

# Bariatric Surgery Pre-operative Education Class

Temple University Hospital  
Temple University Hospital –  
Jeanes Campus

Bariatric Program



# Objectives

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The objectives of the preoperative education class is to review the expected course you will experience while undergoing Bariatric surgery.

Bariatric surgery is a tool for weight loss.

Healthy eating, exercise and lifestyle changes are necessary for success.

Congratulations on your progress!

# Pending items to be completed before surgery?

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- Satisfy Program fee
- Office Visit Weight checks
- Clearance by Registered Dietitian
- Clearance by Our Bariatric Psychologist ( And Outpatient Psychologist)
- CPAP Compliance
- Surgical Consent Visit
- Precertification for Surgery Approval
- Pre-Admission Testing
- Surgery date scheduled

\*\* Please Note: this order may vary from person to person. Some of you may have already completed some steps.\*\*

# Surgical Consent Visit

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- This appointment is with your Surgeon
- You will sign consent for your surgical procedure
- The surgeon will discuss risks, benefits and alternatives to surgery
- You **may** or **may not** receive a prescription for Lovenox or Enoxaparin, an injectable medicine, that is a blood thinner to be used after surgery.
- It will be e-scribed to your pharmacy
- Please pick it up prior to your surgery
- DO NOT USE THIS BEFORE YOUR SURGERY

# Lovenox / Enoxaparin injection

This is an injectable medication to decrease the chance of developing blood clots

- Pre filled syringe
- No need to expel air
- Skin should be clean, washed with soap and water
- Injection sites: Rotate abdomen or thighs.
- Avoid incisions or scars
- Do not rub or massage the area. It may cause bruising
- Store in a safe place at room temperature



# Precertification for Surgery

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- All completed paperwork including clearances are submitted to your insurance company for approval
- Insurance companies may take about 2-3 weeks to give approval for surgery
- Denials are rare but, if it happens, the office will start the appeal process.

# Pre-Admission Testing (PATs)

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- This appointment will be assigned when your surgery is scheduled or you will be called by the PAT office
- **Very important!** You do not want to miss or be late
- Bring list of medication/vitamins/ OTC medications you are currently taking.
- The following will occur at this visit:
  - Meet with Pre-Admission Testing Care providers
  - Discuss which medications are allowed/not allowed to take the day before & the day of surgery
  - Lab work including Nicotine Testing ( blood & urine)
    - Including Pregnancy and Urinalysis

# Smoking Strictly Prohibited



- Smoking includes: cigarettes, cigars, hookah, marijuana, e-cigarettes and vaping
  - You must be smoke-free **at least 3 months** prior to surgery
  - You must be smoke-free **FOREVER** post-operatively
- Nicotine testing will be performed at P.A.T's. A positive nicotine test will result in **cancelling** your surgery.
- **Dangers of Smoking:**
  - increases your risk of blood clots, pneumonia, infections, gastric leaks, formation of ulcers, delayed healing which can lead to bleeding, emergency surgery & even death

# Incentive Spirometer or I/S

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- You will receive instruction on using the I/S at your PAT appointment.
- Please practice using this before your surgery
- Please use 10 x an hour while awake after surgery
- This is very important in preventing pulmonary complications after surgery

# Shower

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- You will receive antimicrobial soap
- Shower with  
½ bottle the night before &  
½ bottle the morning of surgery

Shoulders to Knees

Avoid eyes, ears and mouth.



# Bring your CPAP equipment

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- If you wear CPAP ,  
please bring it with you the day of surgery.
- You will use it while you are  
in the hospital
- Make sure it is labeled  
with your name.



# Medications to Discontinue

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- Stop oral contraceptives or estrogen therapy **1 month** before surgery & remain off **1 month** after surgery
  - Estrogen IUD must be removed prior to surgery
  - Alternate forms of birth control are required
- Stop Aspirin, Motrin, & any NSAIDs (non-steroidal anti-inflammatory medications) **10 days** before Surgery
- Stop Coumadin (warfarin) **5 -10 days** before surgery
  - Ask your Prescribing Doctor how long you can be off Coumadin & please inform Bariatric surgery office with the recommendations
- Stop Plavix, Vitamin E, Fish Oil capsules **10 days** before surgery
- Plaquenil, Tamoxifen, any steroids ( e.g. Prednisone) **30 Days** before Surgery

# What do I need to buy for AFTER surgery?

- Fill all the prescriptions your surgeon gave you.
- Medications larger than the eraser on a pencil will need to be crushed or in liquid form for **3 months** after surgery.
- Bring your protein, vitamins and supplements with you on your first post-op visit.

