

## **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.*

### **Table of Contents**

Enhanced Recovery Pathway (ERP) .....	1
Digestive system.....	2
Roux-en-Y gastric bypass and sleeve gastrectomy.....	3
Preparing for surgery: 1 to 4 weeks before surgery .....	4
ERP keys to success before surgery .....	5
Preparing for surgery: 14 days before surgery .....	7
One day before surgery .....	8
Day of surgery .....	9
During your surgery.....	11
After your surgery .....	12
Recovering in the hospital after your surgery .....	12
Recovering at home after your surgery .....	16
Contact information .....	21

### **Enhanced Recovery Pathway (ERP)**

Your healthcare team will follow treatment practices of the Enhanced Recovery Pathway (ERP). This program has been studied and proven to help patients recover more safely and quickly. This plan of care helps you and your healthcare team work together to:

- Promote healing
- Control your pain with fewer narcotics
- Allow you to 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

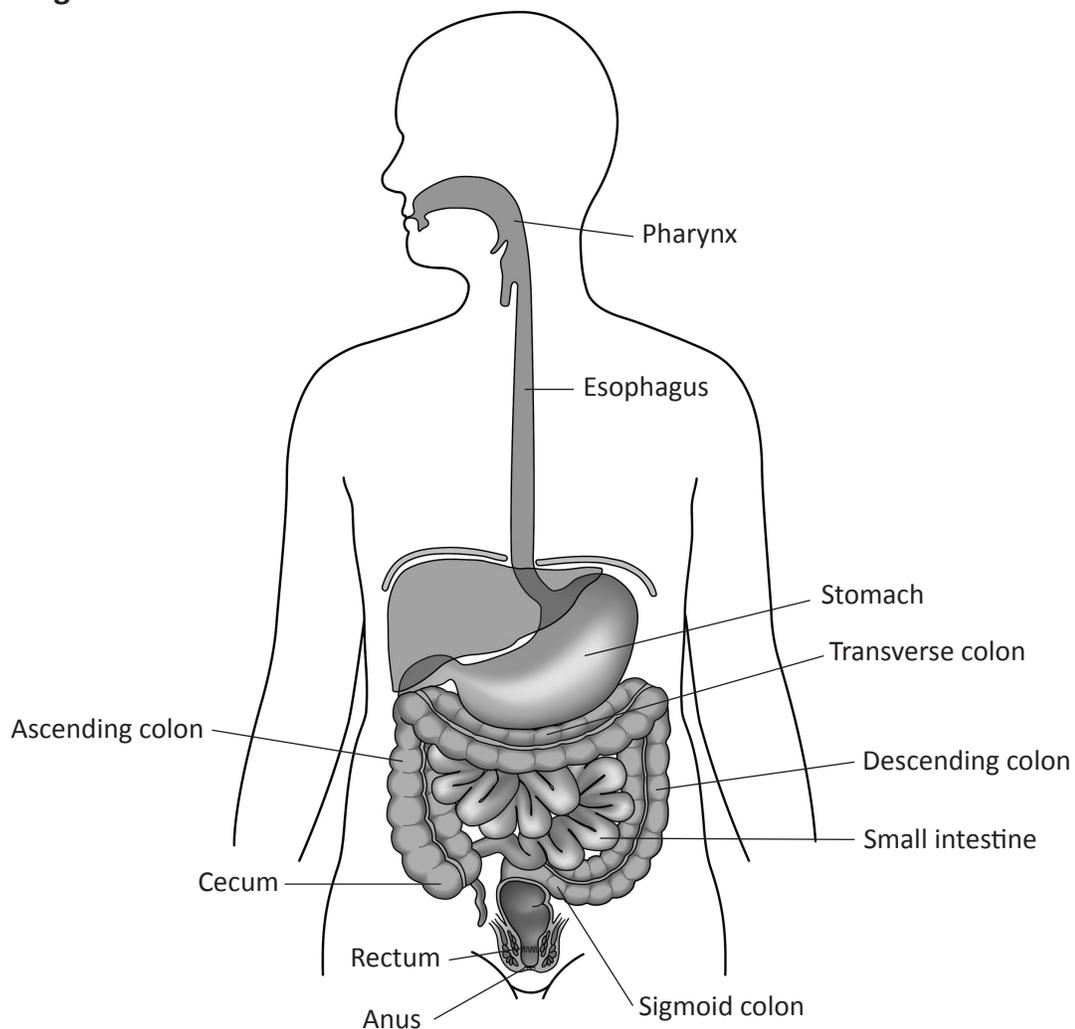
Be sure to follow your surgeon's pre-surgery instructions that will include specific details for you.

