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BARIATRIC SURGERY

PATIENT MANUAL GUIDE

Comprehensive Guide to Your Journey

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1. 📖 ABOUT OBESITY

The Challenge: Obesity is a chronic disease affecting millions of adults. The health effects are numerous and can be disabling, often creating situations that shorten lifespan and negatively impact quality of life.

The Good News: You are not alone, and our team is here to help you overcome this disease and achieve a healthy life.

Benefits of Weight Loss:

- Improved physical and emotional well-being
- Reduced high blood pressure
- Resolution of sleep apnea
- Improved reflux symptoms
- Better diabetes control
- Improved cholesterol levels
- Decreased risk of heart disease and certain cancers
- Better overall quality of life

💡 **Important:** Weight loss should be gradual, sustained, and accompanied by careful attention to proper nutrition.

2. 🏥 BARIATRIC PROCEDURES

Restrictive Procedure: Gastric Sleeve

The vertical sleeve gastrectomy removes approximately 80% of the stomach, leaving a sleeve-shaped stomach with a capacity of 60-100 cc. The outlet valve (pylorus) and stomach nerves remain intact, preserving stomach function.

Key Advantages:


- Fewer food restrictions after surgery
- Reduced ghrelin hormone production (decreases hunger)
- No intestinal bypass—reduces the risk of complications such as anemia, osteoporosis, and vitamin deficiencies compared to malabsorptive procedures.
- Normal stomach function preserved

⚠️ **Note:** The sleeve is NOT reversible.

Malabsorptive Procedures: Gastric Bypass & Duodenal Switch

These procedures combine restriction with malabsorption. The stomach is divided into a small pouch, and the small intestine is rearranged to reduce calorie absorption.

Important Considerations:

- Nutritional deficiencies are possible—lifelong vitamin supplementation required
 - Risk of dumping syndrome: food moves too quickly from stomach to intestine
 - Avoid high-sugar and hyper-caloric foods
-  **KEY PRINCIPLE:** Eat only at mealtimes (5 small meals daily) or something light every 3-4 hours. Do NOT graze between meals.

3. BEFORE SURGERY

Follow all pre-operative instructions provided. This is critical for your safety.

Medications - From 1-2 Weeks Prior to Surgery:

DISCONTINUE:

- Vitamins and mineral supplements
- Aspirin (unless baby aspirin for heart condition)
- NSAIDs (Ibuprofen, Advil, Aleve, Motrin, etc.)
- Hormonal medications and birth control pills
- Herbal medications and remedies
- All non-steroidal anti-inflammatory medications

ALLOWED:

- Tylenol for minor pain or headache

DO NOT STOP - CONTINUE TAKING:

- Blood pressure medications
- Diabetes medications
- Thyroid hormone substitutes
- Antidepressants

Special Considerations:

- If taking baby aspirin prescribed by cardiologist: DO NOT suspend
- If taking blood thinners: notify your coordinator immediately
- Birth control pills: suspend 1 week prior, resume 1 month after surgery
- Suspend alcohol consumption and smoking 1 week before surgery
- Resume suspended medications 1 week after surgery or as directed by surgeon

4. ✨ WHAT TO EXPECT AFTER SURGERY

It is very important to follow eating and drinking instructions immediately after surgery to allow your new stomach structure to heal completely.

- You will notice significant changes in food amount and type you can eat
- Much smaller portions will be required, making food quality critical for nutrition
- Exercise becomes progressively easier as weight comes off
- We recommend exercise: minimum 30 minutes daily, 5+ days per week

Weight Loss Timeline:

- 80-90% of excess weight lost in first 2 years
- Months 1-3: Rapid weight loss phase
- Months 4-6: Gradually decreasing weight loss
- After 6 months: Slow but steady continued loss

Health Improvements Often Observed:

- Diabetes resolution or control
- High blood pressure improvement
- Sleep apnea elimination
- Reduced depression and mood improvement
- Decreased heart disease and cancer risk

5. DISCHARGE INSTRUCTIONS

BATHING:

- Shower 24 hours after surgery
- NO tub baths, swimming, or hot tubs for 4 weeks (incisions must fully close)

WOUND CARE:

- Keep dressing dry initially
- After 48 hours: remove top dressing, leave steri-strips (thin white tape)
- Steri-strips may get wet and will eventually fall off
- Some light-colored fluid drainage from incisions is normal (a few days)
- Keep incisions clean and dry to promote faster healing
- If oozing or catching on clothing: cover with light dressing

ACTIVITY:

- Resume usual self-care as tolerated
- Drive when you feel able
- **X** NO lifting, pushing, pulling, or tugging over 25 lbs for 6 weeks (prevents hernias)
- Avoid prolonged sitting or standing without moving
- Change positions frequently, walk around regularly (prevents blood clots)

MEDICATIONS:

- Gas-X: as needed, up to 7 times per day
- Liquid Imodium: for diarrhea only, as directed
- Tylenol Rapid Blast: for mild pain, follow package directions
- Proton pump inhibitor (Omeprazole/Pantoprazole): as prescribed, usually for 30–90 days.