\*\*\*All items should be purchased & at home before surgery\*\*\*

- ☐ Lovenox injection if prescribed
- ☐ Whey Protein Isolate
- ☐ Vitamins and minerals (chewable or liquid for 3 months)
  - ❖ No gummy vitamins – They do not contain iron
- ☐ TUMS
- ☐ Blender
- ☐ Blood pressure machine if you have hypertension
- ☐ Glucometer if you are diabetic taking medication for diabetes

# Diet – Before surgery

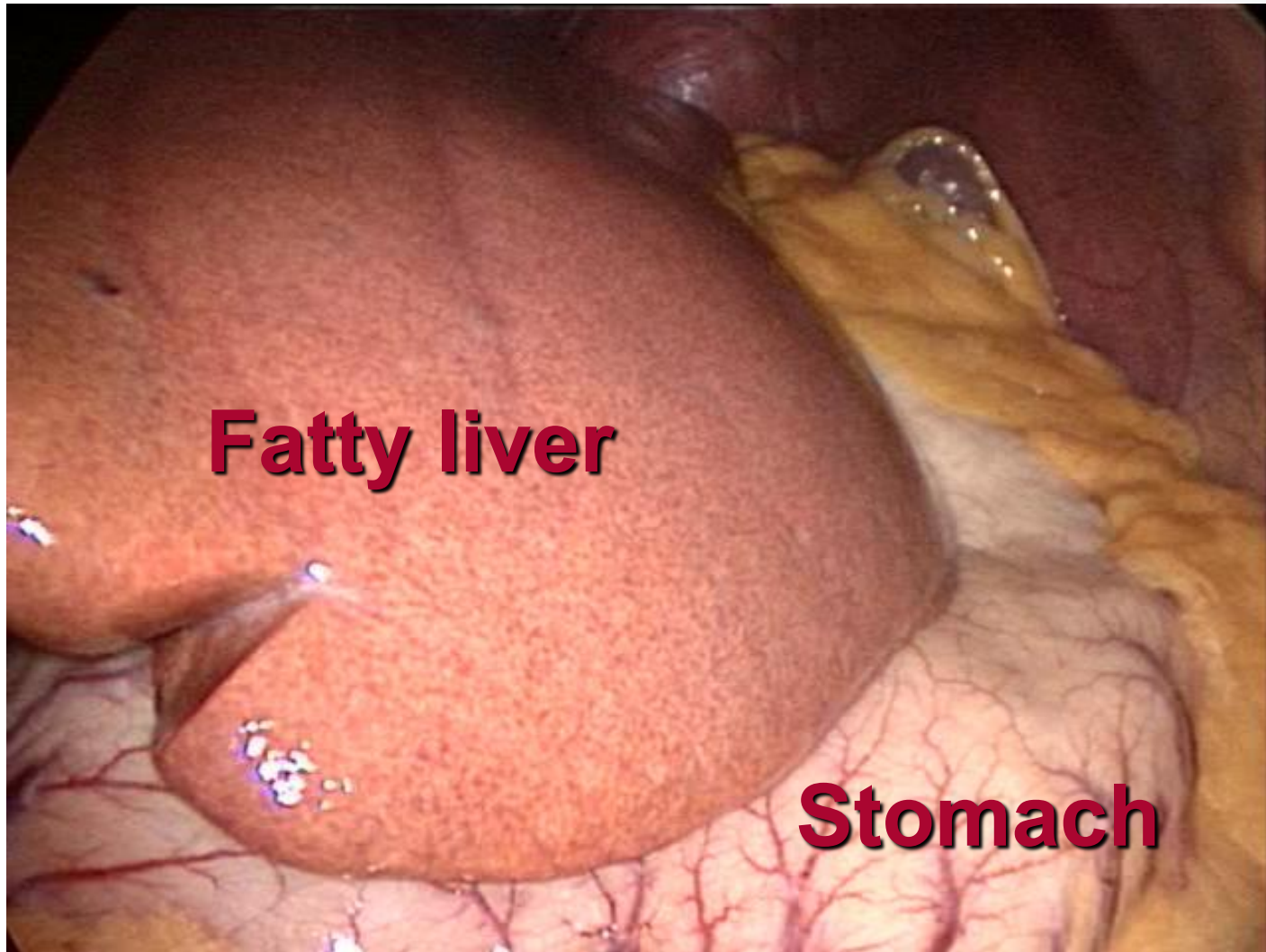
- **2-3 weeks before surgery**-You will be asked to follow the liquid diet or meal replacement diet prior to surgery .
- The Dietitian will provide written & verbal instructions for your diet
- During this time you can use liquid meal replacements like High Protein Slim Fast or Premier
- **THIS IS NOT THE PROTEIN SHAKE YOU WILL USE AFTER SURGERY**
- **Day before surgery** – Clear liquid diet
- **12 midnight, night before surgery** Nothing to eat or drink
- If instructed by PAT to take pills before surgery, use small sips of water.