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 is completed. There, the nutrients from food are absorbed for use by your body. 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**

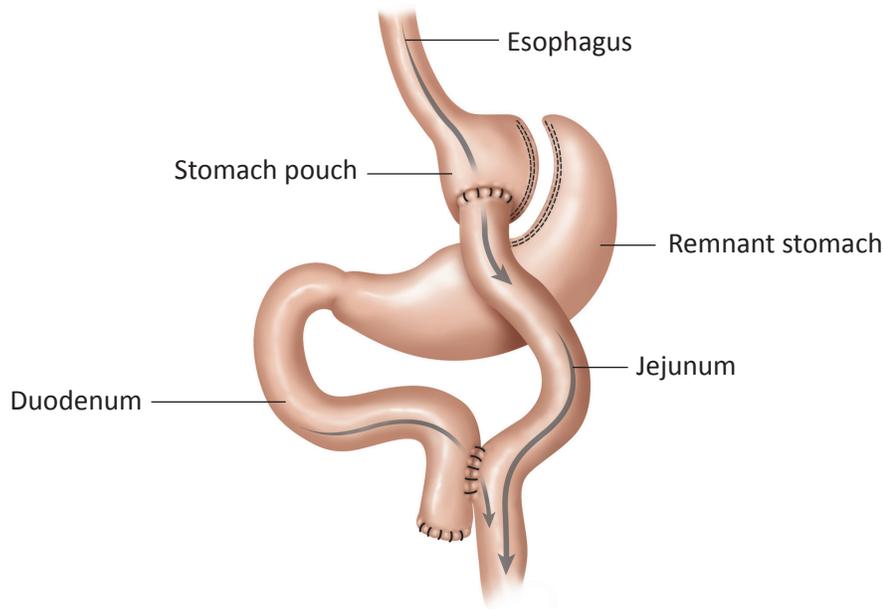


## Roux-en-Y gastric bypass and sleeve gastrectomy

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

- The lower half of the stomach is closed off.
- The smaller, upper portion of the stomach is connected directly to the middle part of the small intestine (jejunum).
- The lower section of the stomach and the first part of the small intestine (duodenum) are bypassed.

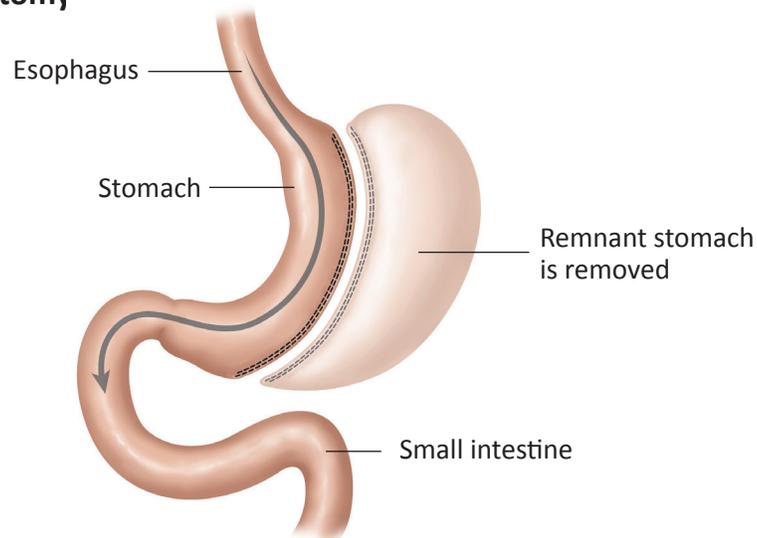
**Figure 2. Roux-en-Y Gastric Bypass**



In a sleeve gastrectomy (Figure 3):

