is imperative that you follow up with your bariatric surgical team who will monitor you for any postoperative complications, make sure you are nutritionally healthy, monitor your weight loss progress, and provide you with emotional support.

Follow-Up Visit Schedule:

	Surgeon	**Dietitian**
1 Week	X	
2 Week		X
1 Month	X	
2 Month		X
3 Months	X	X
6 Months	X	X
9 Months	X	X
12 Months	X	X
Annually	X	X

Support Groups

After having weight-loss surgery, you'll have many new experiences that people who haven't had this surgery may not understand. You need support! We encourage all bariatric surgery patients to attend regular support groups to get answers to their questions and to receive emotional support and guidance as they navigate their weight-loss journey. We understand support groups are not for everyone. You will never be forced to speak about or share your experiences. Even if you come just to listen, we know you will experience the benefits.

Please refer to the monthly support group calendar for dates and times.

ADDITIONAL RESOURCES

Helpful websites on bariatric surgery

American Society of Metabolic and Bariatric Surgery: *asmbs.org*

Obesity Action Coalition (OAC): *obesityaction.org*

Helpful tracking apps for your smartphone

Baritastic app: *baritastic.com*

MyFitnessPal app: *myfitnesspal.com*

Recommended reading

"Before and After: Living and Eating Well After Weight-Loss Surgery" by Susan Maria Leach

"Eating Well After Weight-Loss Surgery" by Patt Levine and Michele Bontempo-Saray

"The Emotional First Aid Kit: A Practical Guide to Life After Bariatric Surgery" by Cynthia L. Alexander

"Fresh Start Bariatric Cookbook: Healthy Recipes to Enjoy Favorite Foods after Weight-Loss Surgery" by Sarah Kent

"The Gastric Sleeve Bariatric Cookbook: Easy Meal Plans and Recipes to Eat Well and Keep the Weight Off" by Sarah Kent

"The Real Skinny on Weight-Loss Surgery" by Julie M. Janeway, Karen J. Sparks, and Randal S. Baker

"Recipes for Life After Weight-Loss Surgery" by Lynette Shultz and Margaret Furtado

"The Sleeved Life: A Patient-to-Patient Guide on Vertical Sleeve Gastrectomy Weight Loss Surgery" by Pennie Nicola

"Weight Loss Surgery Cookbook for Dummies" by Brian K. Davidson, David Fouts, and Karen Meyers

"The Weight Loss Surgery Coping Companion: A Practical Guide for Coping with Post-Surgery Emotions" by Tania Miller Kabala, PhD

"Weight Loss Surgery: Finding the Thin Person Inside You" by Barbara Thompson

"Weight Loss Surgery for Dummies" by Barbara Thompson, Brian K. Davidson, and Marina S. Kurian

"Weight Loss Surgery Workbook: Deciding on Bariatric Surgery, Preparing for the Procedure, and Changing Habits Post-Surgery" by Doreen A. Samelson

"The Weight of Being: How I Satisfied My Hunger for Happiness" by Kara Richardson Whitely