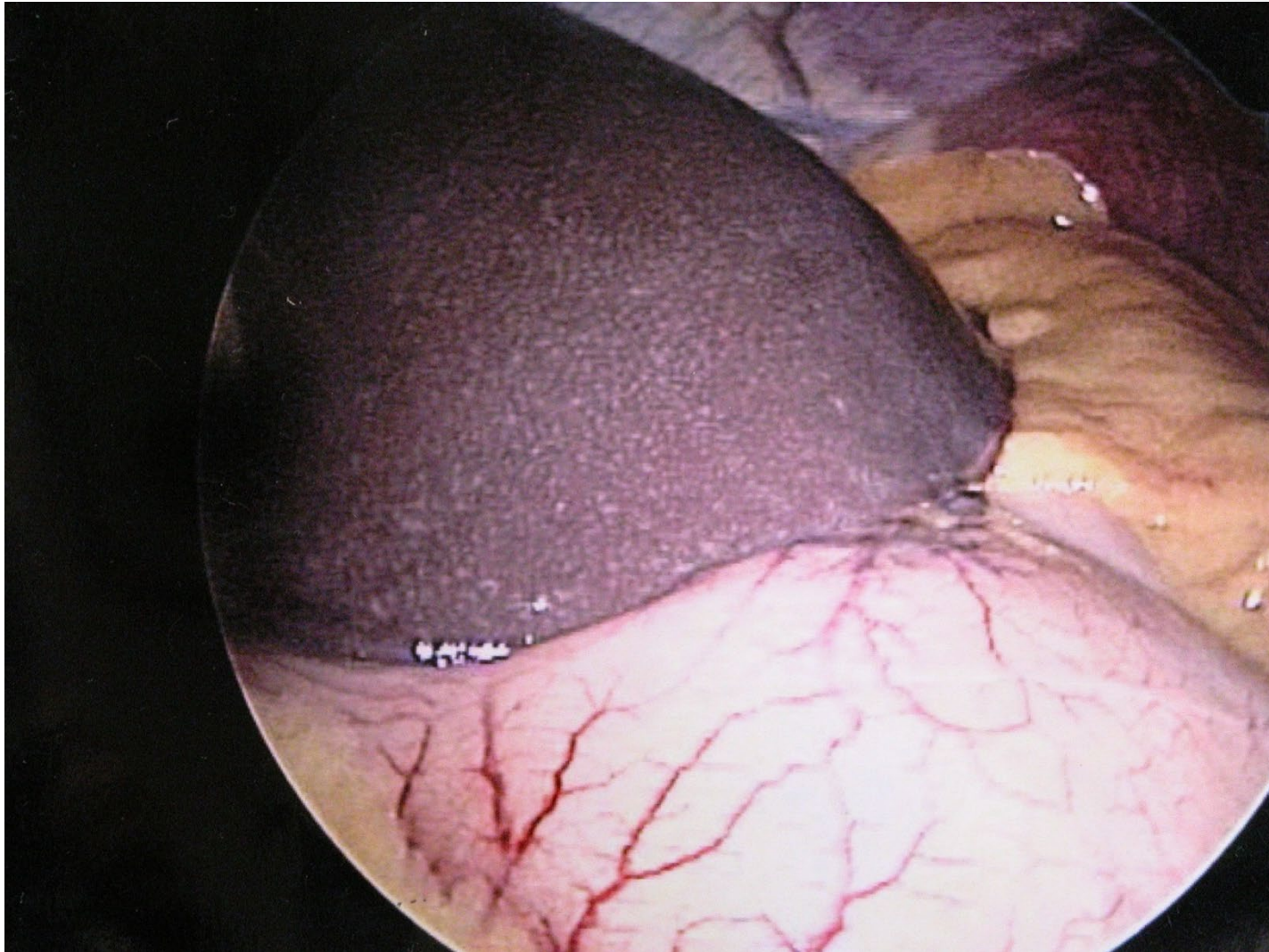
# Fatty Liver

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- The purpose of the 2-3 week liquid diet before surgery is to shrink & eliminate fat in the liver,
- Makes it easier and safer to lift the liver during laparoscopic surgery
- The surgeon may need to abort your surgery if a large fatty liver prevents them from performing your surgery safely.
- Bottom line is safety



**More difficult to lift up  
to expose the stomach**



**AFTER PREOP LIQUID DIET  
FOR 2 TO 3 WEEKS**

# Day Before Surgery

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- Anticipate a call from the Hospital, the day before your surgery, after 3pm.
- You will be informed what time and where you should report for your surgery.
  - For Temple call 215-707-3517 after 3:30 if needed