- The stomach size is reduced by surgical removal of a portion of it.
- The open ends are then stapled together, forming a sleeve or tube.

**Figure 3. Sleeve Gastrectomy**



As a result:

- The new, smaller stomach (pouch) limits food intake.
- Fewer calories, fats and nutrients are absorbed.
- The patient loses weight.

Your surgery \_\_\_\_\_

Your surgery date \_\_\_\_\_

## Preparing for surgery: 1 to 4 weeks before surgery

### ***Canceling surgery***

Please call your surgeon's office as soon as possible if you get sick, including:

- A cold
- Flu
- Upper respiratory infection
- Fever 2 to 3 days before your scheduled surgery

Please also notify your surgeon if you become pregnant.

If you cannot reach your surgeon, call the Pre-operative Clinic at 312.926.4343 to discuss the issue.

### ***Pre-operative Assessment Clinic visit***

Before surgery, you must be seen at the Northwestern Medicine Pre-operative Clinic (Pre-op Clinic). **You will not be able to have your surgery if you do not go to the Pre-op Clinic for an evaluation.** Your appointment will be scheduled for you before you leave your surgeon's office. It will be 7 to 21 days before your surgery. Your surgeon's office will give you the instructions about your Pre-op Clinic visit. **Please call your surgeon's office if you do not receive this information.**

The Pre-op Clinic is open Monday through Thursday, 8 am to 5 pm, and Friday, 8:00 am to 3:30 pm.

It is located at Northwestern Memorial Hospital in the:

Lavin Family Pavilion  
17th Floor  
259 East Erie Street  
Chicago, Illinois 60611

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

- All current medications, 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 will talk to 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, extra tests may be ordered based on your past medical history. There is no need to fast before this appointment.

The Pre-op Clinic provider will give you written instructions for taking or discontinuing medications before surgery. If you have diabetes, please discuss your diabetes medicines with your physician.

If you have any questions, you may contact the Pre-op Clinic directly at 312.926.4343. For more information, go to [nm.org](http://nm.org) > Patients and Visitors > I Am Having Surgery. You may also watch the video “Preventing Complications After Surgery” on this site.

## **ERP keys to success before surgery**

### ***Stay fit***

It is very important that you are in good 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 strenuous. Try going on a 15-minute walk 3 times a week, and 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, your surgery will be cancelled.

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. A variety of medical and counseling services are available to help you quit.

### ***Avoid alcohol***

Do not drink alcohol for 24 hours before your surgery. Alcohol can cause a bad reaction with the medicine you will receive 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 if you do not drink alcohol.

### ***Stop and discuss illegal drugs***

If you use illegal drugs, please speak privately with your surgeon or physician in the Pre-operative Clinic. Any conversation regarding illegal drug use is confidential and will remain private. 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 about all of the medicines and drugs you use so that we can provide proper care.

### ***Plan ahead***

Before your surgery, we suggest that you 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.

We encourage patients 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. 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.
- 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 healthcare team know.

### ***Insurance, disability and Family Medical Leave Act (FMLA) forms***

Your employer may request that your surgeon's office complete insurance, short-term disability and FMLA paperwork. You should allow 10 business days for paperwork to be completed. 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 allowed to drive until your surgeon tells you that you can. You cannot drive while you are taking narcotic medicine. Let your nurse know if you have any concerns about going home.

