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GENERAL SURGERY CENTER

Committed to providing you state-of-the-art care

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LAPAROSCOPIC GASTRIC BYPASS SURGERY POST OPERATIVE GUIDELINES

Congratulations! You have your surgery behind you. Now, you are starting a journey to become healthier. This will require you to follow dietary guidelines and also to exercise regularly. Remember that there are many resources to help you. Our office will help guide you along the way. There is a support group that meets at Stringfellow Hospital monthly. Also, arrangements can be made to meet with the dietician for assistance (this is usually not covered by your insurance and will require payment for the visit). Finally, there are many patients who have had the surgery that can advise you and offer support.

DIET AFTER DISCHARGE (First two weeks)

Do not eat anything that requires chewing in the first two weeks. The pouch needs time to heal, and attempts to eat regular food may cause a tear and a leak. This can result in a need for emergency surgery, a long stay in the ICU, and even death! This is why you must stay on a full liquid diet for the first two weeks after surgery.

It is important to take in liquids frequently in the first two weeks. You should be drinking every 15-20 minutes in order to avoid becoming dehydrated. Water, artificially sweetened drinks such as tea, sugar-free Kool-aid are all okay. You also can drink high protein liquids such as skim milk, Carnation Instant Breakfast (no sugar added), broths (chicken or beef), strained low carb soups, Yoplait Lite yogurt, sugar-free puddings or custard mixed with skim milk. Baby food is okay, and can provide good sources of protein. A good rule of thumb is to take in 3 cups of water or artificially sweetened liquids, and 3-4 cups of higher protein liquids each day.

Remember that the pouch is small, only one ounce or two tablespoons. So do not try to take in more than one ounce at a time. Otherwise you will overflow the pouch and may vomit.

Avoid carbonated drinks, alcohol, and any drinks with sugar (other than natural juices – you may have up to one cup of juice a day). Too much sugar can cause a dumping syndrome. This is a very unpleasant feeling that may include nausea, cramps, diarrhea, dizziness, and feeling faint.

You should take two children's chewable vitamins (look for Flintstone's Complete or Centrum Junior) every day.

ACTIVITIES (First two weeks)

Do not lift anything heavier than a gallon of milk or do any strenuous activities until you come in for a follow-up appointment. You can drive a car after discharge (as long as you are not taking prescription pain medicine). You must walk several times a day to avoid the risks of blood clots. If you take a car trip, you must stop every two hours and get out of the car and walk. The risk of blood clots lasts about 3 weeks after surgery. You may start walking short distances but do not start an exercise program until you have had your first follow-up visit with us.

DIET AFTER FIRST POST-OP VISIT

You will have a follow-up appointment about 10 days after your surgery. At this appointment, you will have the wounds checked on your abdomen. You will also receive instructions on diet and exercise.

At two weeks, you may eat regular food. It is best to eat 3 meals a day with one or two snacks as needed. Each meal should include a protein source, and the diet should be a high protein diet. Remember that the pouch is only one ounce (two tablespoons). Do not try to over-eat as that will result in discomfort and vomiting. Some examples of

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protein foods are as follows: chicken, beef, pork, fish, shrimp, tuna, cheese, eggs, tofu, cottage cheese, low-carb yogurt, skim milk, peanut butter, and larger beans such as pinto beans. Snacks should consist of healthy choices such as fruit, low-fat string cheese or a slice of lean meat. You may also eat raw vegetables such as carrot sticks.

You can increase your protein intake by adding baby food meats to pasta dishes or soup. You can add non-fat dry milk to soups, hot cereals, macaroni and cheese, skim milk and other foods.

Do not eat and drink at the same time. This will fill the pouch too quickly and make you nauseated or sick. Remember to chew your food till it is liquid in consistency.

You can switch to an adult vitamin rather than the children's vitamins. We do not require our patients to take vitamin B12 or calcium. Some patients will show deficiencies in these vitamins, and it is perfectly okay to take them. We will do blood work at 6 months to check for any deficiencies, and will put patients on additional supplements if needed. You should not take vitamin B12 injections unless your doctor documents a true deficiency by a blood test. This will make it impossible to know if you have a true deficiency or not.

You should make an appointment with your medical doctor soon after your surgery. Patients with diabetes and high blood pressure often will get off of, or need less of their medication. We have had patients to get off of very high doses of insulin within two weeks of surgery. Patients on certain other medications will need the doses adjusted as they lose weight.