  - For Jeanes call 215-728-2144 if needed
- **Shower as instructed**
- **Clear liquid diet**
- **Nothing to eat or drink after Midnight**

# Surgical Procedures

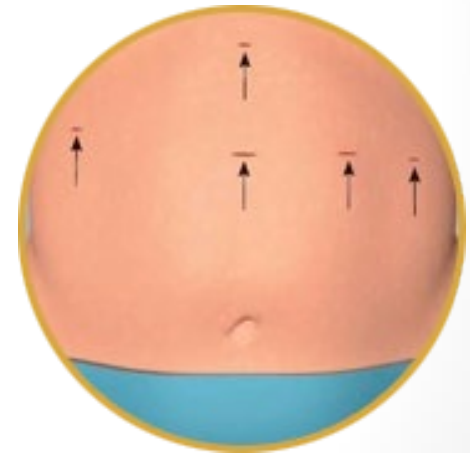
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- Sleeve Gastrectomy
- Roux-en-Y Gastric Bypass
- Revisional surgery

# Laparoscopic Surgery

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- Several small incisions are made; abdomen filled with carbon dioxide gas
- Camera placed through incision; surgeon works while watching the video monitor
- Benefits when compared to open surgery:
  - Faster recovery
  - Less scarring
  - Faster return to normal activities
  - Potential for shorter hospital stay
  - Reduced chance of wound complications
  - Lower total cost of care