Complications after surgery are rare, but they can happen. For that reason, international and other long-distance travel is not advised for the first 4 weeks after surgery. If you are traveling a long way to the hospital for your surgery, talk to your surgeon about travel arrangements for after surgery.

## Preparing for surgery: 14 days before surgery

### ***Diet***

For 14 days before surgery, follow a low-carbohydrate, high-protein diet.

### ***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 medicines
- Herbal supplements and teas

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

- Warfarin (Coumadin®)
- Aspirin
- Clopidogrel (Plavix®)
- Heparin

### ***What to bring for your hospital stay***

Gather the following items to bring to the hospital:

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

Bring the following items to have after surgery:

- Bathrobe and slippers or walking shoes
- Loose, comfortable clothing and/or pajamas (if you prefer those rather than a hospital gown)
- Glasses, contact lenses, hearing aids, dentures and their storage containers, labeled with your name
- Cane, crutches or walker as needed, labeled with your name
- All of your CPAP equipment (mask and machine), if you use this for sleeping
- Magazines, books or other reading materials, if you wish
- Loose, comfortable clothing to wear home when you are discharged

## **One day before surgery**

### ***Phone call from the Same-Day Surgery scheduling desk***

You will receive a call from the Same-Day Surgery scheduling nurse between 2 and 5 pm to discuss:

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

\*If the instructions you receive from the nurse are different from what you have heard before from your surgeon or Pre-op Clinic, please check with your surgeon's office.

If you do not receive a call by 5 pm or would like to talk with the pre-op nurse, please call the Same-Day Surgery Unit at 312.926.5450 before 7 pm.

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

### ***Pre-op washing***

It is important to follow the instructions for washing at home before surgery to help prevent infections. You will take 2 showers with the chlorhexidine soap prescribed by your surgeon. Use 1 entire bottle of chlorhexidine soap for each shower.

The night before surgery

- Take a bedtime shower using 1 entire bottle of chlorhexidine soap as follows:
  - Step 1: Wash your face and hair with regular soap and shampoo, and fully rinse clean.
  - 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 before rinsing off soap.
- 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 shower.
- Wear clean clothes to bed.
- Sleep on clean sheets

It is very important to follow these instructions to prevent infection.

### ***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 recover quickly.

## ***Diet***

Continue with the low-carbohydrate, high-protein diet until midnight the night before surgery. It is very important to drink plenty of water throughout the day in order to avoid dehydration.

Continue to take your medicine as directed by your surgeon.

## **Day of surgery**

### ***The morning of surgery***

- Shower using 1 entire bottle of chlorhexidine soap. Follow the previous instructions for correct use of this soap.
- 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 things you can see through, such as:

- Water, tea or coffee (no 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:
  - Gabapentin (300 mg)
  - Acetaminophen (1,000 mg)
  - Ibuprofen (600 mg)
- Do not eat, drink or put anything in your mouth after this time.
- Do not use gum or cough drops.

Bring only the essential items you have gathered. Please leave all valuables (jewelry, credit cards, money) at home. This includes body-piercing jewelry and tongue studs. You may not wear any jewelry during surgery.

## ***Arrival***

Please arrive 1 1/2 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 the 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, Prentice or Same-Day Surgery in Galter, 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.** Valet and self-parking are accessible from 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 second-floor bridge connects it to Lavin Pavilion.
- **Valet parking** is available at the Lavin Family Pavilion (259 East Erie Street) and at Prentice Women's Hospital (250 East Superior Street).

Please bring your parking ticket in with you to have it validated. Tickets can be validated at the Customer Services Desks on the first and second floors of the Feinberg and Galter pavilions, and on the first floor of Prentice Women's Hospital (including the 24-hour desk near the Superior Street entrance).