ACTIVITIES TWO WEEKS AFTER SURGERY

You need to start an exercise program two weeks after surgery. Regular physical activity is an important part of any weight loss program. We recommend a walking program 5 times a week. It is best to start at a pace that you can handle, and then to build from that gradually. Walking for 30-60 minutes should be your goal. If you cannot walk, other activities such as swimming, stationary bicycling, etc. can be substituted. Also, you can be referred for evaluation of an appropriate activity by physical therapy. Exercise will give you better energy levels, decrease the amount of excess skin as you lose weight, and contribute to your weight loss. When you get to your desired weight, exercise will help you maintain it. If you burn 200 calories a day walking (equal to walking about two miles) and you do this 5 times a week, which amounts to over 50,000 calories in a year (about 25-30 pounds). After about 3-6 months, you may do more strenuous exercises as desired.

SOME GENERAL COMMENTS AND ANSWERS TO FREQUENTLY ASKED QUESTIONS

Hair thinning can occur after this surgery. It rarely is due to any vitamin deficiency. It occurs because of the shock to your system of profound weight loss. This is obviously a good shock, but a shock none-the-less. Most of the time, it occurs between the 4th and 12th months. It will generally reverse and the hair will come back after the majority of your weight loss has taken place.

You will find that there are certain foods that you once liked that no longer appeal to you. You will find some foods that you previously could eat that do not agree with you after surgery. This is normal. Most of the time, this will sort itself out once the pouch has stretched out after surgery.

You should not ever eat more than about 5 ounces after surgery. The pouch will stretch some, and this is planned for by initially making the pouch only one ounce in size. A good rule of thumb is to never eat more than the equivalent of a white bread sandwich, or medium sized chicken breast. Remember, you want the surgery to be successful for the rest of your life.

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It is possible to initially lose your excess weight and then fail the surgery long term. Most of the time this occurs because of grazing-type eating. In other words, people who eat all the time even though they have a small pouch, can take in too many calories leading to weight gain. Also, snacking on nuts, chips, and other high calorie items can result in a failure to maintain weight loss. Remember, it is never appropriate to exercise poor eating habits.

If you “hit a brick wall” and are not losing weight, you should keep a diary of everything you eat. Most of the time, you will get back on track by going back to a high protein diet. Most patients tend to eat more carbs (pasta, rice, potatoes and bread) as they get farther away from the surgery. This usually will result in a marked slow down in your weight loss.

Do not set an unrealistic goal for your weight loss. If you are a woman, your ideal weight is 100 pounds plus 5 pounds for each inch that you are over 5 feet. You then have a range from that weight plus about 25-30 pounds. For example, a woman who is 5’5” has an ideal weight range from 125-150 pounds. If you are a man, your ideal weight is 110 pounds plus 6 pounds for each inch that you are over 5 feet. You then have a weight range from that weight plus about 30 pounds. For example, a man who is 5’9” has an ideal weight range from 160-190 pounds.

Many people after surgery will feel depressed. This usually is due to a loss of being able to use food and eating as a means of dealing with emotional stress. Food for some has become a substitute for many things, a crutch. These feelings usually pass quickly, especially when you see the pounds fall away and you realize that there is a whole new life out there. It is best to talk to others about these feelings.

Do not try to cheat on the diet guidelines. The only one you will hurt is yourself. Remember, you do not want to go back to where you are trying to escape from. Aim high, work hard, and turn your life around. You will enjoy the new you.

About one out of four patients may experience gallbladder problems after this surgery. The typical symptoms include pain in the upper abdomen (usually on the right side) associated with nausea and vomiting after eating. Some patients will feel bloated after eating and have increased gas in the GI tract. Let us know about these symptoms so that an appropriate evaluation can be done.

Follow-up appointments are tremendously important. We will see you in about 10 days after discharge, at about 6 weeks after surgery, at 6 months, post-op, and at one year post-op, and then yearly thereafter. We also recommend that you see your medical doctor within 2-3 weeks after surgery, and as advised, have them to monitor the need for continuing certain medicines. We will see patients more frequently if it is apparent that they are not following guidelines or if they need special attention, or have special needs.

It is strongly advised that you maintain our phone and fax numbers. Patients who live a distance away who have any problems requiring emergency treatment or who do not have medical personnel familiar with the care of patients after gastric bypass should feel free to call our office (after hours, the answering service will contact the surgeon on call). Our phone number is 256-240-9660, and our fax number is 256-240-9636.

Reviewed by: _____

Date of review: _____