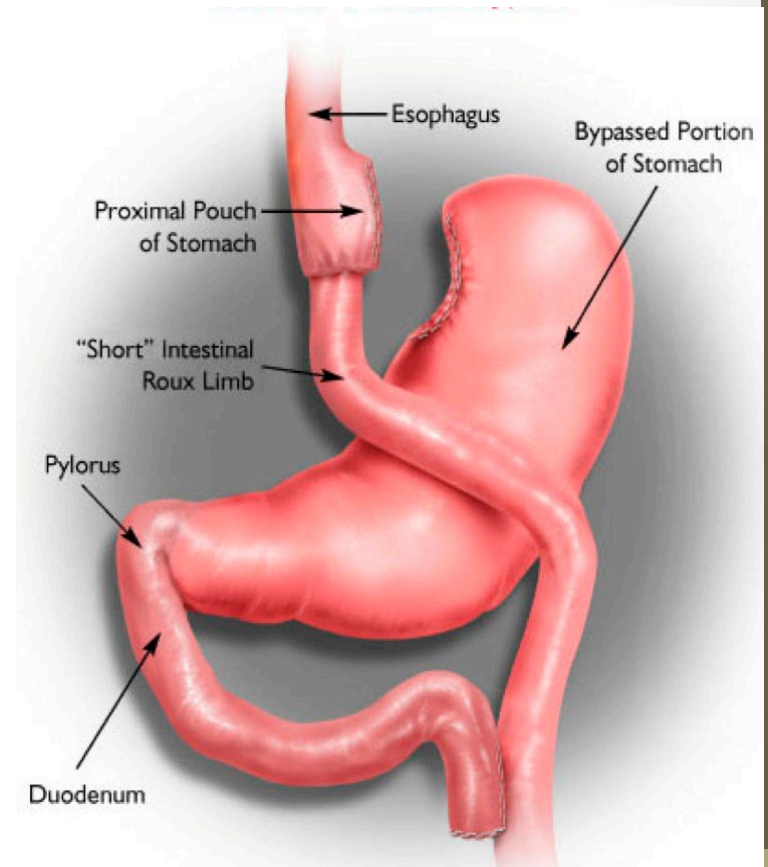
# What to Expect in the OR

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- General Anesthesia (Complete Sedation)
  - Sequential compression devices (SCD) placed on your lower legs
  - Urinary or Foley catheter – may or may not
  - IV (Fluids and Medication)
  - OR time can be from 2-5 hours
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- Your family & friends can remain in the waiting room. They will be updated on your surgery status

# Roux-en-Y Gastric Bypass

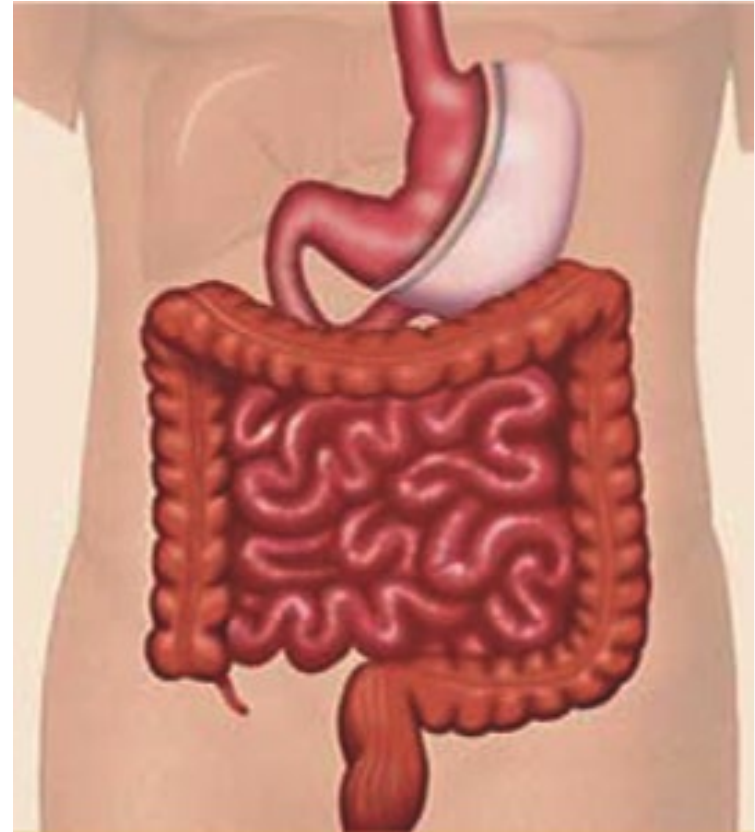
- Malabsorptive and restrictive procedure
- Dietary compliance, lifetime vitamin supplementation & avoidance of sugary & fatty foods is **NECESSARY!**
- **Dumping Syndrome**
- Patients must **NOT** consume alcohol or smoke after surgery to avoid the formation of ulcers in the small pouch
- NSAIDs such as ibuprofen & aspirin **must** be avoided