Current parking costs (subject to change):

- \$11 for less than 7 hours
- \$25 for 7 to 24 hours

## ***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.

## ***Pre-operative area***

- A member of our team will take you to the pre-operative area and complete a final checklist with you.
- You will be asked to change into a hospital gown.
- You will get a small injection of a blood thinner to prevent blood clots.
- An IV will be started in a vein in your hand or arm so that you can receive fluid and medicine during the surgery.
- You will meet your anesthesia provider and other members of your surgical team who will answer any questions and ask you to sign consent forms.

You will be in the pre-operative area for about 2 hours. Your nurse will keep you informed of any delays. You may have 2 adult visitors at a time with you. Other visitors can wait in the family waiting room. Glasses, contact lenses, hearing aids, dentures and hairpieces are removed before you go to the operating room. Visitors may not go with you when you are moved to the operating room.

## **During your surgery**

In the operating room, you will be given medicine to help you relax and feel drowsy. You will be connected to a heart monitor and you will breathe through an oxygen mask. Next, you will be given general anesthesia. It includes receiving IV medicine and breathing anesthetic gases mixed with oxygen.

You will be asleep and monitored by the healthcare team during your surgery. You will not be aware of the surgery or your surroundings. A tube will be placed in your windpipe to help you breathe during surgery. This is why some patients have a slight sore throat after surgery.

Once you are asleep, surgery begins. It can be done one of 2 ways:

- The laparoscopic procedure involves a tiny camera on a tube that is inserted into an incision near the navel. Another 4 or 5 incisions are made to perform the surgery itself. The small incisions are closed with a dissolving suture and covered with small tapes (Steri-Strips™) or Band-Aids®.
- In an “open procedure,” a 6- to 10-inch vertical incision is made down the center of your abdomen. After surgery, your skin is closed with metal staples (clips).

Surgery lasts about 3 1/2 to 5 hours, including preparation and recovery time.

### ***Family and friends***

It is helpful to designate 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 who wish to be present during your procedure may wait for you in the Surgery Waiting Area on the 5th floor of the Feinberg Pavilion. A video screen in the waiting area will track the status of your surgery. For the comfort of everyone in the waiting area, visitors should silence all electronic devices. Volunteers at the desk will be able to provide 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 left alone in the waiting room. A responsible adult must supervise them.

### ***Other resources***

Food options are available throughout the hospital and on the 2nd floor of the Feinberg, Galter and Lavin Family pavilions and Prentice Women’s Hospital.

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

## After your surgery

After your 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
- An IV in your vein giving you fluids and medicine
- 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 following surgery, but you may not remember the conversation if you are still recovering from anesthesia.

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

Your family may visit you once you are in your hospital room, which is usually 1 to 3 hours after the surgery is finished. For safety and privacy reasons, children under the age of 16 may not visit the surgical patient areas.

## Recovering in the hospital after your surgery

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

The ERP is designed to:

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

Your healthcare team will include:

- Your surgeon (or “attending” surgeon)
- Residents (surgeons in training)
- Advanced practice providers (nurse practitioners, advanced practice nurses)
- Nurses
- Medical students
- Other specialists as needed, such as social workers, dietitians, and physical and occupational therapists

The residents, nurse practitioners and students work very closely with the attending surgeon as team members. They provide an important set of eyes and ears on your care. To assess your progress, your surgical team will be in to see you twice a day each day. If you have any questions or concerns, ask your nurse to page the nurse practitioner.