ABSOLUTELY NO:

- Aspirin
- Non-steroidal anti-inflammatory drugs (Aleve, Motrin, Advil)
- Time-released drugs/arthritis medications
- Birth control pills

6. ⚠️ POSSIBLE SHORT-TERM COMPLICATIONS

Monitor yourself carefully after surgery. Contact your surgeon immediately if you experience any of the following:

Pulmonary Embolism (Blood Clot in Lungs)

One of the most serious early post-surgery complications.

Symptoms:

- Chest pain (under breastbone or one side) - sharp, stabbing, burning, aching, or dull
- Pain may worsen with deep breathing, coughing, eating, bending, or stooping
- Sudden cough (may have blood or blood-streaked sputum)
- Rapid breathing
- Rapid heart rate
- Shortness of breath (at rest or during activity)

🚑 **THIS IS AN EMERGENCY!** Go straight to the nearest Emergency Room.

Prevention:

- WALK! Start walking in hospital halls immediately after surgery
- At home: WALK, WALK, WALK - choose bathroom farthest from your room
- Resume activities as directed by surgeon
- On flights: stand and walk every hour
- You received blood thinner medication during surgery

📌 **NOTE:** Patients with BMI > 60 may need additional medication "enoxaparin" for 1-2 weeks post-op.



Dehydration

- Aim for 1.5 – 2 liters daily (48-64 oz).
- SIP all day long—small sips throughout the day
- Dehydration can lead to hospitalization

Symptoms of dehydration:

- Fatigue
- Dark colored urine
- Fainting
- Nausea
- Low back pain (dull ache)

Wound Infection

You will have multiple small incisions. Watch for signs of infection and contact your surgeon immediately if you notice:

- Redness or swelling
- Pus or purulent (white/green) drainage
- Red streaks radiating from the wound
- Foul odor
- Increasing soreness
- Fever above 100.5°F

7. 📞 WHEN TO CALL YOUR PHYSICIAN IMMEDIATELY

We do not expect serious problems, but contact your surgeon right away if you experience:

- Strong pain NOT relieved by pain medication
- Shortness of breath or increased breathing
- Rapid or increased heart rate
- Redness, swelling, increased pain, or pus-like drainage from wound
- NAUSEA OR VOMITING not relieved by medications, preventing fluid intake for >1 day, or lasting >12 hours
- CALF OR LEG PAIN and/or swelling

8. 🍬 COMMON OR POSSIBLE POST-OP SYMPTOMS

Chest Pain When Eating

If food bites are too large, they may not pass easily from your pouch, causing discomfort. Solution:

- Cut food the size of your pinky fingernail
- Chew thoroughly

Nausea and Vomiting

- Very common during first few months post-op
- When you feel full, STOP eating and put food away
- Meals should last 15-20 minutes
- Goal is to learn what "full" feels like, not to finish your meal
- Frequent vomiting requires doctor follow-up

Frothing

As your pouch heals, mucous is excreted to break down food. Excess mucous can back up in esophagus causing frothy, clear vomiting (usually resolves by 3rd month).

- Try drinking hot water 30 minutes before meals
- This helps emulsify the mucous
- NOTE: Not a complication, just temporary

Gas Pains

- Common in first few weeks, may be severe
- Increase activity level and walking
- Over-the-counter options: Mylanta, Maalox, Gaviscon, Gas-X
- May occur months or years later - usually resolves quickly
- Contact surgeon if persistent

Hair Loss

Hair loss during rapid weight loss is common (months 3-9 post-op) but temporary. It's caused by calorie and protein deficit.

- Iron deficiency is highly correlated with hair loss
- Low protein intake contributes—recommend 70-80g daily
- Zinc deficiency linked to hair loss
- Biotin (B-complex vitamin) supports healthy hair, skin, and nails
- Hair regrowth occurs after several months

Bowel Habits

- Temporary changes are normal—range from constipation to diarrhea
- If no bowel movement after several days and discomfort develops, consider mild laxative.
 - May be foul-smelling with flatulence—resolves as body heals

Constipation

- Common after surgery due to reduced food intake
- Many people report bowel movement every 2-3 days
 - If stools hard: drink 48-64 oz fluid daily between meals
 - Include more fiber-containing foods in your diet

Diarrhea

- Temporary, usually immediately after surgery
- If occurs >3 times daily: use Imodium or OTC equivalent
- Dark stools may occur initially due to medications or surgical factors; however, persistent black or tarry stools should be reported
 - Contact office if diarrhea persists or can't maintain hydration.

9. 🎯 AFTER SURGERY CARE AND ACTIVITY

Returning to Work

- Plan 7-14 days off work
- If returning before 2 weeks: ensure employer allows slow meal eating at work
- Bring "return-to-work" papers or insurance documents to surgery
- **✗ NO lifting over 25 lbs for 6 weeks - NO EXCEPTIONS**

Activity

- Be up and active when you return home
- You may tire easily and need frequent rest periods
- Resume sexual relations when desired (mind physical activity restrictions)

Exercise

Exercise is one of the most important things you can do for your health, energy, and weight loss!