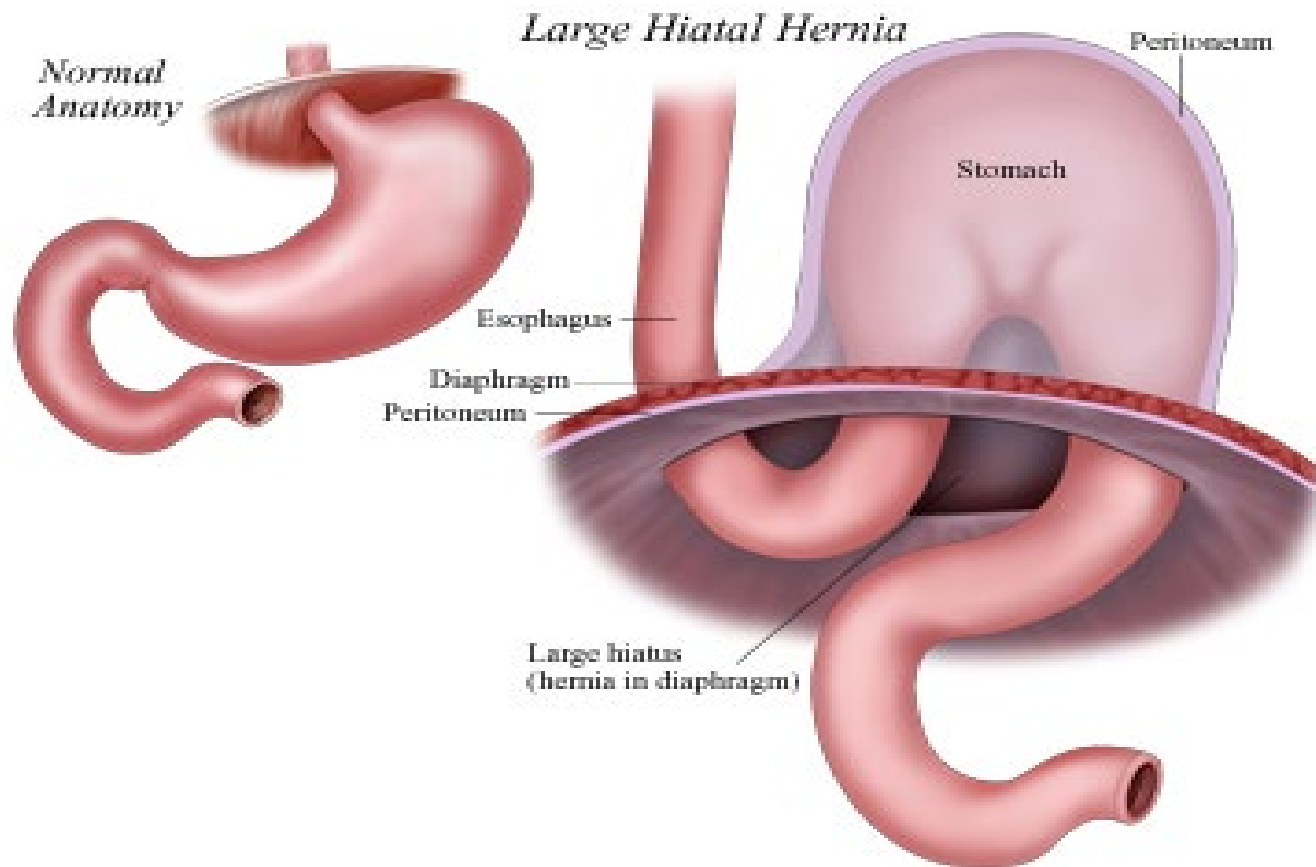
# Vertical Sleeve Gastrectomy

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- Restrictive procedure
- Removes 2/3 of the stomach
- No intestinal bypass
- Absorption of vitamins and minerals is not greatly affected
- Hormones that are thought to stimulate hunger are eliminated for a time, helping the patient to eat less & lose weight



# Hiatal Hernia



# Risks Associated with Abdominal and Bariatric Surgery

- Bleeding
- Pain
- Shoulder pain
- Pneumonia
- Complications due to anesthesia & medications
- Deep vein thrombosis
- Injury to the stomach, esophagus, or surrounding organs
- Staple line leak
- Ulcers
- Strictures
- Hernias – abdominal wall or internal
- Infection
- Pulmonary embolism
- Stroke or Heart Attack
- Death