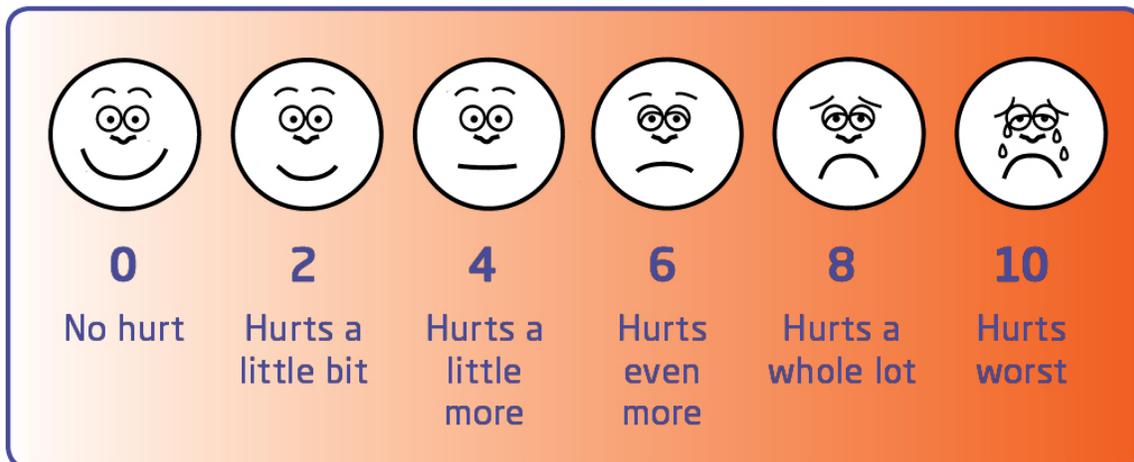
### ***Pain control***

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

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

While no medicine 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 (0 means no pain and 10 is the worst pain you can imagine). We want to keep your pain below 4 (out of 10).

Pain Rating Scale® Mosby



You may receive medicine through your IV or by mouth to help control 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 medicine as needed to control 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). You should take 10 breaths 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 complications such as pneumonia and blood clots

### ***Activity***

Many patients may be strong enough to get out of bed and sit in a chair the day of surgery. As you are able, your nurse will assist you with a short walk in your room. Later, you will walk in the hall. Always ask your nurse for help with walking to the bathroom or in the hallways. Each time you walk, increase your time and distance as tolerated. This will help you become stronger as you prepare to go home.

You will receive small injections of a blood thinner every day you are in the hospital to prevent blood clots. Foot pump exercises—moving your feet up and down at the ankle—are encouraged. This also helps to prevent blood clots from forming.

### ***Diet***

You will receive a sugar-free, bariatric clear liquid diet. At first, measure the amounts you drink every hour and follow your dietitian/team guidelines. Drink slowly to allow your new pouch to get used to taking in fluids. Watch for signs of fullness, such as a tight feeling or nausea. If you are drinking slowly, your pouch will give you a warning sign before fullness occurs. As you progress, you will also be given a pitcher of water to show that you are able to meet your liquid goals. You may bring Crystal Light or flavorings to add to the water if you wish.

### ***Goals for the day of surgery***

- Managing 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
  - Be out of bed (on and off) at least 2 hours, either sitting in the chair or walking.
  - Sit in a chair for meals.
  - Take at least 1 walk around the halls with staff assistance.
  - Wear SCDs (compression boots) while in bed or sitting in a chair.
- Bariatric clear liquid diet
  - You may be allowed to start water or other clear liquids after surgery. Your surgeon will decide this. At first, liquids will likely be restricted to no more than 2 ounces per hour as tolerated. **Drink slowly.**

- Breathing exercises
  - Cough.
  - Take deep breaths.
  - Use your incentive spirometer 10 times every hour while awake.
- Watch the “Preventing Complications After Surgery” video.

***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 (on and off) at least 8 hours, either sitting in chair or walking.
  - Sit in a chair for meals.
  - Walk 4 times around the halls with help.
  - Wear SCDs (compression boots) while in bed or sitting in chair.
- Follow a bariatric clear liquid diet.
- Continue coughing and deep breathing exercises.
- Shower.
  - Surgical dressing should remain intact.
- Your IV will be removed just before you are discharged from 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 are able to take in a clear liquid diet.
- You are ready to start a high-protein liquid diet at home.
- Your pain is controlled by oral medication only.
- You are able to walk or move around safely.
- You are able to use the bathroom on your own.
- Any other medical conditions are under control.
- You have no other problems that keep you from going home.