- Walking is an effective and accessible form of exercise
- Start walking program when you get home, to your tolerance
- Walk normally around your house in addition to formal exercise
 - If short of breath, tired, or exceeding target heart rate: slow down or stop
 - After 2 weeks: can substitute other enjoyable aerobic exercise
 - After 6 weeks: can start weight/higher effort exercise
- **Recommended: 30+ minutes daily, 5+ days per week**

Pregnancy After Surgery

- Women: use reliable birth control until weight stable 12-18 months
- Do NOT recommend pregnancy until 12+ months post-surgery
- If pregnancy occurs: detailed consultation needed with surgeon and OB/GYN
 - Weight loss resumes after delivery

VITAMINS & SUPPLEMENTS

Gastric Sleeve Patients

- **For life:** Bariatric multivitamin, calcium citrate, vitamin D, vitamin B12
- **As needed (based on labs):** Iron, biotin

Bypass & Duodenal Switch Patients

- **For life:** Bariatric multivitamin, calcium citrate, vitamin D, iron, vitamin B12

Multivitamin

- High-potency bariatric multivitamin **required for life**
- Prefer **bariatric-specific formulation**
- If OTC is used: **2 standard multivitamins daily**
- Must provide at least:
 - Iron: 18–36 mg
 - Folic Acid: 400–800 mcg
 - Thiamine: ≥3 mg
 - Copper: 1–2 mg
- Should also include zinc and selenium

Iron

- **Bypass/DS:** Required for life
- **Sleeve:** Based on lab results (higher risk in menstruating women)
- Dose: **45–65 mg elemental iron daily (when indicated)**
- Take with **vitamin C** to improve absorption
- **!** Do NOT take with calcium

Calcium + Vitamin D

- Calcium citrate: **1,200–1,500 mg/day**
- Divide into **2–3 doses**
- Vitamin D: **2,000–3,000 IU/day** (adjust per labs)
- Take separately from iron

Vitamin B12

- Required for life (especially critical in Bypass/DS)
- Options:
 - Oral/sublingual: **500–1,000 mcg daily**
 - OR monthly injection

Thiamine (Vitamin B1)

👉 Esto te da **nivel PRO + prevención legal**

- Deficiency can occur early, especially with vomiting
- Symptoms: weakness, numbness, confusion
- Seek medical attention if persistent vomiting occurs

Protein (Essential)

- Minimum **60–90 g/day**
- May require supplementation (protein shakes)

🔪 BLOOD WORK & LAB MONITORING

Regular lab monitoring is essential after bariatric surgery to detect and prevent nutritional deficiencies. Even if you feel well, deficiencies can develop silently over time.

Required Labs (All Patients: Sleeve, Bypass & Duodenal Switch)

Patients should complete the following tests:

- Complete Blood Count (CBC)
- Comprehensive Metabolic Panel (CMP)
- Iron panel (serum iron, ferritin, TIBC)
- Vitamin B12
- Folate
- Vitamin D
- Calcium
- Parathyroid Hormone (PTH)



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Additional Labs (Bypass & Duodenal Switch Patients)

Due to higher risk of malabsorption, the following are also recommended:

- Vitamin A
- Zinc
- Thiamine (Vitamin B1)

Lab Schedule

Bypass & Duodenal Switch Patients

- Month 3
- Month 6
- Month 12
- Month 18
- Yearly thereafter **for life**

Gastric Sleeve Patients

- Month 3
- Month 6
- Month 12
- Yearly thereafter

Where to Complete Your Labs

United States:

Laboratories such as Quest Diagnostics and Labcorp allow testing with a physician order or through self-requested lab services.

Canada:

Laboratories such as LifeLabs and Dynacare typically require a requisition from a healthcare provider, which can be obtained through your family physician or telemedicine services.

Important Notes

- Lab monitoring is required even if you are taking your vitamins
- Results must be reviewed to adjust supplementation as needed
- Skipping labs increases the risk of long-term complications

Patients are responsible for completing and submitting their lab results for medical review.

10. 🍌 A LIFELONG COMMITMENT

Surgery provides a physical tool, but YOU must provide the mental and emotional commitment.

- After surgery, you must commit to:
 - Regularly taking vitamins and supplements
 - Eating healthfully and mindfully
 - Exercising regularly
 - Participating in support groups
 - Attending regular medical follow-ups and lab monitoring

Your emotional and physical well-being depends on this lifelong commitment.

Common Causes of Weight Regain:

- Lack of exercise
- Poorly balanced meals
- Constant grazing (eating between meals)
- Processed carbohydrates
- Carbonated sugary beverages

You will need to manage your food intake and exercise for the rest of your life.

IMPORTANT DISCLAIMER

This information is for educational purposes only and is not intended to replace the advice of your doctor or health care provider. We encourage you to discuss with your doctor any questions or concerns you may have.