**Note: Risks are associated with any type of surgery, including abdominal surgery.**

**These risks are greater for individuals who suffer from obesity.**

# Risks and Side effects from surgery

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- Dehydration
- Nausea and or Vomiting
- Diarrhea
- Constipation
- Dumping Syndrome

- Pain
- Increased absorption of Alcohol
- Hair loss
- Nutritional deficiencies

# Signs and Symptoms of Postoperative complications

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## Staple Line leak

- Increased Heart rate or Tachycardia
- Fever greater than 100.4
- Left shoulder pain
- Shortness of breath
- Vomiting
- Abdominal pain



# Hospital Stay

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- You will have a private room in the Bariatric unit
- Temple University Hospital - 9 West in Rock Pavilion
- Jeanes Campus– 2 B
- You will be out of bed the day of surgery
- The single most important thing you can do for your health & safety is **WALK, WALK, WALK!**
- You will be expected to use the incentive spirometer
- You will be allowed small amounts of clear liquids by the next day
- Typically you will go home the afternoon or evening Post-Op Day 1

# Pain management

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- It is normal to have some pain for a few days after surgery.
- The goal is to lower the pain so you are reasonably comfortable with a pain scale of 4 or less
- Your pain should be low enough so you can walk and take deep breaths
- Abdominal nerve block during surgery
- Numbing medication during surgery
- Non – opioid medications will be scheduled on a routine basis and supplemented during breakthrough pain.
- Opioids- Used for severe pain
- Mobility, ice packs, abdominal binder and a pillow to splint when coughing and moving are additional ways to manage pain. A heating pad can be used on day 3 after surgery. You should never sleep with a heating pad

# Opioids

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- Powerful medications, should be used only for severe pain
- Use may lead to misuse, abuse or addiction
- Side effects
  - Nausea, vomiting, constipation, dizziness, headaches, drowsiness, respiratory depression or very slow breathing and itching
- Use the smallest amount for the shortest time and keep track of the number of pills you have taken
- Store them out of reach of children or pets in a secure location
- Dispose of unused opioids at a verified prescription disposal location.
- [https://apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main;jsessionid=l9jiih1sV0ePP-r1G8zhkfEOR9ja\\_3umeccIDSHC.web2?execution=e1s1](https://apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main;jsessionid=l9jiih1sV0ePP-r1G8zhkfEOR9ja_3umeccIDSHC.web2?execution=e1s1)

# First Week After Surgery

## *In the hospital...*

- Start with 1 to 2 oz. of clear liquids every hour.
- Take small sips and take your time!
- Avoid gulping, which can cause pain, nausea and vomiting.
- Do not use straws to drink

## *At home...*

- You will follow the clear liquid diet
- You should drink 3-8 oz each hour.
- Your goal is to drink 48-64 ounces (or 6-8 cups) per day.
- Do not drink more than 8 ounces of liquids per hour.
- Fill out the beverage log the Dietitian will give you at your consent visit and bring to your first visit after surgery

# Your Diet After Surgery

- After surgery you will follow different diet stages for 8 weeks.
- Advancing your diet too fast or eating things that are not allowed can make you feel sick and cause very serious complications.
- If you are tolerating your diet well you will be able to advance to regular diet after 8 weeks.
- The diet stages are the following:

Week	Food Progression
Week 1	Only Clear Liquids
Week 2	Full Liquids
Week 3-4	Pourable (Blenderized) Protein
Week 5	Pourable (Blenderized) Protein plus “Other”
Week 6-8	Mushy/Soft Diet
Week 9	Regular Healthy Diet (as tolerated)

# What happens on the Second week after surgery?

- Wait to advance your diet to the next stage until you are seen in the office.
- The next diet stage is Full Liquids and you will start your protein shakes.
- You need to start using **Whey Protein Isolate** after surgery, if you haven't already during your preoperative liquid diet.
- You should not be using:



# Vitamin-Mineral Supplements After Surgery

- You will need supplements for the rest of your life to avoid nutrition deficiencies.
- **Some of these complications can be permanent.**
- These are some of the symptoms you could have:

**Vitamin D/Calcium:** bone pain, muscle weakness, osteoporosis

**Vitamin B-12:** anemia, weakness, constipation, numbness/tingling in hands and feet, confusion, depression, dementia

**Iron:** fatigue, sensitive to cold/heat, shortness of breath, pica (eating non-food things, eg. dirt)

**Vitamin B-1 (Thiamine):** confusion, muscle weakness, enlarged heart, temporary or permanent paralysis, coma, tingling sensation in fingers or toes