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 appointments
  - Surgeon—about 1 week after you leave the hospital
  - Dietitian—about 2 weeks after you leave the hospital

You will get prescriptions for the medicines that you will need to take at home. Some patients may need blood-thinner shots to continue at home. If you wish, you can fill your prescriptions at the Walgreens located on the 1st floor in the Galter Pavilion.

If you have any questions or concerns about your home care, please ask. Remember that you must have a responsible adult to assist you in getting home.

## **Recovering at home after your surgery**

Follow your discharge instructions to assist in your recovery. Most patients improve each day following surgery. It may take 1 to 3 months to fully recover from your surgery, but most patients make rapid improvement during the first several days. You will gradually feel stronger and become more active. 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 feel free to ask your surgeon or nurse.

### ***Medicines***

Take care to follow prescribed guidelines for all medicines. If you are able to swallow medicines with liquids and you do not over-distend your stomach, you may take them whole. If the pill plus the liquid gives you an “uncomfortable fullness,” then you may need to break your pills into small pieces or crush them. Please ask your physician if your medicines can be crushed or changed to liquid. Sustained or extended-release medicines may not be crushed or broken. If you take many medicines, you may need to stagger them throughout the day.

Begin taking a chewable multivitamin every day. Other vitamin and mineral supplements will be added by your weight management team.

### ***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 medicine. Take your pain medicine as ordered. Some medicine may upset your empty stomach. To prevent nausea, you should take the medicine with food.

Pain medicine may cause constipation. To help your bowels stay regular:

- Drink your fluids.
- Stay active.
- Add fiber to your diet as directed by the dietitian.
- Take stool softeners if your surgeon tells you to use them.
- If needed, take a mild laxative such as Milk of Magnesia or Miralax®. Follow the dosing directions on the bottle.

For mild discomfort, you may take plain Tylenol® (acetaminophen). Acetaminophen can cause liver damage if you take too much. Be sure to read labels carefully and check with your pharmacist about your medicine. If you are taking Tylenol for pain, follow dose directions and do not take more than 4,000 mg in 24 hours. Norco® and Tylenol 3® also contain acetaminophen. Check with your surgeon about the 24-hour limits that are right for you.

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 any vehicles.

Sometimes patients need a refill prescription for their narcotic pain medicines. Narcotic refills must have a paper prescription that cannot be faxed or transmitted electronically. If you feel you will need refills, please call your surgeon's office several days before you expect to run out so that your medication can be filled in a timely manner. Narcotics cannot be refilled through NM MyChart.

Call your surgeon if you have any side effects, such as:

- Nausea or vomiting
- Headache
- Rash
- Drowsiness
- Dizziness
- Constipation
- Fever

### ***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.

Your incisions may be closed with skin glue. This is maintenance-free and you can shower and pat your incision dry. The skin glue will get gummy in about 10 days and can be removed at that time.

***If you have skin staples in place, your surgeon will remove them within 14 days.*** If you have paper strips of tape (Steri-Strips) on the skin over your incision, leave them on until they fall off. These offer extra support as your incision heals. Stitches are absorbed into your body and do not need to be taken out. No other dressing is needed.

Inspect the site daily; some bruising or redness can be expected. Itching or a small amount of drainage is also normal.

Report these signs of infection to your surgeon:

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

### ***Showering***

- You may shower 1 day 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 you are told you may do so by your surgeon.

### ***Diet***

Begin the bariatric full liquid diet according to your Bariatric Surgery Program nutrition booklet. Continue your diet until your first after-surgery visit to the office. This will be about 7 days after surgery.

Aim to drink a total of 64 ounces (2 quarts) every day. This includes protein shakes that contain 80 to 120 grams of protein (per day) 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.

Start your day with a protein shake as soon as you get up. Then, try to drink a total of 1/2 cup of liquids every 30 minutes. Take small sips often.