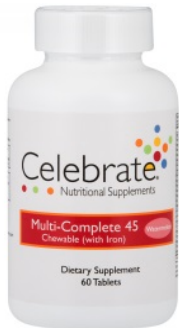
**Folate/Folic Acid:** weakness, fatigue, difficulty concentrating, irritability, headache, heart palpitations, shortness of breath, and malformations to fetus

**Zinc:** skin lesions, poor healing, hair loss, diarrhea, changes in taste, mental lethargy

# What supplements do I need to take the First Week after Surgery?

## Morning

Multivitamin w/  
iron  
(2 pills)  
1 or the other



## Noon

2 TUMS



## Evening

2 TUMS



# Supplements after the First Week and for Life

## Morning

Multivitamin w/  
iron  
(2 pills)  
1 or the other



## Noon

Calcium



## Evening

Calcium



## Bedtime

Calcium



# Discharge instructions

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- You will receive discharge instructions specific to your operation.
- **Please read and follow them exactly!**
- Individual medications will be discussed with you before you leave the hospital
- A visiting nurse will be ordered for you before you are discharged from the Hospital. This is required for safe recovery at home.
  - The Visiting Nurse typically comes to your home within 48 hours of your discharge.
  - They will check your vital signs, dressings, assist you with Lovenox injections, etc.
  - Please have the Visiting Nurse call us with a report:
  - Temple **215-707-3471** Jeanes **215-722-3258**
  - (You can also call this # for nursing questions/concerns)

# Discharge Instructions *continued*

- **Sip** clear fluids slowly
- **Stop** if you feel full or nauseous
- Continue to use incentive spirometer to keep your lungs healthy ( **10x/hour**)
- **Shower only.** No tub baths, hot tubs, or swimming for 6 weeks
- **Walk, Walk, Walk:** at least every hour for a few minutes to exercise your muscles & prevent blood clots
  - Do not drive while taking Narcotic pain medication
  - **Post-Op Appointment:**
    - Happens 7-10 days after your operation
    - Bring your protein, vitamin and supplements with you



**Don't wait until a problem is severe! Contact us with concerns!**

# Exercise after surgery

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- No heavy lifting greater than 10-15lbs for 6 weeks, after surgery.
- You will be out of bed the night of surgery and be expected to walk at least every 4 hours.
- After discharge you need to walk around your home, neighborhood. Stairs are okay.
- Once cleared by your provider, you should begin an exercise program of 30 minutes per day, moderate physical activity.

# Elective Surgery after Bariatric Surgery

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## Plastic Surgery

- Excess skin and subcutaneous tissue can be removed after your weight loss has stabilized
- Not everybody will need it!
  - After gastric bypass & sleeve, wait about **18 -24 months**
- Insurance may pay for abdominoplasty (tummy tuck) if specific requirements are met.
  - Documentation of increased skin folds will facilitate approval
- Most insurance companies will **NOT** pay for other procedures (breast enhancements, arms, legs), considered cosmetic surgery

## Elective surgery

If possible, we ask that you wait 18 months for any elective surgery after Bariatric surgery. For example, orthopedic surgery.

# Support Group Meetings

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All patients, family and significant others are Welcome and encouraged to attend!!!!

Temple: 6:00 to 7:30pm

- Held 3<sup>rd</sup> Floor ACC, Digestive disease waiting room
- Third Wednesday of the Month

Jeanes: 5:30 to 7:00 pm

- Held in the Friends Meetinghouse
- First Tuesday of the Month

- Visit our Fan Facebook page at TEMPLEBARIATRIC
- WEB SITES
- [www.templehealth.org](http://www.templehealth.org)

# Questions?

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## **TEMPLE UNIVERSITY HOSPITAL**

3401 N. Broad Street  
Parkinson Pavilion, 4th floor  
Zone C, Suite-410  
Philadelphia, PA 19140

215-707-3471  
[templebariatric.org](http://templebariatric.org)

## **JEANES CAMPUS**

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