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

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

After you are told that you may add puréed foods (1 to 2 weeks after surgery):

- Eat 1 to 2 small, puréed meals 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 (meat, 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 meals, with meals, or at least 30 minutes after meals.

Refer to the diet guidelines you received 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. Gradually increase your activity until you are walking 30 minutes a day. In addition, walk around every hour while you are awake.
- You may tire easily for several weeks after surgery. Rest if you get tired.
- To reduce your risk of blood clots, avoid sitting for long periods of time. When sitting, elevate your feet.
- It is okay to climb stairs. Do not overexert yourself.
- Try to get a good night's sleep. Taking pain medicine at bedtime may be helpful if you have difficulty getting in a comfortable sleeping position.
- Do not lift anything heavier than 10 pounds for 4 weeks after your surgery. Heavy lifting places a strain on your incision.
- Avoid strenuous physical activity (weight training, stair-stepping machines, elliptical machines, yoga, Pilates and treadmills) for 4 to 6 weeks after surgery.

### **Driving**

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

### **Sexual activity**

Many people have questions about resuming sexual activity after surgery. After 10 days, if you feel good and are well rested, sexual activity may be resumed. 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 arrange to take 4 to 6 weeks off from work after surgery. Please talk with your surgeon about returning to work.

It is difficult 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.

### **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.

You may feel upset, anxious or depressed after surgery. This is normal. Most of these feelings go away after a few weeks. If they persist, 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 room.

It is common to have loose stools after your surgery. Contact your physician if you have 5 or more bowel movements in a 24-hour period.

### ***When to call your surgeon***

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

Contact your surgeon if you notice any of the following:

- Racing or fast heartbeat (more than 100 beats per minute)
- Shortness of breath
- Temperature over 101 degrees F
- Thick drainage or pus at the incision site
- Increased tenderness or soreness at the wound site
- Wound edges that are no longer together
- Redness or swelling at the wound site
- Severe pain not controlled by your pain medication
- Anxiety or depression lasting more than 2 weeks
- 5 or more bowel movements in a 24-hour period
- Constipation lasting 5 days
- Swallowing that becomes more difficult, or inability to swallow or keep down food
- Uncontrolled vomiting or nausea not related to eating too much, too fast, too much sugar or too much air
- Inability to drink fluids or keep fluids down

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.

## Contact information

You may contact your surgical care team 24 hours a day, 7 days a week, at 312.695.7070.

- During business hours (8 am to 5 pm, Monday through Friday), please ask for your surgeon's nursing team.
- Non-emergent messages, such as paperwork requests, can be submitted through NM MyChart. We may take 2 business days to respond to NM MyChart messages. NM MyChart is intended for non-urgent issues only.
- For urgent issues during non-business hours, an answering service will take your call and contact a member of your healthcare team on your behalf.
- For all emergencies, call 911.

## Northwestern Medicine – Health Information Resources

For more information, contact Northwestern Memorial Hospital's Alberto Culver Health Learning Center (HLC) at [hlc@nm.org](mailto:hlc@nm.org), or by calling 312.926.5465. Health information professionals can help you find the information you need and provide you with personal support at no charge.

For more information about Northwestern Medicine, please visit our website at [nm.org](http://nm.org).

*Para asistencia en español, por favor llamar al Departamento de Representantes para Pacientes al 312.926.3112.*

The entities that come together as Northwestern Medicine are committed to representing the communities we serve, fostering a culture of inclusion, delivering culturally competent care, providing access to treatment and programs in a nondiscriminatory manner and eliminating healthcare disparities. For questions, please call either Northwestern Memorial Hospital's Patient Representatives Department at 312.926.3112, TDD/TTY 312.926.6363 or the Northwestern Medical Group Patient Representatives Department at 312.695.1100, TDD/TTY 312.926.6363.

Developed by: Northwestern Medicine Bariatric Program and Northwestern Memorial Hospital Inpatient Surgical Nursing